

Public Document Pack

Peak District National Park Authority

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Aldern House, Baslow Road, Bakewell, Derbyshire. DE45 1AE



Our Values: Care – Enjoy – Pioneer

Our Ref: A.1142/3366

Date: 11 May 2023



NOTICE OF MEETING

Meeting: **National Park Authority**

Date: **Friday 19 May 2023**

Time: **10.00 am**

Venue: **Aldern House, Baslow Road, Bakewell**

PHILIP MULLIGAN
CHIEF EXECUTIVE

AGENDA

1. **Apologies for Absence, Roll Call of Members Present and Members Declarations of Interest**
2. **Minutes of previous meeting of 17th March 2023** *(Pages 7 - 10)* 5 mins
3. **Urgent Business - Appointment of Interim Monitoring Officer** *(Pages 11 - 12)*
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.

FOR INFORMATION

5. **Chair's Briefing** 5 mins
6. **Chief Executive Report (PM)** *(Pages 13 - 14)* 5 mins

FOR DECISION

7. **External Audit 2021/22 Auditors Annual Report (JW)** *(Pages 15 - 38)* 10 mins
Appendix 1
8. **External Audit 2022/23 Audit Strategy (JW)** *(Pages 39 - 74)* 10 mins
Appendix 1
9. **Internal Audit Report Block 2 2022/23 (JW)** *(Pages 75 - 100)* 10 mins
Appendix 1

Appendix 2

Appendix 3
10. **Internal Audit 2022/23 Annual Report (JW)** *(Pages 101 - 114)* 10 mins
Appendix 1
11. **Slippage Requests from 2022/23 into 2023/24 Budget (JW)** *(Pages 115 - 118)* 10 mins
Appendix 1
12. **2022/23 Year End Performance Report, 2022/23 Performance and Business Plan and 2023/24 Corporate Risk (A91941/EF)** *(Pages 119 - 198)* 30 mins
Appendix 1a

Appendix 1b

Appendix 2a

Appendix 2b

Appendix 3

Appendix 4

Appendix 5

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|-----|---|---------|
| 13. | Revision of Statement of Community Involvement (CW) <i>(Pages 199 - 242)</i>
Appendix 1

Appendix 2 | 10 mins |
| 14. | Moor Green Investment - Combs Moss Restoration Project (DC) <i>(Pages 243 - 248)</i> | 20 mins |
| 15. | Hybrid Working Policy (TR) <i>(Pages 249 - 266)</i>
Appendix 1

Appendix 2 | 15 mins |
| 16. | Upper Derwent Valley Reservoir Expansion (BJT) <i>(Pages 267 - 276)</i>
Appendix 1 | 30 mins |

FOR INFORMATION

17. **Reports from Outside Bodies - None Submitted**

FOR DECISION

PART B

18. **Exempt Information S100(A) Local Government Act 1972**
The Committee is asked to consider, in respect of the exempt items whether the public should be excluded from the meeting to avoid the disclosure of Exempt Information.
- Draft Motion:-**
- That the public be excluded from the meeting during consideration of agenda Item 19 to avoid the disclosure of Exempt Information under S100 (A) (4) Local Government Act 1972, Schedule 12A, paragraph 3 'information relating to the financial or business affairs of any particular person (including the Authority holding that information).
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|-----|---|---------|
| 19. | Warslow Moors Estate - Pump Farm, Warslow - Review of Future Management Options (CBM) <i>(Pages 277 - 288)</i>
Appendix 1

Appendix 2 | 20 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 on the Authority's website.

Public Participation and Other Representations from third parties

Since the Coronavirus restrictions have eased the Authority has returned to physical meetings. However, meetings of the Authority and its Committees may still take place at venues other than its offices at Aldern House, Bakewell when necessary. Public participation is still available and anyone wishing to participate at the meeting under the Authority's Public Participation Scheme is required to give notice to the Head of Law 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 makes an audio visual broadcast and recording available after the meeting. From 3 February 2017 the recordings will be retained for three years after the date of the meeting. During the period May 2020 to April 2021, due to the Covid-19 pandemic situation, Authority meetings were broadcast via YouTube and these meetings are also retained for three years from the date of the meeting.

General Information for Members of the Public Attending Meetings

Since the Coronavirus restrictions have eased the Authority has returned to physical meetings. However, meetings of the Authority and its Committees may still take place at venues other than its offices at Aldern House, Bakewell when necessary, the venue for a meeting will be specified on the agenda. There may be limited spaces available for the public at meetings and priority will be given to those who are participating in the meeting. It is intended that the meetings will be visually broadcast via YouTube and the broadcast will be available live on the Authority's website.

This meeting will take place at Aldern House, Baslow Road, Bakewell, DE45 1AE.

Aldern House is situated on the A619 Bakewell to Baslow Road. 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 refreshment provision for members of the public before the meeting or during meeting breaks. However, there are cafes, pubs and shops in Bakewell town centre, approximately 15 minutes walk away.

To: Members of National Park Authority:

Chair: Cllr A McCloy
Deputy Chair: Mr J W Berresford

Cllr W Armitage	Cllr P Brady
Cllr M Chaplin	Cllr D Chapman
Cllr C Farrell	Cllr C Furness
Cllr C Greaves	Cllr A Gregory
Prof J Haddock-Fraser	Mr Z Hamid
Ms A Harling	Cllr A Hart
Cllr Mrs G Heath	Cllr I Huddleston
Cllr C McLaren	Cllr D Murphy
Cllr Mrs K Potter	Cllr V Priestley
Cllr K Richardson	Miss L Slack
Mr K Smith	Dr R Swetnam
Cllr P Tapping	Cllr D Taylor
Cllr J Wharmby	Ms Y Witter
Cllr B Woods	

Constituent Authorities
Secretary of State for the Environment
Natural England

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 Aldern House, Baslow Road, Bakewell, Derbyshire. DE45 1AE



MINUTES

Meeting: **National Park Authority**

Date: Friday 17 March 2023 at 10.00 am

Venue: Aldern House, Baslow Road, Bakewell

Chair: Cllr A McCloy

Present: Mr J W Berresford, Cllr W Armitage, Cllr P Brady, Cllr D Chapman, Cllr C Farrell, Cllr C Furness, Cllr C Greaves, Cllr A Gregory, Prof J Haddock-Fraser, Mr Z Hamid, Ms A Harling, Cllr A Hart, Cllr Mrs G Heath, Cllr C McLaren, Cllr D Murphy, Cllr Mrs K Potter, Cllr V Priestley, Cllr K Richardson, Miss L Slack, Mr K Smith, Cllr P Tapping, Cllr J Wharmby and Ms Y Witter

Apologies for absence: Cllr M Chaplin, Cllr I Huddleston and Cllr B Woods.

17/23 ROLL CALL OF MEMBERS PRESENT, APOLOGIES FOR ABSENCE AND MEMBERS DECLARATIONS OF INTEREST

There were no declarations of interest.

18/23 MINUTES OF PREVIOUS MEETING OF 3 FEBRUARY 2023

The minutes of the last meeting of the Authority held on 3rd February 2023 were approved as a correct record.

19/23 URGENT BUSINESS

There was no urgent business.

20/23 PUBLIC PARTICIPATION

No members of the public were present to make representations to the Authority Meeting.

21/23 CHAIR'S BRIEFING

The Chair of the Authority provided a verbal update to Members.

He advised that he had attended the All Party Parliamentary Group meeting in his capacity as Chair of National Parks England. The meeting was also attended by several MPs and members of the House of Lords, and by Trudy Harrison, the National Park Minister who indicated that the government will be setting out its actions arising from the landscape review. It was also confirmed that amendments to the Levelling Up Bill

should give strengthened powers to National Park Authorities via Management Plans and statutory purposes.

22/23 CHIEF EXECUTIVE'S REPORT (PM)

The Chief Executive report gave updates to Members on the following:

- Meetings with stakeholders, partners and other organisations
- Confirmation that the majority of the CEO's calendar has been cleared to enable him to focus on the Organisational Change Process.
- The National Parks England Bulletin.

23/23 CAPITAL STRATEGY 2023/24 - 2027/28 (JW)

The report, which updated the Capital Strategy approved by the Authority in 2015, was presented by the Head of Finance.

In response to questions from Members, Officers advised the following:

- Data had not been received regarding planned cycle hire investment.
- Environmental considerations such as sustainability were an important factor which was considered in the management of the Authority's assets, for example, IT equipment was sent to be refurbished and reused. Officers intend to develop thinking around making properties for disposal more sustainable.
- All of the money from disposals on the Warslow Estate would be invested back into the estate. The planned disposals represented less than 10% of the total value of the estate.
- An amendment should be made to principle 2 of the Capital Strategy Key Principles, to include mention of the National Park Management Plan.
- Investment in the Capital Strategy was targeted towards assets which are owned by the Authority.
- The Capital Strategy excludes the work which was being done on the trails. Future trails works would likely be funded from revenue in most years.
- Ash Die Back remediation works were not included as capital work at present.

A motion to approve the report, subject to an amendment to recommendation 2 stating "with the detailed wording being delegated to the Chief Executive in consultation with the Chair of the Authority" was proposed and seconded, put to the vote and carried.

RESOLVED

- 1. To approve the Capital Budget for 2023/24 at Appendix 1 of the report.**
- 2. To approve the four key principles of the Capital Strategy at Appendix 2 of the report, with the detailed wording being delegated to the Chief Executive in consultation with the Chair of the Authority.**

3. To note the overall Capital Programme at Appendix 3 of the report, and that projects will be subject to individual authorisations as per financial regulations.
4. To note that future capital strategy reports will be combined with the Treasury Management report and reviewed annually

24/23 TREASURY MANAGEMENT POLICY STATEMENT AND ANNUAL TREASURY MANAGEMENT AND INVESTMENT STRATEGY (JW)

The report which asked Members to approve an over-arching Treasury Management Policy Statement and an Annual Treasury Management and Investment Strategy, was introduced by the Head of Finance.

The recommendations set out in the report were moved, seconded, put to the vote and carried.

RESOLVED

1. That the Authority approves the Treasury Management Policy Statement in Appendix 1 of the report.
2. That the Authority approves the Annual Treasury Management and Investment Strategy in Appendix 2 of the report, with specific approval of the Prudential Indicators and borrowing limits (paragraphs 6 to 13), and the policy on Minimum Revenue Provision (paragraphs 14 and 15), and adopts the Investment Strategy of North Yorkshire Council (Appendix 3 – NYC Section 4 Annual Investment Strategy and associated Appendices at Section 5).

25/23 REPORTS FROM OUTSIDE BODIES

The report regarding the Deputy Chair of the Authority's attendance at the East Midlands Council General meeting was noted by Members.

RESOLVED

To note the report.

26/23 EXEMPT INFORMATION S100(A) LOCAL GOVERNMENT ACT 1972

RESOLVED

That the public be excluded from the meeting during consideration of agenda item 11 to avoid the disclosure of Exempt Information under S100 (A) (4) Local Government Act 1972, Schedule 12A, paragraph 3 "information relating to the financial or business affairs of any particular person (including the Authority holding that information)

27/23 EXEMPT MINUTES OF THE MEETING HELD ON 3 FEBRUARY 2023

The exempt minutes of the Authority meeting on the 3rd February 2023 were agreed as a correct record.

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3. APPOINTMENT OF INTERIM MONITORING OFFICER

1. Purpose of the report

To ensure the Authority operates within legislative requirements and has good governance by appointing an interim Monitoring Officer during the organisational changes.

Key Issues

- **The Authority is required by the Local Government and Housing Act 1989 to appoint a Monitoring Officer and the Authority's Standing Order 6.3 states that the Head of Law shall be the Monitoring Officer, however at its meeting on 28 April 2023 the Authority agreed to disestablish the post of Head of Law as it was to become vacant and to allow for the new post of Authority Solicitor to be recruited to as part of the organisational changes. It is intended that the disestablishment will be from 18 June 2023.**
- **The disestablishment of the Head of Law post means that to ensure the Authority continues to operate, in accordance with legislative requirements the appointment of an interim Monitoring Officer needs to be approved by the Authority.**

2. Recommendation

To appoint the Democratic Services Manager as interim Monitoring Officer from 18 June 2023 until the appointment of a new Monitoring Officer following implementation of the organisational changes.

How does this contribute to our policies and legal obligations?

3. It is a requirement of the Local Government and Housing Act 1989, Section 5, that the Authority appoints a person to act as Monitoring Officer. The Act (in section 5.7) also allows the appointed Monitoring Officer to appoint a deputy to act when the Monitoring Officer is absent or ill. This is a personal appointment by the Monitoring Officer.

Background Information

4. The Democratic Services Officer currently acts as Deputy Monitoring Officer and was appointed by the Head of Law in their capacity as Monitoring Officer, so the Democratic Services Officer could continue to act in the Head of Law's absence but could not continue to do so, without approval by the Authority, when the Head of Law post has been disestablished.
5. The responsibilities of the Monitoring Officer are set out in the Authority's Monitoring Officer Protocol and this is available to view on the Authority's website via the link [here](#)

Proposals

6. To appoint the Democratic Services Manager as the interim Monitoring Officer until the appointment of a new Monitoring Officer following implementation of the organisational changes.

Are there any corporate implications members should be concerned about?

Financial:

7. A monthly allowance of £450 is paid to the Monitoring Officer and this is covered within existing budgets.

Risk Management:

8. The appointment of an interim Monitoring Officer ensures that the Authority continues to operate within required legislation.

Sustainability:

9. No issues.

Equality, Diversity and Inclusion:

10. No issues.

11. Climate Change

No issues.

12. Background papers (not previously published)

None.

13. Appendices

None.

Report Author, Job Title and Publication Date

Phil Mulligan, Chief Executive, 18 May 2023

6. CHIEF EXECUTIVE REPORT (PM)

1. Purpose of the report

To up-date members of key items since the previous Authority meeting

2. Recommendation:

For Members to note the report

3. Key Items

Since my last report on 17 March I have continued to meet with stakeholders, partners and organisations based in and around the National Park Authority including:

- Great Hucklow Parish Council
- A Federation of Small Businesses Event at Aldern House
- Haddon Hall – Lord Edward Manners with James Berresford
- David Rutley MP
- A consortium of partners involved in providing affordable housing in the National Park, including DDDC, East Midlands Homes, and local social housing providers
- Peak Park Summit – organised by Derbyshire Police and Crime Commissioner
- Lee Rowley MP
- Dan Jarvis MP with Andrew McCloy
- Canal & River Trust national operations leadership team
- Chatsworth Estate site visit with Andrew McCloy and James Berresford Chair
- National Parks England CEOs retreat hosted at Aldern House
- Dianne Jeffrey, with Andrew McCloy and James Berresford
- Chris Henning, Director of Place DCC
- Accessible UK, Gillian Scotford with Andrew McCloy
- Stephen Vickers – Devonshire group
- Derbyshire Wildlife Trust joint leadership teams awayday

During the rest of May I have meetings with:

- Sir Richard Fitzherbert at Tissington Hall
- Joe O’Sullivan Exec Director for Corporate Services and Transformation, DCC
- High Peak Borough Council
- Bakewell Rotary Club
- Peak Cluster Carbon Capture and Storage Project
- Natural England

Understandably, a considerable amount of my time has been spent dealing with restructure proposals. Work has also been going on behind the scenes on following up the Transport Symposium and on getting the new National Park Management Plan promoted and understood.

Report Author, Job Title and Publication Date

Amy Brittain-Carlidge, Temp PA to Chief Executive, 11th May 2023

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7. EXTERNAL AUDIT 2021/22 AUDITORS ANNUAL REPORT (JW)

1. Purpose of the report

This report asks Members to consider the External Auditors' (Mazars) Annual Report for the year ended 31 March 2022. Mark Surridge of Mazars will be at the meeting to present the report.

Key Issues

- The External Auditor issued an unqualified audit opinion on the 2021/22 financial statements and an unqualified Value for Money (VFM) conclusion.
- The Audit Annual Report contains the summary of the Value for Money results that had not been concluded when the statement of accounts report was presented to Members in February 2023.

2. Recommendation:

1. To consider and note the External Auditor's Annual Report at Appendix 1

How does this contribute to our policies and legal obligations?

3. The work of the external auditors is a key part of our governance arrangements, helping us to monitor and improve performance to ensure the Authority has a solid foundation. It supported achievement of the 2019-2024 Corporate Strategy - that we have arrangements in place to secure economy, efficiency and effectiveness in all our operations (KPI22). This has been superseded by inclusion in the Authority Plan Objective D (Financial Resilience) for 2023/24 onwards.
4. Achieving an unqualified opinion on the financial statements and satisfying the Auditor that the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources are corporate performance indicators.

Background Information

5. The duties and powers of auditors are set out in the Local Audit and Accountability Act 2014, the Local Government Act 1999, the Statement of Responsibilities of Auditors and Audited Bodies and the Code of Audit Practice. The Authority meeting considers the Auditor's Annual Report as part of its work programme.

Proposals

6. Since 2020/21, the Statement of Accounts the Code of Audit Practice has required the Authority's External Auditors to comment on the value for money arrangements of the Authority. The Auditors are required to report on significant weaknesses in the Authority's arrangements for securing economy, efficiency and effectiveness in use of resources instead of reporting a form of conclusions. The three criteria in the new Code of Practice are financial sustainability, governance and improving economy, efficiency and effectiveness. The report has found no risk or actual significant weaknesses in the Authority's VFM arrangements. The External Auditors Annual Report for 2021/22 is at Appendix 1.
7. The External Auditors issued the signed Auditors report on the Statement of Accounts for 2021/22 on 23 February 2023 and this was incorporated into the signed statement of accounts which was published on the Authority's website at that time. There were no

changes required to the final accounts presented to Members on 3 February 2023.

Are there any corporate implications members should be concerned about?

Financial:

8. The total fees of £20k for external audit are funded from the Finance service budget as approved by Members in February 2021. Central government gave all Local Authority additional financial support to meeting increasing audit fees and the Authority received £5.2k for 2021/22.

Risk Management:

9. The scrutiny and advice provided by external audit is part of our governance framework. The Auditor's work is based on an assessment of audit risk.

Sustainability:

10. There are no implications to identify in this report.

Equality, Diversity and Inclusion:

11. There are no implications to identify in this report.

12. Climate Change

There are no implications to identify in this report.

13. Background papers (not previously published)

None

14. Appendices

Appendix 1 - 2021/22 Auditor's Annual Report

Report Author, Job Title and Publication Date

Justine Wells, Head of Finance, 10 May 20232023

Auditor's Annual Report

Peak District National Park Authority—
year ended 31 March 2022

February 2023



- 01 Introduction
- 02 Audit of the financial statements
- 03 Commentary on VFM arrangements
- 04 Other reporting responsibilities

Our reports are prepared in the context of the 'Statement of responsibilities of auditors and audited bodies' issued by Public Sector Audit Appointments Ltd. Reports and letters prepared by appointed auditors and addressed to members or officers are prepared for the sole use of the Authority. No responsibility is accepted to any member or officer in their individual capacity or to any third party.

Mazars LLP is the UK firm of Mazars, an international advisory and accountancy group. Mazars LLP is registered by the Institute of Chartered Accountants in England and Wales

01

Section 01: **Introduction**

Purpose of the Auditor’s Annual Report

Our Auditor’s Annual Report (AAR) summarises the work we have undertaken as the auditor for Peak District National Park Authority (‘the Authority’) for the year ended 31 March 2022. Although this report is addressed to the Authority, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice (‘the Code’) issued by the National Audit Office (‘the NAO’). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.



Opinion on the financial statements

We issued our audit report on 23 February 2023. Our opinion on the financial statements was unqualified.



Whole of Government Accounts (WGA)

We have not yet received group instructions from the National Audit Office in respect of our work on the Authority’s WGA submission. We are unable to commence our work in this area until such instructions have been received.



Value for Money arrangements

In our audit report issued we reported that we had not completed our work on the Authority’s arrangements to secure economy, efficiency and effectiveness in its use of resources and had not issued recommendations in relation to identified significant weaknesses in those arrangements at the time of reporting. Section 3 confirms that we have now completed this work and provides our commentary on the Authority’s arrangements.



Wider reporting responsibilities

The 2014 Act requires us to give an elector, or any representative of the elector, the opportunity to question us about the accounting records of the Authority and to consider any objection made to the accounts. No such correspondence from electors has been received.

02

Section 02:

Audit of the financial statements

Audit of the financial statements

The scope of our audit and the results of our opinion

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs).

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Authority and whether they give a true and fair view of the Authority's financial position at 31 March 2022 and of its financial performance for the year then ended. Our audit report, issued on 23 February 2023 gave an unqualified opinion on the financial statements for the year ended 31 March 2022.

Qualitative aspects of the Authority's accounting practices

We reviewed the Authority's accounting policies and disclosures and concluded they comply with the 2021/22 Code of Practice on Local Authority Accounting, appropriately tailored to the Authority's circumstances.

Internal control recommendations

The purpose of our audit was to express an opinion on the financial statements. As part of our audit, we considered the internal controls in place relevant to the preparation of the financial statements in order to design audit procedures to allow us to express an opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

Our detailed findings and recommendations were included in the Audit Completion Report to the Authority,

confirming there were no 'high' priority recommendations with potential for financial loss, damage to reputation or loss of information that may have implications for the achievement of business strategic objectives for immediate implementation.

