

Public Document Pack

Peak District National Park Authority

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**PEAK
DISTRICT**
NATIONAL
PARK

Our Ref: A.1142/2164

Date: 9 May 2019



NOTICE OF MEETING

Meeting: **Audit Resources & Performance Committee**

Date: **Friday 17 May 2019**

Time: **10.00 am**

Venue: **The Board Room, Aldern House, Baslow Road, Bakewell**

SARAH FOWLER
CHIEF EXECUTIVE

AGENDA

1. **Apologies for Absence**
2. **Minutes of previous meeting of 1 March 2019** (*Pages 5 - 8*) 5 mins
3. **Urgent Business**
4. **Public Participation**
To note any questions or to receive any statements, representations, deputations and petitions which relate to the published reports on Part A of the Agenda.
5. **Members Declarations of Interest**
Members are asked to declare any disclosable pecuniary, personal or prejudicial interests they may have in relation to items on the agenda for this meeting.
6. **2018-19 Quarter 4 and Year End Corporate Performance Report** 30 mins
(**A91941/HW**) (*Pages 9 - 54*)
Appendix 1

Appendix 2

Appendix 3

- | | | |
|-----|--|---------|
| 7. | Corporate Risk Register 2018-19 Year End and 2019-20 Proposed (A91941/HW) <i>(Pages 55 - 86)</i>
Appendix 1

Appendix 2 | 10 mins |
| 8. | 2018-2019 Outturn (A.137/22/PN) <i>(Pages 87 - 104)</i>
Appendix A

Appendix B

Appendix C

Appendix D | 20 mins |
| 9. | Internal Audit Report Block 2 2018-19 (A1362/7/PN) <i>(Pages 105 - 144)</i>
Appendix 1

Appendix 2

Appendix 3

Appendix 4

Appendix 5 | 20 mins |
| 10. | Internal Audit 2018-19 Annual Report (DH) <i>(Pages 145 - 158)</i>
Appendix 1 | 10 mins |
| 11. | Local Government Ethical Standards - Review by Committee on Standards in Public Life (JS) <i>(Pages 159 - 186)</i>
Appendix 1

Appendix 2 | 15 mins |
| 12. | LGPS Discretions Policy (NC) <i>(Pages 187 - 200)</i>
Appendix 1

Appendix 2 | 5 mins |

Duration of Meeting

In the event of not completing its business within 3 hours of the start of the meeting, in accordance with the Authority's Standing Orders, the Authority will decide whether or not to continue the meeting. If the Authority decides not to continue the meeting it will be adjourned and the remaining business considered at the next scheduled meeting.

If the Authority has not completed its business by 1.00pm and decides to continue the meeting the Chair will exercise discretion to adjourn the meeting at a suitable point for a 30 minute lunch break after which the committee will re-convene.

ACCESS TO INFORMATION - LOCAL GOVERNMENT ACT 1972 (as amended)

Agendas and reports

Copies of the Agenda and Part A reports are available for members of the public before and during the meeting. These are also available on the website <http://democracy.peakdistrict.gov.uk>

Background Papers

The Local Government Act 1972 requires that the Authority shall list any unpublished Background Papers necessarily used in the preparation of the Reports. The Background Papers referred to in each report, PART A, excluding those papers that contain Exempt or Confidential Information, PART B, can be inspected by appointment at the National Park Office, Bakewell. Contact the Democratic and Legal Support Team on 01629 816200, ext 362/352. E-mail address: democraticandlegalsupport@peakdistrict.gov.uk

Participation and Other Representations from third parties

Anyone wishing to participate at the meeting under the Authority's Public Participation Scheme is required to give notice to the Director of Corporate Strategy and Development to be received not later than 12.00 noon on the Wednesday preceding the Friday meeting. The Scheme is available on the website <http://www.peakdistrict.gov.uk/looking-after/about-us/have-your-say> or on request from the Democratic and Legal Support Team 01629 816362, email address: democraticandlegalsupport@peakdistrict.gov.uk.

Written Representations

Other written representations on items on the agenda, except those from formal consultees, will not be reported to the meeting if received after 12noon on the Wednesday preceding the Friday meeting.

Recording of Meetings

In accordance with the Local Audit and Accountability Act 2014 members of the public may record and report on our open meetings using sound, video, film, photograph or any other means this includes blogging or tweeting, posts on social media sites or publishing on video sharing sites. If you intend to record or report on one of our meetings you are asked to contact the Democratic and Legal Support Team in advance of the meeting so we can make sure it will not disrupt the meeting and is carried out in accordance with any published protocols and guidance.

The Authority uses an audio sound system to make it easier to hear public speakers and discussions during the meeting and to make a digital sound recording available after the meeting. From 3 February 2017 the recordings will be retained for three years after the date of the meeting.

General Information for Members of the Public Attending Meetings

Aldern House is situated on the A619 Bakewell to Baslow Road, the entrance to the drive is opposite the Ambulance Station. Car parking is available. Local Bus Services from Bakewell centre and from Chesterfield and Sheffield pick up and set down near Aldern House. Further information on Public transport from surrounding areas can be obtained from Traveline on 0871 200 2233 or on the Traveline website at www.travelineeastmidlands.co.uk.

Please note that there is no catering provision for members of the public during meal breaks. However, there are cafes, pubs and shops in Bakewell town centre, approximately 15 minutes walk away.

To: Members of Audit Resources & Performance Committee:

Chair: Mr Z Hamid
Vice Chair: Mr J W Berresford

Cllr A R Favell	Cllr C Furness
Cllr Mrs G Heath	Cllr B Lewis
Cllr A McCloy	Cllr C McLaren
Cllr J Perkins	Cllr Mrs L C Roberts

Cllr R Walker
Cllr B Woods

Cllr F J Walton

Other invited Members: (May speak but not vote)

Mr P Ancell
Cllr D Birkinshaw

Cllr D Chapman

Constituent Authorities
Secretary of State for the Environment
Natural England

Peak District National Park Authority
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MINUTES

Meeting: **Audit Resources & Performance Committee**

Date: Friday 1 March 2019 at 10.00 am

Venue: The Board Room, Aldern House, Baslow Road, Bakewell

Chair: Mr Z Hamid

Present: Mr J W Berresford, Cllr C Furness, Cllr Mrs G Heath, Cllr B Lewis,
Cllr A McCloy, Cllr C McLaren, Cllr R Walker, Cllr F J Walton and
Cllr B Woods

Mr P Ancell
attended to observe and speak but not vote.

Apologies for absence: Mrs P Anderson, Cllr A R Favell, Cllr J Perkins and Cllr Mrs L C Roberts.

10/19 MINUTES OF PREVIOUS MEETING HELD ON 18 JANUARY 2019

The minutes of the last meeting of the Audit, Resources and Performance Committee held on 18 January 2019 were approved as a correct record.

11/19 URGENT BUSINESS

There were no urgent items for the Committee to consider.

12/19 PUBLIC PARTICIPATION

One member of the public was present to make representation to the Committee.

13/19 MEMBERS DECLARATIONS OF INTEREST

Item 7

Members had received a letter from Green Lane Alliance.

Cllr Gill Heath declared a personal interest as she had instigated a meeting between Staffordshire County Council and Wetton Parish Council regarding the issues at Wetton Hills.

Cllr Barry Lewis declared a personal interest as Leader of Derbyshire County Council, one of the Highways Authorities.

14/19 EXTERNAL AUDIT - 2018/19 AUDIT STRATEGY (A.1362/DH)

John Pressley, Audit Manager at Mazars, introduced the report which gave details of the 2018/19 External Audit Strategy Memorandum Plan.

Members sought clarification regarding the table in section 6 of Appendix 1 which referred to a 'Code', Mr Pressley clarified that this referred to the CIPFA Code.

Members asked if Mazars were able to offer support on scrutiny and governance as part of the audit work, Mr Pressley confirmed that support could be offered for the review.

RESOLVED:

The 2018/19 External Audit Strategy Memorandum was considered and acknowledged

15/19 ACTION PLANS FOR THE MANAGEMENT OF GREEN LANES IN THE PEAK DISTRICT (A7622/SAS)

The Rights of Way Officer introduced the report and noted the following changes to the report:

- Change to the title of the report to 'Action Plans for the Management of Green Lanes in the Peak District National Park'.
- Paragraph 14 on page 34 of the report the penultimate paragraph replace Appendix 3 with Paragraph 8.

The following spoke under the Public Participation at meetings scheme:

- Sue Woods on behalf of Peak District Green Lanes Association, Friends of the Peak District, Peak and Northern Footpaths Society and Peak Horsepower.

In response to members queries Officers provided the following updates:

Information on the two motorbike trial events that had specific exemption from the Washgate TRO would be included in the report in 2020. The number of exemptions provided for cavers at Derby Lane had reduced from the previous year.

In relation to Wetton Hills Officers stated that a S56 Notice had been served on the relevant highways authority, Staffordshire County Council, to request a repair on the route which Members had resolved to make a TRO. Members confirmed support for the TRO at Wetton and the Rights of Way Officer confirmed that a meeting was being arranged with Staffordshire County Council to look at moving this forward.

The Rights of Way Officer confirmed that the Authority had supported a proposed TRO by Derbyshire County Council at Jacobs Ladder but no update on the progress of implementation was available.

Members congratulated the team on the report, appendix and the work/progress over the past year. Members hoped that in future more time could be spent on telling the story of green lanes focusing on the heritage and history around them as well as the focus on conserving them.

In response to Members enquiries Officers confirmed that following a public consultation carried out by Derbyshire County Council in July 2018 a scheme of repair had been drawn up for Hurst Clough Lane but no date had yet been identified for the work to start.

Members noted instances of illegal use as detailed in the report. The Access and Rights of Way Manager confirmed that monitoring of motor vehicles on all TRO routes had taken place and information had been passed to the police.

The Rights of Way Officer confirmed that the objective of the voluntary restraint was to reduce impacts from vehicular use of the green lanes and an element of engagement had been created which increased the understanding of user groups. The figures showed that there had been a reduction in four wheel drive vehicles on the Minninglow Lane route following the introduction of the voluntary restraint. Improvements to the condition of the route have been delayed by a Section 56 notice for repair served on Derbyshire County Council. A review of the management actions would be carried out once the repairs had been completed.

The Officer recommendation as set out in the report was moved.

Members requested that consideration be given to positive promotion of green lanes and how this would be carried out in future years and the use of the green lanes as a communication tool for the cultural heritage of the Peak District National Park.

The Director of Commercial Development & Engagement acknowledged the comments.

The Officer recommendation as set out in the report was seconded, put to the vote and carried.

RESOVLED:

To note the progress and to approve the action plans at Appendices 4, 6 and 7 of the report, and that a follow-up report be brought to the Committee in March 2020.

16/19 EXEMPT MINUTES OF THE MEETING HELD ON 18 JANUARY 2019

The exempt minutes of the last meeting of the Audit, Resource and Performance Committee held on 18 January 2019 were approved as a correct record.

The meeting ended at 11.00 am

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6. 2018/19 QUARTER 4 AND YEAR END CORPORATE PERFORMANCE REPORT (A91941/HW)

Purpose of the report

1. This report provides Members with monitoring information for the end of Quarter 4 2018/19 (Jan to Mar 2019), the final year of our Corporate Strategy 2016-19. Members are asked to consider:
 - Quarter 4 and year end performance against 2018/19 indicator targets
 - Quarter 4 and year end performance against each of our cornerstones and directional shifts, including achievement of priority actions
 - Quarter 4 and year end analysis for complaints and Freedom of Information/Environmental Information Requests.

Key Issues

2. Key issues include:

At the end of Quarter 4 and the end of our Corporate Strategy 2016-19:

- 15 priority actions are assessed as green in status and 8 as red. Our Corporate Strategy 2019-24 takes forward the appropriate outstanding priority actions.
- We have met or exceeded our target on 24 out of the 38 indicators used to monitor progress. We fell short of target on 10 out of the 38 indicators. For the other 4 targets, we did not collect data this quarter.

Recommendations

3.
 1. **That the 2018/19 Quarter 4 Corporate Performance Report, given in Appendix 1, which includes performance against indicator targets and priority actions, is reviewed and agreed.**
 2. **That the 2018/19 Quarter 4 and year end status and analysis of complaints and Freedom of Information/Environmental Information Requests, given in Appendix 3, is considered and received.**

How does this contribute to our policies and legal obligations?

4. Performance and risk management contributes to *Cornerstone 3, Our Organisation: developing our organisation so we have a planned and sustained approach to performance at all levels*. Monitoring the corporate indicators and corporate priority actions for 2018/19 is part of our approach to ensuring we are progressing against our Performance and Business Plan and, if needed, mitigating action can be taken to maintain and improve performance or to reprioritise work in consultation with staff and Members.

Background

5. Information is given so that Members of Audit, Resources and Performance Committee, in accordance with the scrutiny and performance management brief of the Committee, can review the performance of the Authority.
6. Performance information is reported each quarter by cornerstone and directional shift (of which there are 8). An overview of each priority activity and indicator contributing to each cornerstone or shift is provided, covering:
 - where we are doing well;

- an understanding of associated risks;
- specific issues;
- and remedial action.

7. The traffic light system for the assessment of performance uses the following guidance at year end:

- **green** – the priority action or indicator was achieved
- **amber** – the priority action or indicator was almost achieved
- **red** – the priority action or indicator was not achieved.

N.B. As this is year-end, priority actions and indicators are scored as only red or green.

Information relating to 2018/19

8. The following Quarter 4 and year end performance information for 2018/19 is provided:

- a) Appendix 1 gives the Quarter 4 and year end assessment of priority actions achieved, including an analysis of performance against indicator targets.
- b) The relevant indicators for each cornerstone and shift are also given in Appendix 1. A full list of indicators is given at Appendix 2.
- c) Appendix 3 provides Quarter 4 and year end analysis for complaints and Freedom of Information/Environmental Information Requests.

Proposals

9. Members are asked to:

- a) Review and agree the 2018/19 Quarter 4 Corporate Performance Return, given in Appendix 1, which includes performance against indicator targets and priority actions.
- b) Consider and receive the 2018/19 Quarter 4 and year end status and analysis of complaints and Freedom of Information/Environmental Information requests, given in Appendix 3.

Are there any corporate implications members should be concerned about?

10. This report gives Members an overview of the achievement of targets in the last year and includes ICT, financial, risk management and sustainability considerations where appropriate. There are no additional implications in, for example, Health and Safety.

11. **Background papers** (not previously published) – None

Appendices

1. 2018/19 Quarter 4 Corporate Performance Return
2. Corporate Indicator Table 2018/19 (Year-end indicator outturns)
3. Quarter 4 and year end status and analysis of Complaints, Freedom of Information (FOI), and Environmental Information Regulations (EIR) Enquiries

Report Author, Job Title

Holly Waterman, Senior Strategy Officer Research, 9 May 2019

Cornerstone 1: Our assets

Our Focus:	2018-19 priority actions	Progress (RAG)
1. Reduce the size of our property portfolio and retain what we need 2. Ensure that the Trails, Stanage, North Lees and Warslow Estate are well-managed assets able to support the delivery of our directional shifts 3. Get the basics right on the visitor infrastructure we own and operate, from both a local and visitor perspective 4. Increase the value of our brand and its reach	16. We will have all the relevant information (in particular condition surveys of all our properties), plans and resources to undertake a review of the Asset Management Plan.	GREEN

Corporate Indicator	Target 2018-19	Status at Q4
6. Percentage of assets that meet the standards set for: a) Maintenance	Define methodology	All condition surveys for Authority owned properties have been completed, and this information is being used in the development of the Authority's Asset Management Plan. The high priority remedial works coming from the condition surveys have started to be implemented.
b) Environmental performance	Define methodology	A contract to develop the methodology and provide baseline information for the environmental performance of the Authority's properties is about to be let. The works will be completed in Q2 of 2019/20.

Overview:

Our estates (Warslow and North Lees), buildings, trails, woodlands and land provide a unique opportunity to lead by example and enhance visitor experiences, landscape and conservation outcomes. We are fortunate we have the in-house expertise to manage our 'jewels'. Collectively they boost understanding of the National Park to a wide audience and support continues to grow in line with our management plans. Investment by PDNPA and external grant funds continues to bring rewards with Castleton visitor centre seeing record revenue and profits in 2018-19 and the opening of Millers Dale Station on the Monsal trail after four years of planning and restoration. The innovative training of concession partners' staff (Blueberry Café at Castleton and Millers Dale) substantially helps provide greater visitor experience reach.

Our disposals process (woodlands and buildings) is on track where we have improved the environmental amenity value and included binding environmental and access protections in any contract sale. Our

reputational reach is seeing growth both from urban regions bordering the Peak District and internationally from the Q4 launch of Discover England's National Park Experiences. Nevertheless, the challenge of maintenance continues to be one of balancing scarce resources against income, the size of the overall estate and a backlog. This trend is likely to continue in 2019/20 with a focus on securing funding and implementing high and medium priority works.

Progress against priority actions, indicator(s) and focus:

Focus 1 & Priority Action 16:

- Two meetings of the Corporate Property Asset Management Group (CPAMG) have been held including with the Lead Member representing Property and Asset Management.
- Condition surveys have now been completed and the results fed into the CPAMG and RMM for ongoing consideration.
- The sales of a further 5 woodlands have been completed and several woodland leases have been given up with more under negotiation. 5 minor properties are now on the market.
- Work with regard to future options for Brosterfield and Lower Green House Farm is ongoing, with a view to resolving their futures in the next 6 months.
- ARP Committee approved plans to dispose of Lower Green House Farm and officers have since implemented practical conservation enhancement work to the property.

Focus 2:

- Work to develop specifications for the identified repairs to trails structures are still in development in consultation with relevant specialists within the Authority. The high and medium priority works are now overdue for completion, according to the structural specialist reports completed in 2015.
- The refurbishment of Steps Farmhouse on the Warslow Moors Estate has been completed and the property re-let on a residential tenancy.
- A defective footbridge on a footpath at Cheedale has undergone structural survey and it was planned to procure a replacement in Q4. This work has now been deferred to Q1 of 19/20 whilst further preparatory work is carried out.
- Cattiside cottage is now cleared of rubbish and surrounding vegetation. Essential drainage works were undertaken in Q4.
- A contractor was appointed in Q3 to carry out a significant resurfacing project on a deteriorating section of the Tissington Trail.
- In order to ensure that the North Lees Estate is managed in a way that maximises its contribution to the fulfilment of national park purposes, a decision has been made to seek consultants to carry out an options appraisal in Q1 of 19/20.
- Work to improve a 1.4km section of the Tissington Trail to National Trail Standard has been completed and well received by visitors.
- Due to capacity issues, a planned review of the Trails Management Plan has not been completed but will progress during the first 6 months of 19/20.
- Significant work to meet statutory requirements at Warslow Moors Estate has been undertaken, including improvement to private water supplies, electrical system checks and upgrade of sewage systems. This, in

conjunction with loss of rental income from a vacant property, has had an impact on the ability to achieve full cost recovery.

- Preparatory work to develop the approved new estate base on the Warslow Moors Estate commenced.

Focus 3:

- A full application to the RDPE Growth Fund has been submitted and the outcome will be known in Q1 of 19/20.
- Significant vandalism at Hollin Bank toilets necessitated closure toward the end of Q2 whilst repair work is arranged. The toilet repairs have been completed and the toilets are now available for visitors.
- In Q3, interior works to North Lees Campsite reception have been completed, including welcome desk, office equipment, storage and retail display space.
- Millers Dale Station is now open and a concessionaire has been selected to operate the café and information point on the Authority's behalf. Feedback via social media showed widespread public support for the proposal.
- A stage 1 application was submitted to the RDPE Growth Fund to conserve the Millers Dale goods shed by replacing its roof and utilising the space for interpretation. This project has been approved to progress to stage 2. The total value of this project, if approved will be just under £390K and will bring in just under £300K to help maintain and improve an important heritage asset. Planning permission is required prior to submission of the full application along with 3 quotes/tenders for the work. Planning permission was granted at the end of Q3 and the building works are out to tender. A separate tender for interpretation was drafted and issued early in Q4.

Focus 4:

- Work has continued throughout the first three quarters of the year to develop brand touchpoints at North Lees campsite and Edale visitor centre, creating a more welcoming and professional appearance whilst maintaining the character of and sensitivity to the audience present at each site. Brand touchpoint signage at North Lees was installed during Q4. Landscape improvements to enhance customer experience were completed in Q3. In parallel with interior improvements, North Lees campsite now offers a contemporary on-brand welcome to visitors.
- New interpretation installations incorporating brand were completed as part of a major project at Bakewell, Castleton and Edale visitor centres in Q3.
- Planning application for Edale signage submitted in Q3. Additional drawings requested by planning require external survey and CAD design. Re-submission and production are underway in Q4.
- Strong progress in Q3 with communicating our position on controversial issues including the moorland burning, a variety of wildlife management topics and Millers Dale Station development.
- A cross-team Marketing and Communications approach supported the inaugural PDNP Planning Awards, resulting in a well-branded and professional event, with associated digital exposure and local press coverage.
- Brand and reputational management outputs during Q3 included extensive media-management in relation to the 'lost villages' at Ladybower reservoir, reducing impacts on ground staff and minimising coverage of the issue to reduce further footfall.
- A study investigating the use of plastics and perceptions among visitors and retail consumers was completed in Q3 as part of a Sheffield Hallam University placement scheme. This underpins our approach to product procurement and issues such as single use plastics from Q4 onwards.

- Social media continues to be a platform where we can quickly share National Park messaging. Extensive interest in issues such as wildfires also raised engagement in Q2. Despite this, overall audience growth of 3.7% was a strong performance set against 2.1% in the previous quarter. Encouragingly, growth in excess of 20% is reflected on our more contemporary platforms such as Instagram, whilst our core channels of Facebook and Twitter continue to increase.
- For interest and baseline data, our age demographics are shared for this quarter, showing the strong emphasis on the 25-45 age bracket, increasing (not unexpectedly) to around 55 for Facebook followers. The Authority maintains a female-orientated following across our core channels (c.60%). This is broadly in line with overall UK statistics, which typically see around a 10-12% increase in women's social media use over male counterparts. BAME and other demographic data is not currently available.
- 2018/19 press impact AEV (Advertising Equivalent Value) hit over £500,000 (£145,000 of direct PDNP-led material) with an audience reach of 17.4m. This does not include broadcast (TV and radio) which is not available as a metric, but delivered across a wide range of topics. Example: wildfire coverage reached an estimated 7.8m, with an additional 5.4m on social media.
- 2018/19 website hits total 2.7m, with an average quarterly increase in followers of 4.6%. Annual social media reach estimated at 16.1m, with peak single post reaches of 900k, with an average peak post reach of 245k.
- Q4 saw a particularly encouraging increase of over 38% across our Instagram channel.
- Q4 has seen a positive strategic shift in online promotion of PDNP-led events via social media, leading to a significant increase in ticket sales, with the majority of events now over-subscribed.
- Q4 has seen completion of exterior welcome, information and directional signage to contemporary brand standards at North Lees Campsite, providing a professional, sensitive and consistent series of 'touch points' in line with other PDNP assets such as Castleton visitor centre. This compliments interior works at the campsite reception building.
- 'Threshold' welcome signs at all PDNP car park facilities have been created to current brand standards, including replacement of metal or other posts with wood, to provide a softer landscape impact and consistency across the car park portfolio. Additional drawings required for Edale Visitor Centre signage complete in Q4 and with planning.
- 2018/19 has seen us consolidate and expand our range of position statements on key issues facing the National Park. These are now available online in order to support public and press queries: <https://www.peakdistrict.gov.uk/visiting/frequently-asked-questions>
- Q4 saw extensive press coverage of the Millers Dale development, including local press cover, stories, features and broadcast items via radio.
- Communications team support has enabled successful promotion of the first Peak District National Park Foundation fundraising activity around the 'Pedal the Parks' challenge, including webpage, fundraising portals and promotional materials, including wide press coverage.
- Support for front-facing ranger teams has included new identity badges (two styles) and a range of professionally branded certificates acknowledging service to the PDNP.
- A completed tendering process in Q4 for the production of ParkLife magazine over 12 months has secured a reduction in print costs of c.30%, whilst maintaining the previous FSC accreditations and finish. Delivery consistency to National Park addresses continues to provide an ongoing challenge, with direct residents mail or a review of residential delivery proposed for 2019/20.

Quarter 4 (1 January to 31 March 2019)

Social media type	Total followers	New followers	Rise in followers (%)
Twitter	38,943	2,495	+6.85%
Facebook	23,421	392	+1.7%
Instagram	5,390	1,489	+38.5%

Total rise in followers 6.4% (average rise Q1 > Q4 – 4.6%)

Top 5 tweets

- 3 January – New Year Litter Picking (Rangers) – 244K reached
- 29 March – Ring Ouzels Return to the Peak – 209K reached
- 10 February – Missing dog on Stanage (help wanted) – 192K reached
- 19 March – Lambing and bird nesting season begins – 172K reached
- 22 January – 14 Famous Film Locations in the Peak District – 169K reached

Top 5 Facebook posts

- 10 February – Missing dog on Stanage (help wanted) – 71K reached
- 19 March – Lambing and bird nesting season begins – 30K reached
- 31 January – National Park Experience Collection launch – 29K reached
- 27 March – Millers Dale refurbishment almost complete – 18K reached
- 11 March – Mend Our Mountains (final call for donations) – 15K reached

Total reach in Quarter 4

- Total social media reach: 3,066,912 (up 42.4% on Qtr3)
- Website total hits: 614,576 (up 59.6% on Qtr3)

Indicator 6 a): All condition surveys for Authority-owned properties have been completed, and this information is being used in the development of the Authority's Asset Management Plan. The high priority remedial works coming from the condition surveys have started to be implemented.

Indicator 6 b): A contract to develop the methodology and provide baseline information for the environmental performance of the Authority's properties is about to be let. The works will be completed in Q2 of 2019/20.

Issues arising and action to address: None

Risk implications: None

Cornerstone 2: Our services

Our Focus:	2018-19 priority actions	Progress (RAG)
1. Deliver our services in a customer focused way	6. We will have an integrated conservation service for land managers and communities.	RED
2. Ensure clear policies are in place through facilitated and effective engagement and communication	20. We will have an agreed mechanism to review the Core Strategy.	GREEN
3. Ensure appropriate regulatory action	See Corporate Indicators 9 a) and 9b)	GREEN

Corporate Indicator	Target 2018-19	Status at Q4
7. Proportion of planning appeals allowed	<30%	38%
8. Proportion of planning applications determined in a timely way		
a) 13 weeks – major	a) >70%	100%
b) 8 weeks – minor	b) >70%	92%
c) 8 weeks – other	c) >80%	93%
d) 13 weeks – county matters	d) >70%	-
9. a) Number of enforcement cases resolved	30 per quarter	151 in year
9. b) % of enforcement enquiries (excluding minerals and waste) investigated (and reach a conclusion on whether there is a breach of planning control) within 30 working days	>80%	90%
10. Customer satisfaction with Planning Service:		
a) Applicants/ agents	-	-
b) Parish councils	-	-
c) Residents *	>38% **	-
d) Pre-application advice	>75%	-
11. a) Number of complaints received	<20	3 (13 for the year 2018/19)
11. b) % complaints dealt with in accordance with agreed deadlines	>90%	100
11. c) Satisfaction with first and second lines of enquiry (planning)	Baseline (75% target)	76%

* Residents' Survey every 3 years (Baseline 2012, data 2016) ** Based on 2016/17 survey

Overview:

Performance on planning applications over the quarter and the year 2018/19 has been on target, as has performance on monitoring and enforcement. During 2018/19, MHCLG confirmed that the Authority was not to be designated as a poorly performing local planning authority based on its performance on major appeals.

Overall appeal performance was above the target of no more than 30% of appeals being allowed over the 2018/19 year, but none of the cases allowed raised significant issues. Both planning application and appeal performance are being reported to Planning Committee on 10 May. During 2018/19, an examination was held on the proposed Development Management policies and a revised plan to address the Inspector's recommendations was published for consultation in December. The plan has been found sound by the Planning Inspector, subject to the proposed modifications. It is anticipated that it will be approved at the May Authority meeting. The timetable and process for reviewing the Core Strategy was approved at the March Authority meeting. The updated NPMP was published in July 2018 and regular meetings are now being held with partners to develop actions. A very successful Planning Awards event was held in November 2018; the awards will now be held every 2 years.

Progress against priority actions, indicator(s) and focus:

Priority action 6): *We will have an integrated conservation service for land managers and communities*

A project report was produced in Q2, setting out the current status of the project and detailing future actions; although progress has been slow, these actions are now being worked on. The project was scheduled to run to the end of 2019/20 and so it is possible to catch up progress but because this project is significantly behind schedule at the end of 2018/19 it has been rated as red.

Priority action 20): *We will have an agreed mechanism to review the Core Strategy*

The timetable and process for reviewing the Core Strategy was approved at the March Authority meeting.

Indicators: (see tables)

Service plan actions linked to 'Our Focus':

- A very successful Planning Awards event was held at Thornbridge Hall in November, with a focus on promoting high quality design and conservation work in the National Park. The awards will be held every 2 years.
- The Development Management DPD was the subject of an examination in May 2018. The Inspector made recommendations and these were incorporated into a revised plan. It is anticipated that the DPD will be adopted by May 2019 following receipt of a report from the Planning Inspectorate.
- The final version of the Bakewell Neighbourhood Plan has been submitted to the Authority for a compliance check and final stage consultation prior to referendum. The Leekfrith Neighbourhood Plan is almost at the same stage. Hartington Neighbourhood Plan has progressed during the last quarter.
- The small grants allocation for 2018/19 has been spent (10 projects) with outstanding bids demonstrating the value and ongoing need for the grant.
- Evidence into changing population demographic was completed as the first stage of evidence collection for the Local Plan review. The findings were presented to the Members' Forum in October.
- Ongoing involvement by officers to assess the impact of Upgrade Programmes for the A628 Woodhead Pass. This involved two meetings with a Highways England Design Panel which has been appointed to advise on the proposed A628 upgrade, with a significant length of tunnel and potential dual carriageway. The Authority is seeking an exemplar scheme that delivers net environmental benefit.
- The Monitoring and Enforcement team have exceeded their targets for the year and have progressed with enforcement notices on some significant issues, serving eight notices in the year. Two enforcement notices were served in respect of moorland tracks and appeals have been submitted in both cases. The Authority was successful in prosecuting on unauthorised alterations to a listed building in Winster.

- The number of appeals allowed – 9 out of 24 appeals (38%) – is higher than the target, but this included a decision where the Inspector agreed with the Authority’s position on the imposition of a condition but imposed a slightly differently worded condition. It also included two split decisions, one in which the Authority’s position was accepted in full and the other where the Inspector accepted some parts of the development but not all of it. These three decisions make a significant difference to the overall performance figure. All those cases where the appeal was allowed are site-specific design assessments which do not raise any major policy or impact concerns.
- Planning performance is now being reported to Planning Committee on a quarterly basis so that the Committee has a clear understanding of the performance figures that are being considered by the Government.
- During 2018/19, MHCLG confirmed that the Authority was not to be designated as a poorly performing LPA based on its performance on major appeals.
- Provision of support for farmers and land managers has continued through one-to-one contact, one-to-many events and the drop in centre at Bakewell Livestock Market every Monday. Support provided has included conservation advice, help to understand regulations and assistance to explore and apply for Countryside Stewardship Scheme Mid-Tier, Wildlife Packages, Hedgerow & Boundaries and the Pilot Traditional Building Restoration grants.
- The Authority’s Land Management Grant Scheme has assisted over 80 farmers and land managers to deliver a range of conservation measures such as: managing species rich grassland and wader habitats; restoring dry stone walls, hedges, dew ponds and other heritage features; creating small scale native woodlands; and tree planting for landscape and natural flood management purposes.

Issues arising and action to address:

- **Our services, Indicator 7:** The percentage of appeals dismissed was 38% in the last year – see above for discussion.
- **Our services, Indicators 8 and 10d:** Performance on dealing with planning and other applications has been above target in the quarter. This reflects the relative stability in the Development Management teams but the workloads are still relatively high and performance on dealing with enquiries is below target.
- **Our services, Indicator 9a:** The target for resolving enforcement enquiries cases was exceeded in the year but the number of enforcement enquiries continues to increase. From March 2019, additional staff have been appointed in the team, funded temporarily from underspend, to address the backlog of old and more significant cases.
- **Our services, Indicator 10b:** Officers continue to work with Parishes, either through the Peak Park Parishes (PPP) Forum or through individual parishes to understand their concerns. A meeting was held with parish clerks in June 2018. A monthly Parish Bulletin is being produced by the Planning Liaison Officer.
- **Our services, Indicator 11a:** The number of formal complaints is low, with only three in the quarter, of which two related to Planning matters. In the 2018-19 year there were 13 complaints, below the target of no more than 20. This reflects an approach that seeks to deal with customer concerns before they escalate into formal complaints. One case was referred to the Ombudsman, and the outcome is awaited.

Risk implications: Personal data not being removed/deleted at the end of its intended use, or new consent being sought risks a fair usage breach under the GDPR. The integrated conservation advice service project seeks to identify cases of this and mitigate through removal or action to gain required permissions.