Management co-operation during the audit

We had positive co-operation from management during the audit and particular want to thank the Head of Finance for her support throughout.

Introduction

Audit of the financial statements

Commentary on VFM arrangements

Other reporting responsibilities and our fees

2. Audit of the financial statements

Main financial statement audit risks and findings

Our audit approach is risk-based and primarily driven by the issues that we consider lead to a higher risk of material misstatement of the accounts. Once we have completed our risk assessment, we develop our audit strategy and design audit procedures in response to this assessment. Following the risk assessment, we identified risks relevant to the audit of financial statements and the significant audit risks and conclusions reached are set out below:

Audit Risk	Level of audit risk	How we addressed the risk	Audit conclusions
Management override of controls This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur.	Significant risk: an area that, in our judgment, requires special audit consideration.	We addressed the risk through performing work over accounting estimates, journal entries and considering whether there were any significant transactions outside the normal course of business or otherwise unusual. In addition, we made enquiries of management and used our data analytics and interrogation software to extract accounting journals for detailed testing on specific risk characteristics.	There are no significant matters to report in respect of management override of controls.
Valuation of land & buildings The valuation of these properties is complex and is subject to a number of management assumptions, judgements and a high degree of estimation uncertainty.	Significant risk	Our procedures to address this risk included, but was not limited to: <ul style="list-style-type: none"> considering whether the overall revaluation methodologies used by the Authority's valuers are in line with industry practice, the CIPFA Code of Practice and the Authority's accounting policies; assessing whether valuation movements are in line with market expectations by using third party information to provide information on regional valuation trends; critically assessing the approach that the Authority adopts to ensure assets that are not subject to revaluation in 2021/22 are materially correct, including considering the robustness of that approach in light of the valuation information reported by the Authority's valuers; and testing a sample of individual valuations, back to source records to ensure appropriateness and to gain assurance over whether the correct accounting treatment has been applied. 	There are no significant matters to report in respect of valuation of land, building and dwelling assets.
Valuation of the net pension liability The defined benefit liability relating to the Local Government pension scheme represents significant balances on the Authority's balance sheet. the Authority relies on an actuary to provide an annual valuation of these liabilities in line with the requirements of IAS 19 Employee Benefits. Due to the high degree of estimation uncertainty associated with this valuation, we have determined there is a significant risk of misstatement in this area.	Significant risk	Our procedures to address this risk included, but was not limited to: <ul style="list-style-type: none"> liaising with the auditors of the Derbyshire Pension Fund to gain assurance that the controls in place at the Pension Fund are designed and implemented correctly. This included the processes and controls in place to ensure data provided to the Actuary by the Pension Fund for the purposes of the IAS 19 valuation is complete and accurate; reviewing the appropriateness of the Pension Asset and Liability valuation methodologies applied by the Pension Fund Actuaries, and the key assumptions included within the valuations. This included comparing them to expected ranges, utilising information by the consulting actuary engaged by the National Audit Office. 	There are no significant matters to report in respect of valuation of land, building and dwelling assets.

03

Section 03: **Commentary on VFM arrangements**

3. Commentary on VFM arrangements

Overall summary



Approach to Value for Money arrangements work

We are required to consider whether the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

- **Financial sustainability** – How the Authority plans and manages its resources to ensure it can continue to deliver its services
- **Governance** - How the Authority ensures that it makes informed decisions and properly manages its risks
- **Improving economy, efficiency and effectiveness** - How the Authority uses information about its costs and performance to improve the way it manages and delivers its services

Our work is carried out in three main phases.

Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Authority has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding of arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information
- Information from internal and external sources including regulators
- Knowledge from previous audits and other audit work undertaken in the year
- Interviews and discussions with staff and directors

Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are

further risks of significant weaknesses.

Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Authority. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements**

We make these recommendations for improvement where we have identified a significant weakness in the Authority arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.




- **Other recommendations**

We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant but which still require action to be taken

The table on the following page summarises the outcomes of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements or made other recommendations.

3. VFM arrangements – Overall summary

Overall summary by reporting criteria

Reporting criteria	2020/21 Actual significant weaknesses identified?	2021/22 Commentary page reference	2021/22 Identified risks of significant weakness?	2021/22 Actual significant weaknesses identified?	2021/22 Other recommendations made?
 Financial sustainability	No	13	No	No matters arising in 2021/22.	No
 Governance	No	16	No	No matters arising in 2021/22.	No
 Improving economy, efficiency and effectiveness	No	19	No	No matters arising in 2021/22.	No

Context of the Auditor's Annual Report

Our Auditor's Annual Report summarises the work we have undertaken as the auditor for the Peak District Park Authority for the year ended **31 March 2022**, where at the time of reporting in February 2023, we recognise that the social, political and economic environment has changed and local government is facing significant challenges including:

- **Cost of Living:** With most people experiencing financial pressure, spending habits are changing. High energy costs and increasing food prices have impacted on levels of disposable income. With wage increases failing to keep pace with inflation, more people will be facing hardship.
- **Added budget pressures:** With inflation soaring, the cost of goods, services and resources are becoming more expensive. Local authorities are not immune to the increasing cost of energy supply, although the government announcements on energy caps help, many local authorities are still facing higher costs. Local authorities typically budget for modest salary increases year on year, but expectations and demands on salary increases have changed and consideration on how they are to be funded is required.
- **Cost of Borrowing:** The Bank of England base rate has risen to 3.5% in December 2022 meaning that the cost of borrowing for capital projects has increased significantly.
- **Contractors and Suppliers:** The cost-of-living crisis has resulted in business failures. Although government support has been announced, some businesses will continue to struggle, with a greater risk of supplier failure. Supply failures anywhere in the supply chain will have a knock-on effect.
- **Service Delivery:** Likely budget reductions and savings plans are going to impact the ability of local authority services to maintain levels of delivery, particularly at a time of increased demand.

We maintain a watching brief over the key issues facing the Park Authority and, should we identify a risk of significant weakness in arrangements, will follow the process as described in section 3 to promptly raise these with management and issue any reports to the Authority as part of our audit for the year ending 31 March 2023.

3. VFM arrangements

Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services



VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria

Significant weakness in 2020/21	Nil.
Significant weaknesses identified in 2021/22	Nil.

Position brought forward from 2020/21

As set out in the table above, there are no indications of a significant weakness in the Authority's arrangements for financial sustainability brought forward from 2020/21.

Overall responsibilities for financial governance

We have reviewed the Authority's overall governance framework, including committee reports, the Annual Governance Statement, and Statement of Accounts for 2021/22. These confirm the Authority undertook its responsibility to define the strategic aims and objectives, approve budgets and monitor financial performance against budgets and plans to best meet the needs of the Authority's service users.

The Authority's financial planning and monitoring arrangements

Through our review of Authority reports, meetings with management and relevant work performed on the financial statements, we are satisfied that the Authority's arrangements for budget monitoring remain appropriate, including regular reporting to Members and well established arrangements for year-end financial reporting.

Financial Statement performance 2021/22

We have carried out a high level analysis of the audited financial statements, including the Comprehensive Income and Expenditure Statement, the Balance Sheet and Movement in Reserves Statement. the Authority's balance sheet position does not highlight any concerns. The Authority's useable reserves have increased from

£6.6m to £9.6m in 2021/22, with: General Fund Reserves of £8m, up from £5.7m in the prior year; and Capital Reserves of £1.6m, up from £0.9m in 2020/21.

The Authority's reserves position does not indicate a risk of significant weakness in VFM arrangements for financial sustainability and provide some mitigation against future financial challenges, and will assist in addressing future volatility and support savings and efficiencies plans. The Authority will need to continue to ensure that any use of reserves to smooth the financial position over the next few years is properly planned and the use of reserves cannot be relied on to provide a long term solution to funding gaps.

Arrangements for the identification, management and monitoring of funding gaps and savings

The arrangements in place for budget setting and updating the Medium Term Financial Strategy (MTFS) are as expected for a park authority with arrangements for the evaluation of financial risk, alignment to the corporate plan and sources of funding. There is no indication that the Authority's MTFS and budget setting is not aligned to supporting plans given the Authority has a track record of delivering against budget.

Based on the above considerations we are satisfied there is not a significant weakness in the Authority's arrangements in relation to financial sustainability for the year ended 31 March 2022.

3. Commentary on VFM arrangements

Governance

How the body ensures that it makes informed decisions and properly manages its risks



Overall commentary on the Governance reporting criteria

Significant weakness in 2020/21	Nil.
Significant weaknesses identified in 2021/22	Nil.

Position brought forward from 2020/21

As set out in the table above, there are no indications of a significant weakness in the Authority’s arrangements for financial sustainability brought forward from 2020/21.

The Authority’s governance structure

Based on our work, we are satisfied that the Authority has established governance arrangements, consistent with previous years, in place. These are detailed in the Statement of Accounts and Annual Governance Statement. We have considered both documents against our understanding of the Authority as part of our audit.

Our review of Authority papers confirms that a template covering report is used for all reports, ensuring the purpose, strategic context, governance issues, and recommendations are clear. Minutes are published and reviewed to evidence the matters discussed, challenge and decisions made.

The Authority does not have a separate Audit Committee, with those functions taken at full Authority level, including responsibility for establishing and maintaining an effective system of governance in a way that supports the organisation’s objectives. We have reviewed supporting documents and confirmed the Authority meets regularly and reviews its programme of work to maintain focus on key aspects of governance and internal control. Our attendance at meetings has confirmed there is an appropriate level of effective challenge.

Risk management and internal control

The Annual Governance Statement is a critical component of the Authority’s governance arrangements. It is an

evidenced self assessment by the Authority on the Authority’s governance, assurance and internal control frameworks for the financial year. No significant weaknesses in internal control have been identified from our work to date and Internal Audit have not identified or raised any significant concerns. We reviewed the Annual Governance Statement as part of our work on the financial statements with no significant issues arising.

Arrangements for budget setting and budgetary control

The Authority set a balanced revenue budget for the 2022/23 financial year. For 2022/23 the National Park Grant is 100% funded from central government for the nineteenth year. The National Park Grant, provided by Defra, is the Authority’s largest source of income amounting to approximately £6.7m annually. The 2022/23 pay budget is main source of assumptions for the MTFs and was set on the basis that the current proposal of a 1.75% pay award for 2021/22 will be implemented before the end of the financial year.

We have read reports to Authority covering the budget setting for 2021/22 and 202/23 as well as the associated Medium Term Financial Strategy. We also held a number of meetings with Officers throughout the year and attended the Authority meeting where the budget was set. The arrangements in place for budget setting and updating the Medium Term Financial Strategy are as expected for a park authority with arrangements for the evaluation of financial risk, alignment to business plans and sources of funding.

Overall, we have not identified any indicators of a significant weakness in the Authority’s arrangements relating to the Governance criteria for the year ended 31 March 2022.

3. Commentary on VFM arrangements

Improving economy, efficiency and effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services



VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria

Significant weakness in 2020/21	Nil.
Significant weaknesses identified in 2021/22	Nil.

Position brought forward from 2020/21

As set out in the table above, there are no indications of a significant weakness in the Authority’s arrangements for financial sustainability brought forward from 2020/21.

Overall, we have not identified any indicators of a significant weakness in the Authority’s arrangements relating to the Improving Economy, Efficiency and Effectiveness criteria for the year ended 31 March 2022.

The Authority has in place a performance management framework with processes for regular performance reporting and corrective action if required. The Authority’s budget endeavours to ensure the provision of the appropriate resources required to deliver the Corporate Plan, and the types of action necessary to enable them to be affordable, to allow balanced budgets to be delivered.

The Authority produces a detailed annual report where performance is considered following the year-end. This report provides the public with an overall assessment of the Authority activities for the financial year with no indicators of a risk of significant weakness in arrangements.

We identified no significant changes in arrangements regarding partnership working and are satisfied the Authority continues to have arrangements for standing financial instructions, purchase order controls and our work on the financial statements has not identified any significant internal control deficiencies regarding purchasing controls.

No significant issues have been raised by regulators.

04

Section 04:

Other reporting responsibilities and our fees

4. Other reporting responsibilities and our fees

Matters we report by exception

The Local Audit and Accountability Act 2014 provides auditors with specific powers where matters come to our attention that, in their judgement, require specific reporting action to be taken. Auditors have the power to:

- issue a report in the public interest;
- make statutory recommendations that must be considered and responded to publicly;
- apply to the court for a declaration that an item of account is contrary to the law; and
- issue an advisory notice.

We have not exercised any of these statutory reporting powers.

The 2014 Act also gives rights to local electors and other parties, such as the right to ask questions of the auditor and the right to make an objection to an item of account. We did not receive any such objections or questions.

Reporting to the National Audit Office (NAO) in respect of Whole of Government Accounts (WGA) consolidation data

The NAO, as group auditor, requires us to complete the WGA Assurance Statement in respect of its consolidation data. We have not received the instructions from the NAO and therefore this work remains incomplete.

4. Other reporting responsibilities and our fees

Fees for work as the Authority’s auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum. Having substantially completed our work for the 2021/22 financial year, we can confirm that our fees are as follows:

Area of work	2020/21 fees	2021/22 fees	2022/23 Scale Fee
Scale fee in respect of our work under the Code of Audit Practice	£10,209	£10,209	£13,727
Additional cost in respect of:			
• Additional testing on IAS19 Pension Liabilities*	£1,701	£2,100	N/A – included in the scale fee
• Additional testing on valuation of land, buildings, and investment properties*	£1,817	£2,100	N/A – included in the scale fee
Comparable fee	£13,727	£14,409	£13,727
Additional costs arising from:			
• Additional work from the introduction of new auditing standards (ISA 540 Estimates)	£1,188	£1,500	TBC
• Other additional testing	£1,188	-	
Additional cost in respect of the new VFM approach	£3,518	£4,400	TBC
Total fees	£19,621	£20,309	TBC

**In respect of increased regulatory expectations*

The scale fee for 2022/23 has been uplifted to take into account a permanent increase for pension testing and testing of land & buildings . Fee variations subject to PSAA approval process.

Fees for other work

We confirm that we have not undertaken any assurance related services for the Authority in the year.

Mark Surridge

Mazars

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Birmingham

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

*where permitted under applicable country laws.

8. EXTERNAL AUDIT - 2022/23 AUDIT STRATEGY (JW)

1. Purpose of the report

This report asks Members to consider the 2022/23 External Audit Strategy Memorandum from our External Auditors, Mazars. Mark Surridge, Director and Engagement Lead at Mazars will be at the Authority meeting to present the Memorandum and to answer any questions.

Key Issues

- **The External Auditor presents the Strategy for auditing the financial statements and value for money arrangements annually in advance of the audit of the financial statements, in this case it is for the 2022/23 financial statements.**
- **Achieving an unqualified value for money opinion from the External Auditor is included in the Authority Plan Objective D (Financial Resilience).**

2. Recommendation:

- 1. That the 2022/23 External Audit Strategy Memorandum be considered and acknowledged.**

How does this contribute to our policies and legal obligations?

- 3. The work of the External Auditors is a key part of our governance arrangements and helps us to monitor and improve performance against our ambition in the Authority Plan to be a financially resilient organisation and provide value for money. Achieving an unqualified opinion from the External Auditor is part of the target for Objective D (Financial Resilience).**

Background Information

- 4. The statutory responsibilities and powers of auditors appointed by Public Sector Audit Appointments Ltd (PSAA) are set out in the Local Audit and Accountability Act 2014 and the National Audit Office's Code of Audit Practice. Following changes made as a result of the governance review, consideration of the External Auditor's Strategy is currently a matter reserved to the Authority.**

Proposals

- 5. The External Audit Strategy Memorandum for 2022/23 is given at Appendix 1. The Strategy outlines the scope of the work proposed and the External Auditor's assessment of audit risks and key judgement areas for the audit of financial statements and the value for money conclusion for 2022/23.**

Are there any corporate implications members should be concerned about?

Financial:

- 6. The scale fees for the External Audit are funded from the financial services budget. The fee for the 2022/23 has been set by the PSAA at £13,727 based on the scale fee for 2021/22 (£10,209) with adjustments for recurrent fee variations for the 2019/20 and 2020/21 audits for additional testing for Property, Plant and Equipment and Pensions. The scale fees have also included a 5.2% inflationary increase which has been funded by the PSAA directly to Mazars from surpluses which would otherwise be distributed to**

opted-in bodies. It is expected that there will be additional fees for the enhanced Value for Money requirements but the amount is unknown at this time (£4,400 in 2021/22) and new auditing standards (£1,500 in 2021/22). For the 2022/23 audit the Authority has received funding of £6,017 from Central Government to assist Local Authorities with the increasing costs of External Audit.

Risk Management:

7. The scrutiny and advice provided by External Audit is part of our governance framework.

The External Auditor's work is based on an assessment of audit risk as explained in The External Auditors report at Appendix 1.

Sustainability:

8. There are no implications to identify in this report.

Equality, Diversity and Inclusion:

9. There are no implications to identify in this report.

10. Climate Change

There are no implications to identify in this report.

11. Background papers (not previously published)

None

12. Appendices

Appendix 1 - 2022/23 External Audit Strategy Memorandum

Report Author, Job Title and Publication Date

Justine Wells, Head of Finance, 11th May 2023

Audit Strategy Memorandum

Peak District National Park Authority

Year ending 31 March 2023



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- 06** Fees for audit and other services
- 07** Our commitment to independence
- 08** Materiality and misstatements

- A** Appendix A – Key communication points
- Appendix B – Revised auditing standard on Identifying and assessing the risks of material misstatement: ISA (UK) 315 (Revised 2019)

This document is to be regarded as confidential to Peak District National Park Authority. It has been prepared for the sole use of Those Charged With Governance. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.



Peak District National Park Authority
Aldern House
Baslow Road
Bakewell
Derbyshire
DE45 1AE

19 May 2023

Mazars LLP Park View House
58 The Ropewalk
Nottingham
NG1 5DW

Dear Sirs/Madams

Audit Strategy Memorandum – Year ending 31 March 2023

We are pleased to present our Audit Strategy Memorandum for Peak District National Park Authority for the year ending 31 March 2023. The purpose of this document is to summarise our audit approach, highlight significant audit risks and areas of key judgements and provide you with the details of our audit team. As it is a fundamental requirement that an auditor is, and is seen to be, independent of its clients, section 7 of this document also summarises our considerations and conclusions on our independence as auditors. We consider two-way communication with you to be key to a successful audit and important in:

- reaching a mutual understanding of the scope of the audit and the responsibilities of each of us;
- sharing information to assist each of us to fulfil our respective responsibilities;
- providing you with constructive observations arising from the audit process; and
- ensuring that we, as external auditors, gain an understanding of your attitude and views in respect of the internal and external operational, financial, compliance and other risks facing Peak District National Park Authority which may affect the audit, including the likelihood of those risks materialising and how they are monitored and managed.

With that in mind, we see this document, which has been prepared following our initial planning discussions with management, as being the basis for a discussion around our audit approach, any questions, concerns or input you may have on our approach or role as auditor. This document also contains an appendix that outlines our key communications with you during the course of the audit, and explains the implications of the introduction of the new auditing standard for Identifying and assessing the risks of material misstatement: ISA (UK) 315 (Revised 2019).

Client service is extremely important to us and we strive to provide technical excellence with the highest level of service quality, together with continuous improvement to exceed your expectations so, if you have any concerns or comments about this document or audit approach, please contact me on mark.surridge@mazars.co.uk.

Yours faithfully

Mark Surridge

Mazars LLP

01

Section 01:

**Engagement and
responsibilities summary**

1. Engagement and responsibilities summary

Overview of engagement

We are appointed to perform the external audit of Peak District National Park Authority (the Authority) for the year to 31 March 2023. The scope of our engagement is set out in the Statement of Responsibilities of Auditors and Audited Bodies, issued by Public Sector Audit Appointments Ltd (PSAA) available from the PSAA website: <https://www.psaa.co.uk/managing-audit-quality/statement-of-responsibilities-of-auditors-and-audited-bodies/>. Our responsibilities are principally derived from the Local Audit and Accountability Act 2014 (the 2014 Act) and the Code of Audit Practice issued by the National Audit Office (NAO), as outlined below.

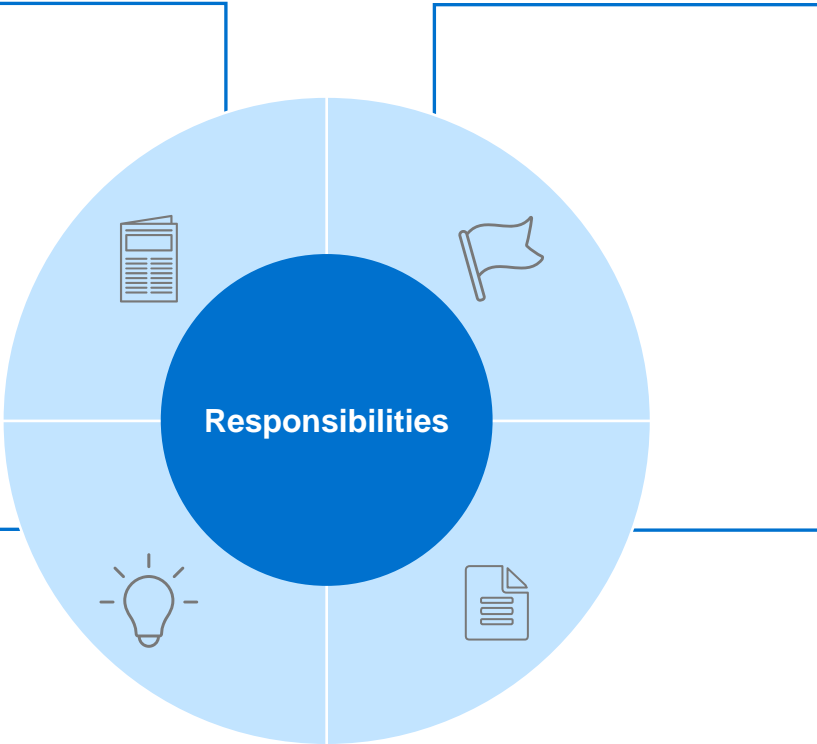
Audit opinion

We are responsible for forming and expressing an opinion on whether the financial statements are prepared, in all material respects, in accordance with the Code of Practice on Local Authority Accounting. Our audit does not relieve management or Those Charged With Governance, as those charged with governance, of their responsibilities.