Cornerstone 3: Our organisation

Our Focus:	2018-19 priority actions	Progress (RAG)
1. Develop and maintain appropriate standards of corporate governance		
2. Implement our medium term financial plan		
3. Develop key business processes underpinning the Corporate Strategy	18. We will have an updated Corporate Strategy for the period 2019-24.	GREEN (completed in Q3)
	19. We will have an updated National Park Management Plan that includes the special qualities and is supported by partners.	GREEN (completed in Q1)

Corporate Indicator	Target 2018-19	Status at Q4
12. Audit conclusions showing satisfactory governance arrangements in place	Achieve	GREEN (completed in Q1)

Overview:

Members approved the Authority's 2019-24 Corporate Strategy on 7th December 2018. The new corporate strategy is based on the understanding that national park landscapes are important to the nation's health and wellbeing, make a significant contribution to the economy through tourism and farming and provide attractive places for people to live, work, visit and enjoy. Through the new strategy, we will deliver our contribution to the 2018-23 National Park Management Plan which was formally adopted by the Authority on 25th May 2018.

Progress against priority actions, indicator(s) and focus:

Priority action 18): *We will have an updated Corporate Strategy for the period 2019/20 – 2023/24.*

This priority action was achieved in Q3. On 7th December 2018, Members approved the Authority's new Corporate Strategy 2019-24. Work commenced in Q4 of 2018/19 to plan for the delivery of the outcomes identified in the strategy.

In Q2, work continued to develop the Authority's Corporate Strategy 2019-24. A workshop with Members of the Authority took place on 21st September 2018. This provided an opportunity for officers to brief Members on where we are on delivery of our current Corporate Strategy and for Members to input into the development of our future Corporate Strategy.

In Q1, a series of similar workshops with the Senior Leadership Team and Operational Leadership Teams were held. Team Managers and all staff were briefed on the work undertaken to date. Three clear outcomes around landscape, communities and audiences were developed and we began the process of developing performance

measures to ensure progress can be tracked. Work to identify the actions that will deliver the three outcomes began alongside checking the extent to which our resources are aligned to these outcomes.

Priority action 19): *We will have an updated National Park Management Plan that includes the special qualities and is supported by partners.*

This priority action was achieved in Q1. The second public consultation on the updated National Park Management Plan (NPMP) closed in April 2018. We had a good overall consultation response and the comments received on the special qualities were supportive. Following consideration of the comments received, the NPMP was amended and was formally adopted by the Authority at a meeting on 25th May 2018.

Indicators:

Indicator 12): *Audit conclusions showing satisfactory governance arrangements in place*

This indicator was achieved in Q1. It was reported to the Audit Resources & Performance (ARP) Committee on 20th July 2018 that the External Auditor had not identified any concerns relating to the Authority's compliance with the Code of Corporate Governance.

Service plan actions linked to 'Our Focus':

Our Focus 1): *Develop and maintain appropriate standards of corporate governance*

In Q4, several meetings of the Governance Review Group have been held. It is envisaged that a report outlining their findings and making recommendations will be considered by the Authority in Q1 of 2019/20.

On 1st March 2019, Members approved the External Auditor's strategy for reviewing the Authority's 2018/19 financial statements and undertaking the required Value for Money assessment work.

In Q3, Members agreed to undertake a review of the Authority's governance arrangements. A report to the Authority on 7th December approved the scope of the review and established a working group. The review had arisen from recent informal discussions between Members and Officers indicating a desire from Members to explore ways in which the Authority's existing governance arrangements could be enhanced.

At a meeting of the Authority on 5th October, the Member Learning and Development annual report was approved. The report set out a learning and development framework for Members and the proposals for the next annual programme of events from January to December 2019.

At a Resource Management meeting held on 4th December, a report providing an update and annual review of the Minerals & Legal Finance Plan was approved. The associated reserve recognises that the Authority is exposed to significant financial risk in pursuing prohibition and revocation orders, imposing restrictive conditions and defending appeals. The reserve is based on a case by case risk assessment and contributes to demonstrating that the Authority adopts and maintains good governance arrangements.

At a meeting of the ARP committee held on 2nd November, the Annual Report of the Due Diligence Panel was approved.

In Q2, Members approved the 2018/19 Internal Audit programme. The work to be undertaken will provide our Internal Auditor with sufficient evidence to form an objective opinion in relation to the Authority's

governance, risk management and control frameworks. The planned work includes a wide range of audits covering strategic risks, financial systems, regulatory requirements and operations.

At a meeting on 7th September 2018, Members of the ARP Committee considered the Local Government and Social Care Ombudsman's Annual Review of Complaints for 2017/18. It was noted that no concerns relating to the performance of Authority had been identified by the Ombudsman.

A fourth new Member was appointed to the Authority during Q2.

In Q1, an Annual Governance Statement (AGS) was prepared and the unaudited AGS was published on 30th May 2018 in advance of the statutory deadline. The Authority's External Auditor (KPMG) subsequently confirmed that the Authority's AGS complies with the guidance issued by CIPFA/SOLACE (Chartered Institute of Public Finance and Accountancy/Society of Local Authority Chief Executives).

A Members Appointments Panel process was put in place to assist decision making at the Authority's Annual General Meeting (AGM) on 6th July 2018. We also welcomed three new Members to the Authority who have been through our induction programme.

Our Focus 2): *Implement our medium term financial plan*

In line with the statutory requirements governing Treasury Management functions, Members approved the Authority's Treasury Management Policy and annual investment strategy at a meeting held on 15th March 2019.

At a meeting held on 1st February 2019, the Authority's Revenue Budget for 2019/20 was approved. At the same meeting Members were also provided with updates relating to the Authority's capital programme and reserves position.

On 18th January 2019, the ARP Committee approved the replacement of up to 23 vehicles in the Authority's fleet, at a maximum cost of £450,000.

In Q3, at a workshop held on 16th November, Members were provided with information and invited to ask questions relating to the 2018/19 and 2019/20 revenue budgets, the Capital programme and reserves position. Subsequently, information relating to the Authority's comparative position, against other national park authorities, in respect to external income, borrowing and reserve levels was circulated to all Members.

In Q2, all statutory and regulatory returns in respect of the 2017/18 financial accounts were completed.

In Q1, the Authority's 2017/18 financial accounts were presented to the ARP committee on 18th May 2018. It was reported to the ARP Committee on 20th July 2018 that the External Auditor had issued an unqualified opinion in relation to the 2017/18 accounts and that they considered the Authority to have suitable arrangements in place to ensure it takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes. It was further reported that the External Auditor is satisfied that the Authority has appropriate arrangements in place to secure economy, efficiency and effectiveness in the use of resources.

Our Focus 3): *Develop key business processes underpinning the Corporate Strategy*

In Q4, tender responses relating to the provision of Internal Audit Services were evaluated. A contract was subsequently awarded to Veritau Ltd which will commence on 1st April 2019.

On 4th February 2019, the Senior Leadership Team agreed to support a project which seeks to streamline existing strategies and actions plans. This project includes the identification and removal of out of date material.

In Q2, an independent and comprehensive review of the Members Allowances Scheme was undertaken by Dr Declan Hall. Dr Hall's report was considered at the Authority's AGM on 6th July 2018 and the recommendations relating to specific changes and the general operation of the scheme were adopted.

The Authority's 2017/18 Environmental Management Annual Performance Report was presented to Members of the ARP Committee on 7th September 2018. It was noted that performance continues to improve and the Authority has achieved a 29% reduction in carbon emissions against the 2009/10 baseline.

In Q1, Members approved the structure, content and focus of the Authority's 2018/19 Performance and Business Plan at the Authority meeting on 25th May 2018. The plan was published on the Authority's website prior to the statutory deadline of 30th June 2018.

In the Internal Audit Annual Report for 2017/18, presented to Members on 18th May 2018, the Head of Internal Audit expressed his opinion that the framework of governance, risk management and control operating in the Authority provides substantial assurance.

Risk implications:

The Authority's Corporate Risk Register for 2018/19 was approved on 18th May 2018 by the ARP Committee. The risk register is reviewed on a regular basis throughout the financial year.

Cornerstone 4: Our people

Our Focus:	2018-19 priority actions	Progress (RAG)
1. Ensure the Authority shape is fit for the future		
2. Retain, develop and recruit the right people in the right place at the right time, with the right resources	17. We will be implementing our Workforce Plan, monitoring progress and taking corrective action as appropriate.	GREEN
3. Embed, in the way we work, our organisational values of people matter, performance matters, communities matter and every day matters		

Corporate Indicator	Target 2018–19	Status at Q4
13. Employee engagement – based on new Staff Survey	No staff survey planned	N/A
14. Implement recommendations of the 2016-17 Investors in People assessment	Delivery of Action Plan	IIP Actions were incorporated into the “People Matter Action Plan”
15. Sickness levels*: a) % of total time lost due to sickness	a) 2.3% quarterly 2.15% annually	a) 2.14% quarterly 1.91% annually
b) Hours per FTE	b) 11.1h quarterly 44.4h annually	b) 10.28h quarterly 39.35h annually
c i) Absence: sickness frequency rate **	c i) 25% quarterly 100% annually	c i) 23.34 quarterly 89.4% annually
ii) Absence: individual sickness frequency rate (reported at Year-end) ***	ii) No target	44.17%
d) Value of total time lost (expressed as pay cost)	d) £26,750 quarterly £107,000 annually	d) £27,193 quarterly £110,487 annually
16) Staff turnover	ACAS standard to be used (Annual range 9-15%)	Quarter 4 = 4% Annual = 10%

* All sickness indicators should be considered together for a full understanding of the overall picture.

** The absence frequency rate calculates the average number of periods of absence per employee as a percentage. It gives no indication of the length of each sickness absence period and no indication of employees who have taken more than one period of absence. For example, an outturn of 100% means that, on average, there has been one absence for every one employee. For context, an outturn of 50% would mean that, on average, there has been one absence for every two employees.

*** This shows the proportion of staff that have had one or more spells of absence in the last year. A lower score indicates a smaller proportion of staff having time off. A higher score indicates a larger percentage of staff having time off. This score should be looked at in conjunction with 15 a), 15 b), 15 c) i) and 15 d).

Overview:

The development and deployment of staff is a key factor in determining the Authority’s overall performance. At a workshop held on 16th November, Members were updated on a wide range of employee related issues and their views were sought on proposals to improve the Authority’s existing development and performance arrangements. In Q4, there has been a focus on employee health and well-being and health and safety, with several new initiatives being launched.

Progress against priority actions, indicator(s) and focus:

Priority action 17): *We will be implementing our Workforce Plan, monitoring progress and taking corrective action as appropriate.*

During 2017/18, a framework and related processes for the development of comprehensive workforce planning was implemented. Workforce planning has now been integrated into the Authority's business planning and joint performance appraisal and review (JPAR) processes. The Authority's Head of HR continues to support Heads of Service to consider their current and future workforce requirements.

As part of the 2019-24 Corporate Strategy, Members agreed to the further development of the Authority's Workforce Strategy to focus on such issues as staff health and well-being, talent pipelines and pay.

Indicators:

Overall sickness absence performance remains good.

Indicator 15 d) *Value of total time lost (expressed as pay cost)* shows red as the annual target value has been exceeded by £3,487. It should be noted however that the target value has not been amended to reflect pay increases.

Service plan actions linked to 'Our Focus':

Our Focus 1): *Ensure the Authority shape is fit for the future.*

An external assessment of the Authority against the new Investors in People (IIP) standard is being undertaken during Q4 (2018/19) and Q1 (2019/20). The assessment includes interviews with members of staff selected at random and will determine if the Authority satisfies the new standard.

During Q4, there was a focus on staff health and well-being. Several workshops on posture and nutrition took place and the feedback was very positive. An online assessment tool was launched in March 2019 which supports employees to identify any potential health risks. The system generates a personalised well-being report and provides links to a library of resources containing information on a wide range of health issues. In addition, a course to train staff to be Mental Health First Aiders was provided.

In Q3, at a workshop held on 16th November, Members were provided with information relating to the composition of the Authority's workforce and updated on important human resource-related projects including talent management, apprenticeships and the implementation of the new national pay scales.

The full results of the recent IIP survey were published to all staff and Members. The results included benchmarking information comparing the Authority against other IIP registered organisations across nine specific performance indicators. As expected, the survey highlighted areas of strength and areas where improvements could be made. The next step will be for the Authority to be formally assessed against the new IIP standard.

In Q2, to support the Authority in seeking to continually improve its performance, all contracted staff were asked to complete an IIP survey. The survey results provide information allowing the Authority to be

benchmarked against other IIP accredited organisations in order to identify any potential improvements that could be made to the way we work.

In Q1, the restructuring exercise undertaken within the Commercial Development and Engagement Directorate during 2017/18 concluded the work necessary to implement the Authority's current three directorate model.

Our Focus 2): *Retain, develop and recruit the right people in the right place at the right time, with the right resources.*

In Q4, the final preparations were made to implement the new National Pay Spine for all employees with effect from 1st April 2019. The new pay spine introduces a new bottom rate of £9.00 per hour (£17,364 per annum).

On 5th March 2019, a business case to revise the staffing structure of the Finance Team was approved. The new structure supports the concept of talent pipelines and the development of internal capacity.

In Q3, the Authority agreed to adopt a new capability procedure to manage poor performance. Prior to this new procedure being adopted, poor performance relating to capability (i.e. the ability to undertake an assigned task) had been dealt with under the Authority's disciplinary processes. Good practice advises that capability and conduct should be dealt with separately and the new procedure focuses on giving managers clear guidance and sets out how employees will be supported to achieve the performance levels required.

In Q2, we welcomed the first four new apprentices to the Authority. Three new apprentices are now working with the South West Peak Partnership and a fourth has joined the Authority's Democratic and Legal Support Team.

The Internal Auditor undertook a review of the Authority's payroll system, related procedures and external service contracts during Q2. This is an important audit due to the scale and nature of employee based expenditure. The Audit, Resources and Performance (ARP) Committee were informed on 18th January 2019 that the auditors considered the Authority's payroll operations provided "high assurance", which is the highest rating available.

In Q1, the Authority's Corporate Learning and Development Plan for 2018/19 was approved by the Senior Leadership Team on 14th May 2018. Work is now underway to implement the plan, which includes the significant expansion of the Authority's newly acquired online training and development system.

A snapshot of employee data was taken at 1st April 2018 and will be used for internal and external reporting purposes. This information was used to calculate the Authority's gender pay gap, 8.5%, which compares favourably with both the public and private sector averages of 17.7% and 21.1% respectively.

Our Focus 3): *Embed, in the way we work, our organisational values of people matter, performance matters, communities matter and every day matters.*

In Q4, all senior leadership and operational leadership team managers completed the "Leading Safely" course which is accredited by the Institution of Occupational Safety and Health (IOSH). During the period March to June 2019, team managers will complete the IOSH accredited "Managing Safely" course and new online health and safety courses will be made available to all staff. It was also agreed to increase the professional health and safety staff resources available to the Authority with effect from 1st April 2019.

In Q3, the new Corporate Strategy 2019/24 was approved, which sets out clearly the Authority's organisational values. These values will support the delivery of the outcomes that have been identified and it is important to continue to communicate their existence and seek adoption at every opportunity.

The Authority's annual Joint Performance and Achievement Review (JPAR) process started in December. It provides the opportunity for every member of staff to discuss with their line manager how the work they undertake helps the Authority to achieve the outcomes that have been identified in the Corporate Strategy. The process is subject to continual review and improvement and this year the forms used were changed to enable the transition to use an online review system (HR Unity) next year.

Following a review of the Authority's Health and Safety Policy, the Local Joint Committee approved the adoption of a revised policy document at a meeting held on 11th October.

In Q2, as part of the 2018/19 Internal Audit programme, a review of the organisational culture that exists within the Authority was undertaken. The outcome of this review will be reported in due course.

A summary of the outcomes that had been achieved following the adoption of the People Matter Action Plan in September 2017 was sent to all staff. The Action Plan was developed to respond to issues identified in the 2017 staff survey and implementation progress has been monitored jointly by the Senior Leadership Team, Trade Union and Staff Committee representatives. The response to the changes introduced has been very positive.

In Q1, a key component in the development of the Authority's future Corporate Strategy was to identify seven specific ways of working that the Senior Leadership Team wish to see embedded throughout the organisation. It is envisaged that adopting these "We will always....." principles will support the Authority to focus more clearly on outcomes and support the development of even better internal and external relationships.

Issues arising and action to address: None.

Risk implications: None.

Directional Shift 1: The Place and the Park, on a Landscape Scale

Our Focus:	2018-19 Priority Actions	Progress (RAG)
1. The Dark Peak	1. We will have agreed and be implementing actions for the four key moorland issues identified through the partnership with moorland owners. (These are visitor engagement, fire risk, resilient sustainable moorland and moorland birds).	GREEN
	2. We will have a clear vision for our work in the Dark Peak and South Pennines to 2050.	RED
2. The South West Peak	<i>In delivery stage</i>	
3. The White Peak	3. We will have a White Peak Partnership that is delivering agreed priority actions.	GREEN
4. The Whole Park	4. We will have agreed and established a system of monitoring at a landscape scale working with our partners and local communities.	RED
	5. We will have continued to build the case for public payment for public goods with the support of NPE (Future of Farming paper and using the White Peak as an example) and other partners through the NPMP. We will support farmers through the changes in support schemes to help them keep farming in a way that sustains and enhances the special qualities.	GREEN

Corporate Indicator	Target 2018-19	Status at Q4
1. Stage of development of landscape scale partnership programmes	Stage of development	
a) Moors for the Future	a) Mature Partnership	Mature Partnership
b) South West Peak Partnership	b) Operational Plan	Operational Plan
c) White Peak Delivery Partnership	c) Operational Plan	Operational Plan
d) Sheffield Moors Partnership	d) Vision	Operational Plan

Overview:

The Moors for the Future Partnership (MFFP) continues to deliver restoration on the ground, working with partners and landowners and is currently at its most active delivery stage in its 15 year history. The Authority is working with partners to assess the impact of the 2018 moorland fires and is developing a strategy to reduce future fire risk. The Birds of Prey Initiative report was published in December and showed disappointing results for some species. The White Peak Partnership is working through task and finish groups on key areas for development, particularly post-Brexit. The White Peak Pilot proposal has been accepted for phase 1 of Defra's Tests and Trials for the new Environmental Land Management system. The South West Peak Landscape Partnership is actively in the delivery stage of all 18 projects and has received additional funding, thereby reducing the Authority's commitment to underwriting project costs. A £157,000 WEG bid to the Environment Agency has been successful, with contracts for delivery to be agreed in Q1 2019-20.

In September 2018, the Government published the Agriculture Bill, which sets out how farmers and land managers will in future be paid for 'public goods', such as better air and water quality, improved soil health, higher animal welfare standards, public access to the countryside and measures to reduce flooding. This will replace the current subsidy system of Direct Payments. The Authority's officers have been working closely

with other national parks and Defra to influence the design of the new Environmental Land Management System (ELMS).

In December 2018, the Authority responded to the Glover review of designated landscapes, arising from the Government's 25 Year Plan to Improve the Environment. Julian Glover, the Chair of the review panel, visited the Peak District with some members of the panel and met the Authority and partners in October. In January 2019 the Government published the Environment Bill.

Progress against priority actions, indicator(s) and focus:

Priority action 1): *We will have agreed and be implementing actions for the four key moorland issues identified through the partnership with moorland owners (These are visitor engagement, fire risk, resilient sustainable moorland and moorland birds).*

Some variable progress has been made on these four issues. The Birds of Prey Initiative report was published in December, noting the mixed success of birds of prey in the Peak District. The Resilient Sustainable Moorland Group has been considering how the use of Long Term Management Plans would help to address issues, including the need for moorland tracks and officers have met with Natural England to discuss this. However, progress on Long Term Management Plans has been delayed, primarily because of Natural England's focus on not burning heather on deep peat. The Fire Operations Group (FOG) Fire Risk sub-group has started to develop a strategic approach to vehicular access, water sources and fire mitigation zones; this is now being incorporated into wider work with moorland owners and tenants on wild fire mitigation. Two enforcement notices were served relating to moorland tracks in 2018; both have been appealed against and decisions are awaited.

Priority action 2): *We will have a clear vision for our work in the Dark Peak and South Pennines to 2050.*

A workshop with partners to discuss our vision for the Dark Peak took place in November 2018 and a report was produced. A further meeting with Moors for the Future partners was held in February to feed into a final vision which should be agreed in May.

Priority action 3): *We will have a White Peak Partnership that is delivering agreed priority actions and we will have explored funding opportunities for delivery of the agreed priority actions.*

The partners in the White Peak Partnership have produced a draft prioritised Action Plan; the most important element is influencing the design of an Environmental Land Management System that delivers a full suite of public goods for public money. White Peak pilot ideas submitted by the National Park Authority have been accepted by Defra for Phase 1 tests of the initial building blocks for the new Environmental Land Management system; further detail has been provided but a final decision from DEFRA will be made in Q1 in 2019-20. Derbyshire Wildlife Trust is exploring the possibility of HLF funding bid for grassland restoration.

The Agriculture Bill was published in September, setting out the Government's approach to public payment for public goods. A seven year transition period, from existing agricultural subsidies to the new system is proposed.

Priority action 4): *We will have agreed and established a system of monitoring at a landscape scale working with our partners and local communities.*

Officers have started work on designing and setting up a landscape monitoring system, together with planning for a review of the Landscape Strategy 2009 (which has a 10 year review period) and are looking at ways of

aligning this with monitoring of special qualities and existing landscape monitoring (e.g. Moors for the Future, South West Peak Landscape Partnership).

Priority action 5): *We will have continued to build the case for public payment for public goods with the support of NPE (Future of Farming paper and using the White Peak as an example) and other partners through the NPMP. We will support farmers through the changes in support schemes to help them keep farming in a way that sustains and enhances the special qualities.*

In 2018, the Authority responded to a DEFRA consultation on “The future for food, farming and the environment” and has been working with DEFRA and other national parks to shape future policy and support systems for the delivery of public benefits by the uplands and protected landscapes. In December and March, officers took part in meetings between National Parks England and Defra to influence the design of the new Environmental Land Management System. Through the ELMS Phase 1 testing process, DEFRA has indicated an interest to explore PDNPA looking at the Dark Peak and South West Peak national character areas as well as the White Peak. The Authority’s officers have represented NPAs at a number of events in terms of design of new scheme and improving the delivery of the current Countryside Stewardship scheme. However, concern remains that the amount of land in agri-environment schemes continues to fall and uncertainty over Brexit is likely to compound this.

The government published an Environment Bill in January 2019.

Indicators: see table above

Service plan actions linked to ‘Our Focus’: see above

Issues arising and action to address:

Priority Action 1:

- **RAG Rating:** Red
- **Issue:** The Birds of Prey Initiative has reported mixed success for various species
- **Action:** We are working with partners to tackle the causes of the poor outcomes for some key species

Priority action 2:

- **RAG Rating:** Red
- **Issue:** We have not finalised the Vision, but it is expected to be agreed in Q1 of 2019-20.
- **Action:** See above

Priority Action 4:

- **RAG Rating:** Red
- **Issue:** Lack of progress on landscape monitoring and aligning this with monitoring of special qualities.
- **Action:** Officers have started work on designing and setting up a landscape monitoring system and expect to make progress in Q1.

Priority Action 5:

- **RAG Rating:** Red

-
- **Issue:** Area of NP land safeguarded in agri-environment schemes reduces because of Brexit uncertainty and continuing issues with Countryside Stewardship.
 - **Action:** See above

Risk implications: Noted above

Directional Shift 2: Connect people to the place, the park

Our Focus:	2018-19 Priority Actions	Progress (RAG)
1. Build support for the Park through a range of approaches to enable people to give time, money or valued intellectual support	We will have developed, agreed and be implementing comprehensive plans for: 13. Volunteering.	GREEN
	15. The National Park and Authority brands.	GREEN
2. Improve access to the National Park for less represented audiences, in particular young people under 25		
3. Improve access to the National Park for less represented audiences, in particular people living with health inequality	7. Using the Accord and insight on data, we will have identified the best route for PDNP to engage in the well-being and health agendas, including the identification of relevant funding streams.	RED
4. Improve our volunteering opportunities and processes to nurture and build National Park volunteer supporters	13. We will have: <ul style="list-style-type: none"> • clarity on the scale of our volunteer recruitment and retention ambitions; • created the processes for recruitment and retention (including any beneficial integration with supporter relationship management systems); • tested recruitment campaigns; • a single platform for volunteering. 	RED

Corporate Indicator	Target 2018-19	Status at Q4
2. Number of people experiencing the benefits of the Peak District National Park from our target audiences of:		
a) young people under 25	19,846 (+5% vs. 2015-16)	21,521
b) people living with health inequality (particularly mental wellbeing)	1,000	1063
c) volunteers (expressed as volunteer days)	10,003 (+5% vs. 2015-16)	8605

Overview:

People feeling a strong affinity and connection to the Peak District National Park is a primary purpose and this past year continues to show continuous improvement in this area. For young people in education we continue to deliver a strong offer through our school programme, where we have exceeded target, growing reach and profile of the National Park and Authority in neighbouring urban conurbations (e.g. Oldham, Huddersfield, Chesterfield, Macclesfield).

Engaging with the health agenda to the extent and approach set out originally within the corporate plan period is proving challenging. We have started to engage local authority and council senior leaders in public

health to develop a more sustainable business model to deliver health outcomes. Nevertheless our guided health walks continue to grow and these will continue to develop and expand next year (people with dementia, loneliness, obesity, diabetes). Both Moors for the Future and South West Peak Landscape Partnership continue to develop projects with young people and volunteers with a health and wellbeing focus.

The PDNPA wide volunteer initiative whilst red is also moving in the right direction. We are very fortunate to have a highly skilled, dedicated and growing volunteer base exemplified by Jack (Langset) who has 48 years of volunteering stories! A new, dedicated volunteer co-ordinator resource has been advertised, the new system and processes (Better Impact) have been implemented for all volunteers, which has been a major change project and not without issues managed sensitively by the Engagement team. We are confident 2019/20 will see further step change to enable the National Park to benefit from the added value provided by volunteers.

Progress against priority actions, indicator(s) and focus:

Focus 1, Priority Action 15:

- The key actions under these two headings are captured in the narrative from Cornerstone 1, Shift 3 and Shift 4 on brand reach and profile, visitor experience development and income growth.

Focus 1, Priority Action 15: see Focus 4 and Priority action 13 below

Focus 2:

- The new Ambassador Centres and Schools programmes to engage with a wider number of young people have begun to be piloted in Q4. These programmes will see organisations sign up to become Ambassadors for the National Park, incorporating the delivery of National Park messages in their programmes and teaching. The Engagement team will be training their staff to use PDNP resources to do this in a consistent way and we will be suggesting the use of the John Muir Award as a framework to support a connection to the park. These programmes will be piloted further in the summer term and rolled out further from the autumn, enabling us to work with partners to pass on our key messages to many more young people who visit the National Park but may not have direct contact with our services.
- In Q4, students from Chapel High School's Enhanced Resource Unit worked with the Engagement Team, Castleton Visitor Centre staff and the Blueberry café team to develop skills to enable them to enter work. This ended in the students taking over the centre for what proved to be a very busy and successful day.
- Our school visits programme continues to be successful with demand for services exceeding our ability to deliver.
- A different type of engagement happened at the end of Q4 with an art installation and public engagement weekend at Brunt's, "The meaning of trees". 285 people (including 45 under the age of 25) attended the event and engaged with the artist and PDNPA.
- The Junior Ranger programme continues to grow with a new group at Edale beginning and taster days held for new groups at Langsett and Buxton. In October this year, we will be hosting the first UK Junior Ranger Conference at Hagg Farm.
- Q3 saw the new Junior Ranger group at Edale start. Plans are going well for new groups at Langsett and in the SWP early next year.

- During Q3, we saw informal work with families and pre-school children flourish, this included our Nature Tots programmes at Longshaw and Macclesfield Forest, which are oversubscribed, and the WildChild programme that is part of the SWP landscape project.
- In Q2, we held a residential bringing all the National Park Junior Rangers together at Edale. The Junior Rangers also sent two representatives to the Europarcs Conference in the Cairngorms; they came back inspired and full of ideas to try.

Focus 3, Priority Action 7:

- The Miles Without Stiles guide book has been launched and is now on sale in our visitor centres, supported by online resources. It is already flying off the shelves and we will be working to identify a way of sustaining and growing this project in 19/20.
- The bi-annual ease of use survey of public rights of way has revealed a decrease in standards with 81% of paths meeting the survey criteria. This is thought to be a symptom of reduced funding to Highway Authorities.
- The PDNPA has improved accessibility on 33km (approx.) of public rights of way including the replacement of infrastructure and surface improvements, much of which has been completed by the Countryside Maintenance and Projects Team.
- Work has started on planning for a new section of the website to promote our existing health and well-being offer. This will be promoted as the Natural Health Service and include links and promotion of Miles Without Stiles routes, health walks (including dementia and mindfulness walks), volunteering and information about our targeted projects.
- Representatives from the Strategy and Performance team and Engagement team attended a training course held by Public Health England on how to access and use their data. This will help us prioritise future work on health and well-being and access information to support funding bids.
- Our number of health, mindfulness and dementia friendly walks are growing steadily as are the numbers attending. We are training our volunteers to deliver these to increase our capacity to offer this service.
- We have been taking some case studies from our health walks and here are two stories that explain why these are so valuable to our participants.
 - One lady was helping her husband with dementia to access the countryside and stay physically fit. It means a great deal to them to get out as her husband was a fell runner, and he really enjoys the walks, mentally as well as physically - he looks forward to them. The bonus with these walks is that they go to places that they wouldn't go to on their own. They initially accessed the walks via the Dementia society, who helped them with advice and ideas, including getting a disabled badge for them.
 - Another participant was not able to drive anymore, and relied upon the minibus for transport. He still had enough confidence to use public buses but wouldn't go anywhere very far, or on his own, so he really enjoys these walks and looks forward to them - "they could do with being every fortnight really...." he said. He used to do a lot of walking with Spire Ramblers, but they were too fast and now he's getting older he can't keep up or get there without a car anyway. His sight is also poor now, so he struggles with that. These walks have motivated him to get up and get out once a week, and do a walk in his local patch, so they are helping to keep him active.
- Q3 saw the Miles without Stiles project – which creates and promotes easy to use routes – named Large Project of the Year in the Accessible Derbyshire Awards, held at Chatsworth. The project – partly funded by sponsorship from Yorkshire Water – highlights accessible routes which can be enjoyed by everyone. There are currently 20 routes on our website, with more being developed.

- In Q3, several projects that form part of the South West Peak landscape partnership focused on mental health and wellbeing including 'Looking in, Looking out', an accessible arts project delivered by a Borderland Voices to promote mental health through the arts, using the SWP as inspiration.
- Q2 saw our health walk programme grow with new Dementia walks.

Focus 4, Priority Action 13:

- The Better Impact system to manage volunteers is now being used for all volunteer roles, and will be fully implemented by June 2019. The new Engagement Support Officer role that began in December 2018 and some extra casual staff resource has made this possible.
- Volunteers and staff have been involved in a series of workshops to refresh the volunteering vision, bringing it in line with the new corporate strategy and to complete an audit of where we are now against the Investors in Volunteers standards. This work will be used to develop a refreshed volunteer programme to support the new corporate strategy outcomes.
- Resource identified in Q3 has been used to create a new Volunteer Coordinator role. This post is currently being advertised and should be in post in the first quarter of 2019/20.
- The Citizen Science programme finished in December having achieved a potential audience reach of over 12,659,384 including radio, print and online coverage – bringing the project total to a potential 44 million people. The project has engaged 189 named volunteers as well as 146 un-named volunteers as members of organised groups bringing the volunteer project total to 17,153 hours (2,450 working days). For an understanding of the impact of this project it is worth finding a couple of minutes to watch this video: https://www.youtube.com/watch?v=PXtOhged6_8

The programme has shown us the value of a very different model of volunteering to the traditional practical conservation or volunteer ranger model. We hope to develop other citizen science projects in future. The challenge is developing ways to support the current volunteers without dedicated funded posts.

Indicators:

Indicator 2 a): See commentary above.

Indicator 2 b): At Q4, on target.

Indicator 2 c): At Q4 under target

Issues arising and action to address

- It will be possible to support work on new volunteer roles when the new Volunteer Coordinator is in post in the next quarter. We have several new volunteer roles currently being developed, with role descriptions and training being identified. These will be recruited in the next quarter growing the number of volunteer roles and opportunities.
- New programmes in development will see an increase in the number of young people reached in the next year. These have not progressed as rapidly as hoped due to staff capacity and the time taken to embed the restructure that formed the new Engagement team.

Risk implications: Given that current volunteers are still able to carry out allocated tasks, the risk to core operational delivery is very low.

Directional Shift 3: Visitor experiences that inspire and move

Our Focus:	2018-19 priority actions	Progress (RAG)
1. Look after the whole Park as a public asset in a way that encourages access and responsible behaviour	We will have: 12. A plan, including funding to support this, to upgrade existing and create and install new boundary stones at key access points.	RED
	8. Maximised relationships with water companies and maximised the presence of the Peak District National Park at our own visitor service locations.	GREEN
	10. Developed a draft Supplementary Planning Document for public consultation.	RED
2. Provide a quality experience for anybody who visits our property or uses our visitor services that people are willing to pay for	9. Increased the impact of the refurbishments of our visitor centres to support our engagement and income aspirations.	GREEN
3. Provide quality new experiences that will generate new income to fund the place		

Corporate Indicator	Target 2018-19	Status at Q4
3. Brand awareness and understanding among existing audiences and potential supporters:		
a) % who know about the PDNP (compared with other comparator organisations/ causes)	a) Data collected on awareness, understanding and loyalty	Scoping awareness research projects
b) % who understand PDNP potential benefits/ services	b) >90%	75%
c) % who feel positive towards the PDNP	c) >90%	97%
d) % who are willing to support the PDNP	d) >90%	88%
4. Customer satisfaction with the PDNP experience	>90%	100%

Overview:

The experience of visitors when engaged with assets and services run by the PDNPA continues the trend of remaining extremely positive. Branding, signage and interpretation continue to be updated and rolled out at our sites along with the team exploring new and innovative digital visitor experiences e.g. Castleton cave system in virtual reality and digital interpretation along the Monsal Trail. The ambition is to reach into the

living rooms of those who are less mobile or cannot afford to travel into the Peak District. There remain some challenges managing peak visitor demands with responsible partners e.g. Derwent village in Ladybower reservoir and the frequency and impact on local communities of large scale commercialised events which divert significant resources not just for the event but the clean-up afterwards (litter, environmental damage). Further investment is also required to upgrade our toilet facilities throughout the park not least for those with mobility and disability needs to support the success of 'Miles without Stiles'. The ongoing challenge translating this user satisfaction into tangible support (time and money) remains.

Relationships with utility companies remain positive at the operational level (Ranger services, Moors for the Future, information services), but this is not yet mirrored in the development of strategic alliances. Given the scale and potential positive impact such organisations could bring to significant areas of the PNDP landscape, these relationships – alongside those with other large-scale partners with access to income, supporters/customers and key stakeholders, are beginning to be prioritised at senior manager and member level.

Loss of the Head of Communications and Marketing in Q2 delayed evaluation into PDNPA insight of its audiences both current and potential. Several exploratory conversations have been held with local partners including The University of Derby and Marketing Peak District to better understand existing information. The appointment of a new person in Q2 next year will see renewed impetus.

Progress against priority actions, indicator(s) and focus:

Focus 1 & Priority action 12:

- In early Q4, we hoped to explore the potential to pitch the boundary stones as a potential sponsorship opportunity. This has been placed on hold whilst we prioritise fundraising demands.
- During Q2, the Countryside Maintenance and Projects Team Rangers received training in safe roadside working to enable many of the boundary markers to be maintained to a higher standard.
- During Q1, we completed a survey of boundary markers in the National Park and a schedule of works to maintain these. We entered into dialogue with Derbyshire County Council's Highways Department regarding regular maintenance of those sites where traffic management is required for safety reasons.

Focus 1 & Priority action 8:

- Sensitive negotiations started in Q1 with United Utilities regarding lease arrangements for Engagement and Visitor Experience facilities to secure the best outcome for the PDNPA with regard to income, efficiency and presence. These conversations are still ongoing.
- Severn Trent Water has developed draft plans to improve the visitor experience at Fairholmes and is in dialogue with PDNPA regarding joint operation of the site. Officers are seeking to enhance the existing partnership arrangements and secure a higher profile for the PDNPA at the site. However, due to deferment of a decision by the planning committee, the opportunity to maximise the PDNPA's presence at this site is limited.
- Strategic account management conversations have started with Yorkshire Water and Severn Trent. This is the time to influence c£5m of investment by the water companies into recreation, access and conservation outcomes. Planning, local buying and timely, strategic decision making by member committees are critical to success.

Focus 2 & 3 plus Priority Action 9:

- Improvements to the exterior of Bakewell Visitor Centre have been completed.
- Visitors' response to the improvements across our Visitor Centres has been very positive, generating a 36% increase in footfall at Castleton Visitor Centre and 7.4% increase at Bakewell Visitor Centre compared with same time previous year.
- In Q3, development of two ranger-led experience days was completed. The two days will be promoted with the Visit England experience collection for the Peak District, delivered over the summer. These days will be used to explore a viable business model to create income from these experiences.
- The Visitor Experience Development service produced excellent retail displays at both Castleton and Bakewell with a Christmas theme and Castleton achieved record daily sales during Q3.
- Development is underway to improve the Monsal Trail visitor experience at Millers Dale Station – reported in more detail under Cornerstone 1 and Shift 4.
- Interpretation updates have previously been completed at Bakewell, Edale and final details updated at Castleton in September 2018.

Priority Action 10:

The Authority has undertaken a number of audits and visitor surveys at a range of visitor sites across the National Park. Officers have undertaken initial feedback and presentation of findings to the Senior and Operational Leadership teams. The intention had been to bring the early evidence together as a draft document by the end of 18/19. Competing work priorities (in particular the Development Management Policies examination, completion of our Transport Design Guide and the need to be responsive to emerging plans for the A628 Trans-Pennine road) have diverted service resources from progressing the Recreation Hubs document to the desired stage. Nevertheless, the progress in other work alongside the solid platform provided by the survey and audit work means that confidence is high for a draft document for consultation into recreation hub sites during 2019/20.

Indicators:

Indicator 3 a): The score under this indicator was reported in Q4 of 2017/18. There has been no measurement of reputation vs. comparators in the reporting period. We will be looking to revisit qualitative reputational research in Q1 of 2019/20.

Indicator 3 b): Still significantly below the target – although the expectation of 90% of our audiences to fully understand the benefits of the PDNPA and PDNP and their services is probably unrealistic. The impact of our growing reach through social media, improved visitor experience assets and more confident and clear media messaging (see Cornerstone 1 content) should deliver an improvement on this KPI in the long term.

Indicator 3 c): A strong performance once again; it is the failure to translate this high level of emotional warmth into tangible support that remains disappointing. Moves to improve the platforms through which to channel this positivity continue to be put in place.

Indicator 3 d): Only just below target, but, as with indicator 3c, the sentiment is not seen in the voluntary income KPIs.

Indicator 4): This is a consistently high score indicating that our visitor experience staff deliver great service. Again this will continue to need translating into actual support to be of real benefit.

NOTE: The insight from Indicators 3 & 4 is derived from people who are directly engaged with PDNPA services. This means the respondents' profiles will be skewed in terms of socio-economic profile and frequency of use. This 'regular', relatively captive audience is proving difficult to turn into active supporters. The biggest benefit in terms of extra resources for PDNPA purposes will only be delivered when the 'irregular, casual' audience can be converted.

Service plan actions linked to 'Our Focus':

Focus 3:

- We have gained planning permission to change the use of part of Hulme End Station on the Manifold Trail to a cycle hire centre. Planned to commence operations in Q4.
- See Millers Dale Station update in Cornerstone 1 and Shift 4.
- Plans to launch a new cycle hire centre at Hulme End Station have been delayed due to staff changes at Staffordshire Moorlands District Council that have meant the new lease has not been signed off. This issue will be escalated and, if it cannot be resolved quickly, consideration will be given to reopening the Waterhouses CH Centre on the same trail.

Issues arising and action to address:

1. Members and staff to actively and vigorously promote the Peak District National Park foundation to raise income to deliver outcomes that support the National Park Management Plan.
2. Loss or delay (5yrs) of significant investment at Fairholmes (the UK's second most visited site according to the Ordnance Survey in Feb 2019 with 2m visitors). Action: The Planning Committee to engage positively with the local community and secure support for the schemes approval recommended by PDNPA, by October 2019.

Risk implications: refer to strategic risk register

Directional Shift 4: Grow income and supporters

Our Focus:	2018-19 priority actions	Progress (RAG)
1. Increase our income from giving	14. We will have developed, agreed and be implementing a comprehensive plan for fundraising through giving and sponsorship and increased the proportion of funds received.	RED
2. Achieve our commercial programme income targets	We will have: 14. Completed and got agreement for the long-term Commercial Development & Outreach plan.	GREEN
3. Develop / establish sponsorship relationships		
4. Secure external funding for major programme and partnership delivery	<i>[Millers Dale Station, as part of trails masterplan]</i> 11. We will have: • identified the most relevant funding sources; • submitted PI for the whole site redevelopment; • submitted Stage 1 application to HLF.	GREEN

Corporate Indicator	Baseline 2015-16	Target 2018-19	Status at Q4		
5. Amount and proportion of income by source:		5. a) Commercial increase: 5% by 2018-19 5. b i) Donations increase: 50% by 2018-19 2. d iii) Donations increase: 50% by 2018-19	Actual & (Proportion)	vs. last year	vs. plan
a) Commercial	£2,162,394 (17.8%)	No target	2,282,772		
i) Conservation & Planning	£362,909	No target	368,570		
ii) Commercial Dev & Engagement	£1,610,618	£1,691,150	1,787,462	9%	6%
iii) Corporate Strategy & Development	£188,867	No target	126,740		
b) Donations	£40,255 (0.3%)	No target	29,370		
i) Donations (exc. legacy)	£34,230	£51,345	29,370	22%	-43%
c) External funding*	£3,584,952 (29.5%)	No target	5,535,986		
d) Defra grant*	£6,364,744 (53.4%)	No target	6,585,575		
e) Total income	£12,152,345	No target	14,433,703		
2. d) Non-trading income supporters (donors)					
i) Number of donations	Baseline	No target	144		
ii) Average value of donations	Baseline	No target	£161.53		
iii) Number of donations (exc. legacy)	151 (16/17)	227 annually by (18/19)	144		
iv) Average value of donations (exc. legacy)	Baseline	No target	£166.29		

*Some quarterly distortions will appear for proportions of Defra Grant and External Funding due to accounting process.

Overview:

Although the above indicators appear to show mixed performance, this shift is a major success story which staff should rightly be proud of. The underlying trend is that both income and number of supporters is steadily increasing. Two major initiatives, setting up the Foundation and the opening of Millers Dale Station with car park improvements on the Monsal Trail became operational in Q4 after years in development. Castleton

visitor centre showed what investment in our people, products and services can achieve with a stellar 38% increase in footfall. The message is clear – we need to continue to invest to grow both audience support and turnover to deliver our two purposes.

With the transition to new leadership during the year (new Director) and loss of the Head of Communications and Marketing in Q2, the team cracked on in the spirit of ‘learn by doing’. Our plan to raise sustainable revenue income from existing products and services is on track. New products (Peak Cup, Monsal/Millers Dale range, branded stainless steel insulated bottles all aimed at reducing use of plastics and litter), have updated and extended our range in line with our ethics and values, and operational contracts have been reviewed to improve revenues e.g. car parking charging and enforcement and concessions.

Whilst we have yet to develop a comprehensive plan for fundraising and sponsorship we have delivered some notable successes including exceeding the target for the ‘Mend our Mountains’ campaign, (*NOTE the red indicator is not an accurate reflection as the money raised is not yet in the PDNPA bank account*), and 100% visitor giving (70p) through till transactions at Castleton visitor centre implemented in Q4. In addition, conversations with TARMAC are very encouraging to extend their sponsorship with PDNPA to 2026.

Setup of the new foundation is a significant milestone led by an energetic and talented group of trustees. The first campaign to raise £70k for 70yrs of National Parks is already underway including promotion of Lorna Fisher, Engagement Manager, and her ‘Pedal the parks’ ride which commences on 13 April. Members, staff and volunteers are encouraged to support and promote the new foundation far and wide.

Progress against priority actions, indicator(s) and focus:

Focus 1 & Priority Action 14:

Peak District National Park Charity Development continues:

- Shadow board met and Chair agreed (Lesley Roberts). The draft constitution has been agreed and a draft business plan developed, both of which are needed for registration.
- The charity’s registered name will be the Peak District National Park Foundation. Registration date is dependent on Charity Commission.
- 7 Trustees have been appointed (3 nominated by the Authority), charitable incorporated organisation (CIO) registration documents completed and submitted to the charity commission. Length of terms for Trustees had been agreed.
- Trustee induction and governance training has been developed/arranged with a first meeting of the trustees held on 5th December. Trustees were invited to lunch at February’s Authority Meeting to meet Members.
- A trustee workshop will focus on vision, ambition and joint working with the Authority.

Mend Our Mountains

- Around £130k secured to date across Great Ridge and Cut Gate campaigns, which will be received by the Authority at the end of the campaign.
- Campaign likely to run to end of financial year. Crowd funding for Great Ridge has secured £13k. Crowdfunding for Cut Gate bridleway, which has a lower financial target, has secured £4.5k to date.

- Great Ridge secured around £83k in total including Oglesby Trust (£40k), Ramblers (£10K) and donations from over 400 people. We've submitted an ambitious bid to Tarmac Community Landfill for the £63K remainder of the £145k target and will be notified of the outcome of that bid early in Q4.
- Great Ridge Ale produced by Peak Ales continues to generate a modest level of donations.
- Cut Gate campaign is 75% complete. A successful bid to the European Outdoor Conservation Association (EOCA) generated €30k and we supported Peak Horse Power to raise £7.5k from the British Horse Society. MTBers (mountain bikers) have raised further funds (e.g. through raffles and sponsored rides etc).

Increasing supporter numbers:

- Website work is continuing to improve the way in which we tell the story of support. This will provide an important insight for the charity.
- We recruited an external consultant in Q4 to carry out a simple review of the Peak District National Park wide Events Notification System and make recommendations for future operation, with particular regard to fundraising potential.
- ThankQ data input and collection is continuing with car park permit holders being added. CBST are being trained in ThankQ data entry by our Fundraising Support Officer.
- A micro-edition of OurPeak with a focus on the EOCA vote for Cut Gate was well received.

Focus 2:

- Castleton visitor centre has achieved its target Gross Profit Retail Margin in first full year of operation since refurb of £101K – an increase of £28K from £73K prior to the refurbishment - 38% increase!! Marks & Spencer would be ecstatic with that level of performance. The centre is now cost neutral.
- Refreshment concession licencing process has been improved, now under the remit of the Visitor Services Team. This has meant that the Authority has received payment for almost all licences prior to the start of the new season.
- A new range of PDNPA bespoke products have been produced including Peak Cup, Monsal/Millers Dale range, branded stainless steel insulated bottles all aimed at reducing use of plastics and litter. Supported by the introduction of a free refill scheme.

VISITOR CENTRES OVERALL & BAKEWELL AND CASTLETON 2018/19 PERFORMANCE (11/04/19)

OVERALL 2018/19 PERFORMANCE - PREVIOUS YEAR COMPARISON WITH 2017-18				
2.02%	Increase in gross profit margin from 46.79% to 48.81% on 2015/16 baseline			
34%	Increase in gross margin on 2015/16 baseline			
28%	Increase in gross sales on 2015/16 baseline			
5%	Increase in ATV on 2015/16 baseline			
-1%	Decrease in overall conversion rate on 2016/17 due to Castleton VC increase in footfall			
11%	Increase in footfall on 2015/16 baseline			

BAKEWELL VISITOR CENTRE 2018/19 PERFORMANCE - PREVIOUS YEAR COMPARISON WITH 2017-18

3.70%	Increase in gross profit margin from 42.52% to 46.22%				
22%	Increase in gross margin				
12%	Increase in gross sales				
5%	Increase in ATV				
0%	Increase in overall conversion rate				
3%	Increase in footfall - NEW WINDOWS AND SIGNAGE, WINDOW DISPLAY				

CASTLETON VISITOR CENTRE 2018/19 PERFORMANCE - PREVIOUS YEAR COMPARISON WITH 2017-18

0.71%	Increase in gross profit margin from 47.36% to 48.08%				
57%	Increase in gross margin				
55%	Increase in gross sales				
-1%	Decrease in ATV				
1%	Increase in overall conversion rate				
38%	Increase in footfall - FIRST FULL YEAR OF OPENING SINCE REFURB AND CAFÉ OPERATION				

Focus 3:

- Partnership and sponsorship relationships remain either low level in value or very much under development. For example, we have secured donations from sales from a small number of SMEs operating within the PDNP.
- Eroica Britannia vintage cycle festival partnership work is ongoing, as the outcomes from the 2018 event are being considered by the Eroica team. We continue to work closely with them as these plans are reviewed and the 2019 event format takes shape. Eroica remains a potentially large fundraising opportunity but the relationship is struggling to move beyond a transactional one. At current levels the relationship could deliver c£2-3k without much resource input from the PDNPA. Given the size (and profile) of its audience, the event should be delivering significantly more.
- The relationship with Peak Resort remains informal and exploratory. Members were given the opportunity to hear about the development at the annual member tour. Its interest in the PDNP is primarily one of reputational support – the PDNP is a fundamental element of Peak Resort's offer – plus limited access to content and knowledge. The PDNPA's interest is access to the large volume of high-value visitors. Any proposal to formalise the relationship, particularly in relation to use of the PDNP identity, would be brought before the appropriate committee.
- The engagement relationship with RHS is in its infancy. Contact has been made with a commitment to explore opportunities for the 2019 RHS Chatsworth Show.
- The relationships with utility companies are addressed under Shift 1.
- YHA national team met to discuss opportunities to work together, considering ways of sharing communications messages, social media alignment and other partnership opportunities. The conversation is likely to continue at a National Parks UK (NPUK) level rather than a Peak District NP level.

Focus 4 & Priority Action 11:

- Millers Dale Station café and visitor information point opening to the public on 31 March to an incredibly positive public reception. Café staff underwent basic training in visitor services and trails orientation from our own teams. The operators have already reported trading in excess of their anticipated turnover.

- A new parking tariff was introduced along with improved management arrangements, the latter in partnership with Derbyshire County Council. This should have a significant impact on income in 19/20 and will be monitored closely during that period.
- Planning approval was gained for the change of use of Millers Dale Station and the refreshment concession opportunity advertised during Q1 and Q2. Building contractors were appointed to carry out the refurbishment of the station building. Work to develop and restore the ticket office building started early in Q3.
- Stage 1 application for ERDF Growth Programme funding approved. Planning approval to re-roof the goods shed has been granted and this work is dependent on external funding.
- Full application to the Growth Programme was submitted in Q4. Significant staff resources were required to complete the application and supporting documentation. The outcome will be known in Q1 of 19/20.
- HLF priorities for funding are currently under review but an application has been invited and is likely to be made at the end of Q4 or early in Q1 of 19/20 financial year.
- Fundraising support officer post regraded and post holder re-appointed.
- 'Our-Peak' supporter newsletter and CRM system has had 500 signs up to date. Four newsletters have been sent with above industry average open rates and click throughs.
- CBST trained in data input to streamline with car parking permit data capture
- Cliff bar £10k secured via NPP for FOG/operation fire watch volunteer expenses and training plus peat depth analysis project plan agreed.
- Neighbourly Grant bid successful for £2800 for environmental clean up work voted on by TK Max staff (funding from plastic bag tax).

Mend Our Mountains

- The fundraising phase finished in Q4 securing £170k which exceeded target. We are anticipating allocation of funds from BMC in Q1 2019-20 to commence work on Cut Gate in Q3. Thank you to Members, staff and volunteers for spreading the word and donating. It makes a huge contribution.
- A number of other bids and funding have been secured in support of the campaign e.g. EPIP, Ramblers Holiday Trust. The Great Ridge Ale partnership with Peak Ales is ongoing.

Charity

- This is a major success in 2018-19, with the Peak District National Park Foundation being registered after three years in the making. Setup is complete with seven trustees recruited, two board meetings held, policies and procedures in place and a bank account.
- A website holding page and social media accounts are live, including email and IT software licenses in place.
- The first campaign, #70kfor70, has been endorsed by trustees and Authority.
- A visitor giving plan has been developed.
- 'Pedal the parks' by our own Lorna Fisher, Engagement Manager campaign with significant social media reach has already secured £700 in donations plus YHA and cliff bar support.
- Esmee Farirburn bid (c£100k) in development with Foundation as lead applicant.
- Foundation coverage in Reflections magazine.

Indicators:

- **Indicator 5 a):** The trading services are currently performing strongly versus plan and last year. If this year's performance is maintained, the cumulative three-year plan will be met.
- **Indicator 5 b):** Donations continue the disappointing trend from last year. Investigations continue into potential partnerships and events that could boost voluntary donations. The timeframe for the establishment of a charity means it will not impact on this year's results.
- **Indicator 2 d):** The narrative on this indicator is as per that for 5b but with the added element of a lack of a supporter database and recruitment programme.

Issues arising and action to address:

- As per the narrative above.

Risk implications:

- Lower than planned levels of non-national park grant income.

Objective	PI Ref	Indicators	Baseline	2018/19	2018/19	2018/19
Shift 1: The Place and the Park, on a landscape scale	1a	Stage of development of Landscape scale partnership programmes: Moors for the Future	Mature Partnership Strategic Plan	Mature Partnership Operational Plan	Mature Partnership Operational Plan in place	Target
	1b	Stage of development of Landscape scale partnership programmes: South West Peak Partnership	Strategic Plan	Operational Plan	Operational Plan in place	
	1c	Stage of development of Landscape scale partnership programmes: White Peak Delivery Partnership	Vision	Operational Plan	Operational Plan in place	
	1d	Stage of development of Landscape scale partnership programmes: Sheffield Moors Partnership	Vision	Operational Plan	Vision	
	2a	Number of people experiencing the benefits of the Peak District National Park from our target audiences of: Young people (under 25)	18,901	21,521	(+5%)	
Shift 2: Connect People to the Place, the Park	2b	Number of people experiencing the benefits of the Peak District National Park from our target audiences of: People living with health inequality (particularly mental wellbeing)	New	1,063	1,000	
	2c	Number of people experiencing the benefits of the Peak District National Park from our target audiences of: Volunteers expressed as volunteer days	9,527	8,605	(+5%)	
	2d i)	Number of people experiencing the benefits of the Peak District National Park from our target audiences of: Supporters (donors)	New	107	n/a	
	2d ii)	Number of people experiencing the benefits of the Peak District National Park from our target audiences of: Average value of donations	New	£204	n/a	
	2d iii)	Number of people experiencing the benefits of the Peak District National Park from our target audiences of: Number of donations (exc. legacy)	New	£44	(+50%)	
Shift 3: Visitor experiences that Inspire and move	2d iv)	Number of people experiencing the benefits of the Peak District National Park from our target audiences of: Average value of donations (exc. legacy)	New	£204	n/a	
	3a	% who know about the PDNP (and compared with other comparator organisations/ causes)	New	Scoping awareness research projects	Data collected on awareness, understanding and loyalty	
	3b	% who understand PDNP potential benefits/ services	New	75%	>80%	
	3c	% who feel positive towards the PDNP	New	97%	>90%	
	3d	% who are willing to support the PDNP	New	88%	>90%	
Shift 4: Grow Income and supporters	4	Customer satisfaction with the PDNP experience	94%	100%	>90%	
	5a	Amount and Proportion of income by source: Commercial	2,162,294	£2,82,772 (16%)	n/a	
	5a i)	Conservation & Planning	£362,909	£368,570	n/a	
	5a ii)	Commercial Devpt & Outreach	£1,610,618	£1,787,462 (+5%)	n/a	
	5a iii)	Corporate Strategy & Devpt	£188,867	£126,740	n/a	
	5b	Amount and Proportions of income by source: Donations	£40,255	£29,370 (0.20%)	n/a	
	5b i)	Donations (exc. legacy)	£34,230	£39,370 (+50%)		
	5c	Amount and Proportions of income by source: External Funding	3,584,952 (29.5%)	£5,535,986 (36.35%)	n/a	
	5d	Amount and Proportions of income by source: Defra Grant	6,364,744 (53.4%)	£6,585,575 (45.63%)	n/a	
	5e	Amount and Proportions of income by source: Total income	12,152,345 (100%)	£14,433,703 (100%)	n/a	
Cornerstone 1: Our Assets	6a	Percentage of our assets that meet the standards set for: Maintenance	New	All condition surveys for Authority owned properties have been completed, and this information is being used in the development of the Authority's Asset Management Plan. The high priority remedial works coming from the condition surveys have started to be implemented.	Define methodology	
	6b	Percentage of our assets that meet the standards set for: Environmental performance (i) Existing - reduce the Authority's overall carbon footprint (ii) New - Carbon Management Plan (tbd)	(i) 24.30% (ii) New	A contract to develop the methodology and provide baseline information for the environmental performance of the Authority's properties is about to be let. The works will be completed in Q2 of 2019/20.	(i) 30% (ii) Define methodology	
	7	Proportion of planning appeals allowed	24%	58%	<30%	
	8a	Proportion of planning applications determined in a timely way: 13 weeks for Major applications	70%	100%	>70%	
	8b	Proportion of planning applications determined in a timely way: 8 weeks for Minor applications	71%	92%	>70%	
Cornerstone 2: Our Services	8c	Proportion of planning applications determined in a timely way: 8 weeks for Other applications	89%	93%	>80%	
	8d	Proportion of planning applications determined in a timely way: 13 weeks for County matters	33%	-	>70%	
	9a	Number of enforcement cases resolved	124	151	120 (30 per quarter)	
	9b	% of enforcement enquiries (excluding Minerals and Waste Enquiries) investigated (and reach a conclusion on whether there is a breach of planning control) within 30 working days	New	90%	80%	
	10a	Customer satisfaction with the Planning Service: Percentage of applicants / agents who are satisfied with the Planning and Enforcement service	New	-	>75%	
	10b	Customer satisfaction with the Planning Service: Percentage of Parish Councils who are satisfied / believe we provide a quality service	65%	-	tbc	
	10c	Customer satisfaction with the Planning Service: Residents (from residents survey)	38% (2012)	-	>38%	
	10d	Customer satisfaction with the Planning Service: Satisfaction with quality of the pre application advice provided	New	-	>75%	
	11a	Customer satisfaction with the Planning Service: Number of complaints received	14	13	<20	
	11b	Customer satisfaction with the Planning Service: % complaints dealt with in accordance with agreed deadlines	86%	100%	90%	
Cornerstone 3: Our Organisation	11c	Customer satisfaction with the Planning Service: Satisfaction with first and second lines of enquiry (initially for planning service)	New	76%	>75%	
	12	Audit conclusions showing satisfactory governance arrangements in place	Achieved	Achieved	Achieve	
	13a	Employee engagement: % response rate to staff survey	New	-	No staff survey planned	
	13b	Employee engagement: Ave % of respondents that agree or strongly agree with the questions in the work engagement section of the survey	New	-	No staff survey planned	
	14	Implement the recommendations of the 2016 – 17 Investors in People assessment	New	11P Actions were incorporated into the "People Matter Action Plan"	Delivery of Action Plan	
Cornerstone 4: Our People	15a	Sickness Levels: % of total time lost due to sickness (expressed as hours)	New	Q4 2.14% Annual 1.91%	2.3% quarterly 2.15% annually	
	15b	Sickness Levels: Hours per FTE	New	Q4 10.28h Annual 39.15h	11.1h quarterly 44.4h annually	
	15c i)	Absence: Sickness frequency rate	New	Q4 23.34% Annual 89.4%	25% per quarterly 100% annually	
	15c ii)	Absence: Individual sickness frequency rate	New	44.17%	No target	
	15d	Sickness Levels: Value of total time lost (expressed as pay cost)	New	£27,193 quarterly £110,487 annually	£26,750 quarterly £107,000 annually	
	16	Sickness Levels: Staff turnover	15%	Quarter 4 = 4% Annual = 10%	ACAS standard to be used (Range 9-15%)	

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Quarter 4 Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

Complaints

Summary of Complaints in YTD	Q1	Q2	Q3	Q4	YTD	2018/19 Target
Number of Complaints Received in Quarter:	4	4	2	3	13	<20
Percentage of complaints dealt with in accordance with agreed deadline of 15 working days	83%	75%	100%	100%	89.5%	
Number of Complaints in Quarter regarding an Authority Member:	1	0	0	0	1	-

Complaint Ref, Date Made and Stage	Service and Reason for Complaint	Date Response Sent	Outcome	Any Change in Processes/Practices as a Result of Complaint Investigation
C455 27/02/19 Stage One	Information Management Complaint regarding booking policy for guided walks and attitude of Customer Services staff in handling queries.	14/03/19 Within 15 working day deadline	Confirmed that the existing policies and procedures had been followed, therefore was unable to issue a refund for cancelled booking. The terms and conditions are made clear and require explicit acknowledgement and acceptance prior to any bookings being made. Explained the reasoning for the terms and conditions. Apologised with regard to complaint regarding attitudes of staff handling queries. If Complainant felt feelings of irritation were being conveyed then staff fell short of normal high professional standards in this case.	None required
19/03/19 Stage Two	Complaint escalated to Stage 2.	Response due by 15/04/19		
C456 07/03/19 Stage One	Development Management Complaint regarding delay in issuing a planning application decision and	27/03/19	Had conversation with Complainant before responding in writing. Accepted criticism about delay in determining the application. Unfortunately the Complainant reusing plans previously submitted led to delay and confusion about what	Manager has spoken with caseworker with regard to issues raised and caseworker agreed

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	way in which officers dealt with queries.	Within 15 working day deadline.	<p>was being sought. Emphasised that good plan drawings of the current situation and the proposed situation with all the detailing on are needed. Agreed to check if proposal for a window could be achieved with a Non Material Amendment given that the principle of this had been previously considered in a Listed Building Consent Application.</p> <p>Agreed that communication regarding delays was not made and that the caseworker should have worked through the plans earlier and asked for additional elevation plans; which would have led to an earlier determination. Apologised for this and the caseworker's telephone manner, which fell well below the standard of customer service expected. Gave assurance that for any future applications by Complainant the Manager would directly support the caseworker dealing with the application.</p>	that communication with Complainant fell below the standard expected. Manager will directly support the caseworker dealing with future applications made by Complainant.
C.457 29/03/19 Stage One	<p>Development Management</p> <p>Complaint regarding handling of a planning application including:</p> <ul style="list-style-type: none"> • planning process not correctly implemented • insufficient consideration of the negative impact upon Complainant's residential amenity • was not informed of second planning application • effect upon Complainant's home was not properly presented to the planning Committee. 	Response due by 18/04/19 and will be reported in next quarter.		

Update on Complaints Reported in Previous Quarters

Complaint Ref, Date Made and Stage	Service and Reason for Complaint	Date Response Sent	Outcome	Any Change in Processes/Practices as a Result of Complaint Investigation
C.447 06/03/19 Ombudsman Stage One previously reported in Quarter 1 & Quarter 2	<p>Development Management</p> <p>Stage One Complaint was regarding lack of response from Planning officers to requests for meetings regarding planning issues and monitoring of a site.</p> <p>Complainants referred complaint to Ombudsman alleging lack of complete answer from the Authority regarding how the Authority intends to properly monitor events during the trial period and how many events (monitored and unmonitored) are required over the 7 year trial period to provide a sufficient bank of monitoring evidence.</p>	Initial response sent to Ombudsman on 06/03/19.	Awaiting further request for information or decision.	
C.454 17/12/18 Stage One	<p>Development Management Service</p> <p>Complaint regarding handling of a planning application under delegated powers and alleging</p>	<p>16/01/19</p> <p>6 days over 15 working day deadline</p>	Stage One - Explained scheme of delegated powers and that application met the terms so was dealt with via this process. Caseworker made a recommendation in the delegated report, but in accordance with the standing orders, the decision on this application was made by the Area Team Manager who signed the delegated report and	None required.

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Receipt of complaint previously reported in Quarter 3	that the officer considering the application had expressed extremely strong views against development on the site in the past. Requested that the Authority reviewed the application decision.		the decision notice. Emphasised that no single officer in the Authority can be the case officer for an application and make the final decision. Satisfied the application dealt with in accordance with procedures and decision correct. With regard to the delegated report was satisfied that the details of the application were given the correct weight and appropriately considered and the correct outcome given. Stated that Complainant has right of appeal regarding the decision. Manager spoke with caseworker and reviewed files and records. Satisfied that application was considered a fair and balanced manner based on the facts of the matter. It was clear caseworker tried to work positively with Complainant in suggesting alternative options.	
30/01/19 Stage Two	Complaint escalated to Stage Two.	Meeting on 14/02/19 Written response sent on 08/03/19	<p>Stage Two – Director met with Complainant then sent a written response. Supported Stage One response and responded to additional queries including:</p> <ul style="list-style-type: none"> • Refuted allegations that Highway Authority had refused all applications for commercial development in the area so they would resist any commercial development on the site • Did not agree that the report ignored the advice of the Historic Buildings Officer, it is summarised in the reports and refers to pre-application advice. • Did not agree heritage statement was ignored and confirmed that statement had been uploaded to the website • Explained that applicants revoking old planning permission in exchange for another permission was lawful and a form of ‘planning gain’. • Fully supported reasons for refusal • Suggested a way forward for Complainant to address the reasons for refusal of the application for the conversion of the existing building. 	