The Chief Finance Officer is responsible for the assessment of whether it is appropriate for the Authority to prepare its accounts on a going concern basis. As auditors, we are required to obtain sufficient appropriate audit evidence regarding, and conclude on: a) whether a material uncertainty related to going concern exists; and b) consider the appropriateness of the Chief Finance Officer's use of the going concern basis of accounting in the preparation of the financial statements.

Value for money

We are also responsible for forming a commentary on the arrangements that the Authority has in place to secure economy, efficiency and effectiveness in its use of resources. We discuss our approach to Value for Money work further in section 5 of this report.



Fraud

The responsibility for safeguarding assets and for the prevention and detection of fraud, error and non-compliance with law or regulations rests with both those charged with governance and management. This includes establishing and maintaining internal controls over reliability of financial reporting.

As part of our audit procedures in relation to fraud we are required to enquire of those charged with governance, including key management and Internal audit as to their knowledge of instances of fraud, the risk of fraud and their views on internal controls that mitigate the fraud risks. In accordance with International Standards on Auditing (UK), we plan and perform our audit so as to obtain reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. However our audit should not be relied upon to identify all such misstatements.

Wider reporting and electors' rights

We report to the NAO on the consistency of the Authority's financial statements with its Whole of Government Accounts (WGA) submission.

The 2014 Act requires us to give an elector, or any representative of the elector, the opportunity to question us about the accounting records of the Authority and consider any objection made to the accounts. We also have a broad range of reporting responsibilities and powers that are unique to the audit of local authorities in the United Kingdom

02

Section 02:

Your audit engagement team

2. Your audit engagement team

Below is your audit engagement team and their contact details.

Mark Surridge

Engagement Partner

Email: mark.surridge@mazars.co.uk

Tom Greensill

Engagement Manager

Email: tom.greensill@mazars.co.uk

Emily Reynolds

In-charge

Email: emily.reynolds@mazars.co.uk

03

Section 03:

Audit scope, approach and timeline

3. Audit scope, approach and timeline

Audit scope

Our audit approach is designed to provide an audit that complies with all professional requirements.

Our audit of the financial statements will be conducted in accordance with International Standards on Auditing (UK), relevant ethical and professional standards, our own audit approach and in accordance with the terms of our engagement. Our work is focused on those aspects of your activities which we consider to have a higher risk of material misstatement, such as those impacted by management judgement and estimation, application of new accounting standards, changes of accounting policy, changes to operations or areas which have been found to contain material errors in the past.

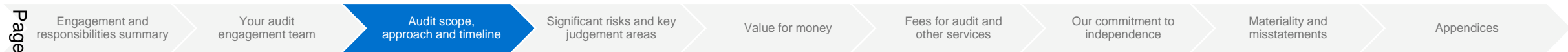
Audit approach

Our audit approach is risk-based and primarily driven by the issues that we consider lead to a higher risk of material misstatement of the accounts. Once we have completed our risk assessment, we develop our audit strategy and design audit procedures in response to the risks identified.

If we conclude that appropriately-designed controls are in place, then we may plan to test and rely upon these controls. If we decide controls are not appropriately designed, or we decide it would be more efficient to do so, we may take a wholly substantive approach to our audit testing. Substantive procedures are audit procedures designed to detect material misstatements at the assertion level and comprise: tests of details (of classes of transactions, account balances, and disclosures); and substantive analytical procedures. Irrespective of the assessed risks of material misstatement, which take into account our evaluation of the operating effectiveness of controls, we are required to design and perform substantive procedures for each material class of transactions, account balance, and disclosure.

Our audit will be planned and performed so as to provide reasonable assurance that the financial statements are free from material misstatement and give a true and fair view. The concept of materiality and how we define a misstatement is explained in more detail in section 8.

The diagram on the next page outlines the procedures we perform at the different stages of the audit.



Audit scope, approach and timeline

Planning and Risk Assessment February 2023

Planning visit and developing our understanding of the Authority

- Initial opinion and value for money risk assessments
- Considering proposed accounting treatments and accounting policies
- Developing the audit strategy and planning the audit work to be performed
- Agreeing timetable and deadlines
- Risk assessment analytical procedures
- Determination of materiality

Completion October

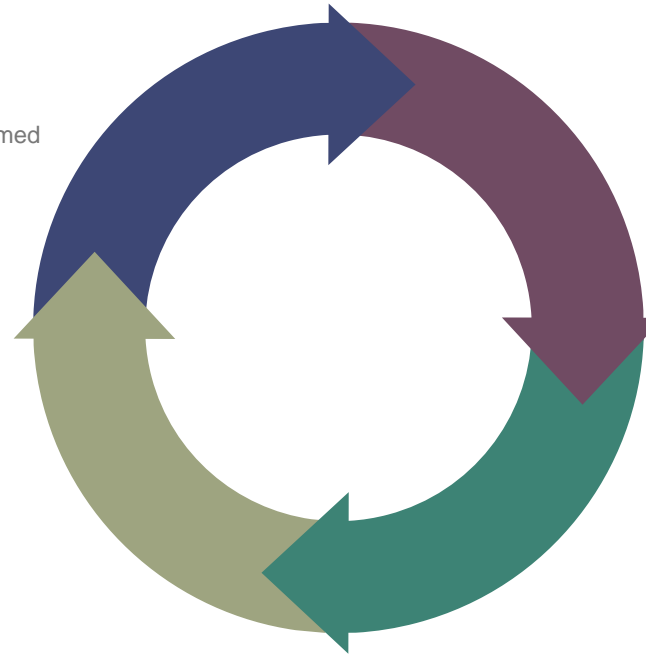
- Final review and disclosure checklist of financial statements
- Final partner review
- Agreeing content of letter of representation
- Reporting to the Those Charged With Governance
- Reviewing subsequent events
- Signing the independent auditor's report

Interim July

- Documenting systems and controls
- Performing walkthroughs
- Interim controls testing including tests of IT general controls
- Early substantive testing of transactions
- Reassessment of audit plan and revision if necessary

Fieldwork August - October

- Receiving and reviewing draft financial statements
- Delivering our audit strategy starting with significant risks and high risk areas including detailed testing of transactions, account balances and disclosures
- Communicating progress and issues
- Clearance meeting



Engagement and responsibilities summary

Your audit engagement team

Audit scope, approach and timeline

Significant risks and key judgement areas

Value for money

Fees for audit and other services

Our commitment to independence

Materiality and misstatements

Appendices

3. Audit scope, approach and timeline

Reliance on internal audit

We will liaise with internal audit to discuss the progress and findings of their work prior to the commencement of our controls evaluation procedures.

Management's and our experts

Management makes use of experts in specific areas when preparing the Authority's financial statements. We also use experts to assist us to obtain sufficient appropriate audit evidence on specific items of account.

Item of account	Management's expert	Our expert
Property, Plant and Equipment	District Valuer Services	Third party evidence provided via the NAO to support out challenge of valuation assumptions.
Pensions	Hymans Robertson	PwC (Consulting actuary appointed by the NAO)

04

Section 04:

Significant risks and other key judgement areas

4. Significant risks and other key judgement areas

Following the risk assessment approach discussed in section 3 of this document, we have identified risks relevant to the audit of financial statements. The risks that we identify are categorised as significant, enhanced or standard. The definitions of the level of risk rating are given below:

Significant risk

Significant risks are those risks assessed as being close to the upper end of the spectrum of inherent risk, based on the combination of the likelihood of a misstatement occurring and the magnitude of any potential misstatement. Fraud risks are always assessed as significant risks as required by auditing standards, including management override of controls and revenue recognition.

Enhanced risk

An enhanced risk is an area of higher assessed risk of material misstatement at audit assertion level other than a significant risk. Enhanced risks require additional consideration but does not rise to the level of a significant risk, these include but may not be limited to:

- key areas of management judgement, including accounting estimates which are material but are not considered to give rise to a significant risk of material misstatement; and
- other audit assertion risks arising from significant events or transactions that occurred during the period.

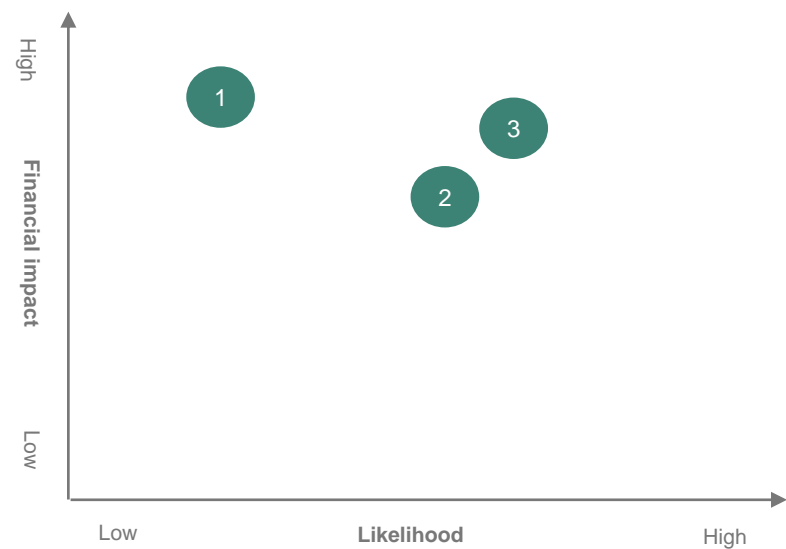
Standard risk

This is related to relatively routine, non-complex transactions that tend to be subject to systematic processing and require little management judgement. Although it is considered that there is a risk of material misstatement (RMM), there are no elevated or special factors related to the nature, the likely magnitude of the potential misstatements or the likelihood of the risk occurring.

4. Significant risks and other key judgement areas

Summary risk assessment

The summary risk assessment, illustrated in the table below, highlights those risks which we deem to be significant and other enhanced risks in respect of the Authority. We have summarised our audit response to these risks on the next page.



- 1. Management override of controls
- 2. Valuation of the net defined benefit liability
- 3. Valuation of property, plant and equipment

Key: ● Significant risk ● Enhanced risk / significant management judgement

4. Significant risks and other key judgement areas

Specific identified audit risks and planned testing strategy

We have presented below in more detail the reasons for the risk assessment highlighted above, and also our testing approach with respect to significant risks. An audit is a dynamic process, should we change our view of risk or approach to address the identified risks during the course of our audit, we will report this to Those Charged With Governance.

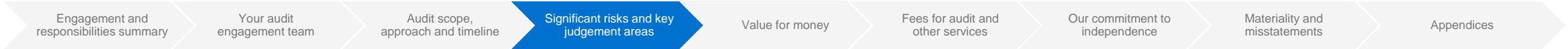
Significant risks

	Description	Fraud	Error	Judgement	Planned response
1	<p>Management override of controls This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur.</p> <p>Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.</p>	●	○	○	We plan to address the management override of controls risk through performing audit work over accounting estimates, journal entries and significant transactions outside the normal course of business or otherwise unusual.

4. Significant risks and other key judgement areas

Significant risks

	Description	Fraud	Error	Judgement	Planned response
2	<p>Net defined benefit liability valuation</p> <p>The defined benefit liability relating to the Local Government pension scheme represents a significant balance on the Authority's balance sheet.</p> <p>The Authority uses an actuary to provide an annual valuation of these liabilities in line with the requirements of IAS 19 Employee Benefits.</p> <p>Due to the high degree of estimation uncertainty associated with this valuation, we have determined there is a significant risk in this area.</p>	○	●	●	<p>We plan to address the risk by:</p> <ul style="list-style-type: none"> critically assessing the competency, objectivity and independence of the Derbyshire Pension Fund's Actuary; liaising with the auditors of the Derbyshire Pension Fund to gain assurance that the controls in place at the Pension Fund are operating effectively. This will included the processes and controls in place to ensure data provided to the Actuary by the Pension Fund for the purposes of the IAS 19 valuation is complete and accurate; reviewing the appropriateness of the Pension Asset and Liability valuation methodologies applied by the Pension Fund Actuary, and the key assumptions included within the valuation. This will include comparing them to expected ranges, utilising information by the consulting actuary engaged by the National Audit Office; and agreeing the data in the IAS 19 valuation report provided by the Fund Actuary for accounting purposes to the pension accounting entries and disclosures in the Authority's financial statements



4. Significant risks and other key judgement areas

Significant risks

	Description	Fraud	Error	Judgement	Planned response
3	<p>Valuation of property, plant and equipment</p> <p>Land and buildings are a significant balance on the Authority's balance sheet.</p> <p>The valuation of land and buildings is complex and is subject to a number of management assumptions and judgements.</p> <p>Due to the high degree of estimation uncertainty associated, we have determined there is a significant risk in this area</p> <p>This risk covers:</p> <ul style="list-style-type: none">• Investment properties• Other PPE related assets.	○	●	●	<p>We plan to address this risk by:</p> <ul style="list-style-type: none">• critically assessing the Authority's valuer's scope of work, qualifications, objectivity and independence to carry out the required programme of revaluations;• Considering whether the overall revaluation methodologies used by the Authority's valuer are in line with industry practice, the CIPFA code of practice and the Authority's accounting policies;• assessing whether valuation movements are in line with market expectations by considering valuation trends;• critically assessing the treatment of the upward and downward revaluation movements in the Authority's financial statements with regards to the requirements of the CIPFA code of practice.• Critically assessing the approach that the Authority adopts to ensure that assets that are not subject to revaluation in 2020/21 are materially correct, including considering the robustness of that approach in light of the valuation information reported by the Authority's valuers.

05

Section 05: **Value for money**

5. Value for money

The framework for Value for Money work

We are required to form a view as to whether the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out in order to form our view, and sets out the overall criterion and sub-criteria that we are required to consider.

2022/23 will be the third audit year where we are undertaking our value for money (VFM) work under the 2020 Code of Audit Practice (the Code). Our responsibility remains to be satisfied that the Authority has proper arrangements in place and to report in the audit report and/or the audit completion certificate where we identify significant weaknesses in arrangements. Separately we provide a commentary on the Authority's arrangements in the Auditor's Annual Report.

Specified reporting criteria

The Code requires us to structure our commentary to report under three specified criteria:

- 1. **Financial sustainability** – how the Authority plans and manages its resources to ensure it can continue to deliver its services
- 2. **Governance** – how the Authority ensures that it makes informed decisions and properly manages its risks
- 3. **Improving economy, efficiency and effectiveness** – how the Authority uses information about its costs and performance to improve the way it manages and delivers its services

Our approach

Our work falls into three primary phases as outlined opposite. We need to gather sufficient evidence to support our commentary on the Authority's arrangements and to identify and report on any significant weaknesses in arrangements. Where significant weaknesses are identified we are required to report these to the Authority and make recommendations for improvement. Such recommendations can be made at any point during the audit cycle and we are not expected to wait until issuing our overall commentary to do so.

Our VFM planning and risk assessment work is an ongoing process and to date, no risks of significant weaknesses in arrangements have been identified. We will report any identified risks to the Authority on completion of our planning and risk identification work.

Planning and risk assessment

- Obtaining an understanding of the Authority's arrangements for each specified reporting criteria. Relevant information sources will include:
- NAO guidance and supporting information
 - Information from internal and external sources including regulators
 - Knowledge from previous audits and other audit work undertaken in the year
 - Interviews and discussions with staff and members

Additional risk-based procedures and evaluation

Where our planning work identifies risks of significant weaknesses, we will undertake additional procedures to determine whether there is a significant weakness.

Reporting

- We will provide a summary of the work we have undertaken and our judgements against each of the specified reporting criteria as part of our commentary on arrangements. This will form part of the Auditor's Annual Report.
- Our commentary will also highlight:
- Significant weaknesses identified and our recommendations for improvement
 - Emerging issues or other matters that do not represent significant weaknesses but still require attention from the Authority.

06

Section 06:

Fees for audit and other services

6. Fees for audit and other services

Fees for work as the Authority’s appointed auditor

At this stage of the audit, we expect some divergence from the scale fees set by PSAA to take account of the additional work required for our VFM responsibilities and for work to comply with auditing standard ISA540 (estimates) and ISA 315 (Identifying and Assessing the Risks of Material Misstatement).

Area of work	2022/23 Scale Fee	2021/22 Actual Fee
Code Audit Work	£13,727	£10,209
Additional costs associated with the audit not included in the scale fee (eg additional testing requirements driven by regulatory requirements, additional testing from new auditing standards, additional work to deliver the VFM responsibilities)	TBC	£10,100
Total	TBC	£20,309

Fees for non-PSAA work

We have not been engaged by the Authority to carry out any other work. Further information about our responsibilities in relation to independence is provided in section 7.

07

Section 07:

Our commitment to independence

7. Our commitment to independence

We are committed to independence and are required by the Financial Reporting Authority to confirm to you at least annually in writing that we comply with the FRC's Ethical Standard. In addition, we communicate any matters or relationship which we believe may have a bearing on our independence or the objectivity of the audit team.

Based on the information provided by you and our own internal procedures to safeguard our independence as auditors, we confirm that in our professional judgement there are no relationships between us and any of our related or subsidiary entities, and you and your related entities creating any unacceptable threats to our independence within the regulatory or professional requirements governing us as your auditors.

We have policies and procedures in place which are designed to ensure that we carry out our work with integrity, objectivity and independence. These policies include:

- all partners and staff are required to complete an annual independence declaration;
- all new partners and staff are required to complete an independence confirmation and also complete computer based ethical training;
- rotation policies covering audit engagement partners and other key members of the audit team; and
- use by managers and partners of our client and engagement acceptance system which requires all non-audit services to be approved in advance by the audit engagement partner.

We confirm, as at the date of this document, that the engagement team and others in the firm as appropriate, Mazars LLP are independent and comply with relevant ethical requirements. However, if at any time you have concerns or questions about our integrity, objectivity or independence please discuss these with Mark Surridge in the first instance.

Prior to the provision of any non-audit services Mark Surridge will undertake appropriate procedures to consider and fully assess the impact that providing the service may have on our auditor independence.

Any emerging independence threats and associated identified safeguards will be communicated in our Audit Completion Report.

08

Section 08:

Materiality and misstatements

8. Materiality and misstatements

Summary of initial materiality thresholds

Threshold	Initial threshold £'000s
Overall materiality	319
Performance materiality	255
Specific materiality – Officers' remuneration and Members' allowances and expenses	5
Trivial threshold for errors to be reported to Those Charged With Governance:	10

Materiality

Materiality is an expression of the relative significance or importance of a particular matter in the context of financial statements as a whole.

Information is considered to be material if omitting, misstating or obscuring it could reasonably be expected to influence the decisions that the primary users of general purpose financial statements make on the basis of those financial statements, which provide financial information about a specific reporting entity.

Judgements on materiality are made in light of surrounding circumstances and are affected by the size and nature of a misstatement, or a combination of both. Judgements about materiality are based on consideration of the common financial information needs of users as a group and not on specific individual users.

The assessment of what is material is a matter of professional judgement and is affected by our perception of the financial information needs of the users of the financial statements. In making our assessment we assume that users:

- have a reasonable knowledge of business, economic activities and accounts;
- have a willingness to study the information in the financial statements with reasonable diligence;
- understand that financial statements are prepared, presented and audited to levels of materiality;
- recognise the uncertainties inherent in the measurement of amounts based on the use of estimates, judgement and the consideration of future events; and
- will make reasonable economic decisions on the basis of the information in the financial statements.

We consider materiality whilst planning and performing our audit based on quantitative and qualitative factors.

Whilst planning, we make judgements about the size of misstatements which we consider to be material and which provides a basis for determining the nature, timing and extent of risk assessment procedures, identifying and assessing the risk of material misstatement and determining the nature, timing and extent of further audit procedures.

The materiality determined at the planning stage does not necessarily establish an amount below which uncorrected misstatements, either individually or in aggregate, will be considered as immaterial.

We revise materiality for the financial statements as our audit progresses should we become aware of information that would have caused us to determine a different amount had we been aware of that information at the planning stage.

Our provisional materiality is set based on a benchmark of gross revenue expenditure. We will identify a figure for materiality but identify separate levels for procedures designed to detect individual errors, and also a level above which all identified errors will be reported to Those Charged With Governance.

We consider that the gross revenue expenditure remains the key focus of users of the financial statements and, as such, we base our materiality levels around this benchmark.

8. Materiality and misstatements

Materiality (continued)

We expect to set a materiality threshold at 2% of gross revenue expenditure. Based on prior year financial statements we anticipate the overall materiality for the year ending 31 March 2022 to be in the region of £319k (£350k in the prior year).