Complaints Review

Since 2015, at Members' request, we have included a review and update on trends in complaints over the past 3 years in the Quarter 4 report.

Numbers of Complaints Received Over Last 3 Years												
Year	No of Total Complaints					No of Stage 1 Complaints		No of Stage 2 Complaints		No of Ombudsman Complaints		
Period 1 April to 31 March	Received	Withdrawn	Against Development Management (Previously Planning Service)	Against Other Services	Against Members	Development Management (Previously Planning Service)	Other Services	Development Management (Previously Planning Service)	Other Services	Development Management (Previously Planning Service)	Other Services	Members
2016/17	13	0	8	4	1	6	4	1	1	3	0	0
2017/18	14	0	9	5	0	9	5	4	0	2	0	0
2018/19	13	0	9	4	1	9	4	2	2	3	0	0

The following trends in complaints have been identified:

2016/17 – Planning Service: actions of officers, enforcement issues and handling of planning applications.

Other Services: No particular trends identified.

2017/18 – Development Management Service: handling of planning applications and actions of officers.

Other Services: Actions of officers.

2018/19 – Development Management Service: handling of planning applications lack of responses and actions of officers.

Other Services: Actions of officers.

With regard to the number of complaints received, the reduction over the previous 4 years has been sustained this year and is shown in the table above. Of those complaints which were pursued to the Local Government Ombudsman, there has been only one upheld complaint. As with previous year's

Appendix 3

reports within the Planning Service it is considered that part of the reason for the reduction in complaints is the greater focus on dealing with issues as soon as they arise, rather than allowing them to escalate into a formal complaint.

Quarter 4 Report on Freedom of Information (FOI) and Environment Information Regulation Enquiries (EIR)

Quarter	No. of FOI Enquiries dealt with	No. of EIR Enquiries dealt with	No. of Enquiries dealt within time (20 days)	No. of late Enquiry responses	No. of Enquiries still being processed	No. of referrals to the Information Commissioner
Q1	1	4	5	0	4	0
Q2	10	5	15	0	1	0
Q3	3	6	9	0	2	0
Q4	4	8	12	0	0	0
Cumulative	18	23	41	0	7	0

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7. CORPORATE RISK REGISTERS: 2018/19 YEAR END AND 2019/20 PROPOSED (A91941/HW)

Purpose of the report

1. The purpose of this report is for Members to review the year end position for the 2018/19 Corporate Risk Register and approve the proposed Corporate Risk Register for 2019/20.

Key issues

- The 2019/20 Corporate Risk Register, once agreed, will be included in the 2019/20 Performance and Business Plan and will be monitored by this Committee on a quarterly basis as part of corporate performance monitoring.
- The proposed Corporate Risk Register for 2019/20 has been developed by the Leadership Team by:
 - Reviewing the 2018/19 corporate risk register year end position.
 - Considering risks that might prevent the achievement of year one of the 2019-24 corporate strategy.
 - Considering risks in service plans that need to be escalated and monitored at a corporate level.
 - Considering the external environment that we operate in.

Recommendations

2. **1. That the Corporate Risk Register 2019/20, as given in Appendix 1, be reviewed and approved, taking account of the year end position on the 2018/19 Corporate Risk Register given in Appendix 2.**

How does this contribute to our policies and legal obligations?

3. Risk management contributes to the cornerstone *Our organisation – develop our organisation* so we have a planned and sustained approach to performance at all levels. Additionally, risk management is part of our internal and external audit monitoring. Establishing and monitoring a Corporate Risk Register ensures mitigating action can be taken to ensure risks are controlled and managed down.

Background

4. In line with the arrangements set out in the Authority's risk policy, Appendix 1 shows the proposed Corporate Risk Register for 2019/20 as developed by the Leadership Team considering:
 - a) Risks that remain at the 2018/19 year end carry forward into 2019/20 but have been reassessed and redefined.
 - b) Risks identified during the service planning process that are considered appropriate to escalate for monitoring at a corporate level.
 - c) Other risks identified by the Senior Leadership Team, particularly through consideration of the focus of activity being undertaken in our 2019/20 year.
 - d) The external environment that we operate in.
5. Appendix 2 shows how 2018/19 risks have moved over the year with 4 risks remaining in Amber, 3 remaining in Red and all other risks managed down over the year. Those

remaining in Amber and Red are:

- Adverse exchange rate movements for Moorlife 2020 European funding
- Area of NP land safeguarded in agri-environment schemes reduces because of Brexit uncertainty and continuing issues with Countryside Stewardship
- Failure of the Birds of Prey initiative to deliver
- Failure to influence the transposing of EU laws and legislation for landscape and the environment into UK law after Article 50
- Lack of capacity in the Property Support team to develop and maintain our asset base
- Failure to inspire people to give to the Peak District National Park Authority
- The potential consequential impacts of implementing the New Pay Spine with effect from April 2019 (e.g. the erosion of pay differentials)

6. These remaining risks have been reassessed, refocussed and redefined in the proposed 2019/20 Corporate Risk Register as follows:

- Adverse exchange rate movements for Moorlife 2020 European funding
- Area of NP land safeguarded in environmental land management schemes reduces due to Brexit uncertainty and Countryside Stewardship issues leading to the potential loss of a range of grassland habitats
- Failure to achieve wildlife enhancement in the Peak District National Park
- Failure to achieve fundraising targets for the PDNP
- Lack of capacity in the Property Support Team to ensure our assets are developed, maintained and comply with health and safety legislation
- The potential consequential impacts of implementing the New Pay Spine with effect from April 2019

7. Four new risks have been added to the proposed 2019/20 Corporate Risk Register as follows:

- Failure of a poorly maintained trails structure e.g. bridge, tunnel
- Not meeting the necessary timescales to achieve active support by volunteers to support service delivery
- Failure to increase our audience's diversity both within and outside the National Park
- Cyber Security threats (such as hacking, ransomware, phishing, denial of service (DDoS), sabotage and theft) causing temporary or permanent loss of systems, loss of access to data, data loss and breach of data protection legislation.

8. We have categorised the risks into the following categories:

- Outcome/delivery risk
- Reputation risk
- Financial risk.

Proposals

9. Members are asked to:

- a) Consider the year end position of the 2018/19 Corporate Risk Register as given at Appendix 2.
- b) Agree the proposed 2019/20 Corporate Risk Register as given at Appendix 1 - this includes an initial assessment of where the risk sits on our risk matrix at the start of the year. Risks will be managed down over the year with quarterly monitoring reported to this committee.
- c) Note that the agreed 2019/20 Corporate Risk Register will be included in the 2019/20 Performance and Business Plan.

Are there any corporate implications members should be concerned about?

10. **Financial:** Some of the risks on the proposed register have financial implications as indicated.
11. **Risk Management:** The corporate risk register is a key part of the Authority's risk management process.
12. **Sustainability:** None identified.
13. **Background papers:** none

Appendices

1. Appendix 1: Proposed 2019/20 Corporate Risk Register
2. Appendix 2: 2018/19 Corporate Risk Register year end position showing movement from the start of the year

Report Author, Job Title and Publication Date

Holly Waterman, Senior Strategy Officer Research, 9 May 2019

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APPENDIX 1: Proposed 2019/20 Corporate Risk Register

The following 2019/20 Corporate Risk Register has been developed through an assessment of:

- 2018/19 corporate risks remaining at amber or red at the 2018/19 year end
- Risks that might prevent the achievement of year one of our 2019-24 corporate strategy
- Any risks to be escalated from service risk registers
- The external environment that we operate in.

In developing our risk register we have used a 9 grid tool based on likelihood and impact of the risk which not only gives a Green, Amber, Red classification but helps us prioritise action to mitigate that risk depending on where the risk sits on the grid. This is shown at Table 2. The risk register is a 'live' tool that is changed if new risks arise or existing risks are elevated or managed down over the year.

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Table 1: 2019/20 Corporate Risk Register – risk starting point following existing mitigating action

IMPACT	High	<u>closely monitor</u>	<u>manage and monitor</u>	<u>significant focus and attention</u>
		8. Injury due to poorly maintained Authority property		<p>1. Adverse exchange rate movements for Moorlife 2020 European funding</p> <p>2. Area of NP land safeguarded in environmental land management schemes reduces due to Brexit uncertainty and Countryside Stewardship issues leading to the potential loss of a range of grassland habitats</p> <p>5. Failure to achieve wildlife enhancement in the Peak District National Park</p>
	Medium	<u>accept but monitor</u>	<u>management effort worthwhile</u>	<u>manage and monitor</u>
		9. Not meeting the necessary timescales to achieve active support by volunteers to support service delivery	<p>3. Failure to achieve fundraising targets for the PDNP</p> <p>4. Lack of capacity in the Property Support Team to ensure our assets are developed, maintained and comply with health and safety legislation</p> <p>7. Failure to increase our audience's diversity both within and outside the National Park</p> <p>10. Cyber Security threats (such as hacking, ransomware, phishing, denial of service (DDoS), sabotage and theft) causing temporary or permanent loss of systems, loss of access to data, data loss and breach of data protection legislation</p>	6. The potential consequential impacts of implementing the New Pay Spine with effect from April 2019
	Low	<u>accept risks</u>	<u>accept but review periodically</u>	<u>accept but monitor</u>
		Low	Medium	High
		LIKELIHOOD		

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Outcome	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
Landscape Financial risk, Outcome /delivery risk	1. Adverse exchange rate movements for Moorlife 2020 European funding	Capping Sterling budget	High x High RED	Consider hedging transaction	Impact	High					Periodic assessment	PN (Chief Finance Officer)	Chief Finance Officer Budget monitoring group ARP	
					Likelihood	High								
					Rating	RED								

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Outcome	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
Landscape Outcome/ delivery risk	2. Area of NP land safeguarded in environmental land management schemes reduces due to Brexit uncertainty and Countryside Stewardship issues leading to the potential loss of a range of grassland habitats	National influencing for post Brexit agri/ environmental policies and support systems Local communications across the farming & land management industry NPMP work	High x High RED	Increase promotion of the service, working with agencies e.g. NFU, CLA, NE, EA, FC. Public payment for public goods/ benefits. Influencing role through PDNPA links and NPE's Future of Farming	Impact	High					On going	JRS (Director of Conservation and Planning)	Quarterly updates on progress	
					Likelihood	High								
					Rating	RED								

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Outcome	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
Audience Financial risk, Outcome /delivery risk	3. Failure to achieve fundraising targets for the PDNP	Commercial Development & Engagement service delivery plans. Authority-approved budget. Peak District National Park Foundation.	High x Medium AMBER	Marketing & Fundraising plan implementation to include: - Running £70kfor70 campaign (PDNP Foundation) - Reputation enhancement and profile raising activity - Corporate social responsibility projects e.g. Tarmac	Impact	Medium					Continuous assessment as part of BAU reporting	AB (Director, Commercial Development & Engagement)	Non-trading income levels.	
					Likelihood	Medium					Foundation report through trustees quarterly			
					Rating	AMBER								

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Outcome	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
Agile and efficient Outcome/ delivery risk, Reputation risk	4. Lack of capacity in the Property Support Team to ensure our assets are developed, maintained and comply with health and safety legislation	Finding alternative ways of resourcing Identified priorities	High x High RED	Complete the redesign of the Property Support Team Continue to find alternative ways of resourcing development work	Impact	Medium					Complete the redesign by end of Q2	DH (Director of Corporate Strategy and Development)	Regularly reviewed through SLT monitoring	
					Likelihood	Medium					Alternative funding is continuous for development work			
					Rating	AMBER								

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Outcome	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
Landscape Outcome/ delivery risk	5. Failure to achieve wildlife enhancement in the Peak District National Park	Dark Peak focus on birds of prey	High x High RED	White Peak pilot engaging with farmers and land mangers to address biodiversity loss in the farmed landscape.	Impact	High					Ongoing	JRS (Director of Conservation and Planning)	Breeding birds survey Birds of Prey initiative meetings and conference calls	
		Part of the Birds of Prey initiative Breeding birds surveys			Likelihood	High								

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

		Engagement with moorland owners		Promoting the White Peak Pilot as a test and trial for ELMS	Rating	RED								Ongoing monitoring of SWP and WP projects	
		Engagement with Policy and Crime Commissioner		Glorious Grasslands project as part of SWP Partnership											
				Encouraging creation of new native woodlands with species not vulnerable to diseases like ash die-back											

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Outcome	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
Agile and efficient Outcome/ delivery risk	6. The potential consequential impacts of implementing the New Pay Spine with effect from April 2019 (e.g. the erosion of pay differentials).	Initial pay modelling on the new pay spine undertaken and Heads of Service informed.	High x High RED	Further modelling work to be undertaken Options to be developed as part of future workforce planning	Impact	Medium					Ongoing	DH (Director of Corporate Strategy and Development)	Regularly reviewed through SLT monitoring	
					Likelihood	High								
					Rating	AMBER								

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Outcome	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
Audience Outcome/ delivery risk	7. Failure to increase our audience's diversity both within and outside the National Park	Engagement programme definition – pilot areas Head of service recruitment	Medium x Medium AMBER	None yet	Impact	Medium					Ongoing Quarterly monitoring through BAU	AB (Director, Commercial Development & Engagement)	Through corporate strategy KPI reporting mechanism	
					Likelihood	Medium								
					Rating	AMBER								

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Outcome	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
Audience Outcome /delivery risk, Financial risk, Reputation risk	8. Failure of a poorly maintained trails structure e.g. bridge, tunnel	Strategy and inspection contract of the trails structures in place since 2015 Strategy for high priority remedial works to trails structures as per the report	Medium x High AMBER	Implement strategy for all ongoing maintenance of the trails	Impact	High					Let a contract for the high and medium priority remedial works in Q1 Implementation ongoing	AB (Director, Commercial Development and Engagement)	Active management of implementation	
					Likelihood	Low								
					Rating	AMBER								

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Outcome	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
Audience Outcome / delivery risk	9. Not meeting the necessary timescales to achieve active support by volunteers to support service delivery	Full time Volunteer Co-ordinator being recruited. New volunteer management system in place	Medium x High AMBER	Embedding training of volunteers and rangers Promotion of volunteer activities across other services	Impact	Medium					Ongoing Quarterly monitoring through BAU	AB (Director, Commercial Development & Engagement)	Through corporate strategy KPI reporting mechanism	
					Likelihood	Low								
					Rating	GREEN								

APPENDIX 1: Proposed 2019/20 Corporate Risk Register

Outcome	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
Agile and efficient Outcome/ delivery risk, Reputation risk	10. Cyber Security threats (such as hacking, ransomware, phishing, denial of service (DDoS), sabotage and theft) causing temporary or permanent loss of systems, loss of access to data, data loss and breach of data protection legislation	Client and Server access controls; anti-virus; anti-spam; user access controls; locked down devices; storage encryption; active managed firewalls; Mobile device management; email and web filtering and monitoring; user awareness training; comprehensive backup and disaster recovery provisions; penetration testing and vulnerability scanning.	High x Medium Amber	Network Access Control (NAC); further user training and scenario testing; intra-service firewall reviews; Removable device controls; IT 'run books development; investigation of external support for incident management and response; Security assessment reviews; skills training.	Impact	Medium					See Service Risk Register	DH (Director of Corporate Strategy and Development)	Regularly reviewed through SLT monitoring and quarterly performance management	
					Likelihood	Medium								
					Rating	Amber								

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APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

IMPACT	High	5. Failure to influence the transposing of EU laws and legislation for landscape and the environment into UK law after Article 50 (Outcome/delivery risk)		1. Adverse exchange rate movements for Moorlife 2020 European funding (Financial risk, Outcome/delivery risk)
				2. Area of NP land safeguarded in agri-environment schemes reduces because of Brexit uncertainty and continuing issues with Countryside Stewardship (Outcome/delivery risk)
				8. Failure of the Birds of Prey initiative to deliver (Reputation risk, Outcome/delivery risk)
	Medium	4. Failure to deliver an integrated conservation service for land managers and communities which increases awareness, understanding and support for the National Park's special qualities and the public goods delivered by the place (Outcome/delivery risk)	7. Lack of capacity in the Property Support team to develop and maintain our asset base (Outcome/delivery risk)	10. The potential consequential impacts of implementing the New Pay Spine with effect from April 2019 (e.g. the erosion of pay differentials) (Outcome/delivery risk)
		9. Failure to realise opportunities in the 25-Year Environment Plan (Outcome/delivery risk)	3. Failure to inspire people to give to the Peak District National Park Authority (Financial risk, Outcome/delivery risk)	
	Low			
		Low	Medium	High
LIKELIHOOD				

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Risk 6. **Being a 'poorly performing' Authority based on DCLG measures – specifically major applications appeal performance**, having started the year at high likelihood and medium impact, was removed from the risk register at Q2.

Risk 10. **The potential consequential impacts of implementing the New Pay Spine with effect from April 2019 (e.g. the erosion of pay differentials)** was introduced during Q1, starting at high likelihood and medium impact.

List of risks remaining

1. Adverse exchange rate movements for Moorlife 2020 European funding
2. Area of NP land safeguarded in agri-environment schemes reduces because of Brexit uncertainty and continuing issues with Countryside Stewardship
3. Failure to inspire people to give to the Peak District National Park Authority
4. Failure to deliver an integrated conservation service for land managers and communities which increases awareness, understanding and support for the National Park's special qualities and the public goods delivered by the place
5. Failure to influence the transposing of EU laws and legislation for landscape and the environment into UK law after Article 50
7. Lack of capacity in the Property Support team to develop and maintain our asset base
8. Failure of the Birds of Prey initiative to deliver
9. Failure to realise opportunities in the 25-Year Environment Plan
10. The potential consequential impacts of implementing the New Pay Spine with effect from April 2019 (e.g. the erosion of pay differentials)

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Corp. Strat. Ref.	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
S1 The Place and the Park on a Land-scape scale Financial risk, Delivery risk	1. Adverse exchange rate movements for Moorlife 2020 European funding	Capping Sterling budget	High x High RED	Consider hedging transaction	Impact	Medium	Medium	Medium	Medium	High	Periodic assessment	PN (Chief Finance Officer)	Chief Finance Officer Budget monitoring group ARP	Further assessment of the recent movements in profiled expenditure and exchange rate volatility suggest the risk is not fully mitigated under some likely exchange rate scenarios and a forecast deficit of up to £500,000 is very likely and will require early additional financing (subject to further consideration / testing of assumptions)
					Likelihood	Medium	Medium	Medium	Medium	High				
					Rating	AMBER	AMBER	AMBER	AMBER	RED				

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Corp. Strat. Ref.	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
S1 The Place and the Park on a Land-scape scale Outcome/ delivery risk	2. Area of NP land safeguarded in agri-environment schemes reduces because of Brexit uncertainty and continuing issues with Countryside Stewardship	National influencing for post Brexit agri-environmental policies and support systems Local communications across the farming & land management industry NPMP work	High x High RED	Increase promotion of the service provided, working closely with other agencies such as NFU, CLA, NE, EA, FC. Public payment for public goods/ benefits Influencing role through PDNPA links and NPE's Future of Farming	Impact	High	High	High	High	High	On going	JRS (Director of Conservation and Planning)	Quarterly updates on progress	Meeting held in March with Defra to discuss next steps for the White Peak being used as one of Defra's tests and trials for a new environmental land management scheme
					Likelihood	High	High	High	High	High				
					Rating	RED	RED	RED	RED	RED				

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Corp. Strat. Ref.	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
S2 Connecting people to the place Financial risk, Outcome/ delivery risk	3. Failure to inspire people to give to the Peak District National Park Authority.	Commercial Development & Outreach strategic plan.	High x Medium AMBER	Marketing & Fundraising plan implementation to include: - National Parks UK charity and PDNP charity. - Reputation enhancement and profile raising activity.	Impact	Medium	Medium	Medium	Medium	Medium	Continuous assessment as part of BAU reporting.	AB (Director, Commercial Development & Engagement)	Reputational health score including propensity to donate. Non-trading income levels.	The foundation has achieved charitable status and launched its '£70k for 70' fundraising campaign which will begin with Lorna Fisher's 1,600 mile bike ride. Mend Our Mountains campaign is
		Commercial Development & Outreach Operational plan. Authority- approved budget.			Likelihood	Medium	Medium	Medium	Medium	Medium				

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

					Rating	AMBER	AMBER	AMBER	AMBER	AMBER				almost complete with a small shortfall remaining. Approval given for legacy asset to be converted to cash and due diligence panel consulted.
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APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Corp. Strat. Ref.	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
C2 Our services Outcome/delivery risk	4. Failure to deliver an integrated conservation service for land managers and communities which increases awareness, understanding and support for the National Park's special qualities and the public goods delivered by the place	Existing advice service delivered by teams Neighbourhood and village planning offer by policy and communities service Updating of NPMP, including comms for special qualities	Medium x Medium AMBER	Refreshing the community development offer	Impact	Medium	Medium	Medium	Medium	Medium	On-going NPMP review progress	JRS (Director of Conservation and Planning)	Quarterly updates	Incremental progress is being made, with continual improvements in data collection and storage.
				Development of data to provide information	Likelihood	Medium	Low	Low	Low	Low				
				Partnership working, including through NPMP	Rating	AMBER	GREEN	GREEN	GREEN	GREEN				

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Corp. Strat. Ref.	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
C3 Our organisation Outcome/ delivery risk	5. Failure to influence the transposing of EU laws and legislation for landscape and the environment into UK law after Article 50	Working with national park family to influence	Low x High AMBER	NPE Board have agreed 4 priority areas for Government engagement as we leave the EU, including, delivering a better environment for all and grasping the opportunities for farming and land management	Impact	High	High	High	High	High	End March 2019	SF (Chief Executive)	Evidence of engagement e.g. emails, letters	Continues to be a priority areas for NPE working. Government has published the Environment Bill which will place their 25 year environment plan on a statutory footing. NPE working to ensure it supports our purposes. Agricultural Bill published and we are working with MPs to encourage them to support amendments that support our purposes.
					Likelihood	Low	Low	Low	Low	Low				
					Rating	AMBER	AMBER	AMBER	AMBER	AMBER				

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Corp. Strat. Ref.	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
C3 Our Organisation Reputation risk, Financial risk	6. Being a 'poorly performing' Authority based on DCLG measures – specifically major applications appeal performance	Member training Standing Order 1.48	HxH	Director to liaise with CLG Further training of Members Training of officers	Impact	Medium	Medium	REMOVED AT Q2			Ongoing	JRS (Director of Conservation and Planning)	CLG statistical returns	
					Likelihood	High	High							
					Rating	AMBER	AMBER							

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Corp. Strat. Ref.	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
C1 Our Assets Outcome/ delivery risk, Reputation risk	7. Lack of capacity in the Property Support team to develop and maintain our asset base		H x H RED	Seeking to recruit	Impact	High	High	High	High	Medium	By end of Q1	DH (Director of Corporate Strategy and Development)	Regularly reviewed through SLT monitoring	We are moving forward with the redesign of the Property Support team. Report has been drafted and consultation commenced. Report will be considered by RMM on 1 st April.
				Identified priorities	Likelihood	Medium	Medium	Medium	Medium	Medium				
				Finding alternative ways of resourcing	Rating	AMBER	AMBER	AMBER	AMBER	AMBER				

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Corp. Strat. Ref.	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
S1 The Place and the Park on a Land-scape scale Reputation risk, Outcome/ delivery risk	8. Failure of the Birds of Prey initiative to deliver		H x H Red	Part of the Birds of Prey initiative	Impact	High	High	High	High	High	Ongoing	JRS (Director of Conservation and Planning)	Breeding birds survey Regular conference calls with stakeholders Birds of Prey initiative meetings	The 2018 Birds of Prey Initiative report was published in Q3 in December 2018. As this was a key output and we are currently arranging the next meeting to build on this. Next meeting to be held in Q1.
				Breeding birds surveys										
				Engagement with moorland owners	Likelihood	Medium	Medium	Medium	High	High				
				Engagement with Policy and Crime Commissioner	Rating	AMBER	AMBER	AMBER	RED	RED				

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Corp. Strat. Ref.	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
S1 The Place and the Park on a Land-scape scale Outcome/ delivery risk	9. Failure to realise opportunities in the 25-Year Environment Plan		M x M Amber	Working with National Parks England NPE Business Plan focusing on 25-Year Environment Plan delivery	Impact	Medium	Medium	Medium	Medium	Medium	Ongoing	SF (Chief Executive)	Monitoring progress against the NPE Business Plan	Government has published the Environment Bill which will place their 25 year environment plan on a statutory footing. NPE working to ensure it supports our purposes.
					Likelihood	Medium	Medium	Medium	Medium	Low				
					Rating	AMBER	AMBER	AMBER	AMBER	GREEN				

APPENDIX 2: Corporate Risk Register 2018/19 - year end position showing movement from start of year

Corp. Strat. Ref.	Risk Description	Existing controls	Risk rating before mitigation L x I	Mitigating action	Risk rating with mitigating action L x I (Green, Amber or Red)						Timeframe of mitigating actions	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
C3 Our organisation/ C4 Our People Outcome/ delivery risk	10. The potential consequential impacts of implementing the New Pay Spine with effect from April 2019 (e.g. the erosion of pay differentials). (Note: Technical guidance issued on 14 th June 2018.)	Initial pay modelling on the new pay spine undertaken and Heads of Service informed.	HxH	Further modelling work to be undertaken. Options to be developed as part of future workforce planning.	Impact	NEW at Q1	Medium	Medium	Medium	Medium	Ongoing	DH (Director of Corporate Strategy and Development)	Regularly reviewed through SLT monitoring	No movement, as the development of a pay strategy will form part of the HR delivery plan during 2019/20.
					Likelihood		High	High	High	High				
					Rating		AMBER	AMBER	AMBER	AMBER				

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8. 2018-2019 OUTTURN (A.137/22/PN)

Purpose of the Report

1. This report explains the outturn for 2018/2019 and seeks approval of the necessary appropriations to or from reserves, together with approval of unspent funds and overspends to be carried forward into the 2019/20 financial year.

Key Issues

- The 2018/19 financial year accounts need to be signed by the Chief Finance Officer by the 31st May 2019 with audited accounts published by 31st July 2019.
- In order to meet the deadline for the accounts it is suggested that if Members feel unable to approve all the recommendations it is proposed that the sums affected should be allocated temporarily to the slippage reserve (or other reserve where appropriate), subject to Members' further decision.
- Subject to a number of possible minor adjustments and final confirmation of the figure, the general reserve is protected at its current level and there is an overall surplus of £336,000, to be allocated as a contingency, following the requirements outlined in the bullet point below on the Moorlife 2020 project, and paragraph 8 of this report.
- The National Park Grant for 2018/19 benefitted from the third year of the "protected" Spending Review period, with an increase of 1.72% from the previous year.
- At midyear review stage there were no major concerns reported, but it was noted that trading at Bakewell visitor centre was lower than budget and would result in a possible deficit at the end of the year, with some extra maintenance costs for visitor centres being financed by virement from savings in the vehicle fleet through the operation of older vehicles. The visitor centre deficit can be found from the overall outturn position.
- Final in-year project recharges supporting the core Moors team have been less than planned, leaving a £75,000 shortfall; some of this is the result of extra staff costs on concluding the original Moorlife project, which could not be recharged to the original project as eligible expenditure.
- In line with the identified corporate risk, further work on Moorlife 2020 project expenditure, exchange rate movements and the timing of grant payments has been performed - all of which affect the final Moorlife 2020 sterling grant sum which will be received at the project's conclusion. As a result, the original contingency sum set aside of £150,000 is considered to be insufficient mitigation and a higher level of contingency of £500,000 needs to be set aside, requiring further financing of £350,000. The report proposes to achieve this by using the unallocated underspend of £150,000, and also financing £200,000 of the original slippage requests differently (i.e. by using existing reserves and baseline budgets). This is covered in paragraph 8 below in more detail.
- The remaining recommended slippage requests and specific reserve requests, in support of budget-holders achieving their business plans, are contained within Appendix C.
- The Authority's reserve position is maintained at the levels shown in Appendix D for three main purposes:-

1) allowing a degree of one-off resilience to cope with existing challenges and liabilities, to safeguard National Park policies without immediately requiring resources to be found from diminished revenue budgets.

2) helping to underwrite the consequences of adverse variances against budget in times of greater uncertainties in income trading or as we move into the next Spending Review period.

3) acting as a mechanism for budget managers of key authority properties to meet their financial objectives over a period longer than 1 year, allowing for surpluses to be retained and deficits to be supported on an annual basis, within the context of meeting the financial objective on an averaged basis.

The Chartered Institute of Public Finance and Accountancy (CIPFA) publishes advice to Local Authorities (LAAP Bulletins) on what approach an Authority should take in its reserve policies to achieve its statutory finance responsibilities, and these considerations have informed the Authority's reserve structures and approach.

Recommendation

2. **1. That the outturn be noted, and the slippage requests and specific reserve appropriations shown in Appendix C be approved.**

How does this contribute to our policies and legal obligations?

3. The Accounts and Audit Regulations 2015 require the Chief Finance Officer to sign the annual accounts by the 31st May. This report has been written therefore to allow the Audit, Resources & Performance Committee to agree recommendations on the movement of funds to and from reserves, which will need to be incorporated into the annual accounts. The accounts are required to be audited and signed off by 31st July. The consequence of this is that the Chief Finance Officer will need to prepare and certify the accounts by 31st May. The outturn information in this report is based on the budget report agreed in February 2018.
4. There were periodic budget monitoring meetings of the Senior Leadership Team with the Head of Finance together with the four appointed Budget Monitoring Members at key stages of the year. Variances from the agreed budget and forecasts are discussed during this meeting, together with updates on the anticipated level of reserves and movements in the budget arising from in-year committee resolutions.

Background

5. The approved budget for 2018/19 was based on the level of National Park Grant confirmed by Defra on January 21st 2016, which confirmed a £111,357 (1.72%) increase to the agreed level of National Park Grant, as part of a protected settlement up to 31st March 2020 in line with the current Spending Review period. As part of coping with the resource reductions in the previous Comprehensive Spending Review Members had previously approved a total of £2,378,000 of savings/income in the 2010/11-2015/16 years, and the 2016/17 budget approved a further £602,000 of savings which were already in hand.
6. The March 2018 Authority meeting approved the Chief Finance Officer's report under the Prudential Code for Capital Finance, setting prudent borrowing limits for the 2018/19 year of £2.0m. In August 2006, in accordance with Services Committee Minute 41/05, the Authority borrowed £697,000 to finance the Aldern House Project, and in December 2009 £500,000 for the replacement of vehicles (Minute 22/08 in March 2008): total debt of £1,197,000. No further external borrowing has taken place to date, and the total

outstanding external debt at 31st March 2019, after repayments to date, is now £446,937. Repayments are made half yearly and are a fixed amount, with a proportion covering the interest payable, and the remainder, in increasing proportion over the repayment period, repaying the original capital sum. A number of further borrowing approvals have been agreed since then totalling £1,897,045; these have been financed internally from internal cash balances. Those outstanding and hence current are:-

Committee / RMT Minute	Date	Approval	Reason	Annual charge to budget	Ending
ARP 41/12	20/07/2012	£108,812	Aldern House Biomass boiler	£8,000	2032/33 (20 years)
N/A Head of Service	16/05/2012	£9,247	Replacement vehicle Learning Team (now adopted as a general pool car following staff move to Aldern House)	£1,311	2019/20 (7 years)
RMT 70/12	31/07/2012	£19,480	Litter Service vehicle replacement (from lease to owned)	£2,770	2019/20 (7 years)
RMT 63/12	31/07/2012	£98,506	Borrowing for landlord elements of Big Fernyford Farm refurbishment	£5,758	2037/38 (25 years)
ARP 11/15	23/01/2015	£60,000	Showers and camping facility improvements at North Lees campsite	£4,583	2030/31 (15 years)
ARP 18/16	04/03/2016	£330,000	Castleton Visitor Centre re-modelling	£19,791	2037/38 (20 years)
RMT 17/16	09/05/2016	£40,000	2 additional Camping Pods	£2,057	2031/32 (15 years)
RMT 42/16	01/11/2016	£21,000	Replacement vehicle for volunteer service	£2,715	2023/24 (7 years)
RMT 01/17	10/01/2017	£90,000	Tenancy Refurb. - 2 properties	c. £5,000	2031/32 (15 years)
RMM 32/17	01/08/2017	£145,000	Tenancy Refurb – 1 property	c. £7,125	2041/42 (25 years)
RMM 38/17	04/10/2017	£75,000	Pool car replacements	c. £6,100	2023/24 (7 years)
ARP 21/18	16/03/2018	£370,000	Millers Dale Phase 1	c. £21,360	2043/44
RMM 14/18	30/07/2018	£110,000	Tenancy refurbishment Warslow Estate	c. £6,317	2044/45
ARP 4/19	18/01/2019	£450,000	Vehicle replacements	c.£58,000	2025/26

The annual charge to the budget is based on the same principle as external debt. This means that the service is charged annually a fixed amount, with a proportion covering interest (based on the prevailing fixed rate from the Public Works Loan Board at the time the sum is advanced) and the remainder repaying the original capital sum, over a term reflecting the nature of the underlying asset and its life. At some point external debt might need to be raised to cover any outstanding amounts but currently it is more cost effective to use internal funds.

7. The Budget Monitoring Group met during the year and as usual paid close attention to trading income, that being the least controllable element within baseline budgets. There were no significant areas of concern which merited reporting to Committee during the

year, although it was noted that Visitor Centre income was below budget and the outturn was likely to be an overspend.

Base Rates were increased from 0.50% to 0.75% in August 2018, and investment receipts have improved slightly from the previous year as a result; the actual interest rate earned from the Treasury Management of the cash balances increased from 0.64% at the beginning of the year to 0.95% at the end of the year. Interest earned was £60,671 (£41,227 last year). The budget for 2018/19 was approved with an increased interest receipt expectation, of £50,000.

8. At the outturn stage it is sometimes possible to make temporary resource allocations, based on actual results. The current year's outturn shows that there are likely to be extra funds available for allocation, after taking account of slippage requests and specific reserve requests, subject to confirming final accounting provisions. The table illustrates how these "outturn" resources have varied in the past few years:-

	2018-19	2017-18	2016-17	2015-16
Midyear Review allocation	32,000	95,000	0	45,690
Surplus for reallocation	345,000	0	34,000	0
Slippage approved	850,162	1,147,550	799,189	764,467

It is proposed that this surplus is allocated to the Moorlife 2020 exchange rate risk as explained below.

The exchange rate risk has been reported regularly in the Corporate Risk register as an amber risk, however after further work during quarter 4 the risk has now been rated as red. The risk has also been reported as required in the Statement of Accounts, with last year's entry being as follows:-

"The Authority has some exposure to exchange rate risk because of a European funded grant project, which is paid retrospectively in euros.

The exposure relates to the Moorlife 2020 project, which is a five year project with 75% grant aid from the European Commission of €11,984,887, starting in 2016/17. The project therefore has an element of exchange rate risk depending upon the exchange rate of the euro against sterling, at key points in the five year project. Sterling expenditure on the project is converted monthly by the Commission at the exchange rate on the first working day of the calendar month, which then represents the project expenditure for the year denominated in euros, from which the appropriate % of grant aid is derived in euros. The grant is drawn down in four stages, and the date on which the euro grant is drawn down and paid over determines the value of sterling income received. The first tranche (40%) of the grant, €3,595,466, was paid in advance in October 2015.

A financial risk to the Authority is identified if sterling strengthens significantly against the euro during the project, considered to be in the region of £1.5m at its maximum. The risk will therefore be mitigated by adjusting the overall sterling budget of the project (downwards by up to £1.5m), and considering how forward exchange contracts might be used to give greater certainty over future transaction exchange rates. A further risk was identified as a result of "Brexit" and specific assurances have been sought that the project would be covered by the Chief Secretary to the Treasury's guarantee that such projects would be underwritten by the UK government. A letter from Defra's Permanent Secretary was received on the 9th February 2016, to this effect."

The project has been capped at £11,280,000 as per the original risk mitigation measure, but the first tranche of grant, drawn down in October 2015, was converted at a disadvantageous rate when sterling was strong, since which time sterling has weakened significantly and fluctuated. This, together with project expenditure slipping, has

resulted in more disadvantageous monthly exchange rates being applied which determine the eventual value of the European grant claimable. A further refinement in the monitoring of the risk, modelling the precise mechanism by which the grant is drawn down and determined, and taking account of the inter-relationship of partner cash funding, has allowed for a more accurate forecast than previously.

The previous assessment saw the greater risk as being a strong and sustained sterling rate, but the revised forecast shows that even with the lower sterling exchange rate prevailing, further modelling shows a baseline risk of at least £500,000 at project completion. It is therefore necessary to ensure that there is a contingency cash sum available to the Authority to meet this liability.

The exchange rate risk issue in effect has led to a greater matched funding requirement far in excess of the original proportion of £25,000 contributed by the Authority, but still represents a high level of external grant leverage even at this much higher level. The final position will only be known after the grant is subjected to European external audit, and experience has shown that this itself is a risk as the rules are inflexibly applied. If the contingency is not required, it can be released after the final audit results have been reported.

9. Resource Management Meeting (RMM) discussed the outturn figures and slippage recommendations on the 7th May.
10. The main points in the appendices are summarised as follows:

Reserve Levels (Appendix D)

- (a) General Reserve: The General Reserve exists to accommodate unforeseen circumstances and was £670,491 in March 2018 and is expected to remain at the same level, after the surplus is appropriated to the Matched Funding Reserve (which will be done for the Statement of Accounts if this report's recommendation is approved).

The level of the General Reserve needs to take account of about 8 principal variable factors – contingent liabilities; the quality of budgetary control; loss of key staff, policy or delivery changes; the extent of demand-led services; unidentified future budget savings; significant capital projects; and the availability of other reserves. Generally the Authority only has one or two of the above factors to consider in any one year; however up to four are currently pertinent.

The external auditors consider the adequacy of the Authority's reserve levels as part of their overall audit opinion and it is an important component of their financial viability assessment.

- (b) Specific Reserves: The level of specific reserves overall has decreased by £63,000. The reserves are being operated in accordance with agreed policies, allowing services to draw from and add to their reserves in line with their longer term programmes, especially in relation to tackling backlog maintenance of properties occupied. This can be seen from the mix of proposals to and from the reserves.
- (c) Capital Reserve: The Capital Receipts reserve started the year at £1,289,375, and there were sale receipts during the year of 6 further woodlands and the disposal of 6 vehicles. The net receipts from these sales are added to the Reserve, increasing the reserve by £141,791, in line with the approved Capital Programme and needed to sustain that expenditure programme. The reserve was also used to support previously authorised Trails Structures work (Minute 51/16), plus a replacement roof at Brunts Barn (ARP Minute 124/15), expenditure totalling £69,434.

- (d) Slippage Reserve: This Reserve operates differently from the other reserves in the sense that the funds do not remain within the reserve if they are required in the following year: basically the amount of slippage approved in Appendix C is temporarily held on the balance sheet on 31st March, and is then immediately allocated into the budgets upon committee approving the slippage amount if the funds are required in the next financial year. The National Park Grant Memorandum which the Department of Environment, Food and Rural Affairs (Defra) uses to govern National Park finances states that “The Department will consider the level of end-year cash balances in assessing grant for subsequent years. In doing so it will take account of a NPA’s need to maintain appropriate working balances and contingency provision and of factors which may necessitate the deferral of expenditure around the year end in order to safeguard value for money.” It is this final purpose for which slippage is recognised as an essential tool for managing National Park finances over financial years. The level of slippage fluctuates year on year and the 2018/19 level is £850,162 which is approximately 119% of its long term average of £702,700.
- (e) Matched Funding Reserve: This reserve was created to protect funds committed to partnership projects. The Authority’s annual contributions to these projects tend to be allocated on a straight line basis across the years of the project to facilitate budget planning, and the actual expenditure pattern is often very different between years: this, together with the accounting requirement to allocate partner income to expenditure proportionately to the contributions originally determined in the application means that unspent Authority funds committed to the projects in contracts with funding bodies need to be ring-fenced and carried forward to match expenditure, when required in future years, in order to fulfil the commitment. This reserve has also been used to ring fence funds approved for re-allocation. The reserve level is likely to be sustained at quite high levels until the re-allocated funds are fully spent. The reserve also contains the exchange rate earmarked contingency for the Moorlife 2020 project.

Revenue Account & Services

11. Appendix A, Column F, shows the final budget surplus or deficit arising from each service, after appropriations to and from reserves and slippage requests have been taken into account, and is useful to refer to along with the comments below, which only pick out the larger variances.
- (a) The Rural Economy Service budget variances are explained by vacancy savings and the desire to understand how the new national scheme grant awards would be distributed before committing to Authority funds.
- (b) The £408,000 core costs of the Moors for the Future team were not fully recovered, based on partnership contributions to core costs and recovery of costs from projects towards supporting the core team. The Authority’s contribution was £93,000. The shortfall against budget has been recovered from within the Planning directorate underspend. Some of the core cost overspend was the result of carrying post-completion costs from the original Moorlife project which could not be recovered as eligible expenditure.

- (c) The Planning Service fee-based planning applications in £ terms were £17,000 above the previous year, but £5,000 below budget estimate, whereas pre application advice fees achieved £63,000, compared to the estimate of £50,000. Overall numbers of chargeable applications were slightly down compared to the previous year. The service budget was helped by much higher vacancy savings than usual, with a net surplus of £119,000, and a significant reduction in advertising costs following a different advertising approach, saving £43,000 a saving which is expected to be repeated in future years.
- (d) The Engagement Rangers' budget benefitted from a significant reduction in fuel and maintenance costs in the vehicle fleet, following changes in the use of vehicles, coupled with additional income from guided walks, and vacancy savings.
- (e) The Warslow estate overspent its budget by £11,000, having had to draw down its full specific reserve to meet unplanned additional costs:- 1) surveys on all the septic tanks on the estate (to inform compliance with new regulations due to come into force in 2020, 2) emergency works to maintain private water supplies to several properties. 3) a continuing property vacancy reducing tenancy income and 4) replacement boilers for 4 properties which failed this year. It is proposed to finance this overspend from divisional underspends.
- (f) The North Lees estate exceeded its 93% full cost recovery target and managed 98%. This was due to a number of positive factors, including net income from the campsite above budget of £14,000, and higher income from Surprise View car park.
- (g) The "non-Estate car park budget" suffered from a combination of higher pay and display infrastructure costs, with an overspend of £19,000, financed from divisional underspend.
- (h) The newly formed Conservation and Maintenance of Property Team over-achieved its income target by £14,000 whilst carrying an unusual level of vacancy, leading to an underspend of £58,000 at year end.
- (i) The Trails' budget underspend of £48,000 arises from one-off income from rental of space on the Monsal Trail; £20,00 of deferred ground maintenance expenditure relating to phasing of essential infrastructure work, and also £10,000 of extra car park income, and is appropriated to the Specific Reserve. The level of the Trails reserve maintains a higher level than in previous years, when Members have expressed concerns about its low level in relation to the nature of the property liabilities it underpins. These funds will be supplemented by the Capital Programme approval for infrastructure work, approved by this committee in September 2016 (Minute 51/16); some £40,000 has been spent this year on inspection and engineering costs in line with this Minute.
- (j) Visitor centre sales were strong at all centres, trading above previous year totals, with Castleton especially strong with sales £88,000 above the previous year, which, despite being closed in the first quarter of 2017/18, managed sales nearly at the same level as previous trading. The budget however was overspent by £19,000, partly because of the extra net income target of £30,000 required to be achieved from 2017/18, but also because of some maintenance works to centre buildings, part of which was financed at midyear review from virement (intruder alarm; merchandise security, Bakewell roof and window repairs).
- (k) The Cycle Hire Service achieved its income target. The overspend shown relates to staff costs. There has been a change in recruitment to Visitor centre and cycle hire posts, with the posts combined, resulting in new staff being more fluid across

both cycle hire and visitor centres. The precise re-charging of these staff to centres is being reviewed to ensure the correct staff costs are charged to the right business centre.

- (l) The ICT service manages the revenue and capital budgets together, depending on requirements, in combination with the use of the specific reserve; this year software purchases required more capital budget, which was supplied partly from savings in the revenue budget and partly drawing from the ICT reserve.
- (m) There were vacancy savings in the Customer & Business Support Team.
- (n) The Corporate Strategy team slippage requests are mainly for ring-fenced funds towards the climate change vulnerability assessment and carbon management projects.
- (o) The Legal Services funds ring-fenced for legal actions which were not required in 2018/19 are carried forward into the Minerals and Legal Reserve. The level of the Reserve allows the Authority to make strong responses in defence of its policies.
- (p) The corporate overhead recovery fund is managed by the Director of Corporate Strategy and Development and collects the agreed recharges levied against all externally funded projects who have staff in post, which support the extra demands placed on Corporate Support Services (finance, legal, IT, HR, property) as a result of these activities. The demands are assessed by the Director and commitments have been agreed for 2019/20 onwards – hence the remaining sum is requested as slippage to help meet the agreed demands in 2019/20 and 2020/21. It is in the nature of this fund that the charges to projects occur in advance of the supporting allocations so there is usually a timing difference between the income being received in the fund, and the subsequent expenditure.
- (q) The Projects in Appendix A are separately shown away from the “core” budgets as they all rely on either Partnership or external grant funding and are ring-fenced for those purposes. The expenditure on these projects can be substantial and the Authority’s cash contribution – often small in relation to the grant funding - is shown in the budget, or may be represented by in-kind contributions. If a project is entirely externally funded / has in-kind contributions, then the budget will show as zero – and also the outturn position (i.e. net expenditure) will be zero, illustrating that the gross expenditure has been fully balanced by the external income. Although this is the most appropriate presentation in respect of the overall impact on the budget, it does not of course show the actual expenditure of each project. Projects with expenditure over £150,000 have all been approved by ARP (or its predecessor) Committee; the smaller projects over £50,000 are approved by Resource Management Team in line with Standing Orders. If Members wish to see more analysis the Head of Finance will provide detailed breakdowns on request. The comments section of Appendix A highlights the principal funder and the total expenditure of the larger projects.

12. The current policy on under and overspends at year end is longstanding and was confirmed by the original Resources Committee on 19 July 2002 and is as follows:

- overspends are carried forward and found from service budgets the following year unless there are extenuating circumstances
- For underspends or surpluses remaining at year end, budget holders may bid for slippage (where commitments have already been made) or where specific reserves exist, for the balance to be appropriated to these reserves.
- All other underspends or surpluses are allocated to general reserve.

13. The RMM has reviewed the circumstances surrounding any overspends, and is content that where these have occurred, they are capable of being contained within overall service or divisional responsibilities, or dealt with corporately without impact on reserves, and no recommendations are put forward for these overspends to be carried forward and retrieved from next year's service budgets.

14. The following appendices are provided to give a full analysis of the outturn:

Appendix A

A variance analysis which highlights the individual service under or overspends, together with the impact of the proposed slippage and reserve requests on the overall figures – based on over and underspends from Appendix B. Column F shows the final balance of surpluses and deficits, with the total surplus or deficit at the bottom being the impact on the general fund. It should be noted that an “underspend” may arise from additional income earned above budget.

Appendix B

The outturn in the form in which budget responsibility is allocated and monitored during the year. This Annex is used as the basis for RMM decisions on over and underspends, as it reflects directorate and service head budget responsibilities. A full analysis of income and expenditure by service/function and by type of income and expenditure is available on request to the Head of Finance.

Appendix C

C (i) lists the recommended slippage requests put forward by service heads and Directors for carry forward of unspent funds into the 2019/20 budget. C (ii) lists the recommended appropriations to or from specific reserves. C (iii) contains the overspends proposed to be carried forward against the 2019/20 service or project budget, if any.

Appendix D

Shows the level of the Authority's cash reserves, after all the above adjustments.

15. There may be some late adjustments arising from final provisions and system reconciliations, any final changes in the figures between this report and the final position will be reported to Members in the accounts report. In particular, the final accruals for the South West Peak project, the Visit England Project and the Moorlife 2020 project have not yet been completed so the precise mix of Authority match funding and partner and grant funding has not yet been determined; these are expected to be within budgeted sums but the final adjustment may require a further allocation from the Matched Funding Reserve (from the amount set aside for this project) and the Restructuring Reserve.

Proposals

16. In terms of the Authority's overall financial position, the outturn for the 2018/19 is as presented, and the actions recommended in Appendix C are regarded as an appropriate way of managing the Authority's resources across financial years.
17. Reserve levels have been maintained at the levels required to meet statutory requirements, to provide a prudent level of provision for substantial asset liabilities, and to give strong support to our planning policies in the legal process; they represent limited and temporary one-off sources of funds which allow the Authority to maintain stability of National Park outcomes into the medium term.

Are there any corporate considerations Member should be concerned about?

18. **Financial:** The issues have been covered in the report.

19. **Risk Management:**

The Chief Finance Officer has a statutory responsibility under Sections 25 – 28 of the Local Government Act 2003 to report to Members, the Monitoring Officer and external auditors on the robustness of the budget setting and monitoring process, and has an express duty to monitor the budget and underlying assumptions throughout the year, and to take action when significant overspends or shortfalls in income occur. The Annual Governance Statement prepared by the Monitoring Officer is reported to and approved by Members. The Leadership Team consider financial risks in the Risk Register during the year.

The External Auditor assesses the financial position of the Authority as part of its annual Value for Money conclusion.

This outturn report and the recommendations arising from it are considered to be evidence of the effectiveness of these processes as they relate to the 2018/19 financial year.

20. **Sustainability:** There are no issues relevant to this report.

Consultees

21. The outturn was discussed and agreed by the Resource Management Meeting (RMM) on the 7th May.

22. **Background Papers** (not previously published)

Full income and expenditure analysis

Appendices

Appendix A - 2018/19 Variance Analysis

Appendix B - 2018/19 Outturn by services within divisional headings

Appendix C - Slippage and reserve requests

Appendix D - Reserve Levels

Report Author, Job Title and Publication Date

Philip Naylor, Head of Finance / Chief Finance Officer, 8 May 2019

2018/19 Variance Analysis

Rounding errors may occur

APPENDIX A

		Col A	Col B	Col C	Col D	Col E	Col F	Col G
		(Overspend)	Underspend	Capital - (overspend) underspend	Slippage requests	Appropriations (to) from reserves	Final Surplus (Deficit)	Main Cause of Variance / Comments
					App C i	App C ii		
Conservation and Planning								
Rural Economy	Gp.	0	62		(41)		21	Vacancy saving& awaiting national scheme grant decisions
Natural Environment	CNE	(5)	0				(5)	-
Cultural Heritage	CAR	0	31		(30)		0	-
Moors for the Future core costs	RMF	(75)	0				(75)	core costs shortfall
Planning Service	PDC	0	146		(8)		138	vacancy savings and savings in advertising costs
Transport Policy	PTT	0	57		(48)		9	earmarked for Edale explorer and publication costs
Policy Planning	PPP	(56)	0		(5)	50	(11)	costs of public examination financed from reserve
		(136)	296	0	(132)	50	78	
Commercial Development & Outreach								
Engagement Rangers	Gp.	0	99	(29)	(17)	30	83	fuel & maintenance savings; additional income and vacancies
Visitor Experience (V.E.)	HWA	(4)	0	(32)	(11)	41	(6)	-
V.E: Access & Rights of Way	RRU	0	8				8	-
V.E: Footpaths & Pennine Way	GP.	(1)	0				(1)	-
V.E: Edale Centre premises costs	HWE	0	0				0	-
V.E: Warslow Estate	CEW	(51)	0	(1)		41	(11)	remedial survey works on septic tanks /water / boilers
V.E: Eastern Moors Estate	CEE	0	2				2	-
V.E: North Lees Estate	CEN	0	23			(23)	0	higher income receipts in particular car parks
V.E: Minor Properties	CEM	0	2				2	-
V.E: Non-Estate Recreation facilities	Gp.	(1)	0			(2)	(3)	-
V.E: Non-Estate Car Parks	CEP	(19)	0				(19)	pay and display infrastructure costs above budget
V.E: Non-Estate Toilets	CET	0	0				0	-
V.E: Woodlands	JAA	0	13	136		(141)	8	woodland disposals & woodlands income
V.E: CMPT Team	CED	0	58		(15)		42	vacancy savings
V.E: Rural Surveyors	HWB	0	20				20	vacancy savings
V.E: Trails	CEQ-Z	0	48			(48)	0	car park income; one off rental income
V.E: Visitor Centres	RVC	(19)	0	(21)		21	(19)	lower Bakewell and Edale centre trading
V.E: Cycle Hire	CEB	(18)	0				(18)	staff changes between visitor centres and cycle hire
Fundraising	RFU	0	130		(60)		70	deferred giving strategy expenditure
Communications	RII	0	66		(65)		1	vacancy savings
Design	RDE	0	3				3	-
		(113)	472	54	(169)	(82)	163	
Corporate Strategy & Development								
Information Management	AIT	0	55	(110)		47	(8)	revenue budget and specific reserve financing planned capital
Aldern House HQ	AHQ	(1)	0	(0)			(1)	-
Customer & Business Support	AIC	0	37				37	Vacancy savings
Corporate Strategy	PPM	0	126		(106)		20	ring fenced funds for climate change and vacancy savings
Property Support Unit	Gp.	0	28		(28)		0	-
Finance	AFS	0	2				2	-
Legal Services	ALE	0	32			(32)	0	lower costs for external legal advice
-Committee & Member Services	Gp.	0	0		(6)		(5)	-
Human Resources	APE	0	6		(5)		1	apprentice levy costs
Corporate Management	ACS	(81)	0	6		80	5	Cost of redundancies
-Corporate Overhead Recovery	ABQ	0	183		(154)		30	Charges received from projects committed 19/20 onwards
		(82)	468	(104)	(298)	95	80	
Projects - externally funded								
<u>Conservation & Planning Projects</u>								
Moss Rake East restoration	VBB	(141)	0			137	(3)	quarry restoration financed from S.106 reserve
South West Peak	VSW	0	0				0	South West Peak HLF funded £267,000 expenditure
Village & Communities Officer	VMC	0	51		(51)		(0)	Partnership funding £32,000 expenditure
Rural Enabling	VME	0	5		(5)		0	Partnership funding £11,000 expenditure
Brownfields	VMG	0	54		(54)		(0)	DHCLG funding £32,000 expenditure
Moors for the Future (MFF)	VC6	(0)	0				(0)	Partners/govt/water co/NT contracts £252,000
MFF - Private Lands	VM2	0	0				0	Natural England funded £537,000 expenditure
Moorlife 2020	VM3	(0)	0				(0)	European funded £2,223,000 expenditure
Moorlife Partners	VM4	0	0				0	Moorlife Partners funded £142,000 expenditure
Moor Carbon	VM5	0	0				0	Defra funded £640,000 expenditure
Edale Station	VGL	0	0				0	car park machine collection for partner authority
<u>Commercial Dpvt. & Outreach Projects</u>								
Fire Operations Group	VYA	0	40		(40)		0	Partnership funding £14,000 expenditure
Access Fund	VFH	0	14		(14)		(0)	external donations
Leisure Walks	VYD	0	0		(0)		(0)	Derbyshire County Council funded £3,500 expenditure
Mend Our Mountains	Gp.	0	13		(13)		(0)	British Mountaineering Council donations
Pedal Peak Business Initiative	VZJ	(8)	0				(8)	RDA grant funded £178,000 expenditure
Moorland Discovery	VEF	(5)	0				(5)	joint project with National Trust £50,000 expenditure
Better Outside	VEH	0	8		(8)		0	£2,300 expenditure joint funded project
Endeavour	VEJ	0	4		(4)		(0)	Heritage Lottery funded project funds c/f
Upper Derwent Partners	VYB	0	63		(63)		0	Derwent Valley partnership funding c/f
<u>Corporate Projects</u>								
Visit England	VDE	0	0				0	Visit England funded £305,000 expenditure
Asset Mgt Revenue Account	VDY	0	0				0	Capital minimum revenue provision holding a/c
Matched Funding Appropriations	VDX	0	25				25	Provisions & accruals holding a/cs;
		(154)	276	0	(252)	137	8	
		(485)	1,513	(51)	(850)	201	328	
			11				11	contingencies in 18/19 not allocated
			(3)				(3)	deficit in investment interest receipts
		(485)	1,520	(51)	(850)	201	336	

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		Col A	Col B	Col C	Col D	Col E
		Total Budget 2018/19	Outturn	Overspend	Underspend	Variance %
Rounding errors may occur						
Conservation and Planning						
Rural Economy	Gp.	359	297	0	62	17%
Natural Environment	CNE	172	177	(5)	0	(3%)
Cultural Heritage	CAR	247	217	0	31	12%
Moors for the Future core costs	RMF	93	168	(75)	0	(81%)
Planning Service	PDC	566	420	0	146	26%
Transport Policy	PTT	135	78	0	57	42%
Policy Planning	PPP	147	204	(56)	0	(38%)
		1,721	1,561	(136)	296	9%
Commercial Development & Outreach						
Engagement Rangers	Gp.	792	693	0	99	12%
Visitor Experience (V.E.)	HWA	49	53	(4)	0	(8%)
V.E: Access & Rights of Way	RRU	119	111	0	8	7%
V.E: Pennine Way	GP.	0	1	(1)	0	100%
V.E: Edale Centre premises costs	HWE	59	59	0	0	0%
V.E: Warslow Estate	CEW	(67)	(16)	(51)	0	76%
V.E: Eastern Moors Estate	CEE	25	23	0	2	7%
V.E: North Lees Estate	CEN	(42)	(66)	0	23	(56%)
V.E: Minor Properties	CEM	(5)	(7)	0	2	(31%)
V.E: Non-Estate Recreation facilities	Gp.	1	2	(1)	0	(91%)
V.E: Non-Estate Car Parks	CEP	(70)	(51)	(19)	0	27%
V.E: Non-Estate Toilets	CET	97	97	0	0	0%
V.E: Woodlands	JAA	48	35	0	13	27%
V.E: CMPT Team	CED	191	134	0	58	30%
V.E: Rural Surveyors	HWB	96	76	0	20	21%
V.E: Trails	CEQ-Z	132	83	0	48	37%
V.E: Visitor Centres	RVC	168	187	(19)	0	(12%)
V.E: Cycle Hire	CEB	(58)	(40)	(18)	0	32%
Fundraising	RFU	207	77	0	130	63%
Communications	RII	286	220	0	66	23%
Design	RDE	18	14	0	3	19%
		2,045	1,686	(113)	472	18%
Corporate Strategy & Development						
Information Management	AIT	583	529	0	55	9%
Aldern House HQ	AHQ	200	202	(1)	0	(1%)
Customer & Business Support	AIC	423	386	0	37	9%
Corporate Strategy	PPM	355	229	0	126	36%
Property Support Unit	Gp.	205	178	0	28	14%
Finance	AFS	294	292	0	2	1%
Legal Services	ALE	277	244	0	32	12%
-Committee & Member Services	Gp.	252	252	0	0	0%
Human Resources	APE	237	231	0	6	2%
Corporate Management	ACS	495	576	(81)	0	(16%)
-Corporate Overhead Recovery	ABQ	(128)	(311)	0	183	(143%)
		3,194	2,808	(82)	468	12%
Capital						
Warslow Moors Capital	Gp.	48	49	(1)	0	(2%)
Forestry Capital	ZAD	0	(136)	0	136	100%
Edale Centre (Moors Project)	ZFA	18	18	0	0	0%
Visitor Centre Capital	Gp.	7	27	(21)	0	(309%)
Other Visitor Experience Capital	Gp.	169	201	(32)	0	(19%)
Engagement Capital	Gp.	0	29	(29)	0	100%
Fleet Management	ZGA	13	7	0	6	44%
Aldern House	Gp.	22	22	(0)	0	(0%)
IT Capital	Gp.	66	176	(110)	0	(166%)
		343	394	(192)	142	(15%)
Projects - externally funded						
<i>Conservation & Planning Projects</i>						
Moss Rake Restoration	VBB	0	141	(141)	0	100%
South West Peak	VSW	26	26	0	0	0%
Village & Communities Officer	VMC	79	27	0	51	65%
Rural Enabling	VME	15	10	0	5	30%
Brownfields	VMG	52	(1)	0	54	103%
Moors for the Future (MFF)	VC6	8	8	(0)	0	(0%)
MFF - Private Lands	VM2	0	(0)	0	0	(0%)
Moorlife 2020	VM3	5	5	(0)	0	(0%)
Moorlife Partners	VM4	0	(0)	0	0	(0%)
Moor Carbon	VM5	0	0	0	0	(0%)
Edale Station	VGL	0	(0)	0	0	(0%)
<i>Commercial Dpvt. & Outreach Projects</i>						
Fire Operations Group	VYA	32	(8)	0	40	126%
Access Fund	VFH	16	2	0	14	87%
Leisure Walks	VYD	0	(0)	0	0	0%
Mend Our Mountains	Gp.	8	(5)	0	13	169%
Pedal Peak Business Initiative	VZJ	18	26	(8)	0	(43%)
Moorland Discovery	VEF	12	17	(5)	0	(45%)
Better Outside	VEH	9	1	0	8	92%
Endeavour	VEJ	0	(4)	0	4	100%
Upper Derwent Partnership	VYB	38	(24)	0	63	163%
<i>Corporate Projects</i>						
Visit England	VDE	10	10	0	0	0%
Asset Mgt Revenue Account	VDY	54	54	0	0	0%
Matched Funding Appropriations	VDX	0	(25)	0	25	100%
		381	258	(154)	276	32%
Total		7,683	6,706	(677)	1,654	13%

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(i) Slippage Requests recommended for carrying forward into next year's service budgets**£0 - pounds****Conservation and Planning**

Presentation skills training for planning staff	8,000
Vacancy savings and income c/f to cover part contract Countryside & Economy advisor posts	26,818
Unspent land management grant funds c/f to add to the grant budget for 2019/20	14,517
Contribution to Edale Explorer and Transport Design Guide publication	48,000
Cultural Heritage conservation officer post additional hours and consultancy support	16,058
Cultural Heritage surveys and research	8,400
Cultural Heritage restoration Roaches & Throwley Hall	5,600
additional policy planner capacity to support village survey work	4,500
	131,893

Commercial Development & Outreach

Giving baseline budget not spent in 2018/19 c/f to support key resources under represented groups for schools/centres	10,000
Giving baseline budget not spent in 2018/19 c/f to support replacement of external storage facilities for events	14,836
Giving baseline budget not spent in 2018/19 c/f to support cycle hire marketing plan	4,000
Giving baseline budget not spent in 2018/19 c/f to support new events booking portal	4,800
Giving baseline budget not spent in 2018/19 c/f to support orientation maps in visitor centres	4,000
Vacancy savings to fund essential radio replacements for engagement service	8,750
Vacancy savings to fund purchase of virtual reality experience at Castleton visitor centre	3,700
Vacancy savings to fund visitor welcome signage at Moorland Centre	7,000
Fundraising vacancy savings & allocation for fundraising support c/f for communications work in 2019/20	15,000
General non-specific donations received ring fenced for specific projects to be determined	7,415
Basic Health & Safety training (driving / trailers / chainsaws/ strimmers etc) for field teams	17,144
Vacancy savings in communications c/f for marketing support and delivery budget 19/20;	47,824
Communications specialist laptop for film editing	2,100
Parklife contracted editions committed to in 19/20	11,300
	157,869

Corporate Strategy & Development

Climate Change vulnerability assessment	65,029
Outsourced work for completion of the second Carbon Management Plan project and development of next NPMP	27,500
Residents' Survey	12,000
National Park Management Plan next stages	3,000
Implementation of new Democratic Services structure apprentice costs and training	5,568
Property Service Statutory Health & Safety compliance for Authority properties	26,000
HR- vocational and corporate training commitments c/f into 2017/18	5,042
corporate overhead allocated to support service pressures arising from projects 19/20 onwards	153,034
	297,173

Capital

0

0**Projects**

Lower Greenhouse Farm revenue expenditure on grounds restoration works	12,081
Brownfields site officer funding c/f financed by DHCLG	53,682
Partner funding for field projects including Fire Operations Group, Better Outside project	52,712
Joint partner funds ring-fenced for Derwent Valley projects	62,528
Income from donations to Access Fund & Mend our Mountains c/f and retained for purposes of donation	26,299
Village project funds - Community planning and neighbourhood grants ringfenced	55,925
	263,227

TOTAL SLIPPAGE REQUESTS**850,162****(ii) Reserve Requests recommended for approval and appropriation to/(from) reserves**

Appropriation to Woodlands Reserve	5,000
Appropriation from Warslow Reserve	(40,466)
Appropriation to Minerals and Legal Reserve	32,000
Appropriation from Restricted Reserves (bequests: Graham Attridge)	(1,400)
Appropriation to North Lees Reserve	23,000
Appropriation to Trails Reserve	48,000
Appropriation from ICT Reserve	-47,000
Appropriation to Minor Properties Reserve	1,881
Appropriation from Matched Funding Reserve - Visitor Centres capital; South West Peak matched funding	(20,732)
Appropriation from capital reserve - Trails (ARP Minute 51/16); Carbon plan & Minor wks (ARP Minute 58/11) Warslow (07/06)	(69,434)
Appropriation from Restricted Reserves: Moss Rake East restoration	(137,329)
Appropriation from slippage reserve - Planning Inspectorate examination costs	(50,000)
Appropriation to capital reserve - vehicle sales; woodland sales	141,791
Appropriation from Restructuring Reserve for redundancy and superannuation shortfall costs as per Authority Minute 05/10	(85,641)
	(200,330)

(iii) Overspends to be carried forward and set against next year's service budget

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Movement on Reserves and Reserve Levels

	Opening Balance 01/04/18	Agreed use 2018/19	contingencies / not allocated / 17/18 overspends clawed back	extra interest receipts above/(below) budget	App B Col D Impact of underspends / income at year end	App B Col C Impact of overspends at year end	App C (ii) Further Reserve requests	App C (i) Slippage requests	Closing Balance 31/03/19
General Fund	670,491		10,530	(2,753)	1,654,408	(677,382)	200,330	(850,162)	1,005,462
Capital Reserve	1,289,375						72,357		1,361,732
	1,959,866	0	10,530	(2,753)	1,654,408	(677,382)	272,687	(850,162)	2,376,194
Specific Reserves									
Car Parks & Facilities	36,901								36,901
Trails Reserve	371,910						48,000		419,910
Aldern House	47,620								47,620
ICT	246,816						(47,000)		199,816
Warslow	40,466						(40,466)		0
Design	42,106								42,106
Visitor Services	0								0
Woodland	18,140						5,000		23,140
Cycle Hire	90,771								90,771
Vehicle Maintenance	18,009								18,009
Planned Maintenance	21,545								21,545
Minerals & Legal	507,959						32,000		539,959
Restructuring	146,693						(85,641)		61,052
North Lees	78,946						23,000		101,946
Minor Properties	16,164						1,881		18,045
Conservation Acquisitions	19,000								19,000
	1,703,046	0	0	0	0	0	(63,226)	0	1,639,820
Matched Funding	1,045,086	(74,690)					(20,732)		949,664
Slippage Reserve	1,250,423	(769,587)					(50,000)	850,162	1,280,998
Restricted Funds	263,159						(138,729)		124,430
	6,221,580	(844,277)	10,530	(2,753)	1,654,408	(677,382)	0	0	6,362,106

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9. INTERNAL AUDIT REPORT BLOCK 2, 2018/19 (A1362/7/PN)

Purpose of the report and key issues

1. This report presents to Members the internal auditors' recommendations for the second block of the 2018/19 audit and the agreed actions for consideration. The Internal Auditors will be available at the meeting to answer any questions relating to the audit report or process as usual.