After setting initial materiality, we continue to monitor materiality throughout the audit to ensure that it is set at an appropriate level.

Performance Materiality

Performance materiality is the amount or amounts set by the auditor at less than materiality for the financial statements as a whole to reduce, to an appropriately low level, the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality for the financial statements as a whole. Our initial assessment of performance materiality is based on low inherent risk, meaning that we have applied 80% of overall materiality as performance materiality.

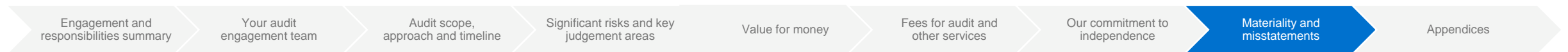
Misstatements

We accumulate misstatements identified during the audit that are other than clearly trivial. We set a level of triviality for individual errors identified (a reporting threshold) for reporting to Those Charged With Governance that is consistent with the level of triviality that we consider would not need to be accumulated because we expect that the accumulation of such amounts would not have a material effect on the financial statements. Based on our preliminary assessment of overall materiality, our proposed triviality threshold is £10k based on 3% of overall materiality. If you have any queries about this please do not hesitate to raise these with Mark Surridge.

Reporting to Those Charged With Governance

The following three types of audit differences above the trivial threshold will be presented to Those Charged With Governance:

- summary of adjusted audit differences;
- summary of unadjusted audit differences; and
- summary of disclosure differences (adjusted and unadjusted).





Appendices

A: Key communication points

B: Revised auditing standard on Identifying and assessing the risks of material misstatement: ISA (UK) 315 (Revised 2019)

Appendix A: Key communication points

We value communication with Those Charged With Governance as a two way feedback process at the heart of our client service commitment. ISA 260 (UK) ‘Communication with Those Charged with Governance’ and ISA 265 (UK) ‘Communicating Deficiencies In Internal Control To Those Charged With Governance And Management’ specifically require us to communicate a number of points with you.

Relevant points that need to be communicated with you at each stage of the audit are outlined below.

Form, timing and content of our communications

We will present the following reports:

- Audit Strategy Memorandum;
- Audit Completion Report; and
- Auditor’s Annual Report

These documents will be discussed with management prior to being presented to yourselves and their comments will be incorporated as appropriate.

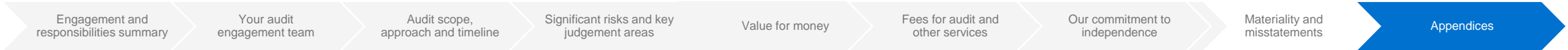
Key communication points at the planning stage as included in this Audit Strategy Memorandum

- Our responsibilities in relation to the audit of the financial statements;
- The planned scope and timing of the audit;
- Significant audit risks and areas of management judgement;
- Our commitment to independence;

- Responsibilities for preventing and detecting errors;
- Materiality and misstatements; and
- Fees for audit and other services.

Key communication points at the completion stage to be included in our Audit Completion Report

- Significant deficiencies in internal control;
- Significant findings from the audit;
- Significant matters discussed with management;
- Significant difficulties, if any, encountered during the audit;
- Qualitative aspects of the entity’s accounting practices, including accounting policies, accounting estimates and financial statement disclosures;
- Our conclusions on the significant audit risks and areas of management judgement;
- Summary of misstatements;
- Management representation letter;
- Our proposed draft audit report; and
- Independence.



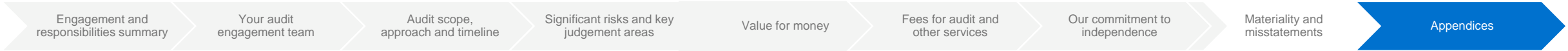
Appendix A: Key communication points

ISA (UK) 260 ‘Communication with Those Charged with Governance’, ISA (UK) 265 ‘Communicating Deficiencies In Internal Control To Those Charged With Governance And Management’ and other ISAs (UK) specifically require us to communicate the following:

Required communication	Where addressed
Our responsibilities in relation to the financial statement audit and those of management and those charged with governance.	Audit Strategy Memorandum
The planned scope and timing of the audit including any limitations, specifically including with respect to significant risks.	Audit Strategy Memorandum
With respect to misstatements: <ul style="list-style-type: none">• uncorrected misstatements and their effect on our audit opinion;• the effect of uncorrected misstatements related to prior periods;• a request that any uncorrected misstatement is corrected; and• in writing, corrected misstatements that are significant.	Audit Completion Report
With respect to fraud communications: <ul style="list-style-type: none">• enquiries of Those Charged With Governance to determine whether they have a knowledge of any actual, suspected or alleged fraud affecting the entity;• any fraud that we have identified or information we have obtained that indicates that fraud may exist; and• a discussion of any other matters related to fraud.	Audit Completion Report and discussion at Authority Committee, Audit planning and clearance meetings

Appendix A: Key communication points

Required communication	Where addressed
Significant matters arising during the audit in connection with the entity's related parties including, when applicable: <ul style="list-style-type: none">• non-disclosure by management;• inappropriate authorisation and approval of transactions;• disagreement over disclosures;• non-compliance with laws and regulations; and• difficulty in identifying the party that ultimately controls the entity.	Audit Completion Report
Significant findings from the audit including: <ul style="list-style-type: none">• our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures;• significant difficulties, if any, encountered during the audit;• significant matters, if any, arising from the audit that were discussed with management or were the subject of correspondence with management;• written representations that we are seeking;• expected modifications to the audit report; and• other matters, if any, significant to the oversight of the financial reporting process or otherwise identified in the course of the audit that we believe will be relevant to Those Charged With Governance in the context of fulfilling their responsibilities.	Audit Completion Report
Significant deficiencies in internal controls identified during the audit.	Audit Completion Report
Where relevant, any issues identified with respect to authority to obtain external confirmations or inability to obtain relevant and reliable audit evidence from other procedures.	Audit Completion Report



Appendix A: Key communication points

Required communication	Where addressed
Audit findings regarding non-compliance with laws and regulations where the non-compliance is material and believed to be intentional (subject to compliance with legislation on tipping off) and enquiry of Those Charged With Governance into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that Those Charged With Governance may be aware of.	Audit Completion Report and Those Charged With Governance meetings
With respect to going concern, events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: <ul style="list-style-type: none"> whether the events or conditions constitute a material uncertainty; whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements; and the adequacy of related disclosures in the financial statements. 	Audit Completion Report
Reporting on the valuation methods applied to the various items in the annual financial statements including any impact of changes of such methods	Audit Completion Report
Indication of whether all requested explanations and documents were provided by the entity	Audit Completion Report

Appendix B: Revised auditing standard on Identifying and assessing the risks of material misstatement: ISA (UK) 315 (Revised 2019)

Background

ISA (UK) 315 (Revised 2019) introduces major changes to the auditor’s risk identification and assessment approach, which are intended to drive a more focused response from auditors undertaking work to obtain sufficient appropriate audit evidence to address the risks of material misstatement. The new standard is effective for periods commencing on or after 15 December 2021 and therefore applies in full for the Authority’s 2022/23 audit.

The most significant changes relevant to the Authority’s audit are outlined below.

Enhanced risk identification and assessment

The standard has enhanced the requirements for the auditor to understand the audited entity, its environment and the applicable financial reporting framework in order to identify and assess risk based on new inherent risk factors which include:

- Subjectivity
- Complexity
- Uncertainty and change
- Susceptibility to misstatement due to management bias or fraud.

Using these inherent risk factors, we assess inherent risk on a spectrum, at which the higher end of which lies significant risks, to drive an audit that is more focused on identified risks. Auditors are now also required to obtain sufficient, appropriate evidence from these risk identification and assessment procedures which means documentation and evidence requirements are also enhanced.

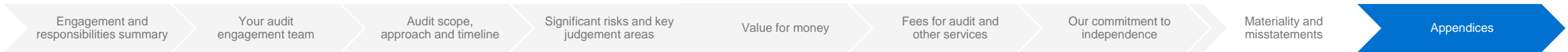
Greater emphasis on understanding IT

In response to constantly evolving business environments, the standard places an increased emphasis on the requirements for the auditor to gain an understanding of the entity’s IT environment to better understand the possible

risks within an entity’s information systems. As a result, we are required to gain a greater understanding of the IT environment, including IT general controls (ITGCs).

Increased focus on controls

Building on the need for auditors to gain a greater understanding of the IT environment, the standard also widens the scope of controls that are deemed relevant to the audit. We are now required to broaden our understanding of controls implemented by management, including ITGCs, as well as assess the design and implementation of those controls.



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9. INTERNAL AUDIT REPORT BLOCK 2 2022/23 (JW)

1. Purpose of the report

The report presents to Members' the Internal Auditors' recommendations for the second block of the 2022/23 audit and the agreed actions for consideration. The Internal Auditors will be present at the meeting to answer any questions relating to the audit report or process as usual.

Key Issues

- **The Auditors give an opinion based on four grades of assurance (Substantial Assurance, Reasonable Assurance, Limited Assurance and No Assurance). All 3 audit reports on HR, Contract Management and Planning received the highest level of Substantial Assurance.**
- **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 1 scale 2 action in the Planning audit and 3 scale 3 actions in the Human Resources Audit.**

2. Recommendation

- 1. That the Internal Audit reports for the three areas covered under Block 2 for 2022/23 Human Resources, Contract Management and Planning (in appendices 1-3 respectively) be received 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 Information

4. The Accounts and Audits 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 2022/23 was approved by the Authority meeting in July 2022.

Proposals

5. Managers have carefully considered the Internal Auditors' recommendations and the agreed actions for which there are 3 scale 3 ones in the HR Audit, 1 scale 2 action in the Planning Audit and no actions in the Contract Management Audit which are attached in appendices 1 to 3 respectively 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 the priority rating of recommendations is important as this has to be managed with 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.

Equality, Diversity and Inclusion:

9. There are no implications to identify.

Climate Change

10. There are no implications to identify.

11. Background papers (not previously published)

None

12. Appendices

Appendix 1 - Human Resources

Appendix 2 - Contract Management

Appendix 3 - Planning

Report Author, Job Title and Publication Date

Justine Wells, Head of Finance, 11th May 2023



Human Resources
Peak District National Park Authority
Internal Audit Report

Business Unit: Human Resources
Responsible Officer: Head of People Management
Date Issued: 5th May 2023
Status: Final
Reference: P3180/002

	P1	P2	P3
Actions	0	0	3
Overall Audit Opinion	Substantial Assurance		



Introduction

The Peak District National Park Authority (PDNPA) employs approximately 245 staff. It is important to comply with the procedures in place to ensure effective management of HR processes, particularly with regard to sickness management, appraisals and appointments.

The PDNPA uses the Civica People Live system to collate and manage employee information. The Authority operates a partially self-serve system which allows employees to keep certain aspects of their details up to date, but other processes are managed separately by HR and Payroll. The PDNPA has an umbrella agreement with Derbyshire County Council provided as part of a Service-Level Agreement (SLA) to undertake DBS checks.

Following the Covid-19 pandemic, the PDNPA has moved to use electronic processes for staff appraisals and absence management and has streamlined the appraisal process following feedback from service areas.

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:

- There are appropriate recruitment processes in place, including correct pre-employment checks.
- Staff appraisals are undertaken in line with procedures.
- Staff sickness absence is appropriately managed and recorded.

Key Findings

Generally the processes for recruitment and the appointment of new staff were applied consistently and in line with key statutory requirements. The administration of new starters is undertaken on the WebRecruit system. The onboarding (pre-employment) checks that are carried out are listed in the Recruitment and selection guidance on the HUB intranet and available to all staff. There are no internal procedure notes for using the Webrecruit system due to the format of the system being a prescribed workflow which details each step to be taken. A high-level summary of the process and accompanying screen shots were provided by one of the HR Advisers. There is evidence that a review of DBS requirements was carried out appropriately for all cases sampled.

All application forms were available with the correct information included. Generally, there were two complete references available for all cases in the sample, with one exception where it had been noted and accepted by HR that two references from the same employer had been amalgamated at source. One reference submitted only confirmed that the person was employed by that company and what their job title was with no additional detail. Valid documentation is sought to support an individual's identification and their right to work in the United Kingdom. New starter checklists were available for all cases sampled and all first pay slips confirmed the new starters had been set up on the system promptly. During the Covid-19 pandemic, the appointment form approval process was changed from each from being

individually signed to an electronic bulk sign off being provided by the Head of People Management (PM). This is where all of the forms are placed in the Payroll folder at month end, reviewed by the Head of PM and an email issued to show the bulk sign-off. The signature and date sections are still present on the forms. The Head of People Management confirmed that the requirement for signatures and dates will be removed from the appointment form to reflect the electronic approval process.

Contracts and employment documentation provided for new part-time employees were found to detail the contracted hours and the full-time equivalent salary but not the actual salary to be paid, although they all clearly stated the salary indicated was to be pro rata per year. One contract was also not dated by the employee. The Head of People Management confirmed that contracts for part-time employees would be changed to state their actual salary.

Of the total staff employed by the PDNPA for 18 months or longer (195), only 94 staff had both objectives and annual appraisals completed in the past twelve months. This was mainly due to the Covid-19 pandemic when it was agreed to prioritise operational needs and well-being above appraisal and objective completion. This had resulted in a known position where some staff had not had an appraisal for two years. Focus has now shifted back to the need to have appraisals fully completed and expectations were re-set with staff in relation to this in November and December 2022.

The new appraisal process was implemented in January 2021. The process is split into three parts - Pioneer, Enjoy, and Care. From January 2023 the process was changed to be completely electronic, i.e. paperless. This audit focused on the Pioneer and Enjoy aspects as there is no requirement for the Care part of the process to be formally documented and completion of it will not be tracked.

The audit reviewed submissions made under the previous process for the Pioneer and Enjoy aspects and found that as well as low completion rates, there were also quality issues with the information provided in relation to lack of detailed evidence, limited mention of the objectives agreed and lack of clarity as to which objective evidence was related to. As part of the new process, clear and detailed guidance and templates have been provided to confirm quality expectations. This should assist with improving the quality of submissions. However, given the results of this testing, it would be prudent for the authority to consider monitoring the quality and consistency of the submissions for each aspect of the process, not just the completion rates.

The PDNPA has an annual target of less than 6 days absence per staff member. This target had not been met in two of the last five years, with last year (2021-22) having the highest rate in the five-year period at 8.9.

Sickness management and monitoring is completed using the People Live system and sickness pay is administered by Derbyshire County Council. Although there is currently a new Absence Management policy being developed, the current policy had not been reviewed since 2011 and there were no formally documented sickness triggers included within it. This means there was an inconsistent approach to supporting and monitoring staff members and periods of sickness absence. The current policy also contained a calculation for an absence (Bradford) factor which managers could use to support their concerns about an employee's absence. The calculation was provided by a previous HR system, but it was confirmed by a HR Adviser that this calculation had never been implemented or used in recognition of the

need to manage absence on a cases by case basis. The Absence Management policy was not updated to reflect this. The new Absence Management policy will include specific sickness triggers although these remain in draft form and are yet to go out for consultation.

A review of 10 cases of sickness absence confirmed that where Fitness to Work certificates were required, these were available and covered the correct period of absence. Self-certification forms or fit notes were completed in all of the sample cases. From the sample of ten cases, there was no information available in the files or on the system for two cases to confirm return to work meetings had taken place. Two employees sampled had significant periods of absence and a formal absence review did take place for both of those employees.

All absences were listed correctly on DCC (PM04) forms which is the information provided to Derbyshire Council in order to process the payment of sick pay. All of these forms were authorised by the Head of People Management. Sick pay was correctly paid on the wage slips provided for the sample of cases. There was evidence that two members of staff had received further support and monitoring following periods of absence as a result of HR identifying this need from sickness reports.

Overall Conclusions

A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

1 Completion of appraisals

Issue/Control Weakness

Appraisals have not been completed consistently over the past two years or to agreed time-scales and quality standards.

Risk

Changes to the appraisal process do not increase completion rates or quality of appraisals.

Findings

A new appraisal process was implemented on 1st January 2021 and from January 2023 it is now undertaken electronically. The process is split into three parts - Pioneer (objective setting), Enjoy (review of the past 12 months performance) and Care (informal check-ins with staff and managers regarding health, well-being, workload etc). The new appraisal forms have been significantly reduced following feedback from the Investors in People delivery group.

Monitoring and reporting of completion rates of the Pioneer and Enjoy aspects of the process were monitored quarterly over the last year with updates/escalation to Heads of Service on those outstanding, although there is no formal documented process in place to support this. However, following review of the data provided, of the employees who had been employed for longer than 18 months, just over half had all or parts of the appraisal process missing. This suggests more could be done to improve completion rates. It should be ensured that any monitoring and escalation in place is followed through to ensure all aspects of the appraisal process are completed.

Although completion rates are monitored, the quality of objectives and submitted appraisals are not. When we tested the quality of 10 submissions using the previous process, issues were identified. All staff had objectives listed on the system, however six did not reference their objectives in the Enjoy part of the process. Of the four that did, the evidence provided was not explicitly linked to the objectives in two cases and one listed objectives that were different to those in the Pioneer part of the process. One appraisal was written almost entirely by the manager with little staff input evident. During testing, it was also identified that the objectives completed could have been 'SMARTER' in that they were quite vague and did not express clearly what the objective was. Measures could also be taken to enable staff to provide clear evidence to support the fulfilment of these objectives.

There is no requirement for any formal documentation of the Care stage of the process and no evidence of this happening was available for the samples chosen. Given there is no requirement for these meetings to be documented, it is not possible for HR to know or track if this is being undertaken as per the appraisal policy.

Agreed Action 1.1

Consider implementing a dip sampling system to monitor the quality and consistency of appraisals, not just completion rates.

Priority

3

Responsible

Head of People

Page 82 Explore with management an appropriate consequence for managers that do not complete the employee performance reviews (appraisals).
Amend guidance for Enjoy conversation to emphasise the need to evidence how objectives have been met.

Officer

Management

Timescale

30th April 2024

2 Lack of absence triggers in the Absence Management policy

Issue/Control Weakness

There are no sickness triggers in the Absence Management policy.

Risk

The Authority cannot demonstrate a duty of care to its staff and its Absence Management policy is not consistently applied.

Findings

In the staff Absence Management policy, there are no formally documented triggers whereby managers would take further action to assess what support could be provided to the employee if an agreed number of sickness days had been reached. Further, the Absence Management policy in use had not been reviewed or updated since 2011. Although the Guidance on Care conversation document provides managers with guidance on two informal triggers when checking sickness history (high frequency and long term), this is a disconnect with the formal Absence Management policy as no formal or informal triggers are documented here.

The HR Advisers monitor the sickness absence levels of their designated services using these informal triggers. The manager in conjunction with their HR Adviser has discretion as to whether a pattern of absences warrants a formal review. Managers were encouraged to raise any issues for discussion with the Head of People Management if they had concerns regarding patterns of absence, however it was usually HR who raised concerns with managers about employees with high frequency following review of quarterly reports. The inclusion of sickness triggers in the Absence Management policy would provide more guidance and consistency of application of the process to managers, with monitoring and support continuing to be provided by the HR team.

The lack of formally adopted sickness triggers means that opportunities may have been missed to discuss and provide this support, and that further action was taken consistently across the authority, thereby leaving the authority at risk of being unable to demonstrate a duty of care to employees and exposed to possible challenge regarding inconsistent treatment of staff. To address these risks, a revised policy is currently being drafted and this will include specific, defined triggers.

Agreed Action 2.1

Introduce new updated Absence Management Policy.
Create and circulate to individual managers relevant quarterly report to monitor high frequency sickness absences in relation to their staff.

Priority
Responsible
Officer

Timescale

3
Head of People
Management

30th September
2023

3 Return to work processes

Issue/Control Weakness

Return to work processes, particularly in relation to return to work interviews are not conducted in line with the Absence Management policy.

Risk

The authority is unable to demonstrate a duty of care to its staff.

Findings

As stated in the Absence Management policy, return to work interviews should be conducted by managers upon an employee's return for every absence 'to ensure as far as practicable that the employee is fit to return'. Following this meeting, all documentation should be forwarded to HR to be retained and to ensure absence records and sick pay are accurate.

Since August 2022, return to work processes have been recorded on the People Live system. From the sample of ten cases, there was no information available in the files or on the system in relation to return to work interviews for two cases. Of those return to work interviews which were completed, two had no comments saved on the system, although one had a manager comment on the self-certification form stating they were fit to go back to work.

Agreed Action 3.1

Create a monthly report to check that every absence has had a Return to Work interview recorded

Priority

3

Responsible Officer

Head of People Management

Timescale

30th September 2023

Audit Opinions and Priorities for Actions

Audit Opinions

Our work is based on using a variety of audit techniques to test the operation of systems. This may include sampling and data analysis of wider populations. It cannot guarantee the elimination of fraud or error. Our opinion relates only to the objectives set out in the audit scope and is based on risks related to those objectives that we identify at the time of the audit.

Our overall audit opinion is based on 4 grades of opinion, as set out below.