Key issues include:

- The auditors give an opinion based on five grades of assurance (High / Substantial / Reasonable / Limited / No). The five areas audited, Budget Management, Volunteers, Vehicles & Equipment, GDPR, and Information Security, have been given a Substantial, Reasonable, Reasonable, Substantial and Substantial level of assurance respectively.
- The priority of agreed actions is determined based on a scale of 1 – 3, with 1 representing a fundamental system weakness which needs urgent attention, 2 a significant weakness which needs attention, and 3 no significant weakness but merits attention. Managers have responded to 3 Priority 2 actions and 8 Priority 3 actions.

2. Recommendations

1. **That the internal audit reports for the five areas covered under Block 2 for 2018/19 be received (in Appendices 1 - 5) and the agreed actions considered.**

How does this contribute to our policies and legal obligations?

3. As identified in the Annual Governance Statement, the Internal Audit process is regarded as an important part of the overall internal controls operated by the Authority and recommendations are addressed by the Authority's managers in the management response to the audit report.

Background

4. The Accounts and Audit Regulations 2015 require that the Authority maintains an adequate and effective system of internal audit of its accounting records and its system of internal control in accordance with proper practices in relation to internal control. The contract for the internal audit service is let to Veritau Ltd. The Internal Audit Plan for 2018/19 was approved by this committee in July 2018.

Proposals

5. Managers have carefully considered the internal auditors' recommendations and the agreed actions are set out in the audit reports in Appendices 1 - 5 for members' consideration.

Are there any corporate implications members should be concerned about?

Financial:

6. There are resource implications of implementing recommendations and this is why prioritisation of action is important as this has to be managed within existing budgets and staffing levels, taking account of the level of risk agreed by management. The cost of the Internal Audit Service Level Agreement is found from within the overall Finance budget.

Risk Management:

7. The Internal Audit process is regarded as an important part of the overall internal controls operated by the Authority.

Sustainability:

8. There are no implications to identify.
9. **Background papers** (not previously published) – None

Appendices -

Appendix 1: Budget Management 2018-19
Appendix 2: Volunteers
Appendix 3: Vehicles & Equipment
Appendix 4: GDPR
Appendix 5: Information Security

Report Author, Job Title and Publication Date

Philip Naylor, Head of Finance, 9 May 2019

Budget Management 2018-19

Peak District National Park Authority

Internal Audit Report

Responsible Officer: Director of Corporate Strategy and Development
Service Manager: Head of Finance
Date Issued: 26 April 2019
Status: Final
Reference: 69125/003

	P1	P2	P3
Actions	0	1	0
Overall Audit Opinion	Substantial Assurance		

Introduction

The Budget Management system is one of the key internal control systems operated by the Authority. Effective budget preparation and monitoring will enable the Authority to be assured the financial position is being robustly and properly managed and is linked to the Authority's objectives. Good budget management also assists in identifying errors or unusual transactions.

Effective budget management is particularly important in light of budgetary pressures in the current financial climate and the Authority's reliance on Defra grant for funding.

Objectives and Scope of the Audit

The purpose of this audit is to provide assurance to management that procedures and controls within the system will ensure that:

- Budget preparation procedures are in place and working effectively.
- Budget monitoring, review and reporting procedures are in place and working effectively.
- Variances and unusual amounts are investigated and action is taken to address overspends.

Key Findings

Budget preparation procedures are sound and the annual budget was formally approved by the National Park Authority. The budget is accurately entered onto the system used to monitor the budgets during the year and good support and guidance is provided to budget managers. Budget managers have a good understanding of their budgets and monitor their budgets at an appropriate frequency and level of detail.

Budget Managers are aware of variances within their area and understand the internal processes and their responsibilities for reporting on these and taking mitigating actions. There is a mid-year budget review process which enables corrective action to be taken and this is working well.

The Audit, Resources and Performance (ARP) committee receive annual outturn reports but no budget monitoring reports during the year. There is a budget management group consisting of the senior leadership team and key members of the Authority, including the ARP committee Chair and Vice Chair. Variances are reported to this budget management group on a quarterly basis. Whilst this system seems practical and effective, there should be some in year reporting to ARP. Reports are produced for the budget management group and therefore could be provided to ARP with little additional work requirements.

Overall Conclusions

The arrangements for managing risk were good with few weaknesses identified. An effective control environment is in operation, but there is scope for further improvement in the areas identified. Our overall opinion of the controls within the system at the time of the audit was that they provided Substantial Assurance.

1 Budget Monitoring Reporting to ARP

Issue/Control Weakness

There is no regular budget monitoring reporting to the full ARP within the financial year.

Risk

Lack of transparency of budget position during the year.

Findings

A small number of key members of the Authority receive quarterly budget monitoring information through a budget monitoring group but the only formal reporting to Audit, Resource and Performance committee members is the annual outturn.

Key members of the ARP committee (Chair and Vice Chair) are members of this budget monitoring group and the group itself is appointed by ARP. It is accepted that the budget monitoring group meetings seem like a practical and effective way to involve members and is a long standing arrangement within the Authority.

The ARP committee has responsibility for exercising the duties of the Authority in relation to the operational financial affairs of the Authority so they should review these budget monitoring reporting arrangements and confirm that they are satisfied with them.

Agreed Action 1.1

ARP members will review the current budget reporting arrangements, as part of the presentation of this report. They should decide if they are happy with the current process or wish to make any changes to receive any budget monitoring reports through the year.

Priority

2

Responsible Officer

Head of Finance

Timescale

May 2019

Audit Opinions and Priorities for Actions

Audit Opinions

Audit work is based on sampling transactions to test the operation of systems. It cannot guarantee the elimination of fraud or error. Our opinion is based on the risks we identify at the time of the audit.

Our overall audit opinion is based on 5 grades of opinion, as set out below.

Opinion	Assessment of internal control
High Assurance	Overall, very good management of risk. An effective control environment appears to be in operation.
Substantial Assurance	Overall, good management of risk with few weaknesses identified. An effective control environment is in operation but there is scope for further improvement in the areas identified.
Reasonable Assurance	Overall, satisfactory management of risk with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made.
Limited Assurance	Overall, poor management of risk with significant control weaknesses in key areas and major improvements required before an effective control environment will be in operation.
No Assurance	Overall, there is a fundamental failure in control and risks are not being effectively managed. A number of key areas require substantial improvement to protect the system from error and abuse.

Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

Where information resulting from audit work is made public or is provided to a third party by the client or by Veritau then this must be done on the understanding that any third party will rely on the information at its own risk. Veritau will not owe a duty of care or assume any responsibility towards anyone other than the client in relation to the information supplied. Equally, no third party may assert any rights or bring any claims against Veritau in connection with the information. Where information is provided to a named third party, the third party will keep the information confidential.

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Volunteers

Peak District National Park Authority

Internal Audit Report 2018/19

Business Unit: Commercial Development & Outreach,
Responsible Officer: Director of Commercial Development and Engagement
Service Manager: Head of Engagement
Date Issued: 25 April 2019
Status: Final
Reference: 69158/001

	P1	P2	P3
Actions	0	0	4
Overall Audit Opinion	Reasonable Assurance		

Introduction

The Peak District National Park Authority (PDNPA) has a statutory role to conserve and enhance the special qualities of, and also encourage enjoyment and understanding of the National Park delivered in line with corporate strategy objectives.

Volunteers are a key resource for the PDNPA. A wide spectrum of opportunities are available to authority volunteers, from conservation to project work. In order to ensure that volunteers can safely and successfully make their contribution to the achievement of authority objectives, it is imperative that their work is directed by effective policies and procedures.

The PDNPA has a pool of approximately 600 volunteers. It is calculated that 7,000 volunteer days were worked on behalf of the National Park Authority during the year 17/18.

Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to management that procedures and controls within the system ensured that:

- There were effective policies and procedures in place for volunteers;
- Arrangements were in place to ensure volunteers abide by relevant procedures.
- Volunteers were strategically managed to best achieve authority objectives;

Key Findings

The Peak District National Park Authority volunteers service are currently going through a transitional phase and are in the early days of looking at the strategic management of the volunteers service. This includes the roll out of a new online volunteer management system (Better Impact). It is anticipated that the roll out of Better Impact will be completed by June 2019. The Authority is already aware there are a number of gaps that need closing and it is hoped that Better Impact will improve and automate current systems and processes.

There are a variety of policies, procedures and guidance documents for volunteers and these are stored on the intranet Hub. As part of the roll out for Better Impact the Authority could take this opportunity to review all relevant volunteer policies, procedures and guidance to ensure they reflect current working practices.

A formal record is not kept centrally to show that volunteers have read/received all of the necessary policies and procedures applicable to their role. Therefore, it was not possible to confirm in our testing if staff had the appropriate training, completed and read the required forms, and had the required supervision/interactions with management as per the volunteer guidelines.

The audit found that DBS checks had been completed for all volunteers whose role falls into regulated activity (PPCV supervisor volunteers and Junior Ranger supervisor volunteers). The Authority's safeguarding policy commits to re-checking DBS every 3 years. The Authority is in the process of re-checking longer serving volunteers and these have been recently chased up. A sample of volunteers who do duty mileage was also checked to ensure that driving licence checks were being retained and no issues were found.

The Authority is in the process of doing a piece of work on the strategic management of the volunteering service, which is being considered as part of the Corporate Strategy for 2019/24. So far there has been some strategic thinking around volunteering, however, this strategic approach is still in the early stages and there are no formalised arrangements in place. Once a strategy for volunteering has been agreed the Authority needs to be clear in how they are going to resource it to ensure that objectives are achieved and the service continues to be managed appropriately and effectively.

A structured approach has not been taken in identifying volunteering outcomes and the Authority recognises that this is an area for development. Currently the service only reports on number of volunteer days. The Authority has also started to collect data on the monetary value of volunteering under the new Corporate Strategy. Performance indicators could be developed further that are both qualitative and quantitative to better capture the true outcomes and achievements of the volunteer service to both the Authority and the individuals themselves.

A risk register for volunteering had not been completed prior to the audit. Since the audit commenced the Head of Engagement has started to compile a risk register but this requires further development. A good awareness of risks associated with volunteering has been demonstrated so far.

A variety of methods for advertising volunteering opportunities is documented in the guidance document 'how to advertise your volunteer opportunity'. The authority uses social media and there is an Instagram, Facebook and Twitter page for Peak Park Conservation Volunteers (PPCV). The Authority may wish to consider making a volunteer page for the wider volunteer demographic to increase their social media presence.

Overall Conclusions

It was found that the arrangements for managing risk were satisfactory with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made. Our overall opinion of the controls within the system at the time of the audit was that they provided Reasonable Assurance.

1 Strategic Management of Volunteering

Issue/Control Weakness

The Authority is in the process of doing a piece of work on the strategic management of the volunteering service. However, this strategic approach is still in the early stages and there are no formalised arrangements in place.

Risk

Volunteers fail to contribute to authority objectives.

Findings

The Authority is in the process of doing a piece of work on the strategic management of the volunteering service, which is being considered as part of the Corporate Strategy for 2019/24. However, this strategic approach is still in the early stages and there are no formalised arrangements in place.

So far there has been some strategic thinking around volunteering such as looking to meet diverse needs, widening the 'offer'/volunteering opportunities to all, including training opportunities, and identifying and creating new, less typical, roles for volunteers across the Authority such as charity/fundraising ambassadors and office based work.

As part of strategic thinking and workforce planning, the Authority may want to consider conducting a staffing analysis to examine where volunteers could be used elsewhere across Directorates to help achieve business/strategic goals and how many they would like to recruit. This would require all Directorates to get involved in identifying where volunteers could be used. It may be beneficial to include volunteers in all service plans to help with this strategic thinking. This is something which the Head of Engagement has already identified as an improvement.

A strategic lead Blueprint/action plan has been drafted which documents recommendations for development of volunteering. The plan outlines what the service wants to achieve with volunteering, how this can be achieved, responsibilities and timescales. Once the plan is finalised the service will need to monitor its effect and outline a clear way of measuring whether it has been achieved.

There is currently limited capacity to complete the large amount of work that needs to be accomplished, including the ongoing support/monitoring of volunteers that will need to be done. The work currently is being completed as part of the Head of Engagement's overall role. An Outreach Development Support Worker has recently been employed who is the dedicated resource to help roll out Better Impact. Once a strategy for volunteering has been agreed the Authority needs to be clear in how they are going to resource it to ensure that objectives are achieved and to provide ongoing oversight of volunteering across the organisation.

Agreed Action 1.1

This will form part of the new Volunteer coordinators work. We hope this new post will be filled by July 2019 when they will be able to deliver actions from the Volunteer Blue print. Working with other Heads of service and managers to identify new volunteer opportunities and add this into service/delivery plans for 2020/21.

It will be the responsibility of this post to develop, deliver and monitor the volunteer programme to support the corporate objectives for 2019-24.

This role will also need to work with teams across the Authority to identify how volunteering will be resourced, if it will be from existing budgets or other funding opportunities as appropriate to the role.

Priority

3

Responsible Officer

Director of
Commercial
Development and
Engagement and
Head of Engagement

Timescale

30 April 2020

2 Outcomes and Performance Indicators

Issue/Control Weakness

Outcomes have been documented for volunteering, albeit not as meaningful as they could be. Meaningful and robust performance indicators should be in place to measure volunteering.

Risk

The true impacts, outcomes and performance of the volunteer service cannot be measured fully.

Findings

A structured approach has not been taken in identifying volunteering outcomes and the Authority recognises that this is an area for development. The Authority needs to determine how best to measure the impacts and outcomes achieved through the use of volunteers.

Performance indicators should be set in the context of the Authorities strategy and objectives. Once the service has identified its information requirements for measuring performance, this can be built into the new Better Impact system to ensure data is collected as efficiently as possible for monitoring and reporting purposes. Currently the service only reports on number of volunteer days which does not fully capture the true outcomes of the volunteer service. Performance indicators could be developed further that are both quantitative and qualitative to reflect the outcomes and achievements of the volunteer service to both the Authority and the individuals themselves. Under the new Corporate Strategy the Authority will report on monetary value to give a baseline from a best estimate around the % of the type of work done using HLF definitions and value. This has started to be documented, for example for 2018/19 in Q2 £406,220 for 3669.2 days work.

The Authority could benchmark and liaise with other organisations further afield who are considered 'best in class' regarding volunteering, to compare what performance indicators they are using.

Agreed Action 2.1

We feel the new corporate KPI's are a robust way of recording volunteer outcomes. They make significant progress on counting volunteer days only as they now account for the value of the support using HLF guidance so a better understanding of the support volunteers give the Authority will be monitored from April 2019.

New ways to tell the story of what volunteers deliver on the ground will be part of the new volunteer coordinator role, and is built in to the Blueprint plan. This will be trialled in 2019/20 and will form part of how the volunteer programme is monitored rather than reporting KPI's.

Priority

3

Responsible Officer

Director of Commercial Development and Engagement and Head of Engagement

Timescale

30 April 2020

3 Risk Register

Issue/Control Weakness	Risk
A complete risk register for volunteering was not in place.	Risk is not being formally considered for volunteering. Actions to address risks cannot be determined.

Findings

A complete risk register categorises and prioritises risks and will help to determine and manage the effectiveness of the actions to help address the risks/make improvements. As the Authority works with approximately 600 volunteers there are organisational risks that need to be identified and managed appropriately.

A risk register for volunteering had not been completed prior to the audit. Since the audit commenced the Head of Engagement has started to compile a risk register but this requires further development such as complete documentation of risks, controls, risk mitigation, scoring etc. The draft risk register was reviewed and so far this document demonstrates a good awareness of the key risks facing the volunteering service.

Once the risk register has been completed this needs to be treated as a 'live' document which is updated and reviewed on a regular basis. It is important that there is a feedback process in place to identify emerging risks.

Agreed Action 3.1

A volunteer risk register is now complete and forms part of our cycle of corporate strategy monitoring.

Priority	3
Responsible Officer	Director of Commercial Development and Engagement and Head of Engagement
Timescale	Completed

4 Policies and Procedures

Issue/Control Weakness

As part of the roll out of Better Impact volunteer policies, procedures and guidance documents should be reviewed and updated as necessary. Assurance cannot be given that volunteers have read/confirmed their understanding of policies and procedures.

Risk

Volunteers are not managed appropriately and are not informed how to carry out their role.

Findings

A wide variety of policies, procedures and guidance documents are available for volunteering including recruitment, management and information for volunteers. For example, the Volunteer Agreement (2018), Volunteering Policy (2018), Volunteer Induction Checklist (2017), Useful Information for Volunteers (2018) and Volunteer Managers Guidelines (2017).

It is anticipated that Better Impact should be rolled out by June 2019 and therefore the Authority should take this opportunity to review all relevant volunteer policies, procedures and guidance to ensure they reflect current working practices.

Furthermore, a formal record is not kept centrally to show that volunteers have read/confirmed all of the necessary policies and procedures applicable to their role. Therefore, it was not possible to confirm in our testing if staff had the appropriate training, completed and read the required forms, and had the required supervision/interactions with management as per the volunteer guidelines. Going forward, Better Impact could be used to monitor volunteers reading and understanding and completion of various policies, procedures and risk assessments. For example, Better Impact can be programmed to include a tick box function for volunteers to confirm they have understood their responsibilities, however, after reviewing the current system this function is not in place. At the time of the audit we communicated a recommendation to the Head of Engagement and Outreach Development Support Worker that it would be beneficial to include this function. A system report could then be extracted to show the number and identity of volunteers who have not ticked these boxes.

Agreed Action 4.1

The role of Better Impact (BI) to monitor this will be reviewed by December 2019.

It may not be reasonable to record all policies, procedures and risk assessments read (there are a significant number of these for some roles). Many will be covered in training modules. All training completed is recorded on BI and volunteers can only sign up to volunteer opportunities they are suitably trained for.

Priority

3

Responsible Officer

Director of
Commercial
Development and
Engagement and
Head of Engagement

Timescale

31 December 2019

Audit Opinions and Priorities for Actions

Audit Opinions

Audit work is based on sampling transactions to test the operation of systems. It cannot guarantee the elimination of fraud or error. Our opinion is based on the risks we identify at the time of the audit.

Our overall audit opinion is based on 5 grades of opinion, as set out below.

Opinion	Assessment of internal control
High Assurance	Overall, very good management of risk. An effective control environment appears to be in operation.
Substantial Assurance	Overall, good management of risk with few weaknesses identified. An effective control environment is in operation but there is scope for further improvement in the areas identified.
Reasonable Assurance	Overall, satisfactory management of risk with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made.
Limited Assurance	Overall, poor management of risk with significant control weaknesses in key areas and major improvements required before an effective control environment will be in operation.
No Assurance	Overall, there is a fundamental failure in control and risks are not being effectively managed. A number of key areas require substantial improvement to protect the system from error and abuse.

Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

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Vehicles and Equipment

Peak District National Park Authority

Internal Audit Report 2018/19

Responsible Officer: Strategic Leadership Team
Service Manager: Sarah Wilks [Head of Outreach Development] / Emma Stone [Head of Visitor Experience Development]
Date Issued: 7 May 2019
Status: Final
Reference: 69187/002

	P1	P2	P3
Actions	0	2	1
Overall Audit Opinion	Reasonable Assurance		

Introduction

The Peak District National Park Authority (PDNPA) maintains a fleet of thirty six vehicles, including vehicles for use around the park by rangers and pool cars for staff members travelling on PDNPA business. Previously vehicles had been allocated to individuals who had been allowed to take them home overnight and travel directly to work. This policy has recently been changed and all vehicles should now be stored overnight at the Authority's premises and only used by staff while carrying out work duties.

The authority also has a number of other heavy duty vehicles for maintenance of the park, trailers and items of operational equipment such as chainsaws, angle grinders, mowers and strimmers. The operational availability of vehicles and equipment should be monitored by the use of vehicle and inventory management systems whilst regular, planned maintenance ensures that they are fit for purpose and safe for staff use.

Appropriate security arrangements are required to prevent theft or misappropriation of assets and monitoring of fuel and maintenance expenses ensures that the organisation can judge whether it is more cost effective to retain or dispose of a vehicle or piece of equipment.

In January 2019 a report was taken to Audit, Resources and Performance Committee to seek approval for the replacement of 23 obsolete vehicles to be delegated to Officers. The proposed cost of these replacements was £450,000.

Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to management that procedures and controls within the system will ensure that:

- Vehicles and Equipment are maintained to acceptable standards.
- Vehicles and equipment are subject to appropriate security and storage
- Operational vehicles are only used for work purposes.
- Fuel and servicing costs are effectively managed and monitored.

The audit did not cover vehicle related tax or the insurance of vehicles and equipment.

Key Findings

Policies, procedures and guidance are available and communicated to employees on the standards and expectations when using the authority's vehicles. Vehicle maintenance and servicing is provided by Derbyshire County Council (DCC) and vehicles are maintained to a reasonable standard.

The arrangement with DCC is a long standing one and works well. However, the Authority places significant reliance on DCC keeping records of vehicle maintenance and identifying when services or MOTs are due. PDNPA does not have its own records that could be used to identify if any required maintenance had been missed nor does it receive formal assurance from DCC to confirm that MOT's services etc. have been carried out as required. In addition, although the rates and services to be provided by DCC are agreed each year there is no formal contract management process and a copy of the contract with DCC could not be provided at the time of the audit.

Maintenance arrangements and record keeping for specialist vehicles (that are not part of the arrangement with DCC) and other operational equipment seem inconsistent and there is a lack of formal records of maintenance being planned and undertaken. An action to address this has been agreed in the January 2017 internal audit report and some managers did state that this was being developed but this did not seem to have been adequately addressed.

From the discussions that were held with responsible officers no concerns were raised regarding the security of sites where vehicles and equipment are stored. An inventory is maintained and enables a sufficient level of detail to be recorded for items held. Regular checks are undertaken on inventory items and this process is robust.

Log sheets are used to record vehicle use and these are signed off by drivers and managers to confirm the journeys recorded were for work purposes. This control is working reasonably well but there are some improvements that could be made. Some log sheets were missing and/or had not been returned promptly. All weekly log sheets tested had been signed off by the driver but they had not always been signed off by a manager or had not been signed off promptly.

Fuel cards are used to manage and monitor fuel costs. Vehicles have assigned cards and testing showed that the assigned fuel card had been used to fill up the correct vehicle. There are some generic fuel cards used for vehicles that don't belong to the Authority (e.g. hire cars) and other specialist, non-road, vehicles. These are well controlled and constituted a small proportion of the total fuel use, which seems appropriate. On occasions a fuel card assigned to on different vehicle is used to fuel a plant vehicle. This is picked up by the finance officers when checking fuel card invoices before payment and reminders given to officers about proper use of fuel cards. Testing showed this is not a significant issue.

Fuel costs, vehicle mileage and fuel efficiency (mpg) is analysed on an annual basis and further analysis or enquiries made regarding any unusual costs, mileage or efficiency. This analysis appears reasonable and proportionate and no concerns were found regarding mileage, fuel costs or fuel efficiency. Vehicles are set up with their own cost centres so repairs, maintenance and other costs (e.g. insurance) can easily be monitored through these codes and the budget monitoring system.

Overall Conclusions

The arrangements for managing risk were satisfactory with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made. Our overall opinion of the controls within the system at the time of the audit was that they provided Reasonable Assurance.

1 Derbyshire County Council (DCC) vehicle maintenance contract and records

Issue/Control Weakness

Vehicle maintenance and MOT records not held by the Authority and no formal monitoring of the service being provided by DCC.

Risk

If services were not provided by DCC the Authority may not identify this promptly, leading to poor maintenance of vehicles or MOTs not being valid

Findings

The Authority do not maintain any consolidated records of when vehicles last received maintenance checks from DCC or when MOTs are due. The Authority places reliance on DCCs record keeping and on them contacting the Authority when servicing or MOTs are due. Although this has proved reliable historically the Authority should still maintain their own records, or obtain formal periodic assurance from DCC to confirm key activities have been carried out appropriately.

The day to day service provided by DCC is monitored but there is no formal contract management process. An annual schedule of rates and services to be provided is provided but a copy of the contract with DCC could not be provided at the time of the audit. It could not be confirmed whether the arrangement is operating with or without a contract and this could potentially in breach of contract procedure rules.

Agreed Action 1.1

The contract is a rolling contract and includes use of DCC's fleet management system to ensure servicing records are maintained and controlled to proper standards as the Authority does not have the resource to provide this, and that is one of the advantages of this relationship. However, we will seek to improve this liaison as per the recommendation.

Priority

2

Responsible Officer

Head of Finance

Timescale

31st March 2020

2 Maintenance of specialist vehicles and operational equipment

Issue/Control Weakness	Risk
Specialist vehicle and equipment maintenance arrangements are inconsistent. Maintenance schedules and records of servicing are not always retained.	Equipment is not maintained to required levels leading to degradation of the asset, which could result in additional costs and, more seriously, could result in injury to employees.

Findings

The Authority needs to ensure that maintenance records are held for all specialist vehicles that are not part of the contract with DCC. Similarly, some operational equipment will require regular maintenance to prolong its useful life and, especially, to ensure that it remains safe to use.

The maintenance of the special fleet and other operational equipment is not corporately controlled. Staff members assigned with the responsibility of maintaining specialist vehicles and equipment and are expected to make their own servicing arrangements.

Financial data for a sample of specialist vehicles was reviewed. For half of the vehicles sampled there was no evidence of any servicing having been completed within the preceding 12 months. The Health and Safety Executive's website (HSE) recommends that agricultural vehicles are serviced according to the manufacturer's guidance, usually occurring at intervals determined by the hours of use or the period elapsed since the previous servicing. Without a formal schedule of required testing it is not possible to confirm whether servicing has been completed with sufficient frequency.

Responsibility for servicing and maintenance of other operational equipment (e.g. chainsaws) is delegated down to those who use them, and officers receive training that covers their responsibility to maintain the equipment. However, there should be a process by which management receive assurance that the required maintenance has been done. No formal system or schedule is in place to provide this assurance.

Agreed Action 2.1

Agreed – improvements will be made in the systems & schedules.

Priority	2
Responsible Officer	Heads of Service
Timescale	30 th September 2019

3 Vehicle Log Sheets

Issue/Control Weakness

Missing or late log sheets and not signed to confirm they have been checked by a manager or log sheets are signed too late to operate as an effective control.

Risk

Vehicles could be misused or use not accounted for and monitored by managers without prompt and full completion of log sheets.

Findings

Weekly log sheets should be completed by each driver to record all journeys undertaken in an Authority vehicle, recording the date and details of the journey and the start and end mileage. These log sheets should be signed off by a manager and returned to the Customer and Business Support Team for filing.

A sample of vehicles were chosen and log sheets for 2018-19 (up to January 2019) reviewed. For each day, the required journey details were completed in all instances, including start and end odometer readings, which showed no gaps in mileage.

Whilst the quality of completion of the log sheets was good, it was found that there were some missing log sheets for one vehicle and also that for 2 vehicles there were no log sheets held on file for the previous month or two. These were chased with the manager(s) at the time of the audit and it was suggested they had probably been left in the vehicle.

All weekly log sheets tested had been signed off by the driver. However, for one of the vehicles none of the log sheets had been signed off by the manager and for another vehicle the weekly log sheets had not been signed off until 2 months after they had been completed.

Agreed Action 3.1

The logsheets are very important to demonstrate appropriate vehicle use and reminders will be issued that proper completion and authorisation is necessary.

Priority

3

Responsible Officer

Head of Finance

Timescale

31st July 2019

Audit Opinions and Priorities for Actions

Audit Opinions

Audit work is based on sampling transactions to test the operation of systems. It cannot guarantee the elimination of fraud or error. Our opinion is based on the risks we identify at the time of the audit.

Our overall audit opinion is based on 5 grades of opinion, as set out below.

Opinion	Assessment of internal control
High Assurance	Overall, very good management of risk. An effective control environment appears to be in operation.
Substantial Assurance	Overall, good management of risk with few weaknesses identified. An effective control environment is in operation but there is scope for further improvement in the areas identified.
Reasonable Assurance	Overall, satisfactory management of risk with a number of weaknesses identified. An acceptable control environment is in operation but there are a number of improvements that could be made.
Limited Assurance	Overall, poor management of risk with significant control weaknesses in key areas and major improvements required before an effective control environment will be in operation.
No Assurance	Overall, there is a fundamental failure in control and risks are not being effectively managed. A number of key areas require substantial improvement to protect the system from error and abuse.

Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

Where information resulting from audit work is made public or is provided to a third party by the client or by Veritau then this must be done on the understanding that any third party will rely on the information at its own risk. Veritau will not owe a duty of care or assume any responsibility towards anyone other than the client in relation to the information supplied. Equally, no third party may assert any rights or bring any claims against Veritau in connection with the information. Where information is provided to a named third party, the third party will keep the information confidential.

GDPR

Peak District National Park Authority

Internal Audit Report 2018/19

Business Unit: Corporate
Responsible Officer: Director of Corporate Services
Service Manager: Head of Information Management & Data Development
Manager (DPO)
Date Issued: 25 February 2019
Status: Final

	P1	P2	P3
Actions	0	0	2
Overall Audit Opinion	Substantial Assurance		

Introduction

Information is one of the most valuable assets held by any organisation. The authority should have adequate processes and controls implemented to manage information at an enterprise level, supporting an organisation's immediate and future regulatory, legal, risk, environmental and operational requirements.

The introduction of General Data Protection Regulations (GDPR) in May 2018 has increased the importance of effective controls surrounding information governance. GDPR has introduced additional mandated requirements to the Data Protection Act that it has superseded. Failure to meet these standards could result in a large fine up to the value of 4% of annual global turnover or €20 Million (whichever is greater).

An Information Governance audit carried out in 2017/18 identified that the authority had implemented an action plan to ensure that they had everything in place to ensure compliance with GDPR.

Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to management that procedures and controls within the system will ensure that:

- The authority has sufficient policies and procedures in place to ensure GDPR compliance.
- The authority monitors the effectiveness of and compliance with these policies and procedures.

Key Findings

The Authority has taken the necessary actions to ensure that they are compliant with GDPR and have implemented monitoring arrangements to ensure that that they remain compliant.

The Authority is registered with the Information Commissioner's Office (ICO) as mandated. The Authority has appointed a qualified Data Protection Officer (DPO) who coordinates efforts to ensure that the Authority is complying with GDPR. The Authority have privacy notices for all key areas mandated by the ICO that sets out what data is being collected, why it is being collected, where the data is shared and the rights of individuals data is collected from. The privacy notices are easily accessible on the Authority's website and intranet.

The Authority have a range of policies that support GDPR compliance by setting out roles and responsibilities for keeping personal information secure, what actions must be taken and what systems are in place to ensure information security is maintained. All of the policies were updated in May 2018, with the exception of the CCTV policy. The Authority have provided data protection training to staff, e-mails / bulletins are sent to staff to raise awareness of data protection and the clear desk policy. The Authority has procedures in place in the event of a data breach and

these include steps to take for carrying out an impact assessment to decide whether to report to the ICO. Data breaches that have been reported internally are logged and assessments of the breaches are carried out to decide if further action is necessary.

Contracts with third parties have been updated so that they include a data protection clause and a data protection agreement with third parties that process the Authority's data. The Authority's employee contracts contain a data protection clause that mandates what data should be held securely.