Opinion	Assessment of internal control
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

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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Contract Management

Peak District National Park Authority

Internal Audit Report

Business Unit: Cross Cutting
 Responsible Officer: Chief Finance Officer
 Date Issued: 17 April 2023
 Status: Final
 Reference: P3070/001

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

Introduction

The Peak District National Park Authority (PDNPA) carries out procurement and contract management activities over a wide range of goods and services, including IT, conservation and restoration projects and the maintenance of assets and land. Good contract management is important to ensure that contracts continue to provide value for money, that the authority and its contractors meet their obligations, and that risks are effectively managed.

Contract Procedure Rules (CPRs) are in place to govern procurement and contract management activities at the authority. Quarterly data on awarded contracts and invitations to quote or tender above £5,000 is published to the website. It is also required that contracts over £25,000 in value are published to the Contracts Finder website.

It is important to maintain robust and accurate records of contracts held by the authority. Each contract has a designated Contract Manager from initial procurement to completion. They are responsible for ensuring compliance with the contract terms and any agreed performance measures.

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:

- Suitable contract management arrangements were in place, including the maintenance of a register and publishing of contract data as required.
- Individual contracts were managed effectively and delivered in line with expectations.

Key Findings

Generally, the arrangements for managing contracts at the authority appear robust. There is no central contract management function due to the size of the organisation, and so each contract is managed by officers within the various Directorates. A contract register is maintained and uploaded to the website on a quarterly basis with details of contracts over £5,000 in value. This process is managed by the Legal and IT Teams. The Finance Team also uploads monthly expenditure data for spend of £250 or greater. Part 2 (CPRs) of the Standing Orders states that contract information must be published to the website on the day of award of contract. It was confirmed by the Senior Legal Officer (Projects) that this is published quarterly and that the CPRs will be updated to reflect this.

The CPRs further state that contracts exceeding £150,000 must be authorised by the relevant Committee. The Chief Finance Officer confirmed this is the Programmes and Resources Committee. The three meetings which took place during 2022 were reviewed and discussions took place around upcoming large projects/areas of spend, with authorisation provided by the Committee for these projects.

As referenced above, publishing requirements are in place at the authority. Contracts over £5,000 in value must be published to the website and those over £25,000 must be published to the Contracts Finder website. Both requirements are documented in the CPRs. The rules state that contract data should be published to the Contracts Finder website 'within a reasonable time.' The Public Contract Regulations 2015 give a timescale of 90 calendar days for publishing this information¹. The CPRs could be updated to give a more concrete timescale.

Other than the CPRs, no guidance is in place for officers responsible for managing contracts. The CPRs do contain a section entitled 'Post Award of Contract,' however this only contains instructions for publishing to the website and to the Contracts Finder website post-contract award. Some training has taken place for managers of more complex contracts, such as in the Asset Management and Moors for the Future teams. However, this has largely focussed on the procurement stage. It was explained that in these teams, contract management is a large part of the role and is considered during recruitment and for ongoing performance management.

A sample of five contracts, all with a value of £10,000 or more, was reviewed during the audit. All contracts in the sample appeared to be managed appropriately and evidence to demonstrate this was provided in all cases. Key Performance Indicators (KPIs) were included to some extent for each contract and evidence showed these were being monitored. The payroll contract did not contain specific KPIs as such, or any monitoring requirements, however performance is largely based on ensuring staff members are paid on time and correctly. It was explained close performance monitoring or meetings with the supplier to discuss the contract do not take place, but as no issues have arisen, it is not felt performance meetings are needed. Some formal meetings or reviews with the supplier may be beneficial to ensure there is opportunity to discuss the contract. As the contract has been in place for around 15 years, it may also be useful to review whether it still achieves value for money in comparison to the wider market. Verbal assurance was received that the previous Director felt the contract was comparable to the market, however it was not clear whether a formal review has been undertaken and documented.

All contracts in the sample had been published to the website. Of the five contracts in total, three did not need to be published to the Contracts Finder website. Two of these were under £25,000 in value and the other is the long-standing contract mentioned above. The two remaining contracts had been published to the Contracts Finder website 3 and 46 calendar days post-award.

Overall Conclusions

A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited. Our overall opinion of the controls within the system at the time of the audit was that they provided Substantial Assurance.

¹ Cabinet Office, 2015 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1042490/transparency-requirements-publishing-on-contracts-finder-v0.1.pdf)

Audit Opinions and Priorities for Actions

Audit Opinions

Our work is based on using a variety of audit techniques to test the operation of systems. This may include sampling and data analysis of wider populations. It cannot guarantee the elimination of fraud or error. Our opinion relates only to the objectives set out in the audit scope and is based on risks related to those objectives that we identify at the time of the audit.

Our overall audit opinion is based on 4 grades of opinion, as set out below.

Opinion	Assessment of internal control
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
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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.
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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Planning

Peak District National Park Authority

Internal Audit Report

Business Unit: Planning
Responsible Officer: Head of Planning
Date Issued: 5th May 2023
Status: Final
Reference: P3330/001

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

Introduction

The Peak District National Park Authority is the statutory planning authority for land and property within the National Park Area. As the planning authority, it is responsible for guiding development and meeting statutory duties as well as safeguarding the natural environment and heritage of the area. Strategic principles for planning have been established in the Local Development Framework Core Strategy. Operational policies to implement the core strategy are contained within a number of Development Management Policies.

The authority receives around 1200 planning applications each year. Statutory timescales for processing applications are in place, depending on the nature and scope of the proposed work. The majority of applications received are minor and these should be processed within 8 weeks. A minimal amount of major applications are received and these have a target time of 13 weeks. The authority also receives a small number of Mineral & Waste applications each year, these have target time of 16 weeks for processing.

Performance and compliance with these targets are reported to the government each quarter via the PS2 statistical return. Figures are published in the planning application statistics report.

Objectives and Scope of the Audit

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

- Planning applications were processed in a timely manner, with payments being received appropriately.
- Statutory timescales were being met and suitable performance management processes were in place.
- Planning risks were being managed appropriately with consideration to approvals, rejections and appeals.

Key Findings

Applications are initially processed by the Customer Business Support Team, who validate the information received against a predetermined checklist. For the 10 applications sampled, 9 had been validated in an appropriate timescale with all elements of the validation checklist met. 1 application was provided with an invalid letter, with an updated application received and validated within the same timescale as the others sampled. As part of the validation process, applications cannot be validated without payment being received. Majority of payments are received electronically with the application through the Planning Portal. Payments for all sampled applications were received through the Planning Portal prior to validation, with receipt proof retained as evidence.

The authority is expected to send a quarterly PS2 return to the government regarding their progress on applications. For 2022 the authority decided only 57% of applications in the statutory timescales which is below the 70% statutory target set out by the government, however it managed a 78% for Quarter 4 indicating improvements have been made. In the 2019 report, issues were noted around the process of agreeing extensions. Upon review of a sample, these inconsistencies appeared to have not been addressed, with extensions not consistently agreed in writing and the documentation of agreed extensions still not being uploaded onto the planning HUB.

The 2023 Organisational Change Proposal highlights the staffing issue in the planning department as a key issue to be addressed due to the increased number of applications over the last 2 years and decreasing level in performance. This was evident when carrying out the sample testing on applications from 2022 whereby several ongoing applications had changes to their responsible officers of which were no longer at the authority. The Head of Planning also reviews performance in line with the key performance indicators laid out in the authority's Corporate Performance Plan. Outcomes of applications from the planning committee that are contrary to officer recommendation are assessed to identify any issues which may need to be addressed. These applications are monitored and are reported to the National Park Authority as part of performance monitoring.

All applications are reviewed against the authority's Core Strategy & Development Management Policies which outlines all the necessary policies which applications have to adhere to and are referenced in any rejections. All applications are determined by Planning Officers, however, any applications which may be deemed major or sensitive or have more than three substantial and valid objections, are referred to the Planning Committee to review. Planning Committee meetings are held monthly with all meeting minutes available. A review of Planning Committee meetings between December 2022 and March 2023 was conducted, with all relevant information provided prior to the meeting and suitable scrutiny and decision making highlighted in the meeting minutes.

The applicant has the right to appeal if the application is refused or not determined within the statutory timescale. During 2022, 14 applications were appealed to the Planning Inspectorate, 7 of which had their appeals determined at the time of audit. Of these applications, 2 were appealed as a decision was not made within the statutory deadline, 1 of which was approved. The other 5 applications were determined by Planning Officers, with 2 of the 5 appeals being successful. Each month, the Planning Committee is provided with the Head of Law report which summarises the decisions, with an annual report giving an overview of the appeals for the year. This gives the planning committee and the Head of Planning oversight and the ability to review processes. Although the Head of Law report is provided to committee members as a standing agenda, there was no recorded notes within the minutes that it has discussed during the Committee Meetings. Any appeal decisions that contradicts the planning officer's original determination should be formally reviewed to determine if any changes are required for future applications.

Overall Conclusions

A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited. Our overall opinion of the controls within the system at the time of the audit was that they provided Substantial Assurance.

1. Extensions to Statutory Deadlines

Issue/Control Weakness

Extensions are not being agreed in a consistent manner, with evidence of agreeing extensions to statutory deadlines is not being stored on the HUB

Risk

Where a valid application has not been determined within the relevant statutory period, the applicant has a right to appeal and there is a potential financial loss to the authority.

Findings

The Peak District National Park Authority is required to make decisions on planning applications within statutory time limits. In certain circumstances, extended time may be required to complete the assessment which should be agreed with applicant in writing. Target dates are amended by the Planning Officer responsible for the application on the M3 planning system with any corresponding documentation stored on the authority's planning HUB. During the previous audit conducted in 2019, it was agreed that extensions of time will be agreed in writing and stored on the HUB after it was highlighted that an extension time form can be generated from the M3 system, but at the time was not fit for purpose.

Of the 1366 applications that were received in 2022, 232 applications had agreed extensions recorded on the M3 planning system. In addition, there were also a further 275 applications an agreed extensions were not requested or recorded and the deadline for completing the application was missed. A review was conducted of 10 applications, with 5 of the applications having recorded on the M3 system as agreeing an extension. Of the 5 applications only 2 had evidence that the applicant had agreed the extension with email trails provided, however these were not stored on the HUB. In all 5 instances where an agreed extension had been recorded on the M3 planning system, the target deadline had been amended within 5 days of the statutory deadline.

Due to the lack of clear documentation regarding extensions, it is difficult to determine if all extensions to time had been agreed and if these had been requested for an appropriate reason. Records should be retained in all instances to evidence cause of extensions and the applicant's agreement and where appropriate stored on the HUB.

Of the 5 applications where the deadline was missed and no extension was agreed, only 1 application had a reason why the deadline was missed, and this was due to the decision going to the Planning Committee, which was held on the day of the deadline, with the application decision being provided the day after. As part of a separate sample on appeals, 2 of the 7 appeals were lodged due to the statutory deadline being missed. It is important that the authority ensures where statutory deadlines are going to be missed that extensions are agreed in writing to prevent further incidences of appeals being lodged.

Agreed Action 1.1

The authority will create a clear audit trail of agreements to the 8-week period for determination:

- This could be achieved via a standard heading on the hub for Extensions of Time.
- This would require a planning officer to seek agreement from the applicant or agent for a case and to receive an email to such effect as evidence.
- The email should then be consistently uploaded to the hub under the new heading.
- This approach will require a request to our IT team to amend the HUB format
- Once in place a communication can be made to all planning officers to upload consistently in this way.
- In the meantime, officers can still be encouraged to upload any agreements they have made, and these can be added to the general correspondence sections.

Priority	2
Responsible Officer	Head of Planning
Timescale	31 st August 2023

Audit Opinions and Priorities for Actions

Audit Opinions

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Priorities for Actions

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10 INTERNAL AUDIT 2022/23 ANNUAL REPORT (JW)

1. Purpose of the report

This report asks Members to consider the Internal Audit 2021/22 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. No reliance was placed on the work of other assurance bodies in reaching that opinion.**
- **There are 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 the 7 areas audited in 2022/23, 6 areas received an opinion of Substantial Assurance: Complaints, Creditors and Procurement, Payroll, Human Resources, Contract Management and Planning with 1 Reasonable Assurance: Health and Safety.**

2. Recommendation

- 1. To note and accept the 2022/23 Annual Report from the Internal Auditors as set out in Appendix 1**

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.

The Internal Audit reports therefore make a significant contribution to the Authority as an agile and efficient organisation 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 Authority Plan.

Background Information

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

Proposals

5. Members are asked to consider the Internal Audit 2022/23 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.

Ian Morton, Assistant Director – Audit Assurance, Veritau will be at the meeting to present the report and answer any Members questions.

Are there any corporate implications members should be concerned about?

Financial:

6. The cost of the Internal Audit Service contract 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.

Equality, Diversity and Inclusion:

9. There are no implications to identify.

10. Climate Change

There are no implications to identify.

11. Background papers (not previously published)

None.

12. Appendices

Appendix 1 - Internal Audit Report 2021/22

Report Author, Job Title and Publication Date

Justine Wells, Head of Finance, 11th May 2023

ANNUAL HEAD OF INTERNAL REPORT

19 May 2023



**PEAK
DISTRICT**
NATIONAL
PARK



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in February 2023

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Ian Morton
Assistant Director - Audit Assurance



Max Thomas
Head of Internal Audit

Circulation list: Members of the National Park Authority



BACKGROUND

- 1 The work of internal audit is governed by the Public Sector Internal Audit Standards (PSIAS) and the Authority's audit charter. These require the Head of Internal Audit to bring an annual report to the National Park Authority. The report must include an opinion on the adequacy and effectiveness of the Authority's framework of governance, risk management and control. The report should also include:
 - (a) any qualifications to the opinion, together with the reasons for those qualifications (including any impairment to independence or objectivity)
 - (b) any particular control weakness judged to be relevant to the preparation of the annual governance statement
 - (c) a summary of work undertaken to support the opinion including any reliance placed on the work of other assurance bodies
 - (d) an overall summary of internal audit performance and the results of the internal audit service's quality assurance and improvement programme, including a statement on conformance with the PSIAS.



INTERNAL AUDIT WORK CARRIED OUT IN 2022/23

- 2 Internal audit work carried out during the year, and the opinion given for each audit, is detailed in appendix A. All work for the year has been completed.
- 3 No special investigations were carried out during the year.
- 4 Appendix B summarises the key findings from internal audit reports that were presented to the Authority in February 2023 (the remaining reports are being presented to the current meeting in full). Appendix C provides an explanation of our assurance levels and priorities for management action.



PROFESSIONAL STANDARDS

- 5 In order to comply with Public Sector Internal Audit Standards (PSIAS) the Head of Internal Audit is required to develop and maintain an ongoing quality assurance and improvement programme (QAIP). The objective of the QAIP is to ensure that working practices continue to conform to professional standards. The results of the QAIP are reported to the Audit Committee each year as part of the annual report. The QAIP consists of various elements, including:
 - maintenance of a detailed audit procedures manual and standard operating practices
 - ongoing performance monitoring of internal audit activity
 - regular customer feedback
 - training plans and associated training and development activities

- periodic self-assessments of internal audit working practices (to evaluate conformance to the standards).
- 6 External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. The most recent external assessment of Veritau internal audit working practices was undertaken in November 2018. This concluded that Veritau internal audit activity generally conforms to the PSIAS¹. A new external assessment is scheduled for Summer 2023 and the results will be reported to this committee when available.
 - 7 The outcome of the previous QAIP demonstrated that the service conformed to the Public Sector Internal Audit Standards. The QAIP for 2023 is yet to be completed, but further details of the 2023 Quality Assurance and Improvement Action Plan will be provided to this committee when prepared.



OPINION OF THE HEAD OF INTERNAL AUDIT

- 8 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**. No reliance was placed on the work of other assurance providers in reaching this opinion, and there are 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.
- 9 The opinion given is based on work that has been undertaken directly by internal audit, and on cumulative knowledge gained through our ongoing liaison and planning with officers.

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

APPENDIX A: 2022/23 INTERNAL AUDIT WORK

Audit	Status	Assurance Level
Complaints	Completed	Substantial Assurance
Creditors and Procurement	Completed	Substantial Assurance
Health And Safety	Completed	Reasonable Assurance
Payroll	Completed	Substantial Assurance
HR	Completed	Substantial Assurance
Contract Management	Completed	Substantial Assurance
Planning	Completed	Substantial Assurance

APPENDIX B: SUMMARY OF KEY ISSUES FROM AUDITS REPORTED TO THE AUTHORITY IN FEBRUARY 2023

System/area	Opinion	Area reviewed	Reported to Authority	Comments	Management actions agreed
Complaints	Substantial Assurance	The audit reviewed the complaints procedure to ensure complaints are dealt with promptly and effectively in line with policy.	February 2023	<p>Strengths</p> <p>The Authority has a complaints procedure on its website which is updated regularly. Written guidance is easily available to officers.</p> <p>Details of complaints are recorded appropriately and are allocated to a named individual. All complaints reviewed were dealt within the required timescales (with one exception where the complainant was informed, in accordance with the policy). Details of complaints are reported to members.</p> <p>All escalation of complaints took place at appropriate times and were dealt with by a different person on escalation. Only 2 complaints over the period could not be resolved internally via the process and were escalated to the ombudsman. No further action was required by the ombudsman.</p> <p>Weaknesses</p> <p>No areas for improvement were identified.</p>	N/A

System/area	Opinion	Area reviewed	Reported to Authority	Comments	Management actions agreed
Creditors and Procurement	Substantial Assurance	The audit reviewed the processes in place for making payments to creditors including the process for making changes to bank creditor bank account details. The audit also reviewed compliance with procurement rules as set out in the Standing Orders.	February 2023	<p>Strengths</p> <p>Invoices were approved for payment in line with delegated authority. Payments were made following confirmation that goods had been received and authorisation had been given.</p> <p>For the most part, quotations and tenders are being sought in accordance with the Standing Orders. There was some evidence that best value exercises are carried out for lower value orders. Consistent with best practice, contracts were not simply awarded for lowest price, and evaluation criteria were established for each contract to identify best value that factored in price and quality.</p> <p>The authority currently has a sound process in place to manage the risks of fraud and was able to evidence that appropriate checks were made before bank account details were changed.</p> <p>Weaknesses</p> <p>Wording within the Standing Orders does not accurately reflect the requirements and practices of the Authority relating to the Contract Register.</p>	The Standing Orders will be amended at the next opportunity to reflect the Transparency Code by saying the information will be "published".
Health and	Reasonable	The audit reviewed health and safety training and the	February	Strengths	Continue review and update of ELMS courses

System/area	Opinion	Area reviewed	Reported to Authority	Comments	Management actions agreed
Safety	Assurance	processes in place for identifying and managing health and safety risks including those relating to hybrid working.	2022	<p>Health & safety risks are managed via a suite of generic risk assessments completed on an annual basis by the Safety Officer. All generic risk assessments have been completed for 2022.</p> <p>Premises visits are also carried out annually by the Safety Officer which include occupational health & safety and fire risk assessments which involves a review of fire safety checks, signage, and tests. There is evidence that all issues identified were followed up and resolved.</p> <p>Health & safety risks are identified and managed through the Authority's risk management processes. The corporate risk register is updated quarterly and currently includes a health & safety risk related to the health & wellbeing of staff.</p> <p>Weaknesses</p> <p>There are insufficient processes in place to monitor completion of health & safety training. Some staff training was found to be outstanding for a considerable period at the time of the audit.</p> <p>There is an inconsistent approach to identifying, assessing, and mitigating health & safety risks within service level risk registers. There is a lack of clarity</p>	<p>to include the system of ensuring timely completion and recording of compulsory courses (including for refresher intervals). Complete the centralisation of all training records to ensure suitable corporate oversight and the production of timely reports.</p> <p>Further guidance will be issued to services on what to include in service risk-registers and how to reference corporate risks.</p>

System/area	Opinion	Area reviewed	Reported to Authority	Comments	Management actions agreed
				around roles and responsibilities for health & safety risks.	
Payroll	Substantial Assurance	The audit reviewed the processes in place to ensure information is provided to the payroll provider accurately and promptly and that output from the provider is monitored and reviewed.	February 2022	<p>Strengths</p> <p>Appropriate forms are in place to manage starters and leavers. All forms were correctly authorised.</p> <p>Ad hoc changes to pay were correctly recorded and authorised.</p> <p>Payroll information is transferred to and from payroll provider securely using SharePoint. Variances are reviewed. The Finance Officer will then check and authorise the BACS amount each month by carrying out a payroll control account reconciliation.</p> <p>Weaknesses</p> <p>At the time of the audit, the 2021/22 Financial Verification Report had not been completed.</p>	The Payroll Verification reports will be issued as soon as practicable. The exercise will be included as part of the Year End closedown timetable so that it is not delayed in future.

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 4 grades of opinion, as set out below.</p>	
Opinion	Assessment of internal control
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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11. SLIPPAGE REQUESTS FROM 2022/23 INTO 2023/24 BUDGET (JW)

1. Purpose of the report

To seek approval from Members for the budget slippage requests to carry unspent budget from 2022/23 into the 2023/24 budget.

Key Issues

- **The full outturn report will be brought to members in July 2023, however the requests to move forward of monies from underspends in the 2022/23 budget need to be approved by members before expenditure can be incurred in 2023/24.**

2. Recommendations(s)

- 1. The specific slippage requests of £320k (at Appendix 1) be approved to be carried forward into the 2023/24 budget.**

How does this contribute to our policies and legal obligations?