The Authority has an information asset register that was compiled by the DPO and the information asset owners. In spring 2019 the Authority is migrating the data from a spreadsheet on to an application. The application will record a lot more detail about the information collected, including: where the information is kept, who the information is shared with and where the information is stored. The new application does not include fields for recording the security controls that are in place to protect data; this is something that should be considered going forward. The new information asset register will help the Authority monitor the information that it holds and allow users to develop bespoke reports to assist information asset owners in fulfilling their responsibilities.

The Authority has developed a comprehensive retention schedule. There is currently no procedure in place to monitor that the retention policy is being adhered to. Once the information asset register application is in place, it would be possible to notify the information asset owners on what information is near to surpassing the retention period.

Freedom of Information, Subject Access and Environmental Information Regulation requests are logged and responded to in the correct time frame.

Overall Conclusions

The arrangements for managing risk were good with few weaknesses identified. An effective control environment is in operation, but there is scope for further improvement in the areas identified. Our overall opinion of the controls within the system at the time of the audit was that they provided Substantial Assurance.

1 CCTV Policy

Issue/Control Weakness

The Authority's CCTV policy has not been updated since the introduction of GDPR.

Risk

The policy is not compliant with GDPR.

Findings

The CCTV policy sets out how the CCTV data is recorded; how the information is logged and stored and the procedure for copying data and sharing data with third parties. However it has not been updated since 2015 to reflect and reference GDPR. The CCTV provider's certificate annexed to the CCTV policy has not been updated with the new certificate. The policy does not reference charges that could be applied for individuals that request to see CCTV.

Agreed Action 1.1

The CCTV policy is functional, but does require an update in order to become optimal. This update will take place during 2019 (by August 2019) including each of the items mentioned in the finding (reference to GDPR, updated certificate and reference to potential charges).

Priority

3

Responsible Officer

Environmental
Management Officer/
Records and
Information Manager

Timescale

31 August 2019

2 Data Retention

Issue/Control Weakness

The Authority does not have a procedure in place to monitor that the retention policy is adhered to.

Risk

The Authority are not complying with GDPR.

Findings

There is currently no monitoring procedure in place to ensure that the data held by the authority does not exceed the retention period.

The authority has an information asset register that was compiled by the authority's DPO and the information asset owners. The information asset register is currently on a Microsoft Excel spreadsheet. The data from the current asset register is being migrated to an application.

The new asset register flags up which data sets are nearing the end of the retention period and whether the information asset owner has disposed of the information. This should help to monitor that the data retention periods have been adhered to.

The authority should check that data has reached the end of its retention period has actually been destroyed and escalate data sets that have exceeded the retention period and still not been destroyed.

Agreed Action 2.1

The introduction of the Information Asset Register Software – InformU – will provide the mechanism for IAO's to monitor and manage data in relation to specified retention policies. This will include notifying the IAO's when data needs reviewing and requiring the IAO to log what action has been taken during the scheduled reviews.

Priority

3

Responsible Officer

All IAO's

Timescale

30 April 2020

Reporting from InformU will allow the Authority to monitor whether data is being kept up to date, whether the reviews are taking place and whether data is being disposed of once it is beyond its intended use and/or specified retention policies. The DPO and SIRO will coordinate the reporting, and will work with line managers if retention policies are found not to be adhered to in practice.

The 2019/20 financial year will provide a good baseline for this reporting, and the effectiveness of InformU in practice.

Audit Opinions and Priorities for Actions

Audit Opinions

Audit work is based on sampling transactions to test the operation of systems. It cannot guarantee the elimination of fraud or error. Our opinion is based on the risks we identify at the time of the audit.

Our overall audit opinion is based on 5 grades of opinion, as set out below.

Opinion	Assessment of internal control
High Assurance	Overall, very good management of risk. An effective control environment appears to be in operation.
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Limited Assurance	Overall, poor management of risk with significant control weaknesses in key areas and major improvements required before an effective control environment will be in operation.
No Assurance	Overall, there is a fundamental failure in control and risks are not being effectively managed. A number of key areas require substantial improvement to protect the system from error and abuse.

Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

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Information Security Compliance Check (January 2019)

Peak District National Park Authority

Internal Audit Report 2018/19

Business Unit: Corporate,
Responsible Officer: Director of Corporate Services
Service Manager: Head of Information Management
Date Issued: 26 April 2019
Status: Final
Reference: 69140/007

	P1	P2	P3
Actions	0	0	2
Overall Audit Opinion	Substantial Assurance		

Introduction

Information is one of the most valuable assets held by any organisation. Good information governance is accepted as a key element in delivering high quality services. A failure to secure personal and sensitive data and to manage key risk areas effectively can lead to data breaches under the General Data Protection Regulations (GDPR), which became the primary Data Protection legislation on 25 May 2018 superseding the Data Protection Act. These breaches can cause significant reputational damage as well as the potential for financial penalties up to £17m (an increase from the £500k under the previous Data Protection Act).

As part of the annual audit plan 2018/19, Internal Audit undertook a security sweep of Aldern House on Tuesday 15th January 2019.

Objectives and Scope of the Audit

The objective of the visit was to assess the extent to which data and assets were being held securely within Aldern House. This included hard copy personal and sensitive information as well as electronic items such as laptops and removable media. The audit was a review to ensure compliance with data security policies.

Key Findings

Our information security compliance at Aldern House on Tuesday 15th January 2019 found a large improvement compared to previous visits. On the whole, all pedestals and cupboards were locked apart from those that did not contain personal/sensitive information. We found a small amount of unsecured personal documentation in the Customer and Business Support Team Office, such as volunteer expenses forms and a parking permit application in an in-tray.

In room 35 a key cabinet had been left open (key in lock) which contained approximately 16 keys including window, store cupboard and heritage toolbox.

Throughout the building we found a total of 3 laptops which had been left on desks unsecured. We were informed that laptops are encrypted and therefore would not pose a data security risk. However, it is PDNPA policy that staff should take home their laptops.

Overall Conclusions

It was found that the arrangements for managing risk were good with few weaknesses identified. An effective control environment is in operation, but there is scope for further improvement in the areas identified. Our overall opinion of the controls within the system at the time of the audit was that they provided Substantial Assurance.

1 Information Security of Documents

Issue/Control Weakness	Risk
Some members of staff are not being security conscious and do not ensure that personal information is securely stored.	Personal information is accessible and viewed by individuals who should not see the information. The Authority is at risk of committing data security breaches, which may result in increased scrutiny from the ICO, possible monetary penalties and reputational damage.

Findings
<p>Our visit found a small amount of unsecured personal documentation in the Customer and Business Support Team office. In a red in-tray we found five volunteer expenses forms which had name, address and car registration and a parking permit application which had name, address and phone number</p> <p>In room 35 a key cabinet had been left open (key in lock) which contained approximately 16 keys including window, store cupboard and heritage toolbox.</p>

Agreed Action 1.1		
<p>The in tray will be locked in the deputy manager’s office at the end of each working day. Although the in-tray is cleared each day, some material is occasionally added by officers after CBST operating hours. We will trial this approach to see if it helps reduce the amount of paperwork that is left overnight. The risk here is mitigated by the CBST office being located within a secured part of the building, and the office being permanently manned during office hours (with no or minimal material then being left outside of business hours).</p> <p>Officers have been reminded again not to leave keys in key cabinets.</p>	Priority	3
	Responsible Officer	Director of Corporate Services
	Timescale	Immediate

2 Asset Security of Laptops

Issue/Control Weakness

Some members of staff are not being security conscious and are not abiding by Authority policy.

Risk

Assets not securely stored run the risk of being stolen, posing a risk to business continuity and also a financial risk in terms of loss of the asset and replacement.

Findings

Throughout the building we found a total of 3 laptops which had been left on desks unsecured:

- Room 58 asset 4586
- Mezzanine asset 3315
- Room 33 asset 3668

We were informed that laptops are encrypted and therefore would not pose a data security risk. However, it is PDNPA policy that staff should take home their laptops.

Agreed Action 2.1

The assigned users for these laptops have been reminded (or will be once they have returned from leave) about the policy for taking home or securing away laptops at the end of each day.

Priority

3

Responsible Officer

Director of Corporate Services

Timescale

Immediate

Audit Opinions and Priorities for Actions

Audit Opinions

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Our overall audit opinion is based on 5 grades of opinion, as set out below.

Opinion	Assessment of internal control
High Assurance	Overall, very good management of risk. An effective control environment appears to be in operation.
Substantial Assurance	Overall, good management of risk with few weaknesses identified. An effective control environment is in operation but there is scope for further improvement in the areas identified.
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Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
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10 INTERNAL AUDIT 2018/19 ANNUAL REPORT (DH)

1. Purpose of the report

This report asks Members to consider the Internal Audit 2018/19 Annual Report.

Key Issues

- **The overall opinion of the Head of Internal Audit on the framework of governance, risk management and control operating in the Authority is that it provides Substantial Assurance. There are no qualifications to this opinion and no reliance was placed on the work of other assurance bodies in reaching that opinion. There are also no significant control weaknesses which, in the opinion of the Head of Internal Audit need to be considered for inclusion in the Annual Governance Statement.**
- **Out of 9 areas reviewed in 2018/19 1 area received an opinion of ‘High’ assurance; 5 “Substantial” and 3 “Reasonable”.**

2. Recommendation(s)

- 1. To note and accept the 2018/19 annual report from the internal auditors as set out in appendix 1.**

3. How does this contribute to our policies and legal obligations?

As identified in the Annual Governance Statement, the Internal Audit process is regarded as an important part of the overall internal controls operated by the Authority.

The Internal Audit reports therefore make a significant contribution to the “Our Organisation” cornerstone by assisting us in developing our organisation so we have a planned and sustained approach to performance at all levels by developing and maintaining appropriate standards of corporate governance and developing key business processes underpinning the Corporate Strategy.

4. Background

The Accounts and Audit Regulations 2015 require that the Authority undertakes an adequate and effective system of internal audit of its accounting records and its system of internal control in accordance with proper practices.

5. Proposals

Members are asked to consider the Internal Audit 2018/19 Annual Report. The report contains the Head of Internal Audit’s overall assurance opinion, and a summary of the key findings in each area audited during the year.

Are there any corporate implications members should be concerned about?

6. Financial:

The cost of the Internal Audit Service contract is found from within the overall Finance budget.

7. Risk Management:

The Internal Audit process is regarded as an important part of the overall internal controls operated by the Authority.

- 8. **Sustainability:**
There are no implications to identify.
- 9. **Equality:**
There are no implications to identify.
- 10. **Background papers (not previously published)**
None

Appendices

Appendix 1: Internal Audit Annual Report for year ended March 2019

Report Author, Job Title and Publication Date

David Hickman, Director of Corporate Strategy and Development, 9 May 2019



Peak District National Park Authority

Internal Audit Annual Report

2018-19

Audit Manager: Ian Morton
Head of Internal Audit: Max Thomas

Circulation List: Members of the Audit Resources and Performance Committee
Director of Corporate Strategy & Development
Chief Finance Officer (S151 Officer)

Date: 17 May 2019


Assurance Services for
the Public Sector

Background

- 1 The work of internal audit is governed by the Accounts and Audit Regulations 2015 and the Public Sector Internal Audit Standards (PSIAS). In accordance with the PSIAS, the Chief Audit Executive (Head of Internal Audit) should provide an annual internal audit opinion and report that can be used by the organisation to inform its governance statement. The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.
- 2 During the year to 31 March 2019, the Authority's internal audit service was provided by Veritau Limited.

Internal Audit Work Carried Out 2018/19

- 3 During 2018/19, internal audit work was carried out across the full range of activities of the Authority. The main areas of internal audit activity included:

Financial Systems – providing assurance on key areas of financial risk. This helps support the work of the external auditors and provides assurance to the Authority that financial processes are operating correctly and risks of loss are minimised.

Information Systems – providing assurance on information management and data quality.

Operational Systems - providing assurance on operational systems and processes which support service delivery.

Governance / Risk Management - providing assurance on governance arrangements and systems to manage risks to the achievement of corporate objectives.

- 4 No investigations into suspected fraud or other irregularities were carried out during the year
- 5 Appendix A summarises the internal audit work carried out during the year and the opinion given for each report. Appendix B provides details of the key findings arising from our internal audit work for those audits not reported in detail elsewhere on today's agenda. Appendix C provides an explanation of our assurance levels and priorities for management action.

Professional Standards

- 6 To comply with Public Sector Internal Audit Standards (PSIAS), internal auditors working in local government are required to maintain a quality assurance and improvement programme (QAIP). As part of this programme, providers are required to have an external assessment of their working practices at least once every five years. An external assessment of Veritau Limited and VNY Limited internal audit practices was undertaken in November 2018 by the South West Audit Partnership (SWAP). The report concludes that internal audit activity generally conforms to the PSIAS¹ and, overall, the findings were very positive.
- 7 The QAIP for 2019 is yet to be completed, but further details of the 2019 Quality Assurance and Improvement Action Plan will be provide to this committee when available.

Audit Opinion and Assurance Statement

- 8 In connection with reporting, the relevant professional standard (2450) states that the Chief Audit Executive (CAE)² should provide an annual report to the board³. The report should include:
 - (a) details of the scope of the work undertaken and the time period to which the opinion refers (together with disclosure of any restrictions in the scope of that work)
 - (b) a summary of the audit work from which the opinion is derived (including details of the reliance placed on the work of other assurance bodies)
 - (c) an opinion on the overall adequacy and effectiveness of the organisation's governance, risk and control framework (ie the control environment)
 - (d) disclosure of any qualifications to that opinion, together with the reasons for that qualification
 - (e) details of any issues which the CAE judges are of particular relevance to the preparation of the Annual Governance Statement
 - (f) a statement on conformance with the PSIAS and the results of the internal audit Quality Assurance and Improvement Programme.
- 9 The overall opinion of the Head of Internal Audit on the framework of governance, risk management and control operating in the Authority is that it provides **Substantial Assurance**. There are no qualifications to this opinion and no reliance was placed on the work of other assurance bodies in reaching that opinion. There are also no significant control weaknesses which, in the opinion of the Head of Internal Audit need to be considered for inclusion in the Annual Governance Statement.

¹ PSIAS guidance suggests a scale of three ratings, 'generally conforms', 'partially conforms' and 'does not conform'. 'Generally conforms' is the top rating.

² The PSIAS refers to the Chief Audit Executive. This is taken to be the Head of Internal Audit.

³ The PSIAS refers to the board. This is taken to be the Audit Resources and Performance Committee.

Appendix A**Table of 2018/19 audit assignments completed to 31 March 2019**

Audit	Reported to ARP	Assurance Level
Payroll	January 2019	High Assurance
Budget Management	May 2019	Substantial Assurance
Visitor Centre	January 2019	Substantial Assurance
Volunteers	May 2019	Reasonable Assurance
Cyber Security	January 2019	Substantial Assurance
Information Security Compliance Check September 2018	January 2019	Reasonable Assurance
Information Security Compliance Check January 2019	May 2019	Substantial Assurance
GDPR	May 2019	Substantial Assurance
Vehicles and Equipment	May 2019	Reasonable Assurance

Appendix B

Summary of Key Issues from completed audits not reported elsewhere on this agenda

System/Area	Opinion	Area Reviewed	Reported to ARP	Comments	Management Actions Agreed & Follow-Up
Payroll	High Assurance	<p>The purpose of this audit was to provide assurance to management that:</p> <ul style="list-style-type: none"> • Accurate and prompt information is provided to the payroll provider. • Appropriate monitoring is carried out to ensure the payroll run was accurate. • Information is sent and received securely. 	January 2019	<p>Strengths A sample of starters, leavers and amendments to pay was reviewed. The process for initiation and authorisation of transactions were found to be operating effectively.</p> <p>There are various aspects of monitoring carried out by different levels of staff including review of HR forms and variances in pay. A sample of these were checked and found to match and pay reconciliations balanced to zero.</p> <p>Annually, both HR and Finance carry out large scale checks on the accuracy of data. This has been beneficial as it has identified inaccuracies which have since been rectified.</p>	<p>Processes to be improved to include suitable audit trail.</p> <p>The establishment check should be completed annually and 2017/18 was an exception. The current year's check will be signed off by the end of December 2018. We will bring forward the check so it is performed in April each year which should help its timeliness.</p>

System/Area	Opinion	Area Reviewed	Reported to ARP	Comments	Management Actions Agreed & Follow-Up
				<p>Payroll information is transferred using a recognised method of sending information securely, and includes a number of layers of security.</p> <p>Weaknesses There is no audit trail or quality assurance process for some checks carried out by PDNPA staff.</p> <p>Finance establishment checks are undertaken infrequently.</p>	
Visitor Centre	Substantial Assurance	<p>The purpose of this audit was to provide assurance to management that:</p> <ul style="list-style-type: none"> Income from the Visitor Centres is collected correctly, reconciled and banked promptly. The ordering and managing of stock is 	January 2019	<p>Strengths Robust processes are in place. Cashing up, the updating of the income record sheet and reconciling to the till roll is undertaken daily allowing for the income through card, cash and subsequently total income to be confirmed on a daily basis. Any discrepancies</p>	The Exchequer finance system has been changed to include minimum and maximum levels for each line of stock. Once stock levels for all items have been input to the system, there will be no requirement for the Retail Merchandiser to analyse levels of sale to judge the quantity of stock required

System/Area	Opinion	Area Reviewed	Reported to ARP	Comments	Management Actions Agreed & Follow-Up
		managed effectively.		<p>are identified and highlighted on the income record sheet and where necessary investigated by the Visitor Centre Manager. Banking is undertaken weekly with cash stored securely prior to collection.</p> <p>From the sample of orders reviewed all were supported by a purchase order, were reconciled to the delivery note and the stock system was updated in a timely manner.</p> <p>Weaknesses Stock levels are not monitored using information from the stock management system. The system also does not include minimum and maximum levels for each line of stock.</p>	to purchase.
Cyber Security	Substantial Assurance	<p>The purpose of the audit was to ensure that:</p> <ul style="list-style-type: none"> • Staff receive 	January 2019	<p>Strengths The Authority has procedures in place for recording and reporting</p>	Further training courses through the ELMS provisions will be rolled out over the next few months,

System/Area	Opinion	Area Reviewed	Reported to ARP	Comments	Management Actions Agreed & Follow-Up
		<p>sufficient cyber security training to reduce the possibility of a cyber attack affecting the Authority's network.</p> <ul style="list-style-type: none"> • There are logical controls in place to prevent cyber security incidents. • There are physical controls in place to prevent environmental damage and unauthorised access to the Authority's data. • There are processes in place to respond to cyber security incidents. 		<p>Data Breaches and Cyber Security incidents.</p> <p>The Authority's network management is subcontracted to a third party (ServerChoice) and the Authority has verified that ServerChoice is working to industry best practice.</p> <p>The Authority's network is protected by a firewall that is kept up-to-date; the rules for the firewall are reviewed periodically to ensure that they are appropriate and meet the needs of the business.</p> <p>The Authority has invested in software that allows the ICT team to monitor the network and prevent certain types of devices from connecting to the network and/or to an Authority computer. The Authority is also replacing all windows 7 laptops (due to be completed by 2020)</p>	<p>with the aim of all staff completing the course by the end of July 2019.</p>

System/Area	Opinion	Area Reviewed	Reported to ARP	Comments	Management Actions Agreed & Follow-Up
				<p>to windows 10 machines that will allow them to encrypt the laptops. High risk devices have already been replaced.</p> <p>Weaknesses There is no mandatory Cyber Security training that staff are required to undertake.</p>	
Information Security Compliance Check September 2018	Reasonable Assurance	The objective of the visit was to assess the extent to which data and assets were being held securely within Aldern House. This included hard copy personal and sensitive information as well as electronic items such as laptops and removable media. The audit was a review to ensure compliance with data security policies.	January 2019	<p>Strengths The amount of unsecured sensitive and personal documentation found left on desks is reducing, and the documentation identified was low level personal data rather than anything sensitive.</p> <p>Weaknesses Some members of staff are still not being security conscious and do not ensure that sensitive information is securely stored or that equipment is locked away after use or is</p>	<p>A clean up and clear out has taken place throughout October – securely disposing of any old information (such as that found in the Mezzanine) and moving any material that is still required to more suitable locations.</p> <p>Relevant employees have been reminded never to leave the key in the lock and the key is now held in a separate secure location at all times.</p>

System/Area	Opinion	Area Reviewed	Reported to ARP	Comments	Management Actions Agreed & Follow-Up
				<p>securely locked to the desk. A number of keys providing access to other documentation and equipment were unsecured.</p> <p>Some old documentation was located stored in an unsecure area.</p>	

Appendix C

Audit Opinions and Priorities for Actions

Audit Opinions	
<p>Audit work is based on sampling transactions to test the operation of systems. It cannot guarantee the elimination of fraud or error. Our opinion is based on the risks we identify at the time of the audit.</p> <p>Our overall audit opinion is based on 5 grades of opinion, as set out below.</p>	
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Priorities for Actions	
Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management
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Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

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11. LOCAL GOVERNMENT ETHICAL STANDARDS - REVIEW BY COMMITTEE ON STANDARDS IN PUBLIC LIFE (JS)

1. Purpose of the report

To provide an update on how the Authority's ethical standards framework compares with the best practice recommendations included in a recent report from the Committee on Standards in Public Life.

Key Issues

- **The Committee on Standards in Public Life has published a report which focussed on the subject of ethical standards in local government which includes a number of best practice recommendations.**
- **Appendix 2 of this report shows that the Authority's current ethical standards framework already includes arrangements that reflect most of this best practice but identifies four areas where minor changes should be made.**

2. Recommendations(s)

- 1. To note the report.**
- 2. To amend paragraph 3 of the Member Code of Conduct to include definitions of bullying and harassment and provide examples of unacceptable behaviours.**
- 3. To amend paragraph 8 of the Member Code of Conduct to clarify the expectations for Members to participate in the complaints process and identify the issues around making trivial or malicious allegations.**
- 4. To note that in future Members will be asked to review their entries in the Gifts and Hospitality Register as part of the annual review of the Members' Register of Interests.**
- 5. To note that a checklist used as the basis for the meeting between the Monitoring Officer and the Independent Person when carrying out an initial assessment on allegations will be updated to reflect best practice.**

How does this contribute to our policies and legal obligations?

- 3. The Authority has a statutory duty to promote and maintain high standards of conduct for its Members and Officers. One of the ways to make sure this happens is to make sure that the Authority regularly reviews its ethical framework in the context of best practice and external reports.**

Background Information

- 4. In January 2019 the Committee on Standards in Public Life published its 20th report which focussed on the subject of ethical standards in local government. The review was prompted by a desire to establish how the current framework, introduced by the Localism Act 2011, is working rather than any specific allegations of misconduct. A summary of the report recommendations is reproduced as appendix 1.**

5. A copy of the full report can be viewed using the following link:
<https://www.gov.uk/government/publications/local-government-ethical-standards-report>
6. The evidence collated during the review supported the view that the vast majority of councillors and officers maintain high standards of conduct. However there was some clear evidence of misconduct by some councillors. The majority of these cases identified related to bullying or harassment, or other disruptive behaviour. There was also evidence of persistent or repeated misconduct by a minority of Councillors.
7. The Localism Act 2011, abolished the Standards Board for England and gave local authorities, including National Park Authorities, responsibility for their own ethical standards. The Committee's report recognises the benefits of this approach in terms of flexibility and the discretion to resolve standards issues informally and suggests that this should continue.
8. The report does however recognise that there are some risks to maintaining ethical standards under the current arrangements and therefore makes a number of recommendations for changes to primary legislation, secondary legislation and the Local Government Transparency Code. While these may take time to progress the report also includes best practice recommendations which the Committee considers to be a benchmark of good ethical practice that all local authorities can and should implement.
9. The Committee intends to review implementation of its best practice in 2020.

Proposals

10. In light of the best practice recommendations in the report we have looked at each one and identified where further action is needed. A copy of this analysis is set out in Appendix 2.
11. It is reassuring to see that the Authority already complies with the majority of the recommendations and no further action is required however the following have been identified as areas which need further attention.

Bullying and Harassment

12. The Authority's current Member Code of Conduct refers to treating others with respect and not to bully or intimidate any person and the Member Officer Protocol also refers to bullying, intimidation or harassment. However, in order to reflect the best practice recommendation it is proposed that the Code is amended to include definitions of bullying and harassment and provide examples of unacceptable behaviours.

Member participation in investigations and trivial and/or malicious allegations

13. There is no evidence to suggest that the Authority has a problem with Members refusing to engage in investigations to complaints or relatedly making trivial or malicious allegations however it is proposed that the Code is amended to clarify the expectations for Members participating in the process and identify the issues around making trivial or malicious allegations.

Reviewing Gifts and Hospitality Register

14. The Authority already publishes the Member Gifts and Hospitality Register on-line and makes it available as a comma-separated values ('csv') file. As it is published using modern.gov the online register is updated as and when new entries are received which removes the need for a quarterly review. However, it is proposed that going forward

Members will be asked to review their entries in the Gifts and Hospitality Register in the same way that they currently review their entries in the Register of Interests. It is also proposed to look at the practicalities of making the Officer Gifts and Hospitality Register available on-line.

Using the Public Interest Test to filter complaints

15. The Authority has previously agreed a checklist which has been used as the basis for the meeting between the Monitoring Officer and the Independent Person when carrying out an initial assessment on allegations. As the current checklist works well it is not proposed that any significant changes are made to it however it will be updated to reflect the two stage test used by Northern Ireland Local Government Commissioner for Standards which asks whether they 'can' investigate the complaint and whether they 'should'.

Are there any corporate implications members should be concerned about?

Financial:

16. None

Risk Management:

17. None

Sustainability:

18. None

Equality:

19. None

20. **Background papers (not previously published)**

None

21. **Appendices**

Appendix 1 - Local Government Ethical Standards - Review by Committee on Standards in Public Life – Summary of Recommendations

Appendix 2 - Response to Best Practice Recommendations

Report Author, Job Title and Publication Date

Jason Spencer, Democratic Services Manager, 08 May 2019

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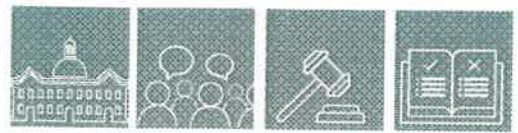
Local Government Ethical Standards

**A Review by the
Committee on
Standards in Public Life**

**Committee on
Standards in
Public Life**

January 2019





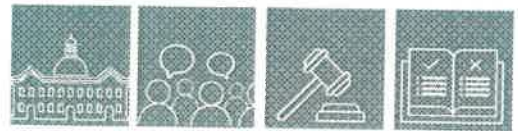
Local Government Ethical Standards

Committee on Standards in Public Life

Chair: Lord Evans of Weardale KCB DL

January 2019





The Seven Principles of Public Life

The Principles of Public Life apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the Civil Service, local government, the police, courts and probation services, non-departmental public bodies (NDPBs), and in the health, education, social and care services. All public office-holders are both servants of the public and stewards of public resources. The principles also have application to all those in other sectors delivering public services.

Selflessness

Holders of public office should act solely in terms of the public interest.

Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Openness

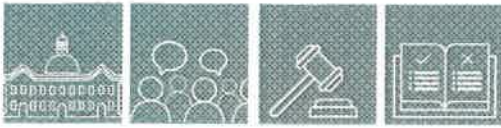
Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Holders of public office should be truthful.

Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.



Dear Prime Minister,

I am pleased to present the 20th report of the Committee on Standards in Public Life, on the subject of ethical standards in local government.

The Committee has had a long-standing interest in local government, which was the subject of its third report, and which it has considered a number of times since then. This review was not prompted by any specific allegations of misconduct, but rather to assure ourselves that the current framework, particularly since the Localism Act 2011, is conducive to promoting and maintaining the standards expected by the public.

Local government impacts the lives of citizens every day, providing essential services to those it serves. Its decisions directly affect the quality of life of local people. High standards of conduct in local government are needed to demonstrate that those decisions are taken in the public interest and to maintain public confidence.

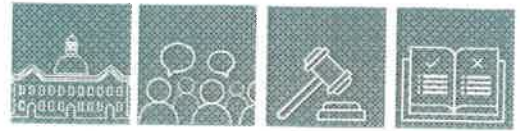
It is clear that the vast majority of councillors and officers want to maintain the highest standards of conduct in their own authority. We have, however, identified some specific areas of concern. A minority of councillors engage in bullying or harassment, or other highly disruptive behaviour, and a small number of parish councils give rise to a disproportionate number of complaints about poor behaviour.

We have also identified a number of risks in the sector: the current rules around conflicts of interest, gifts, and hospitality are inadequate; and the increased complexity of local government decision-making is putting governance under strain.

The challenge is to maintain a system which serves the best instincts of councillors, whilst addressing unacceptable behaviour by a minority, and guarding against potential corporate standards risks.

It is clear from the evidence we have received that the benefits of devolved arrangements should be retained, but that more robust safeguards are needed to strengthen a locally determined system. We are also clear that all local authorities need to develop and maintain an organisational culture which is supportive of high ethical standards. A system which is solely punitive is not desirable or effective; but in an environment with limited external regulation, councils need the appropriate mechanisms in place to address problems when they arise.

Our recommendations would enable councillors to be held to account effectively and would enhance the fairness and transparency of the standards process. Introducing a power of suspension and a model code of conduct will enable councillors to be held to account for the most serious or repeated breaches and support officers to address such behaviour, including in parish councils. Strengthening the role of the Independent Person and introducing a right of



appeal for suspended councillors will enhance the impartiality and fairness of the process, which is vital to ensure that councillors are protected from malicious or unfounded complaints. Greater transparency on how complaints are assessed and decided in a system which is currently too reliant on internal party discipline will also provide a safeguard against opaque decision-making and provide reassurance to the public.

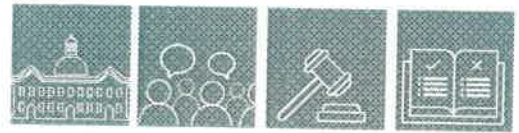
A number of these recommendations involve legislative change which we believe the government should implement. We have also identified 'best practice' for local authorities, which represents a benchmark for ethical practice which we expect that any authority can and should implement.

It is clear to us that local government in England has the willingness and capacity to uphold the highest standards of conduct; our recommendations and best practice will enable them to do so.

I commend the report to you.

Lord Evans of Weardale
Chair, Committee on Standards in Public Life





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Executive summary

Local government impacts the lives of citizens every day. Local authorities are responsible for a wide range of important services: social care, education, housing, planning and waste collection, as well as services such as licensing, registering births, marriages and deaths, and pest control. Their proximity to local people means that their decisions can directly affect citizens' quality of life.

High standards of conduct in local government are therefore needed to protect the integrity of decision-making, maintain public confidence, and safeguard local democracy.

Our evidence supports the view that the vast majority of councillors and officers maintain high standards of conduct. There is, however, clear evidence of misconduct by some councillors. The majority of these cases relate to bullying or harassment, or other disruptive behaviour. There is also evidence of persistent or repeated misconduct by a minority of councillors.

We are also concerned about a risk to standards under the current arrangements, as a result of the current rules around declaring interests, gifts and hospitality, and the increased complexity of local government decision-making.

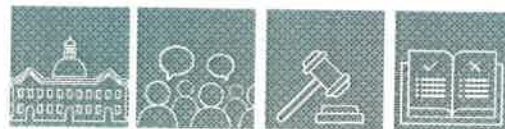
Giving local authorities responsibility for ethical standards has a number of benefits. It allows for flexibility and the discretion to resolve standards issues informally. We have considered whether there is a need for a centralised body to govern and adjudicate on standards. We have concluded that whilst the consistency and independence of the system could be enhanced, there is no reason to reintroduce a centralised body, and that local

authorities should retain ultimate responsibility for implementing and applying the Seven Principles of Public Life in local government.

We have made a number of recommendations and identified best practice to improve ethical standards in local government. Our recommendations are made to government and to specific groups of public office-holders. We recommend a number of changes to primary legislation, which would be subject to Parliamentary timetabling; but also to secondary legislation and the Local Government Transparency Code, which we expect could be implemented more swiftly. Our best practice recommendations for local authorities should be considered a benchmark of good ethical practice, which we expect that all local authorities can and should implement. We will review the implementation of our best practice in 2020.

Codes of conduct

Local authorities are currently required to have in place a code of conduct of their choosing which outlines the behaviour required of councillors. There is considerable variation in the length, quality and clarity of codes of conduct. This creates confusion among members of the public, and among councillors who represent more than one tier of local government. Many codes of conduct fail to address adequately important areas of behaviour such as social media use and bullying and harassment. An updated model code of conduct should therefore be available to local authorities in order to enhance the consistency and quality of local authority codes.



There are, however, benefits to local authorities being able to amend and have ownership of their own codes of conduct. The updated model code should therefore be voluntary and able to be adapted by local authorities. The scope of the code of conduct should also be widened, with a rebuttable presumption that a councillor's public behaviour, including comments made on publicly accessible social media, is in their official capacity.

Declaring and managing interests

The current arrangements for declaring and managing interests are unclear, too narrow and do not meet the expectations of councillors or the public. The current requirements for registering interests should be updated to include categories of non-pecuniary interests. The current rules on declaring and managing interests should be repealed and replaced with an objective test, in line with the devolved standards bodies in Scotland, Wales and Northern Ireland.