3. Under standing orders 7.A-3 'the Chief Executive or a Head of Service may authorise the placing of orders for routine consumable expenditure up to the amounts provided in the detailed annual budget.' Slippage that has been requested from 2022/23 into 2023/24 needs further approval to be utilised in 2023/24.

Background Information

4. Slippage requests are requests from budget holders who have an underspend in their service budget for the previous financial year and wish to carry forward the budget into the next financial year. The 2022/23 budget was approved in February 2022 and the outturn position for 2022/23 is currently being finalised as part of the Statement of Accounts processes.
5. The Authority has an obligation to publish the draft statement of accounts by 31 May each financial year. For 2020/21 and 2021/22 this was pushed back to 31 July as a result of the coronavirus pandemic and other audit related issues. However, for the 2022/23 financial year, the statutory publication deadline has reverted back to the pre-covid date of 31 May.
6. The Authority's outturn position has previously been reported in May of each year for the previous financial year, however for the previous two financial years, the final outturn position has changed during the completion of the Statement of Accounts or external audit processes with an update reported to Members at a later date. Meeting the reporting deadlines for the May committee is also very challenging each year. Therefore, the full outturn and commentary on budget variances will be presented after the Statement of Accounts are completed but before the external audit is completed, the closest meeting date to this being 28 July 2023.
7. However, this means that the slippage requests for 2022/23 would remain unauthorised until July and this could have an operational impact to the services without separate approval from Members contained in this report. The Authority has a culture of authorising slippage each financial year, however the Head of Finance has been working to reduce the reliance on slippage each year. The requests for 2022/23 at £315k are significantly reduced from the £939k requested for 2021/23. It has been raised with the Management Team that there is an intention for there to be no slippage for 2023/24 into 2024/25 to allow for a more strategic approach to utilising underspent

budgets.

Proposals

8. Whilst the final variances are still being calculated at the time of writing, the provisional outturn shows that the overall budget for 2022/23 will be underspent and the £315k proposed slippage requests can be accommodated. Individual budgets are checked when the request is received and confirmed by the finance team before the slippage is taken to RMM for discussion.
9. The Head of Finance reviewed the slippage requests from budget holders to ensure they had a sound financial reasoning for the budget to be carried forward. These were then discussed at RMM on 4 May 2023, and at the meeting of budget monitoring group on 5 May 2023.
10. Appendix 1 shows the proposed slippage requests totalling £315k from underspends in the 2022/23 budget for Member approval.

Are there any corporate implications members should be concerned about?

Financial:

11. The financial implications are contained in the main body of the report.

Risk Management:

12. 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. They have an express duty to monitor the budget and underlying assumptions throughout the year, and to act 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 Management Team consider financial risks in the Risk Register during the year. The External Auditor considers the financial position of the Authority as part of the annual Value for Money conclusion. The recommendations within are considered to be part of the evidence to support the effectiveness of the value for money processes as they relate to the 2022/23 financial year.

Sustainability:

13. There are no specific issues relevant to this report.

Equality, Diversity and Inclusion:

14. There are no specific issues relevant to this report.

15. Climate Change

16. **Background papers (not previously published)**
None

17. **Appendices**
Appendix 1 - Slippage Requests 2022/23

Report Author, Job Title and Publication Date

Justine Wells, Head of Finance, 11th May 2023

APPENDIX 1

Slippage Requests recommended for carrying forward into next year's service budgets

£

External Facing Services

Fire overalls for the Ranger service	5,000
Draft Conservation Area Appraisal Butterton and Longnor	8,295
Additional hours for Cultural Heritage FiPL enquiries	6,494
IT and Contractor support to the Foundation	12,500
Consultants support to Local Plan review in 2023/24	15,000
Contribute to sustainable transport projects	5,000
Sponsorship for Annual Raptor Conference held in the Peak District and Hen Harrier satellite tagging contribution	8,000
Data cleansing and converting to electronic storage for paper ecological information	7,000
FiPL application for renewed interpretation panels on Stanton Moor	5,500
Completion of the update, review and comparison of the Peak Carbon Tool with other models.	7,366
Monitoring of the small scale practical White Peak field trials	14,422
Design of the Landscape Strategy and Wooded Landscape Plan	5,000
Landscape change semi-automated approach with a detailed study of wall removal in x km squares of a range of landscapes in the National Park	8,425
Grant for the restoration of a small scale traditional farm yard barn at Pump Farm on the Warslow Moors Estate	11,000
Consultancy support to develop a Landscape Recovery Pilot application for the Warslow Moors Estate and surrounding area	5,000
Conservation architect advice for the delivery of traditional building and archaeological feature restoration including Throwley Hall, Stanton Moor, Pindale	7,506
£18k to cover the cost of the baseline farm advisers (from previous budget reductions)	18,000
Continuing consultancy support to Planning Service	34,000
	183,508

Implementation of External Facing Services

Staffing support for Ash die-back tree survey works	15,000
Support to address recruitment issues within rural estates	36,000
	51,000

Enabling Services & Information and Performance Management

Migration of 3CX services and Installation SD-WAN, Licenses and Hardware	11,197
Additional short term staffing resources in the Democratic and Legal Support Team	30,000
Audio and Broadcasting equipment for the Board Room and iPads for Members	39,310
	80,507

TOTAL SLIPPAGE REQUESTS

315,015

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12. **2022/23 YEAR END PERFORMANCE REPORT, 2022/23 PERFORMANCE AND BUSINESS PLAN AND 2023/24 CORPORATE RISK REGISTER (A91941/EF)**

1. **Purpose of the report**

This report provides Members with 2022/23 performance monitoring information and content for the Performance and Business Plan for review and approval.

2. **Key Issues**

- At the end of this fourth year of our 2019-24 Corporate Strategy, we report on progress against our targets and strategic interventions for the final time. Please note that the final year of the Corporate Strategy is being replaced by the first year of the 2023-28 Authority Plan, so this fourth year progress represents final progress against the Corporate Strategy.
- Content is also provided relating to the upcoming Performance and Business Plan, which has a statutory publication date of 30th June.
- As we complete this Corporate Strategy, our staff, volunteers and Members should feel proud of the hard work and dedication that have translated into impressive achievements, particularly set within the context of the global pandemic and its consequent impacts. The achievements within this period will be built upon further as we move into our new Authority Plan 2023-28.

Recommendations

3. **1. That the Q4 and year end performance reports in Appendices 1a and 1b are reviewed and any actions to address issues agreed.**
- 2. That the Performance and Business Plan content in Appendix 2a and 2b is approved and completion of details is delegated to the Chief Executive, to allow publication by the statutory deadline of 30 June.**
- 3. That the 2022/23 year end corporate risk register in Appendix 3 is reviewed and the status of risks accepted.**
- 4. That the start of year 2023/24 corporate risk register in Appendix 4 is reviewed and the proposed risks agreed.**
- 5. That the status of complaints, Freedom of Information and Environmental Information Regulations requests in Appendix 5 is noted.**

How does this contribute to our policies and legal obligations?

4. Performance and risk management contributes to our corporate strategy outcome *The PDNPA is an agile and efficient organisation*. Monitoring the indicators and strategic interventions is part of our approach to ensuring we are progressing against our Performance and Business Plan. If needed, mitigating action can be taken to maintain and improve performance or reprioritise work in consultation with staff and Members.

Background

5. The Authority's risk management policy and supporting documentation was approved by Authority in May 2021 (minute 39/21) and is reviewed annually as part of the Authority's review of the Code of Corporate Governance.

6. Information is given so that Members of Authority, in accordance with the scrutiny and performance management brief of the committee, can review the performance of the Authority and the risks being managed corporately.

Proposals

7. Overall, despite resources being directed to dealing with Covid-19 during some of the strategy period, excellent progress has been made across each of the four areas over the last four years. Particular successes include:
- Shaping and influencing key landscape-scale policies including the Environmental Land Management schemes, the Farming in Protected Landscapes programme and the improved Countryside Stewardship scheme.
 - Moors for the Future Partnership delivering moorland restoration works alongside scientific monitoring, including the MoorLIFE 2020 scheme.
 - #PeakDistrictProud (#PDP) sharing the positive ways in which people can help care for the National Park and the refreshing of the countryside code.
 - The White Peak Partnership supporting the development and implementation of the Peak District Environmental Land Management Scheme (ELMs) test.
 - Launching the Peak District National Park Foundation.
 - The development of our Local Plan Issues and Options for consultation.
 - The Member Climate Change Steering Group for climate change embedding climate change into the Authority Plan and National Park Management Plan as well as bringing us closer to achieving net zero carbon emissions as an Authority.

The areas where we made less progress than anticipated or not as originally envisaged are:

- Monitoring at a landscape scale – we have reconsidered how we undertake this action and are working on a different methodology.
- Community engagement – we carried out less interventions facilitating community engagement than planned due to a pause on direct engagement.
- Staff sickness – this has been frequently higher than the target due to a combination of Covid-19 and long-term sickness.

In summary of our 2022/23 performance:

- **Corporate Performance** at 2022/23 year end (Appendix 1a and 1b):
 - 15 indicators are on target (green) and 13 have performance issues (red). We have noted which red indicators will be picked up in the 2023-28 Authority Plan.
 - 41 strategic interventions are on target (green) and 6 have performance issues (red).
- **2022/23 Performance and Business Plan** draft content:
 - Content is included in the appendices as follows:
 - a. The 'Foreword' and 'Introduction' are in Appendix 2a.
 - b. The 'Look Back' section on delivery replicates the year-end corporate performance as presented in Appendix 1a and 1b and the risk is as presented in Appendix 3.
 - c. The 'Look Forward' section is taken from the new 2023-28 Authority Plan and is presented at Appendix 2b and the risk is as presented in Appendix 4.
- **2022/23 Corporate Risk Register** status at year-end:
 - 8 risks have moved in their rating since the beginning of the year.
 - 4 risks remain as high risk:
 - a. Area of National Park land safeguarded in Environmental Land

Management (ELM) schemes does not increase due to continuing uncertainty leading to potential environmental loss particularly grassland habitats (*ref. 20/21B updated start of year 22/23*)

- b. Failure to manage ash dieback on our assets due to a lack of sufficient funding and staff resource (*ref: 22/23E*)
- c. Not achieving the national performance standards for determining planning applications in a timely manner (*ref: 22/23C*)
- d. Potential impact on National Park purposes from a number of individual network improvements along the A57/A628 corridors (*ref. 21/22D updated start of year 22/23*)

- **Proposed 2023/24 Corporate Risk Register:**

- This Corporate Risk Register has an amended format following suggestions in the latest risk audit report. All remaining risks on the 2022/23 Corporate Risk Register have been considered for addition to the 2023/24 risk register, but have been reworked to fit the new format.
- 8 risks are seen as high risk:
 - a. Not meeting national planning performance standards (*ref: 22/23C*)
 - b. NPMP and Authority Action Plan Delivery risks (*23/24B*)
 - c. Unexpected loss/sudden absence of staff (*23/24D*)
 - d. Influencing Elms/Area of NP land safeguarded (*ref. 20/21B updated start of year 23/24*)
 - e. General risk to delivery (*23/24F*)
 - f. Derwent Valley reservoir expansion (*23/24H*)
 - g. Road network improvements along the A628 corridor (*ref. 21/22D updated start of year 23/24*)
 - h. Injury/Loss of life & property damage due to unsafe trees (*ref: 22/23E updated start of year 23/24*).

- **Complaints and information requests for 2022/23:**

- 38 complaints were received in 2022/23 (26 in quarters 3 and 4).
- 22 Freedom of Information requests were dealt with in 2022/23 (11 in quarters 3 and 4).
- 32 Environmental Information Regulations requests (16 in quarters 3 and 4).

Are there any corporate implications members should be concerned about?

- 8. This report gives Members an overview of the achievement of targets and includes ICT, financial, risk management and sustainability considerations where appropriate. There are no additional implications in, for example, Health and Safety.
- 9. **Background papers** (not previously published) – None

Appendices

1. Appendix 1a: 2022/23 Performance Report – commentaries
2. Appendix 1b: 2022/23 Performance Report
3. Appendix 2a: Performance and Business Plan 2023-24 draft content
4. Appendix 2b: Authority Plan Programme Year 1 (23-24)
5. Appendix 3: Corporate Risk Register 2022-23 Q4
6. Appendix 4: Corporate Risk Register 2023-24 Year Start
7. Appendix 5: 2022-23 Quarter 3 and 4 Final Complaints, FOI and EIR Report

Report Author, Job Title and Publication Date

Emily Fox, Head of Information and Performance

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Year End overview by Chief Executive

Red and Green status of KPIs:	Green = 15, Red = 13
Red and Green status of strategic interventions:	Green = 41, Red = 6

I am proud of the achievements that we have made in this fourth and final year of our Corporate Strategy.

Great work has been carried out as part of our Landscape aim this year, with our influencing role being instrumental in shaping and influencing key landscape-scale policies such as the Farming in Protected Landscapes programme. This year also saw the development of the One Peak District Nature Recovery Plan as well as excellent achievements in decreasing carbon emissions from moorland and restoring degraded blanket bog. However, we haven't achieved our target for monitoring at a landscape scale and we also haven't planted as many trees as anticipated due to larger-scale planting proposals taking time to come to fruition. We are now changing our methodology and will be carrying this (and many other pieces of work) on into the new National Park Management Plan and Authority Plan for 2023-28.

This year has seen significant growth of our Engagement work, where we have worked with partners to reach additional audiences through Ambassador Centres and Ambassador Schools as well as growing our work in health and wellbeing and boosting our work through diverse communities through the 'Championing National Parks for Everyone' project. However, we didn't meet our income generation target due to mixed performance and some areas including car parks and cycle hire not performing as well as expected.

Regarding our Community work we are getting back to normal following Covid-19 changes. This year we have developed our Local Plan Issues and Options for consultation and purchased an online consultation tool for future use. We are also restarting direct engagement with communities relating to new housing, neighbourhood plans, and community projects. However, we haven't carried out as many interventions facilitating community engagement as we hoped due to a pause on direct engagement with communities.

In terms of Our Organisation, during 2022/23 we were awarded the Investors in People Health and Wellbeing Award at Silver level and the Health and Safety internal audit report provided us with Reasonable Assurance. We have also formalised our hybrid working offer and developed the new National Park Management Plan and Authority Plan for 2023-28. However, our staff sickness levels are higher than we had aimed for due to a combination of Covid and long-term sickness.

Outcome: **A sustainable landscape that is conserved and enhanced**

Red and Green status of KPIs:

Green = 5, Red = 6

Red and Green status of strategic interventions:

Green = 14, Red = 2

The Authority has continued to work with other English National Park Authorities, Areas of Outstanding Natural Beauty (AONB), National Parks England (NPE) and Defra to shape and influence the design and delivery of the Environmental Land Management schemes (ELMs), the Farming in Protected Landscapes (FiPL) programme and improvements to the Countryside Stewardship (CS) scheme. Despite concerns last autumn about a change of Government direction away from public good delivery towards business growth, the recent Environmental Improvement Plan (EIP) 2023 and Defra ELMs update has confirmed the direction of travel. The Defra update sets out proposals for the three ELM schemes; the Sustainable Farm Incentive is live with an increasing number of options and more options being developed including one for wall maintenance; due to the improvements and increased uptake of CS, Defra has decided not to create a new Local Nature Recovery scheme but to continue to improve and evolve CS instead; a second Landscape Recovery pilot application window is planned for Q1 in 2023/24 and is likely to support projects that explore the blending of public and private sector funding. Additionally, the Protected Landscapes Partnership is being established this year and will focus on nature recovery and equality, diversity and inclusion.

Delivery of FiPL has continued and the 2022/23 £1.2 million project fund allocation has been spent and is helping to support 141 projects; making an overall total of 213 projects delivering for climate, nature, people and place, and for the Peak District National Park Management Plan priorities. FiPL has been successful and is highly regarded nationally and locally. The recently launched EIP included confirmation of an additional fourth year for the FiPL programme together with increased funding, details of which will be confirmed early in 2023/24. A second national promotional leaflet is planned.

Development of the One Peak District Nature Recovery Plan has continued, working with the partner and key stakeholder steering group, the Peak District Land Managers' Forum and farmer / land manager / land owner workshops. A draft Peak District Nature Recovery Plan will be shared through a consultation process in Q1 in 2023/24 with the plan being completed in Q2. The Nature Recovery Plan will then form part of the National Park Management Plan 2023-28 and the Local Plan once revised.

Our partner work on landscape scale projects continues. The Moors for the Future Partnership (MFFP) has had a very challenging financial year facing short term and difficult to access funding. MFFP has shifted its income focus into a more mixed model with less reliance on grants. Success is building with corporate and public contributions and a major opportunity from 2025, collaborating with the Environment Agency and United Utilities on a 5 year flood risk management and water quality initiative, with a prospective value of £15m. MoorLIFE 2020, the biggest LIFE grant ever given to a UK conservation project and the largest project across the blanket bog landscape of Europe came to an end this year. A raft of significant guides and research from the project are available on the MFFP website. MFFP is about to make its second bid to Defra Peatland capital grant scheme with an expected value of £3m. The South West Peak Landscape Partnership Programme (SWPLP) was completed in Q1 with the programme legacy continuing in a variety of ways e.g. FiPL projects, the cultural heritage volunteering role and improved working relationships across organisations, farmers, land managers and the wider community.

Outcome: A National Park loved and supported by diverse audiences

Red and Green status of KPIs: Green = 2, Red = 2

Red and Green status of strategic interventions: Green = 9, Red = 0

The external environment has had a significant impact on this area of work over the period of this Corporate Strategy, Covid-19 being the most significant. Due to Covid restrictions, most engagement activities were greatly impacted, paused or ceased for significant periods of time, impacting income generation and programmes of work. Our front facing staff showed great resilience and adaptability to ensure the National Park remained open to all, providing breathing spaces and a place for quiet recreation that supports people's physical and mental wellbeing. There have also been positive impacts, such as changes to our visitor profile with people finding a value and connection to the National Park on their doorstep. We have switched some activities to new online methods of delivery, which will now form part of our permanent offer. During Covid-19 closures, we have been able to complete the refurbishment at Bakewell and Upper Derwent visitor centres, which has greatly improved our visitor offer.

During this Corporate Strategy, we celebrated our 70th Anniversary in a more subdued fashion than planned due to Covid. One of the great successes of this was the social media campaign '70 people for 70 years' that reached 2.7 million people. The NHFL recovery grant Generation Green enabled work with targeted audiences, piloting programmes, testing new approaches and building partnerships. We have developed new ways of working with our partners to reach further with programmes like Ambassador Centres and Ambassador Schools that have been successfully launched. Diversifying income to balance income generation and develop more grant funded income has been highly successful. Health and wellbeing has been an area of growth with new partnerships, delivery of NHS test and learn pilot projects and successful delivery across the teams. The successful NHLF application for 'Championing National Parks for Everyone' project has given our work with diverse communities a real boost and will continue to do so as we move in to 2023/24.

Despite previous fluctuations during Covid-19 and global changes, our overall social media audience increased on some key channels (e.g. Twitter) by +7% year-on-year to around 145,000 people, with Facebook in particular benchmarking highly within the UK national parks family. 'Engagement' – direct interaction with our online posts - also increased by a third across the year. The closure of *ParkLife* saw a migration to our new *Welcome Guide* with 35k copies ultimately distributed and a strong representation of our constituent diverse audiences within, and similarly across, our digital outlets. Multi-lingual content was also rolled out via #PeakDistrictProud and on interpretive schemes. Commercial filming revenues rose to around £8.5k for the year, with statutory requirements and other restrictions being limiting factors to additional fees.

The Peak District National Park Foundation was launched during this time and continues to grow. New Peak Partners are joining and the Foundation is now looking to employ staff directly with continued financial support from the Authority. Other commercial activity continues to develop with the successful renovation of Cattis Side cottage as a holiday let and developing income from car parks. This area of work will continue to be vital for the PDNPA to achieve its ambitions.

Outcome: Thriving communities that are part of this special place

Red and Green status of KPIs: Green = 0, Red = 2

Red and Green status of strategic interventions: Green = 2, Red = 2

During 2022/23, we started to return to greater engagement with communities following the constraints of the Covid-19 period. The Policy and Communities Team also invested considerable effort developing our Local Plan Issues and Options for consultation, working closely with a Member steering group. An online consultation tool has been purchased and readied for launch during 2023.

While the actual number of people and communities we engaged with is below our target this year, the overall direction of travel is good with some positive foundations laid during this year which will allow much greater engagement into our strategic review of planning policies.

Encouragingly, officers have also begun a process of regaining ground on direct engagement with communities on community policies and local projects. 103 individual acts of engagement have been recorded across the year which involve the enabling of communities in shaping their place. Key examples include support to communities in looking to promote new housing, close support in developing neighbourhood plans and a growing number of communities supported with community projects (through our small grant), including within core themes such as renewable energy and sustainable transport.

In 2022/23, this included:

- 15 community grants
- Advice and assistance to 4 neighbourhood plan groups
- Advice and assistance to 10 parish council or community group
- Support to Hope Valley Climate Action
- 2 Parish Bulletins.

An agile and efficient organisation

Red and Green status of KPIs: Green = 8, Red = 3
Red and Green status of strategic interventions: Green = 16, Red = 2

Sickness levels remain higher than they have been for years, with 8.16 days lost to sickness per full time equivalent; lower than last year, but still 2.16 days above target. 14% of days were lost to sickness related to mental health/chronic reasons such as stress, anxiety and depression (a 34% decrease from the previous year). Covid accounts for the third highest loss in hours due to sickness, and is the highest occurring reason for absence.

Despite this, a great deal was achieved during the final year of our Corporate Strategy. We were awarded the Investors in People Health and Wellbeing Award at Silver level and the Health and Safety internal audit report provided us with Reasonable Assurance. We have formalised our hybrid working offer, with our new Hybrid Working Policy being presented to Members for approval in Q1 of 2023/24. We continue to diversify our income by moving some staff within Aldern House to enable us to accommodate more external tenants.

To ensure the Authority continues to operate effectively, a variety of essential governance, finance and performance related activities are undertaken in Q1. Our Financial Accounts for 2021/2, Annual Governance Statement and Performance and Business Plan were all completed by the statutory deadlines. The July Authority meeting received the Business Continuity, Visitor Centres and Income and Debtors internal audit reports, which were all given the highest level of Substantial Assurance.

The December 2022 Authority meeting approved our 2023-28 Authority Plan and National Park Management Plan, which set out our ambitions for the Peak District National Park. The Authority Plan sets out our contribution to partnership actions and things we will implement on our own to meet the same ambitious vision. The April 2023 Authority meeting approved the five year progress report on the previous 2018-23 National Park Management Plan, which outlined our achievements despite resources being diverted elsewhere in the five year period due to Covid.

The January 2023 Programmes and Resources Committee meeting received a report outlining how the Authority is delivering to the National Park England Delivery Plan for Climate Change. As the Member Climate Change Steering Group for climate change has embedded climate change into the Authority Plan and National Park Management Plan, the same paper approved ending the group. A report outlining that we had achieved a 6% reduction in carbon emissions from the Authority's emissions in 2021/22, bringing us closer to net zero, was approved at the same committee.

The February 2023 Authority meeting approved an Organisational Change Process proposed by the Chief Executive that will deliver a resilient and affordable organisation. The report outlined what the Chief Executive is minded to do and created a working group to develop details so that formal consultation on change can start in Q1 of 2023/24.

The March Authority meeting approved the Capital Strategy 2023-28 and the Treasury Management Policy Statement and Annual Treasury Management and Investment Strategy. Our Customer Services team dealt with over 10,500 customers on the phone and logged over 2,500 enquiries. Our information technology services have continued to work with a supplier on a new Planning database, move our maps onto an improved system and improve our IT infrastructure.

The Annual General Meeting (AGM) was held in July and the Authority welcomed one new Local Authority Member who completed their induction during Q2 and the newly appointed Chief Executive who joined us in September.

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2022/23 Year End Performance Report for Our Corporate Strategy

Outcome: A sustainable landscape that is conserved and enhanced

Distinctive landscapes that are sustainably managed, accessible and properly resourced

KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 1: Influence the development of a support system that properly rewards farmers and land managers for delivering a full range of public benefits Responsible officer: Head of Landscape	Influence the design of the future post-Brexit scheme for roll out in 2025. Influence and deliver tests, trials and pilots for the new scheme through to 2025. Make the case for and influence the design of transitional arrangements	Lead role for English NPs continued with Environmental Stewardship (ES), Countryside Stewardship (CS), Environmental Land Management schemes (ELMs), future advice and guidance and the Farming in Protected Landscapes (FiPL) programme. Peak District ELM test completed and informed developing ELM schemes and the one Peak District Nature Recovery Plan. PDNPA's delivery of a further ELM Test to be explored in 2023/24.	2022/23 target: At least 50% of National Park in environmental land management schemes (cumulative total area)	Q4 result: 52% (cumulative total area) As data is still not available for the required reporting timescale, the revised 2020/21 approach to collating this information has continued. This figure includes land not in a land management option where traditional boundaries are being restored, so the reported result remains slightly enhanced. This work will be continued in the 2023-28 Authority Plan.
	Continue to support land managers to access current and future schemes	Advisers supported access to CS and the delivery of FiPL. The Authority's Land Management Grant Scheme supported 6 farmers exploring development of nature recovery networks in the White Peak. FiPL is supporting over 200 projects delivering outcomes under the climate, nature, people and place themes.		
KPI 2a: Natural beauty conserved and enhanced	Develop methodology for strategic sustainable landscape monitoring with	Landscape Strategy 2023 agreed with Members at Q3 Authority.	2022/23 target: Gather and assess	Q4 result: While the original target has not been met, there has been good progress on the

Responsible officer: Head of Landscape	partners, and assess whether the changes conserve and enhance natural beauty	Repeat Landscape Description Unit (LDU) photos have now been taken; assessment planned in Q2 of 2023/24. Cranfield University PhD developed Artificial Intelligence (AI) land cover predictions are now very accurate and detailed habitat mosaic maps can be produced. Collaborative Doctoral Award with University of Sheffield (White Rose funding) to explore understanding and perception of landscape change.	landscape monitoring data	revised target for 2023-28. Baseline assessment of landscape character, quality and condition using LDU photos to be established in 2023. AI project will be completed in Q1 and a full survey is planned for Q2 of 2023/24. This work will be continued in the 2023-28 Authority Plan.
KPI 2b: Natural beauty conserved and enhanced Responsible officer: Head of Planning	Ensure all planning decisions are in accordance with strategic policy	Monitoring has highlighted a small number of challenging cases, generally in open landscape settings. Due to pressures on the planning function, the Authority Plan 2023-28 is focused on timely decision making and quality of service regarding appeal decisions. The nutrient neutrality considerations in the Upper Wye Catchment has impacted on planning and natural environment officer capacity. Preparatory work is underway for the introduction of Biodiversity Net Gain.	2022/23 target: 100% of planning decisions in accordance with strategic policy	Q4 result: 100% Only one contrary to policy case: a track to service Swellands and Black Moss reservoirs. DEFRA made an exception due to Imperative Reason of Overriding Public interest - supported by Members on officer recommendation. Monitoring to continue but focus of performance monitoring will be national planning standards.
KPI 3: Increase the amount of carbon captured and stored as part of routine land use and management Responsible officer: Head of Moors for the Future Partnership	Further develop our knowledge and insights of total carbon captured and stored to tell the carbon management story of the Peak District	MFFP and Durham University developed a tool to predict carbon and greenhouse gas budgets of landscape-scale interventions. Carbon audit of the ML2020 project completed and results available on MFFP website. Moor Green Finance Project created a model with partners to monetise carbon and net zero in water abstraction. This will create investment in blanket bog restoration.	2022/23 target: 2,920 tonnes net decrease in carbon emissions from moorland	Q4 result: Likely to exceed the target by 3,936 tonnes. We had achieved a 6,056 tonnes net decrease in carbon emissions by the end of 2021/22, against our cumulative target of 2,920 tonnes by the end of 2022/23. Results from the 2022/23 capital works season will not be available until May. We predict approximately a

		<p>The Great North Bog coalition worked up a financial offer for investments into blanket bog landscape to go live during 2023/24.</p> <p>Explored FiPL to use carbon management tools with projects using the Authority's Peak Carbon Tool for delivery in 2023/24.</p>		<p>further 800 tonnes avoided loss of carbon due to the works undertaken in 2022/23. This increases year on year (as the loss would have continued had the work not taken place). Since works commenced in 2003, roughly 550,000 tonnes of avoided loss has been secured.</p>
	Continue to carry out a range of moorland restoration work to revegetate bare peat and reduce carbon emissions	A significant new project under The Nature for Climate Restoration grant scheme with further sites being put forward in spring 2023.		<p>This work will be continued in the 2023-28 Authority Plan.</p>
	Develop the climate change vulnerability assessment and implement the key outcomes Responsible officer: Head of Information and Performance Management	The climate change vulnerability assessment was used as a piece of evidence when developing the 2023-28 National Park Management Plan.		
High quality habitats in better condition, better connected and wildlife rich through nature recovery networks				
KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 4: Increase the area of moorland blanket bog moving towards favourable condition	Continue to have a clear voice on the outcomes we expect to see from moorlands. Support the development of and implement a resilient,	Collaboration with moorland owners / managers on prevention and mitigation of moorland fire. Liaison on moorland birds, sustainable moorland and visitor management. Natural England commissioned a peer review of "Taking a strategic approach to the prevention and	2022/23 target: Restoration activities on 1,200 hectares of degraded blanket bog	Q4 result: 551 ha with a cumulative total of 3,867 ha of restoration activity (2,667 ha beyond the cumulative target) Despite very difficult financial circumstances and a need to

Responsible officer: Head of Moors for the Future Partnership	sustainable moorland management model	<p>mitigation of wildfire pilot”; until it has been considered there is no partner appetite to move forward. Moorland management, restoration and the Fire Operations Group work continues. MoorLIFE 2020 has ended. It added significant protection to 95km² of blanket bog and invested €16 million. The Bogtatastic van engaged 14,000 people.</p> <p>Other work includes a map of 20 years of peatland restoration data, a trial bracken control by non-chemical interventions, hosting MPs to look at wildfire issues and peat, and collating data on peat depth and condition across the Great North Bog.</p>		<p>pivot our business approach away from our traditional grant sources, the pace of restoration activity has been maintained.</p> <p>This work will be continued in the 2023-28 Authority Plan</p>
	Continue restoration activities on degraded blanket bog to move it towards favourable condition with a focus on reducing the amount of bare peat and rewetting as far as possible in years 1-3	We predict restoration activities on 551 hectares of degraded blanket bog this season. We also plan to construct approximately 11,000 (55km) gully blocks.		
	Use the new FCERM (Flood and Coastal Erosion Risk Management) strategy and water companies AMP7 programme to support our moorland restoration work	Successful (AMP7) Water Industry National Environment Programme (WINEP) in Peak District and South Pennines upper catchments and adding resources to the AMP 8 period from Flood Defence Grant in Aid funds.		
KPI 5: Sustain the area of non-protected, species-rich grassland through retention,	Use and share our data on non-protected species rich (priority habitat) grassland to inform our plans with a view to it becoming publicly	Nature Recovery Plan Steering Group developing the plan. Meetings held with Local Authorities to work with and complement their forthcoming Local Nature Recovery Strategies. Workshops	2022/23 target: Sustain at least 5,000 hectares of non-protected,	Q4 result: 5,000 hectares of non-protected species-rich grassland has been sustained through the Authority’s farm advisers and the national agri-

enhancement and creation Responsible officer: Head of Landscape	available and supporting the public payment for public goods approach. Including an annual assessment of net gain/loss	with farmers/land managers. Consultation on draft plan due in Q1 of 2023/24. Through the work of farm advisers and the legacy of the South West Peak Landscape Partnership, work on grasslands has progressed well.	species-rich grassland	environment schemes, management of the Authority's own grasslands, the legacy work of the SWPLP and the delivery of FiPL projects. This work will be continued in the 2023-28 Authority Plan.
KPI 6: Increase the area of new native woodland created Responsible officer: Head of Landscape	Identify opportunities for new native woodland, scrub, wood pasture, small plantings and individual trees based on the approach of the right trees in the right places for the right reasons	Approaches for planting more trees are detailed in the Wooded Landscape Plan (part of the Landscape Strategy 2023). Woodland creation prioritised by Authority farm advisers using national and local funding opportunities, Woodland Trust (WT) partnership and FiPL. TWT partnership completed year two of delivery. Trees planted in partnership with Derbyshire County Council using £60,000 of the Local Authority Treescapes Fund.	2022/23 target: Seek opportunities to create at least 300 hectares of new native woodland	Q4 result: Further new native woodland creation supported. Last year's issues continue: large scale proposals take time and gaining amendments to existing agri-environment agreements can be a barrier; complexity and number of different funding sources is confusing and can be off-putting. This work will be continued in the 2023-28 Authority Plan.
KPI 7: Maintain and enhance populations of protected and distinctive species Responsible officer: Head of Landscape	Work with moorland owners, land managers and partners to deliver resilient, sustainable moorlands that lead to increased numbers of birds of prey	Raptor workers are concerned around the lack of breeding success and that relationships with moorland managers are not improving in light of recent incidents. The 2023 breeding season has been mixed for different species of birds of prey. A report is planned in Q1 of 2023/24 with the Initiative under review, the results of which will be implemented in Q1 of 2023/24.	2022/23 target: Restore breeding pairs of birds of prey in the moorlands to at least the levels present in the late 1990s (17 Peregrine, 25 Short-eared owl, 37 Merlin, 5 Hen harrier)	Q4 result: Mixed fortunes in terms of breeding success resulting in a review of the current approach of working through the Birds of Prey Initiative. This work will be continued in the 2023-28 Authority Plan.
Cherished cultural heritage that is better understood and looked after				
KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target

<p>KPI 8: Increased knowledge, understanding and active engagement with archaeology, historic structures and landscapes</p> <p>Responsible officer: Head of Landscape</p>	<p>Engage with a range of audiences to promote and increase knowledge, understanding and engagement with archaeological sites, historic structures and landscapes, and improve public access to data</p>	<p>Conversion of Historic Buildings Supplementary Planning Document, Design Guide review, Local Plan Issues and Options reports and Member discussion. Derbyshire Archaeological Day, production of ACID magazine, open days, walks and events.</p> <p>Countryside Stewardship Traditional Building Restoration Pilot project delivered and learnings from the five participating NPs with Defra hosted by Peak District fed into design of ELMs.</p> <p>All SWPLP cultural heritage projects completed and multiple FiPL projects are delivering cultural heritage feature restoration, interpretation or include cultural heritage components.</p>	<p>2022/23 target: 2.5% increase in audiences actively engaging with cultural heritage</p>	<p>Q4 result: 3% reduction</p> <p>NFP Synergy survey data from visitors choosing to experience cultural heritage when they visit the NP has fluctuated over the period up and down by 3%.</p> <p>A range of engagement with various audiences has continued.</p> <p>Covid-19 implications on visitors to heritage sites is not fully understood.</p> <p>This work will be continued in the 2023-28 Authority Plan</p>
<p>KPI 9: Increase the percentage of Scheduled Monuments and Listed Buildings conserved and/or enhanced</p> <p>Responsible officer: Head of Landscape</p>	<p>Conservation and enhancement of scheduled monuments and listed buildings through our regulatory, advisory and partnership roles and our own property</p>	<p>85 listed building enquiries / planning applications supported plus on-going cases. Liaison with Historic England for repairs and enhanced interpretation of scheduled monuments. 'At risk' heritage assets targeted for FiPL funding. 50 new volunteers trained for scheduled monument monitoring.</p>	<p>2022/23 target: 8% of scheduled monuments and listed building conserved and / or enhanced</p>	<p>Q4 result: 92 scheduled monuments and listed buildings conserved and/or enhanced resulting in a cumulative total of 27%.</p> <p>This work will be continued in the 2023-28 Authority Plan.</p>
<p>KPI 10: Increase the percentage of Conservation Areas conserved and/or enhanced</p> <p>Responsible officer: Head of Landscape</p>	<p>Continue to develop and adopt the remaining Conservation Area appraisals to raise awareness, understanding and support for the conservation and enhancement of these areas</p>	<p>2021/22 agreement that drafting of Conservation Area Appraisal (CAA) using external consultants would be explored in 2022/23. No quotes were received; consultants busy with other planning work. Brief now reissued and quote received with an expected completion date of Q4 2023/24.</p>	<p>2022/23 target: 95% of Conservation Areas have adopted appraisals</p>	<p>Q4 result: 94% have adopted appraisals.</p> <p>This work will be continued in the 2023-28 Authority Plan.</p>

Outcome: A National Park loved and supported by diverse audiences

Greater audience reach among under-represented groups

KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 11: Increase the proportion of under-represented groups reached Responsible officer: Head of Engagement	Implement our diverse audience plan providing inclusive health, education and accessibility activities, and modernising digital channels that better align with the audiences we want to reach	New structure for engagement team is now functioning well. NHLF Championing National Parks development phase currently underway with the delivery phase submission set for July 2023. Diverse Audience Plan updated.	2022/23 target: Peak District National Park audience demographics 20% closer to regional demographics	Q4 result: NFP survey data shows that in many demographic areas we are now close to regional demographics, although there is still under representation in socioeconomic and age groups. The PDNP continues to stand out from other NPs with the ethnicity of our visitors closely matching that of the region. In many other NPs, non-white visitors are underrepresented. This work will be continued in the 2023-28 Authority Plan.
	Repeat data research in year 3 and year 5 to monitor against outcome and adjust plan as required	Visitor gender and ethnicity broadly in line with demographics of those within an hour's travel of the PDNP. Those from the nearest regions most likely to have visited in the last two years. Visitor age profile varies from the local population: higher proportion of 25-34 age category visiting and lower proportions of older people (65+); highest social grade (AB) over-represented among visitors, lowest social grade (DE) under-represented.		

A strong identity and excellent reputation driving positive awareness and engagement

KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
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KPI 12: Increase public connection with the Peak District National Park Responsible officer: Head of Engagement	Use research to develop a plan to better understand our existing and potential audiences to increase public connection with the National Park	NFP Synergy data continues to be used to inform the Diverse Audience Plan work.	2022/23 target: Peak District National Park connection is increased by 10%	Q4 result: Peak District National Park connection has increased by 25%. Year-on-year social media audience increase of 7% (c.145k audience overall, all channels). Social media 'engagement' (direct interaction with our content) up by 32% to 6%. Multi-lingual translation links into interpretation at Stanage North Lees. This work will be continued in the 2023-28 Authority Plan.
	Encourage responsible visitor behaviours through Park-wide, stakeholder-supported strategies that reflect care and respect of 'the place', such as #PeakDistrictProud. Use local research to inform understanding of visitor segments and their needs. Grow sustainable tourism products, including encouraging extended stays, where external funding exists to support this	Multi-lingual content implemented for Stanage North Lees Estate boards. No new material via Defra on Country Code. 2022 welcome guide published @35k copies – all distributed. Links to multi-lingual #PDP inclusive. Diverse imagery used extensively across print and digital delivery. New digital asset database procured, fulfilment 2023/24.		
	Repeat data research in year 3 and year 5 to monitor against outcome and adjust plan as required	NFP Synergy data reports that 31% of respondents feel a connection to the PDNP. This has been increasing since the baseline of 24% in 2019.		

Active support through National Park points of contact to generate sustainable income

KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 13: Increase the National Park Authority's sustainable income stream Responsible officer: Head of Engagement	Implement and continue to develop the plan to maximise income without compromising the special qualities of the National Park or exposing staff and visitors to unnecessary risk of Covid-19	Income mixed this year: car parks and cycle hire not performing as well as expected; other areas (e.g. trails, North Lees and visitor centres) over achieving on targets: <ul style="list-style-type: none"> Trails + £52k 	2022/23 target: Generate an extra £210,000 sustainable gross revenue income	Q4 result: £185,740 Commercial activity (especially car park income, new ventures such as Cattis Side Cottage and the establishment of the Peak

	transmission, including car park management, new visitor experiences at Millers Dale and Hulme End, maximisation of existing income opportunities and growing our commercial enterprises	<ul style="list-style-type: none"> • North Lees + £73K • Visitor centres + £60k • Warslow Under - £42k (due to anticipated decrease in BPS income) • Recreational facilities - £6k • Bike hire - £37k 		<p>District Foundation) has helped to build our ability to generate sustainable income to support baseline budgets and delivery of projects to support the NPMP.</p> <p>Due to staff changes in the Foundation, funds have not been transferred to the Authority, but the Foundation has come close to its income target of £120k this financial year with £115,748 of income raised.</p>
	Continue to fundraise for the National Park Management Plan and Corporate Strategy Outcomes using the National Park Foundation as the vehicle	National Park Foundation continued to raise funds to support delivery of NPMP. The Peak Partner scheme continues to grow. This year's focus on independence from the PDNPA with the Foundation employing staff directly and a renewed MOU and grant agreement.		
<p>KPI 14: Rebuild the value of National Park Authority volunteer support</p> <p>Responsible officer: Head of People Management</p>	Implement volunteer action plan to better align opportunities for volunteering with PDNPA outcomes and increase diversity amongst our volunteers	Volunteer action plan (VAP) aligned with PDNPA outcomes, although work remains in some VAP area. Volunteering is now part of the diverse audience plan (DAP), which will increase diversity amongst volunteers in all programmes going forwards.	<p>2022/23 target: Volunteer support across the National Park Authority is £650,000 per annum</p>	<p>Q4 result: Total = £737,150</p> <p>Skilled volunteer: 26,634 hours = 4,439 days = £665,850.</p> <p>Unskilled volunteer: 8,550 hours = 1,426 days = £71,300</p> <p>'Skilled' is defined as volunteers we provided training for, and 'unskilled' as volunteers who can turn up on the day.</p>

Outcome: Thriving communities that are part of this special place

Influencing and shaping the place through strategic and community policy development

KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 15: Increase the number of residents and other community stakeholders understanding and engaged in the development of strategic policies Responsible officer: Head of Planning	Develop tools for engaging resident communities using digital media channels to promote and engage residents on policy development	<p>Digital platform purchased for collaborative authoring and public consultation for statutory local plan review (LPR).</p> <p>Policy and Communities Team currently working with Member steering group to write issues and options and (in accordance with the LPR project plan) will undertake further training on data management and interactive document set-up in advance of the public consultation later this year.</p>	2022/23 targets: 40% increase in number and range of people engaged in developing our strategic policies	<p>Q4 result: 34% increase</p> <p>Policy and Communities Team engaged residents and stakeholders during the early phase of the LPR (Q1 and Q2 2022/23 and during 2021/22). The last 6 months has seen a focus on writing issues and options rather than consultation.</p> <p>This work will be continued in the 2023-28 Authority Plan.</p>
KPI 16: Increase the number of communities involved in shaping the place Responsible officer: Head of Planning	Undertake biannual updates and promotion of Parish Statements to encourage a dynamic approach to keeping them up to date and developed by the community as far as possible	Currently investigating additional capacity in order to undertake land use surveys.	2022/23 target: 32% of Parishes have helped shape their future [Not rated as red or green due to changes in methodology]	<p>Q4 result: 103 communities involved in shaping the place in 2022/23, but new methodology means result is not comparable with target.</p> <p>This work will be continued in the 2023-28 Authority Plan.</p>
	Ensure a comprehensive review is undertaken of Parish Statements to take account of a new Census in 2021 [Not rated as red or green due to lack of census data]	Still waiting for census data. Review will be completed as soon as data is available.		