Investigations and safeguards

Monitoring Officers have responsibility for filtering complaints and undertaking investigations into alleged breaches of the code of conduct. A local authority should maintain a standards committee. This committee may advise on standards issues, decide on alleged breaches and sanctions, or a combination of these. Independent members of decision-making standards committees should be able to vote.

Any standards process needs to have safeguards in place to ensure that decisions are made fairly and impartially, and that councillors are protected against politically-motivated, malicious, or unfounded allegations of misconduct. The Independent Person is an important safeguard in the current system. This safeguard should be strengthened and clarified: a local authority should only be able to suspend a councillor where the Independent

Person agrees both that there has been a breach and that suspension is a proportionate sanction. Independent Persons should have fixed terms and legal protections. The view of the Independent Person in relation to a decision on which they are consulted should be published in any formal decision notice.

Sanctions

The current sanctions available to local authorities are insufficient. Party discipline, whilst it has an important role to play in maintaining high standards, lacks the necessary independence and transparency to play the central role in a standards system. The current lack of robust sanctions damages public confidence in the standards system and leaves local authorities with no means of enforcing lower level sanctions, nor of addressing serious or repeated misconduct.

Local authorities should therefore be given the power to suspend councillors without allowances for up to six months. Councillors, including parish councillors, who are suspended should be given the right to appeal to the Local Government Ombudsman, who should be given the power to investigate allegations of code breaches on appeal. The decision of the Ombudsman should be binding.

The current criminal offences relating to Disclosable Pecuniary Interests are disproportionate in principle and ineffective in practice, and should be abolished.



Town and parish councils

Principal authorities have responsibility for undertaking formal investigations of code breaches by parish councillors. This should remain the case. This responsibility, however, can be a disproportionate burden for principal authorities. Parish councils should be required to adopt the code of their principal authority (or the new model code), and a principal authority's decision on sanctions for a parish councillor should be binding. Monitoring Officers should be provided with adequate training, corporate support and resources to undertake their role in providing support on standards issues to parish councils, including in undertaking investigations and recommending sanctions. Clerks should also hold an appropriate qualification to support them to uphold governance within their parish council.

Supporting officers

The Monitoring Officer is the lynchpin of the current standards arrangements. The role is challenging and broad, with a number of practical tensions and the potential for conflicts of interest. Local authorities should put in place arrangements to manage any potential conflicts. We have concluded, however, that the role is not unique in its tensions and can be made coherent and manageable with the support of other statutory officers. Employment protections for statutory officers should be extended, and statutory officers should be supported through training on local authority governance.

Councils' corporate arrangements

At a time of rapid change in local government, decision-making in local councils is getting more complex, with increased commercial activity and partnership working. This complexity risks putting governance under strain. Local authorities setting up separate bodies risk a governance 'illusion', and should

take steps to prevent and manage potential conflicts of interest, particularly if councillors sit on these bodies. They should also ensure that these bodies are transparent and accountable to the council and to the public.

Our analysis of a number of high-profile cases of corporate failure in local government shows that standards risks, where they are not addressed, can become risks of corporate failure. This underlines the importance of establishing and maintaining an ethical culture.

Leadership and culture

An ethical culture requires leadership. Given the multi-faceted nature of local government, leadership is needed from a range of individuals and groups: an authority's standards committee, the Chief Executive, political group leaders, and the chair of the council.

Political groups have an important role to play in maintaining an ethical culture. They should be seen as a semi-formal institution sitting between direct advice from officers and formal processes by the council, rather than a parallel system to the local authority's standards processes. Political groups should set clear expectations of behaviour by their members, and senior officers should maintain effective relationships with political groups, working with them informally to resolve standards issues where appropriate.

The aim of a standards system is ultimately to maintain an ethical culture and ethical practice. An ethical culture starts with tone. Whilst there will always be robust disagreement in a political arena, the tone of engagement should be civil and constructive. Expected standards of behaviour should be embedded through effective induction and ongoing training. Political groups should require their members to attend code of conduct training provided by a local authority, and this should also be



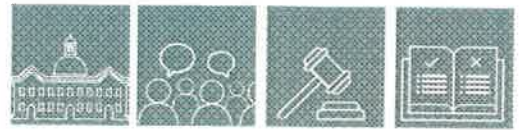
written into national party model group rules. Maintaining an ethical culture day-to-day relies on an impartial, objective Monitoring Officer who has the confidence of all councillors and who is professionally supported by the Chief Executive.

An ethical culture will be an open culture. Local authorities should welcome and foster opportunities for scrutiny, and see it as a way to improve decision making. They should not rely unduly on commercial confidentiality provisions, or circumvent open decision-making processes. Whilst local press can play an important role in scrutinising local government, openness must be facilitated by authorities' own processes and practices.



List of recommendations

Number	Recommendation	Responsible body
1	The Local Government Association should create an updated model code of conduct, in consultation with representative bodies of councillors and officers of all tiers of local government.	Local Government Association
2	The government should ensure that candidates standing for or accepting public offices are not required publicly to disclose their home address. The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 should be amended to clarify that a councillor does not need to register their home address on an authority's register of interests.	Government
3	Councillors should be presumed to be acting in an official capacity in their public conduct, including statements on publicly-accessible social media. Section 27(2) of the Localism Act 2011 should be amended to permit local authorities to presume so when deciding upon code of conduct breaches.	Government
4	Section 27(2) of the Localism Act 2011 should be amended to state that a local authority's code of conduct applies to a member when they claim to act, or give the impression they are acting, in their capacity as a member or as a representative of the local authority.	Government
5	The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 should be amended to include: unpaid directorships; trusteeships; management roles in a charity or a body of a public nature; and membership of any organisations that seek to influence opinion or public policy.	Government
6	Local authorities should be required to establish a register of gifts and hospitality, with councillors required to record any gifts and hospitality received over a value of £50, or totalling £100 over a year from a single source. This requirement should be included in an updated model code of conduct.	Government

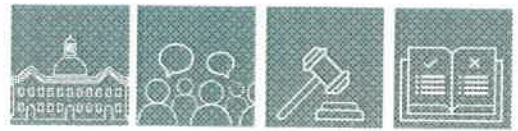


Number	Recommendation	Responsible body
7	Section 31 of the Localism Act 2011 should be repealed, and replaced with a requirement that councils include in their code of conduct that a councillor must not participate in a discussion or vote in a matter to be considered at a meeting if they have any interest, whether registered or not, "if a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your consideration or decision-making in relation to that matter".	Government
8	The Localism Act 2011 should be amended to require that Independent Persons are appointed for a fixed term of two years, renewable once.	Government
9	The Local Government Transparency Code should be updated to provide that the view of the Independent Person in relation to a decision on which they are consulted should be formally recorded in any decision notice or minutes.	Government
10	A local authority should only be able to suspend a councillor where the authority's Independent Person agrees both with the finding of a breach and that suspending the councillor would be a proportionate sanction.	Government
11	Local authorities should provide legal indemnity to Independent Persons if their views or advice are disclosed. The government should require this through secondary legislation if needed.	Government / all local authorities
12	Local authorities should be given the discretionary power to establish a decision-making standards committee with voting independent members and voting members from dependent parishes, to decide on allegations and impose sanctions.	Government
13	Councillors should be given the right to appeal to the Local Government Ombudsman if their local authority imposes a period of suspension for breaching the code of conduct.	Government



List of recommendations

Number	Recommendation	Responsible body
14	The Local Government Ombudsman should be given the power to investigate and decide upon an allegation of a code of conduct breach by a councillor, and the appropriate sanction, on appeal by a councillor who has had a suspension imposed. The Ombudsman's decision should be binding on the local authority.	Government
15	The Local Government Transparency Code should be updated to require councils to publish annually: the number of code of conduct complaints they receive; what the complaints broadly relate to (e.g. bullying; conflict of interest); the outcome of those complaints, including if they are rejected as trivial or vexatious; and any sanctions applied.	Government
16	Local authorities should be given the power to suspend councillors, without allowances, for up to six months.	Government
17	The government should clarify if councils may lawfully bar councillors from council premises or withdraw facilities as sanctions. These powers should be put beyond doubt in legislation if necessary.	Government
18	The criminal offences in the Localism Act 2011 relating to Disclosable Pecuniary Interests should be abolished.	Government
19	Parish council clerks should hold an appropriate qualification, such as those provided by the Society of Local Council Clerks.	Parish councils
20	Section 27(3) of the Localism Act 2011 should be amended to state that parish councils must adopt the code of conduct of their principal authority, with the necessary amendments, or the new model code.	Government
21	Section 28(11) of the Localism Act 2011 should be amended to state that any sanction imposed on a parish councillor following the finding of a breach is to be determined by the relevant principal authority.	Government
22	The Local Authorities (Standing Orders) (England) (Amendment) Regulations 2015 should be amended to provide that disciplinary protections for statutory officers extend to all disciplinary action, not just dismissal.	Government



Number	Recommendation	Responsible body
23	The Local Government Transparency Code should be updated to provide that local authorities must ensure that their whistleblowing policy specifies a named contact for the external auditor alongside their contact details, which should be available on the authority's website.	Government
24	Councillors should be listed as 'prescribed persons' for the purposes of the Public Interest Disclosure Act 1998.	Government
25	Councillors should be required to attend formal induction training by their political groups. National parties should add such a requirement to their model group rules.	Political groups National political parties
26	Local Government Association corporate peer reviews should also include consideration of a local authority's processes for maintaining ethical standards.	Local Government Association



List of best practice

List of best practice

Our best practice recommendations are directed to local authorities, and we expect that any local authority can and should implement them. We intend to review the implementation of our best practice in 2020.

Best practice 1: Local authorities should include prohibitions on bullying and harassment in codes of conduct. These should include a definition of bullying and harassment, supplemented with a list of examples of the sort of behaviour covered by such a definition.

Best practice 2: Councils should include provisions in their code of conduct requiring councillors to comply with any formal standards investigation, and prohibiting trivial or malicious allegations by councillors.

Best practice 3: Principal authorities should review their code of conduct each year and regularly seek, where possible, the views of the public, community organisations and neighbouring authorities.

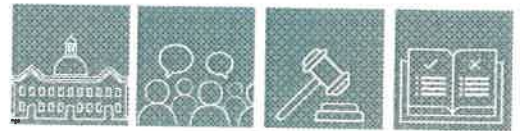
Best practice 4: An authority's code should be readily accessible to both councillors and the public, in a prominent position on a council's website and available in council premises.

Best practice 5: Local authorities should update their gifts and hospitality register at least once per quarter, and publish it in an accessible format, such as CSV.

Best practice 6: Councils should publish a clear and straightforward public interest test against which allegations are filtered.

Best practice 7: Local authorities should have access to at least two Independent Persons.

Best practice 8: An Independent Person should be consulted as to whether to undertake a formal investigation on an allegation, and should be given the option to review and comment on allegations which the responsible officer is minded to dismiss as being without merit, vexatious, or trivial.



Best practice 9: Where a local authority makes a decision on an allegation of misconduct following a formal investigation, a decision notice should be published as soon as possible on its website, including a brief statement of facts, the provisions of the code engaged by the allegations, the view of the Independent Person, the reasoning of the decision-maker, and any sanction applied.

Best practice 10: A local authority should have straightforward and accessible guidance on its website on how to make a complaint under the code of conduct, the process for handling complaints, and estimated timescales for investigations and outcomes.

Best practice 11: Formal standards complaints about the conduct of a parish councillor towards a clerk should be made by the chair or by the parish council as a whole, rather than the clerk in all but exceptional circumstances.

Best practice 12: Monitoring Officers' roles should include providing advice, support and management of investigations and adjudications on alleged breaches to parish councils within the remit of the principal authority. They should be provided with adequate training, corporate support and resources to undertake this work.

Best practice 13: A local authority should have procedures in place to address any conflicts of interest when undertaking a standards investigation. Possible steps should include asking the Monitoring Officer from a different authority to undertake the investigation.

Best practice 14: Councils should report on separate bodies they have set up or which they own as part of their annual governance statement, and give a full picture of their relationship with those bodies. Separate bodies created by local authorities should abide by the Nolan principle of openness, and publish their board agendas and minutes and annual reports in an accessible place.

Best practice 15: Senior officers should meet regularly with political group leaders or group whips to discuss standards issues.

Local Government Ethical Standards

A Review by the Committee on Standards in Public Life

Response to Best Practice Recommendations

	Best Practice Recommendation	Current Arrangements	Proposed Action
1.	Local authorities should include prohibitions on bullying and harassment in codes of conduct. These should include a definition of bullying and harassment, supplemented with a list of examples of the sort of behaviour covered by such a definition	One of the General Obligations set out in paragraph 3 of our current Member Code of Conduct refers to treating others with respect and not to bully or intimidate any person. The Member Officer Protocol also refers to bullying, intimidation or harassment	We will provide greater clarity by including definitions of Bullying and Harassment in the Code and providing examples of unacceptable behaviours.
2.	Councils should include provisions in their code of conduct requiring councillors to comply with any formal standards investigation, and prohibiting trivial or malicious allegations by councillors.	There are currently no provisions within the Authority's Code of Conduct requiring councillors to comply with investigations. This has not proved to be an issue at the PDNPA where all Members who have been the subject of Complaints have engaged in the process. Since 2012 only one complaint have been received from a Member about another Member.	We will add a paragraph to the Code to clarify the expectations for Members participating in the process for dealing complaints and highlight the issues around trivial or malicious allegations.
3.	Principal authorities should review their code of conduct each year and regularly seek, where possible, the views of the public, community organisations and neighbouring authorities.	Although there is no regular date for review at a meeting of the Authority, the Code of Conduct is regularly reviewed in light of best practice	No further action required.
4.	An authority's code should be readily accessible to both councillors and the public, in a prominent position on a council's website and available in council premises.	The Authority's Code and supporting documents such as Codes and Protocols and the arrangements are available on the Authority website and for inspection at Aldern House.	No further action required.

APPENDIX 2

	Best Practice Recommendation	Current Arrangements	Proposed Action
5.	Local authorities should update their gifts and hospitality register at least once per quarter, and publish it in an accessible format, such as CSV.	The Authority's register is available online and updated immediately when a Members Gifts and Hospitality form is received. Where appropriate offers of gifts and hospitality are added to a Member's entry in the Register of Interests and remain there for three years. The Register of Gifts and Hospitality is available on line as a single csv file	We will regularly remind Members to check that their entries in the Register of Gifts and Hospitality are up to date. To look at the practicalities of also making the Officer Gifts and Hospitality Register available on-line
6.	Councils should publish a clear and straightforward public interest test against which allegations are filtered.	In accordance with the Localism Act the Authority publishes its arrangements for dealing with complaints relating to Members. These arrangements already include a check list that the Monitoring Officer works through with the Independent person to make a judgement on whether complaints are trivial or vexatious, or if they should proceed to a full investigation.	To look at the two stage test the Northern Ireland Local Government Commissioner for Standards uses to asks whether they 'can' investigate the complaint, and whether they 'should' and, if appropriate, amend our current checklist.
7.	Local authorities should have access to at least two Independent Persons.	The Authority has already appointed two Independent Persons who meet with the Monitoring Officer to give impartial advice on all complaints received that related to an Authority Member.	No further action required.
8.	An Independent Person should be consulted as to whether to undertake a formal investigation on an allegation, and should be given the option to review and comment on allegations which the responsible officer is minded to dismiss as being without merit, vexatious, or trivial.	The Authority's current arrangements involve the Monitoring Officer consulting with an Independent Person on all complaints relating to Authority Members	No further action required.
9.	Where a local authority makes a decision on an allegation of misconduct following a formal investigation, a decision notice should be	Since the current arrangements were introduced in 2012 only one allegation of misconduct has resulted in a formal investigation. In accordance	No further action required.

	Best Practice Recommendation	Current Arrangements	Proposed Action
	published as soon as possible on its website, including a brief statement of facts, the provisions of the code engaged by the allegations, the view of the Independent Person, the reasoning of the decision-maker, and any sanction applied.	with the arrangements the decision notice was published on the Authority's website.	
10.	A local authority should have straightforward and accessible guidance on its website on how to make a complaint under the code of conduct, the process for handling complaints, and estimated timescales for investigations and outcomes.	The Authority's current arrangements are published on the Authority website along with the prescribed form. In addition when receipt of the complaint is acknowledged both the complainant and the subject Member are sent a paper copy of the procedure that confirms that timescales for handling the complaint.	No further action required.
11.	Formal standards complaints about the conduct of a parish councillor towards a clerk should be made by the chair or by the parish council as a whole, rather than the clerk in all but exceptional circumstances.	This does not apply to the Authority as National Park Authorities are not involved in complaints relating to Parish Councillors.	No further action required.
12.	Monitoring Officers' roles should include providing advice, support and management of investigations and adjudications on alleged breaches to parish councils within the remit of the principal authority. They should be provided with adequate training, corporate support and resources to undertake this work.	This does not apply to the Authority as National Park Authorities are not involved in complaints relating to Parish Councillors.	No further action required.
13.	A local authority should have procedures in place to address any conflicts of interest when undertaking a standards investigation. Possible steps should include asking the Monitoring Officer from a different authority to undertake the	To avoid any conflict of interest, if it is decided that a formal investigation is required, the Authority appoints an external investigator to look into allegations and report back.	No further action required.

APPENDIX 2

	Best Practice Recommendation	Current Arrangements	Proposed Action
	investigation.		
14.	Councils should report on separate bodies they have set up or which they own as part of their annual governance statement, and give a full picture of their relationship with those bodies. Separate bodies created by local authorities should abide by the Nolan principle of openness, and publish their board agendas and minutes and annual reports in an accessible place.	The Authority reports on relevant separate bodies in its Annual Governance Statement and a statement on its relationship with these bodies is provided in the Authority's annual accounts under the section on related party transactions.	No further action required.
15.	Senior officers should meet regularly with political group leaders or group whips to discuss standards issues	The Authority does not have any political groups or whips. Issues relating to Standards are considered by all Members annually at the compulsory planning training and the Audit Resources and Performance Committee receives a summary of any complaints received as part of the quarterly performance monitoring report. This report includes details of any lessons learned.	No further action required.

12. LGPS DISCRETIONS POLICY (NC)

1. Purpose of the report

To seek approval to adopt a new Local Government Pension Scheme (LGPS) Discretions Policy and Flexible Retirement Policy.

Key Issues

- It is mandatory for LGPS scheme employers to have a discretions policy.
- A discretions policy provides flexibility in managing issues relating to LGPS benefits for current or former employees.
- Exercising discretions can have a cost to the Authority.

2. Recommendations(s)

1. Members adopt the LGPS Discretions Policy (Appendix 1).
2. Members adopt the Flexible Retirement Policy (Appendix 2).
3. The content of the policies will be revised to take account of the discussions at the ARP meeting on 17 May 2019. Approval of the final policies, with changes from the meeting, will be delegated to the Chair of ARP.

How does this contribute to our policies and legal obligations?

3. All employers who participate in the LGPS are required to formulate a discretions policy and publish it in accordance with the LGPS regulations.

Background Information

4. The Authority's previous discretions policy no longer covers all the mandatory requirements and needs updating.

The attached policies (Appendix 1 and 2) follow the guidance/template issued by the Derbyshire Pension Fund. The Authority has historically followed the pension guidance/templates provided by the Derbyshire Pension Fund as they are our scheme administrators.

The Authority is a small organisation (headcount as at 1/4/19 is 287) and is rarely called upon to use the discretions policy. In such circumstances the Authority would seek appropriate support and guidance from the Derbyshire Pension Fund.

Proposals

5. To adopt the attached policies which follow the guidance/template provided by the Derbyshire Pension Fund.

Are there any corporate implications members should be concerned about?

Financial:

6. Exercising discretions can lead to a cost to the Authority. Under the attached policies applications to apply discretions with a cost to the Authority may be considered under exceptional circumstances taking into account the business case and the foreseeable costs to the Authority. Decisions will be made by RMM or Members as set out in the policies.

7. **Risk Management:**
The Authority has to comply with legislation.
8. **Sustainability:**
N/A
9. **Equality:**
N/A
10. **Background papers (not previously published)**

N/A
11. **Appendices**

Appendix 1 - LGPS Discretions Policy
Appendix 2 - Flexible Retirement Policy

Report Author, Job Title and Publication Date

Natalie Clemmitt, HR Officer, 7 May 2019



LGPS Discretions Policy

1 Introduction and purpose

- 1.1 The purpose of this policy is to document and set out what discretions the Peak District National Park Authority (the Authority) will exercise in various situations regarding employees Local Government Pension Scheme (LGPS) benefits.
- 1.2 As an employer, the Authority has a legal duty to prepare and publish a policy statement in relation to exercising a number of discretionary powers under the regulations which apply to the LGPS.
- 1.3 Setting a discretions policy as a scheme employer gives the Authority flexibility in managing issues relating to LGPS benefits for current and former employees.

2 Scope

- 2.1 This policy applies to employees or workers that are or have been members of the Local Government Pension Scheme (LGPS) which provides pension benefits to eligible public sector workers.
- 2.2 Derbyshire Pension Fund is the LGPS administrator for the Authority
- 2.3 Active members are those who are:
 - Currently employed by the Authority
 - working and paying into the LGPS
 - under the age of 75
 - not already receiving their pension benefits
- 2.4 Deferred members are ex-employees/workers who previously paid into the Local Government Pension Scheme (LGPS) and since leaving the scheme have left their pension on hold with Derbyshire Pension Fund (DPF).
- 2.5 Pensioner members are in receipt of a LGPS pension.

3 Policy statement

- 3.1 The Authority is committed to recruiting and retaining high calibre employees to deliver its services. Retention includes the ability to continue employment until an employee chooses to retire. On retirement the employee has a number of options dependent on the rules of the LGPS and discretions of the Authority.

4 Responsibilities

- 4.1 The National Park Authority has overall responsibility for agreeing and authorising the LGPS Discretions Policy, any changes to the policy must be agreed by the Members.
- 4.2 Discretionary decisions for all posts below Director will be taken by the Resource Management Meeting (RMM). The decision must involve input from the Chief Finance Officer.
- 4.3 Discretionary decisions for the Chief Executive and non-statutory Chief Officer posts, and/or where the cost is significant (£150K in line with existing policies) will be taken by the Members of the National Park Authority. The decision must involve input from the Chief Finance Officer.
- 4.4 Line Managers will take business cases, with costs and effect on service delivery, to RMM for decision.
- 4.5 Employees will seek guidance on the LGPS regulations from the Derbyshire Pension Fund
- Website: derbyshirepensionfund.org.uk
 - Telephone: 01629 538900
 - Email: pensions@derbyshire.gov.uk

5 Reference

- 5.1 The Local Government Association (LGA) has produced guidance on the associated regulations and a full list of employer's discretions at <http://lgpsregs.org/resources/guidesetc.php>
- 5.2 Derbyshire Pension Fund have produced a guide which can be found on their website <https://derbyshirepensionfund.org.uk/employers/good-practice/employer-discretions.aspx> where the discretions can be cross referenced by the corresponding discretion numbers.

6 Review

- 6.1 The policy will be review every three years or when legislative changes take place.

7 Relevant legislation and key PDNPA policies

- Local Government Pension Scheme Regulations (LGPS) 2013
- LGPS (Transitional Provisions, Savings and Amendment) Regulations 2014
- Equality Act 2010
- PDNPA Flexible Retirement Policy

8 Pension Discretions

The schedule below is to be read in conjunction with

- Derbyshire Pension Fund Employers Discretions guidance at <https://derbyshirepensionfund.org.uk/employers/good-practice/employer-discretions.aspx> (DPF Guidance Reference in third column of table)
- guidance on the LGPS regulations found at: <http://lgpsregs.org/resources/guidesetc.php>

	Regulation reference	DPF Guidance Reference	PDNPA Discretions Policy
<u>Discretions relating to current contributing employees and leavers after 31/03/2014</u>			
Whether, how much, and in what circumstances to contribute to a shared cost APC scheme	R16(2)(e) & R16(4)(d)	1.1	The Authority will not normally exercise this discretion but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer.
Whether, at full cost to the Scheme employer, to grant extra annual pension of up to £6,822 (figure at 1 April 2018) to an active member or within 6 months of leaving to a member whose employment was terminated on the grounds of redundancy or business efficiency	R31	1.2	The Authority will not normally grant any additional pension to an active member or within 6 months of ceasing to be an active member by reason of redundancy or business efficiency but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer
Whether to waive, in whole or in part, actuarial reduction on benefits which a member voluntarily draws before normal pension age	R30(8)	2.1	The Authority will not normally exercise this discretion but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer.

	Regulation reference	DPF Guidance Reference	PDNPA Discretions Policy
Whether to waive any actuarial reduction on pre and/or post April 2014 benefits paid early on compassionate grounds	TP3(1), TPSch 2, paras 2(1)	2.2	The Authority will not normally exercise this discretion but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer.
Whether to “switch on” the 85 year rule for a member voluntarily drawing benefits on or after age 55 and before age 60.	TPSch 2, paras 1(2) and 2(2)	3	The Authority will not normally exercise this discretion but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer.
Whether all or some benefits can be paid if an employee over 55 reduces their hours or grade (flexible retirement)	R30(6) & TP11(2)	4	The Authority Policy is that all pension benefits are to be paid for cases agreed on reduction of hours or grade, See flexible retirement policy for further details.
Whether to waive, in whole or in part, actuarial reduction on benefits paid on flexible retirement	R30(8)	4 and/or 2.1	The Authority will not normally waive the actuarial reduction for routine flexible retirements but will consider on a case by case basis waiving in whole or part for workforce reduction flexible retirements – See flexible retirement policy for further details.

	Regulation reference	DPF Guidance Reference	PDNPA Discretions Policy
<u>Discretions relating to leavers 01/04/2008 to 31/03/2014:</u>			
Whether to waive, on compassionate grounds, the actuarial reduction applied to deferred benefits paid early under B30	B30(5), TPSch 2, para 2(1)	2.2	The Authority will not normally exercise this discretion but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer.
Whether to waive, on compassionate grounds, the actuarial reduction applied to benefits paid early under B30A for a suspended tier 3 member.	B30A(5), TPSch 2, para 2(1)	2.2	The Authority will not normally exercise this discretion but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer.
Whether to “switch on” the 85 year rule for a deferred member voluntarily drawing benefits on or after age 55 and before age 60.	TPSch 2, paras 1(2) and 1(1)(c)	3	The Authority will not normally exercise this discretion but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer.
Whether to “switch on” the 85 year rule for a suspended tier 3 member voluntarily drawing benefits on or after age 55 and before age 60.	TPSch 2, paras 1(2) and 1(1)(c)	3	The Authority will not normally exercise this discretion but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer.

	Regulation reference	DPF Guidance Reference	PDNPA Discretions Policy
<u>Discretions relating to leavers 01/04/1998 to 31/03/2008:</u>			
Waive, on compassionate grounds, the actuarial reduction applied to deferred benefits paid early.	31(5) & TPSch 2, para 2(1)	2.2	The Authority will not normally exercise this discretion but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer.
Whether to “switch on” the 85 year rule for a deferred member voluntarily drawing benefits on or after age 55 and before age 60.	TPSch 2, para 1(2) & 1(1)(f) & R60	3	The Authority will not normally exercise this discretion but may consider it under exceptional circumstances, taking into account the business case and foreseeable costs to the employer.
Grant application for early payment of deferred benefits on or after age 50 and before age 55.	31(2)	5	The Authority will consider early release on a case by case basis, taking into account the business case, HMRC unauthorised payment charges and foreseeable costs to the employer.
Optants out only to get benefits paid from NRD if employer agrees.	31(7A)	6	The Authority will allow optants out to only get benefits paid from normal retirement date (NRD)

	Regulation reference	DPF Guidance Reference	PDNPA Discretions Policy
<u>Discretions relating to leavers before 01/04/1998:</u>			
Grant application for early payment of deferred benefits on or after age 50 on compassionate grounds.	TL4, L106(1) & D11(2)(c)	5	The Authority will consider early release on a case by case basis, taking into account the business case, HMRC unauthorised payment charges and foreseeable costs to the employer.



Flexible Retirement Policy

1 Introduction

- 1.1 An employer can consent to a reduction in an employee's hours or grade and consent to the release of pension benefits where the employee is aged 55 or over.
- 1.2 The Local Government Pension Scheme (LGPS) enables the Peak District National Park Authority (the Authority) to offer a discretionary flexible retirement.
- 1.3 Flexible Retirement is at the sole discretion of the Authority and is not a right or entitlement.

2 Scope

- 2.1 Open to employees in the LGPS aged 55 or above.

3 Responsibilities

- 3.1 The Resource Management Meeting (RMM) has delegation to determine applications for all post below Chief Officers (Directors).
- 3.2 The Members of the National Park Authority determines applications from the Chief Executive and non-statutory Chief Officers.

4 Flexible Retirement

- 4.1 For the purpose of this policy, requests for flexible retirement can be categorised as follows:
 - Category one - Employee is age 60 or over - There is no cost to the Authority as the employee is at or past age 60. If they do not meet the Rule of 85 (*1) their pension benefits will be reduced to reflect early payment.
 - Category two - Employee is age 55 or over but less than 60 and does not meet the Rule of 85 until on or after their 60th birthday. In this case the regulations allow for the cost of the early payment of pension benefits to be borne by the employee so as to avoid a pension fund shortfall. The benefits are actuarially reduced to reflect the fact that they are paid early.
 - Category three - Employee is age 55 or over but less than 60 and does meet the Rule of 85 either at the date of flexible retirement or at a later date that is before their 60th birthday. In this case the Authority would have to meet the Pension Fund shortfall arising from the early payment of pension benefits from the date when the Rule of 85 is met.

- 4.2 For those cases that fall within categories one and two above, the Authority general policy is to consent to the payment of benefits from the Local Government Pension Scheme subject to a reduction of 40% (i.e. move from 5 days per week to 3 days = reduction of 2 days which is 40%) of the employee's contractual hours at the eve of their flexible retirement and/or a reduction of at least 1 grade in post.
- 4.3 A reduction of less than 40% of the employee's contractual hours may be considered:
- i) In exceptional circumstances, and provided that this would also bring an ongoing financial benefit to the employer or
 - ii) Where service delivery requires whole shifts to be worked.
- 4.4 The Authority's appointed decision makers (RMM or Members), taking account of HR, legal and financial advice under the established process, make the decision.
- 4.5 Where the benefits payable are reduced to reflect early payment the Authority can agree to waive in whole or in part the reduction and pay the cost to the pension fund. It is our policy, as a general rule, not to agree to this. However, the Authority will consider applications; where it is considered that it would be in the Authority's interests to meet this cost.
- 4.6 For category three cases, as there would be a cost to the employer, the general policy is not to agree to the early release of pension benefits. However, where it is considered to be in the employers' interests, taking into account the business case and foreseeable costs to the employer; the employers' decision makers will consider applications for flexible retirement.
- 4.7 In every case the needs of the service must be paramount.

5 Increase in hours or grade after taking flexible retirement

- 5.1 Where an employee has been allowed to reduce their hours or grade for the purposes of flexible retirement they will not be allowed to increase them on a permanent basis. Where it is in the Authority's interests, a temporary increase in hours or grade for a period not exceeding six months can be permitted. The temporary increase in hours or grade must be authorised by the relevant decision makers.
- 5.2 An employee who has reduced their hours and taken flexible retirement must only be allowed to work additional hours or overtime at the same level that applied prior to the reduction in contractual hours. The aim is to prevent employees compensating for a reduction in contractual hours by working additional hours and overtime. The relevant decision makers may only approve requests for temporary increases in additional hours and overtime in advance.

6 Appeals

- 6.1 Categories one and two - an employee who is dissatisfied with the RMM's decision in response to a request for flexible retirement can appeal in writing within 14 days of receiving the decision under the Appeals Policy
- 6.2 In category three - where RMM has refused an employee's request to reduce the hours they work for the purposes of flexible retirement, the person can appeal in writing within 14 days of receiving the decision under the Appeals Policy.
- 6.3 Category three - where the decision maker(s) has approved a reduction in hours but the application for the payment of pension benefits on flexible retirement is refused by the decision maker(s), a dissatisfied employee can appeal under the pensions application for adjudication of disagreements procedure; writing in the first instance to the Head of Human Resources.
- 6.4 Details of the application for adjudication of disagreements procedure can be found on Derbyshire Pension Funds Website at <https://derbyshirepensionfund.org.uk/about-the-fund/feedback-complaints-and-appeals/feedback-complaints-and-appeals.aspx> .
- 6.5 Appeals should be made in writing stating the reasons for the appeal to the Head of Human Resources.

*(*1 The Rule of 85 is where the sum of the scheme member's age plus period of membership in the Pension Scheme (both in whole years) is 85 or greater see <https://derbyshirepensionfund.org.uk/my-pension/active-members/understanding-your-pension/rule-of-85.aspx> for more details).*

7 Relevant legislation and key PDNPA policies

- *Local Government Pension Scheme Regulations (LGPS) 2013*
- *LGPS (Transitional Provisions, Savings and Amendment) Regulations 2014*
- *Equality Act 2010*
- *PDNPA LGPS Discretions Policy*

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