Community development connecting people to place through active participation, events and sustainable projects

KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 17: Increase the number of PDNPA interventions that help parish councils, community groups and residents to care for the National Park's special qualities Responsible officer: Head of Planning	Continue dialogue across Authority to make this happen, e.g. with Engagement Service to connect with diverse audience plan (young, health issues etc), and with Landscape Service to ensure connection with projects linked to ecology and cultural heritage	<p>Return to the office has allowed greater opportunity to explore connections across services. Interest in external face to face interventions is increasing but no new programme of events yet developed.</p> <p>Need to review community menu to consider scope to regain opportunities for community interventions related to nature, health, sustainability etc.</p>	2022/23 target: 80 interventions facilitating community development	Q4 result: 32 In 2022/23, this included: <ul style="list-style-type: none"> • 15 community grants • Advice and assistance to 4 neighbourhood plan groups • Advice and assistance to 10 parish council or community group • Support to Hope Valley Climate Action • 2 parish bulletins. <p>This work will not be continued in the 2023-38 Authority Plan, as our primary focus is now the local plan review.</p>
	Develop tools for engaging resident communities using digital media channels towards the promotion of community development (e.g. sharing, promoting local events, encouraging and initiating local projects). In particular seek to maintain the parish bulletin via email (and hosted on PPPF website) and parish meetings via teleconference	The Parish Bulletin has been continued as has the Community Facebook page.		

Our organisational performance: The Peak District National Park Authority is an agile and efficient organisation

Our workforce is more diverse, healthy and highly engaged

KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 18: Maintain low sickness levels Responsible officer: Head of People Management	Create wellbeing at work to include: <ul style="list-style-type: none"> Maintain (and improve upon level of) Investors in People Health and Wellbeing Award in 2022 Enhance our safety culture by raising awareness, developing competence and improving compliance Systematic review of relevant policies (such as Absence Management Policy, Wellbeing at Work Policy, Grievance Policy and Harassment in the Workplace Statement) 	IIP 'We invest in wellbeing' silver level accreditation achieved in April. Health and Safety internal audit report in December – outcome was Reasonable Assurance.	2022/23 target: Under 6 days per full time equivalent per year	Q4 result: 8.16 days per full time equivalent (fte) per year. Improvement on 2021/22 but 2.16 days above target. Absence due to mental health and chronic reasons (stress, anxiety and depression) 14% (1.14 days/fte) of our overall outturn (2021/22 was 48%). Covid is the one of the highest occurring reasons for absence at 84 across the year, the same as cough, cold, sore throat, etc - reflected nationwide. Covid may be on a downward trajectory with half as many absences during Q4 than in Q1 and 2 – although this could relate to no longer being required to test. This work will be continued in the 2023-28 Authority Plan

<p>KPI 19: Create a highly engaged workforce</p> <p>Responsible officer: Head of People Management</p>	Create values based environment to attract and retain top talent	Care, Enjoy, and Pioneer values are embedded into our recruitment and performance appraisal, with staff briefings throughout the year themed on one of the values.	<p>2022/23 target: 70% response rate to online Investors in People questionnaire</p>	<p>Q4 result: 69%</p> <p>This is a very good response rate, only just missing the target, demonstrating high engagement after two particularly challenging years.</p> <p>This work will be continued in the 2023-28 Authority Plan.</p>
	Deliver the actions in the Investors in People Action plan (identified from the Investors in People online report and assessor recommendations)	In April, we received Silver in our latest assessment. Silver is progress on our last assessment and something that only 15% of assessed organisations achieve.		
	Management demonstrate responses in regular short snap surveys on key and current topics are used to inform decisions	Feedback indicated employees had survey fatigue. An annual survey will be held in Q4 to generate a baseline. Response rate to March staff survey was 68%.		
<p>KPI 20: Foster an inclusive working environment in which everyone feels that they belong</p> <p>Responsible officer: Head of People Management</p>	<p>Develop Equality, Diversity and Inclusion plan to foster an inclusive workplace by:</p> <ul style="list-style-type: none"> • Involving all workforce in inclusion • Developing line manager capability • Building senior management commitment to inclusion • Evaluating policies and practices • Examining organisational culture, climate and values 	<p>Commitment to the Disability Confident Scheme.</p> <p>12-month trial to advertise our vacancies with the aim to increase our diversity profile.</p> <p>‘Everyone is Welcome’ classroom-based training sessions with Employees, Management team, Members and volunteers attending. Feedback very positive.</p> <p>Equality due regard section added to RMM and Authority report templates.</p> <p>Equality Impact Assessment template developed and implemented.</p>	<p>2022/23 target: A workforce profile proportionately representative of national protected characteristics in order to attract and retain diverse talent</p>	<p>Q4 result:</p> <p>Sex: 49% male 51% female</p> <p>Age range: 18-73 years old</p> <p>Ethnicity: 98.5 % White British, 1.5% White any other background</p> <p>Disability: 2.6% (as reported by employees)</p> <p>2 new apprentices started at the end of September widening the age range</p> <p>This work will be continued in the 2023-28 Authority Plan.</p>

We are financially resilient and provide value for money

KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 21: To have a medium term financial plan Responsible officer: Head of Finance	Develop a medium term financial plan (MTFP) that covers years 2-5 of the new Corporate Strategy (Year 1 falls within the current MTFP)	The MTFP is a continuously updated and developed to ensure that it remains fit for purpose and that the Authority is able to react to issues as they arise. The current MTFP was presented to members as part of the budget report in February 2023.	2022/23 target: Plan monitored and updated	Q4 result: The Capital Programme was approved by Members in March 2023.
	Develop a new Capital Programme for the Authority (following the adoption of the corporate Asset Management Plan)	The new capital programme was completed by working with Asset Management and IT. The work will continue throughout 2023/24 and will be updated annually.		
KPI 22: To have arrangements in place to secure economy, efficiency and effectiveness in all our operations Responsible officer: Head of Finance	Update our financial processes (regulations and standing orders) as a result of recommendations in the governance review	No current actions to take. The team continues to review operations as they arise.	2022/23 target: An unqualified value for money opinion (the best result possible) issued by External Audit	Q4 result: External auditors gave the Authority a satisfactory Value for Money opinion. The Statement of Accounts for 2021/22 was signed off by the external auditors and presented to Members in February 2023. Procurement of a new finance system will be continued in the 2023-28 Authority Plan
	Begin the project to scope and procure a new finance system which intends to includes an electronic purchase order, authorisation and invoice scanning and the implementation of an electronic travel and subsistence claims system	Work to procure a new finance system was delayed during 2022/23. Work has begun in April 2023.		

Our **well-maintained assets** support the delivery of our landscape, audience and community outcomes

KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 23: To have a corporate Asset Management Plan Responsible officer: Head of Asset Management	Implement Asset Management Plan	Implemented	2022/23 target: Plan to be implemented	Q4 result: Implementation of the AMP continues with a number of disposals and strategic decisions in progress. CMP implementation ongoing and annual performance reporting complete.
	Implement Carbon Management Plan (CMP) providing annual report against progress for Members	Implemented		
Our data is high quality, securely managed, and supports decision making and delivery				
KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 24: To achieve at least reasonable assurance rating for the way we look after our data in an ever changing environment Responsible officer: Head of Information and Performance Management	Ensure security services and control frameworks are fit for purpose and reflect best practice and that staff awareness and preparedness is improved and measured	The majority of our staff have completed the compulsory Data Security and Data Protection Courses.	2022/23 target: For data controls and security arrangements to be rated at least reasonable assurance in all Audit reports	Q4 result: Target met. The April 2021 Cyber Security Internal Audit Report gave the Authority Substantial Assurance.
KPI 25: More of our data is digitally accessible internally and externally and is used to inform our decision making Responsible officer: Head of Information and Performance Management	Investigate and deploy further self-service capabilities (e.g. increased spatial mapping tools on the Authority’s website etc)	We have continued to improve spatial mapping tools for access and rights of way survey and reports for corporate reporting.	2022/23 target: All services, capture, store and access data in a consistent and efficient manner	Q4 result: Work progressed as expected. We are becoming more consistent and efficient in capturing and storing our data.

The Authority is **well managed** to achieve its objectives and enhance its performance

KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
KPI 26: To have best practice governance, risk and performance management arrangements in place Responsible officer: Head of Law	Undertake a review of Governance arrangements, including the delegations to committees and officers	Governance arrangements are reviewed on an on-going basis to ensure that they are fit for purpose and they are up to date. At the AGM, Members were appointed to the Member led Governance Review Working Group in anticipation of the Government's response to the Landscape Review.	2022/23 target: All internal and external audits relating to governance, risk and performance management are rated as providing substantial assurance or equivalent	Q4 result: 2021/22 Statement of Accounts and AGS have been given the equivalent of substantial assurance by our External Auditors who will close down our accounts following the completion of the Value for Money Assessment and the receipt of the Whole Government Accounts. Internal Audit have reported on Block 1 audits and provided substantial assurance on Complaints with no areas for action, Procurement/Creditors & Payroll with one area for action whilst Health & Safety was given a reasonable assurance with two areas for management action. This work will be continued in the 2023-28 Authority Plan.
	Implement an online procurement portal, related processes and provide guidance and training for all relevant Authority staff	The In-Tend on-line procurement portal has been customised to the Authority's requirements and used in a pilot procurement. The next stage is to undertake evaluation training so that this can also be carried out online. Four training days are banked to allow rollout of the system following the Organisation Change Programme.		
	Coordinate the delivery of the corporate strategy and drive through delivery and business planning, performance and risk management processes Responsible officer: Head of Information Management and Performance	Q2 performance and risk management was presented to September Authority and this is the Q4 report.		

	<p>Develop our Corporate Strategy 2025-2030</p> <p>Responsible officer: Head of Information Management and Performance</p>	<p>Authority Plan 2023-28 has been developed in place of the Corporate Strategy.</p>		
<p>KPI 27: Our Members are more representative of our audiences</p> <p>Responsible officer: Head of Law</p>	<p>Continue to identify and remove barriers that may restrict the appointment of Members from underrepresented groups (e.g. review our meeting format and dates/times of meetings)</p>	<p>We hold 2 Member vacancies out of 30. A Secretary of State Parish Member vacancy following a resignation and unsuccessful by-election held in the Staffordshire Moorlands area. The PPP Forum has held the vacancy until the June 2023 Parish Elections when all 6 parish seats become vacated. There is a national SoS vacancy due to be filled imminently. The Authority stressed our support for underrepresented groups to apply, which was reflected in the recruitment advertisement.</p>	<p>2022/23 target: Move towards greater diversity in our Members</p>	<p>Q4 result: In 2023, 35% of Members were female compared to 30% in 2019, 7.5% of Members declared a disability compared to 0% 2019 and 7.5% were BAME compared to 6.5% in 2019.</p>
We have effective partnership arrangements in place				
KPI and targets	RAG status of strategic intervention	Commentary on strategic intervention	RAG status of 2022/23 KPI target	Commentary on 2022/23 KPI target
<p>KPI 28: To identify all existing partnership arrangements and review their effectiveness</p> <p>Responsible officer: Head of Information and Performance Management</p>	<p>Monitor the implementation of the National Park Management Plan 2018-23 delivery plan</p>	<p>The National Park Management Plan Advisory continued to meet. The 5 year Management Plan progress report was presented to the April Authority meeting.</p>	<p>2022/23 target: Complete review in 2022/23 and monitor current plan</p>	<p>Q4 result: Review complete. Target met.</p>
	<p>Coordinate the development of the Peak District National Park Management Plan 2023-2028</p>	<p>The Peak District National Park Management Plan 2023-2028 was adopted at the December 2022 Authority meeting.</p>		

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Foreword

This is perhaps the most challenging time financially, and operationally, in our 71 year history as a national park. At the same time, there has never been a greater need for the crucial role our protected landscapes can play in nature recovery, meeting net-zero ambitions, delivering thriving communities and helping with the nation's wellbeing.

We celebrate many successes from the past year within this Performance and Business Plan, which reports on our fourth year (2022/23) of progress against our 2019-24 Corporate Strategy. This will be the final year of working towards this strategy, as we have moved into a new 5-year Authority Plan that fully aligns with the 2023-28 National Park Management Plan. The 'Look Back' section shows that we have made some excellent progress across all of our outcomes (landscape enhancement, audience and community engagement, and being an agile and efficient organisation). For instance, our work on Farming in Protected Landscapes and on the One Peak District Nature Recovery Plan are key successes, as is public connection to the Park, which has been steadily increasing during this Corporate Strategy period. However, we have not met all of our KPIs this year. In particular, due to other priorities, we have been unable to deliver our plans for landscape monitoring, woodland creation and community development and, in line with the national employment picture, our staff sickness levels remain higher than they have been for years.

As we move into the first year of delivering against our new 2023-28 Authority Plan and National Park Management Plan, our primary focuses alongside NPMP partners will be our response to climate change, being a resilient landscape where nature is recovering, being a welcoming place and supporting thriving communities. The aspirational long term vision that accompanies this new plan outlines where we collectively want the Peak District to be in 20 years' time: "By 2043 the Peak District National Park is exemplary in its response to climate change and nature recovery. Its special qualities and resilience as a living landscape have been significantly enhanced. It is a welcoming place where all are inspired to care and communities thrive."

As an Authority, we aim to become a more affordable, financially resilient organisation through a programme of future investment. Although funding of this programme is challenging due to a flat-cash grant from Defra, continued inflation and other pressures, we are adept at achieving a great deal from a small base. What we deliver for the nation has undeniable benefit and we are proud of our role in speaking up for and caring for the National Park, so everyone can enjoy it, forever.



Phil Mulligan
Chief Executive



Andrew McCloy
Chair

Introduction

National parks

National parks were designated as protected landscapes for their natural beauty, wildlife and cultural heritage – the special qualities that make them so important. We are one of 15 UK national parks within a global network. The purposes of national park designation are to:

- Conserve and enhance the natural beauty, wildlife and cultural heritage; and
- Promote opportunities for understanding and enjoyment of the special qualities of the area by the public.

If there is a conflict between these purposes, conservation takes priority. In carrying out the purposes, national park authorities should seek to foster the economic and social wellbeing of local national park communities.

The Peak District National Park ('the National Park')

Located at the heart of the country, the Peak District National Park is 555 square miles of accessible, world-class landscapes. It is a living park, with 38,000 residents, at least 18,000 jobs and around 12.22 million visitor days that generate over £730 million for the economy each year.

The Peak District National Park Authority ('the Authority')

The Authority's mission is to speak up for and care for the Peak District National Park for all to enjoy forever. This work is carried out in collaboration with partners and local communities to conserve and enhance the National Park's special qualities.

Our roles as regulator, influencer and deliverer are critical and interlinked. We will continue to use our funding to keep these roles in balance. Our government grant of circa £6m per year is crucial to our work as an independent statutory planning authority and we will continue to make the most efficient and effective use of resources in this area. We will support our influencing and delivery roles through the grant, as well as through generating income from new sources. This will ensure the investment of government funding will lever at least an equal investment from other sources.

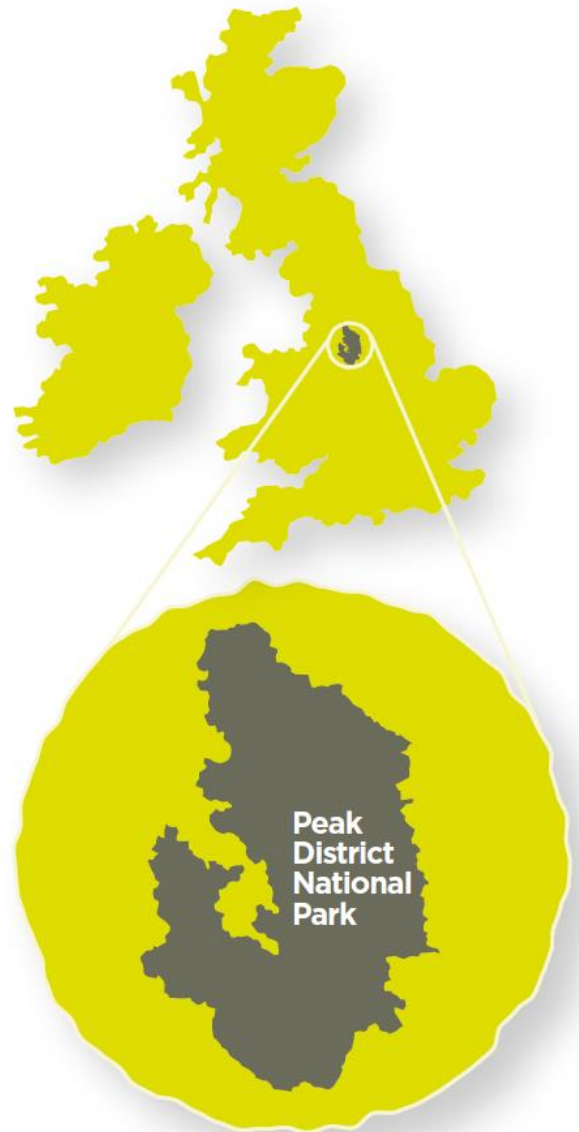
The National Park Management Plan ('the NPMP')

The NPMP is the partnership plan for the place – the framework for Peak District stakeholders to work together to achieve national park purposes and conserve and enhance the special qualities. It outlines the main issues and priorities for the place and sets out how, together, these will be tackled. The 2023-28 NPMP is being implemented from April 2023.

- The 2023-28 NPMP is available at: <https://reports.peakdistrict.gov.uk/npmp2023/>

Our Corporate Strategy / Authority Plan

Our Corporate Strategy for 2019-24 provides the framework for us to align our resources to achieve our obligations under the NPMP and as an organisation. It has been replaced from April 2023 with our 2023-28 Authority Plan, which fully aligns with the NPMP in both aims and timescale.



Appendix 2: Performance and Business Plan 2023/24 draft content

- The 2019-24 Corporate Strategy is available at:
www.peakdistrict.gov.uk/corporatestrategy
- The 2023-28 Authority Plan is available at:
<https://reports.peakdistrict.gov.uk/authorityplan2023/>

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Authority Plan Programme Year 1 2023-24

Authority ambitions for 2023/24

Enabling delivery Aim: The Authority is inspiring, pioneering and enabling in delivering the National Park vision.		
Objective A (Planning): To achieve national performance standards for planning applications by type dealt with in a timely manner.		
Target	Actions to deliver essential business	Responsible Officer
Percentage of applications determined in timescales: a) major applications 13 weeks, b) minor applications 8 weeks, and c) other applications 8 weeks.	Determine applications to achieve national performance standards for speed and quality.	Head of Planning
	Review, update and implement Local Enforcement Plan.	Head of Planning
	Review and adopt updated Local Plan.	Head of Planning
	Protect the special interests of cultural and natural assets, both designated and non-designated, through planning, other regulatory processes and on our own assets.	Head of Landscape
	Actions for transformative change	Responsible Officer
	Review, reinstate and provide pre-application advice service.	Head of Planning
	Implement Planning Business Change recommendations to attract and retain staff, provide efficiencies and meet national planning standards.	Head of Planning
Objective B (Access): To achieve timescales and follow processes for the statutory functions under Countryside and Rights of Way Act and Town and Country Planning Act.		
Target	Actions to deliver essential business	Responsible Officer
Meet 100% of timescales and processes.	Support the statutory functions of the Peak District Local Access Forum.	Head of Engagement
	Identify, enhance and maintain access to Access Land and ensure the public has the greatest possible access to Rights of Way.	Head of Engagement
	Actions for transformative change	Responsible Officer
	Enhance volunteering to deliver our access objectives.	Head of Engagement

Objective C (People): To have highly engaged, healthy and inclusive staff and volunteers.		
Target	Actions to deliver essential business	Responsible Officer
Maximum of 9 days per year sickness level per staff member, targets for inclusiveness and staff engagement score to be set once baseline is established in 2023/24.	Update, promote and implement: Equality, Diversity and Inclusion Plan.	Head of People Management
	Update, promote and implement: Occupational Safety and Health Policy.	Head of People Management
	Actions for transformative change	Responsible Officer
	Develop and implement our Communication Plan so our people know how they contribute to our purpose, vision, aims and values.	Head of Engagement
	Develop and implement our pay strategy.	Head of People Management
Objective D (Financial Resilience): To be financially resilient and provide value for money.		
Target	Actions to deliver essential business	Responsible Officer
To have a deliverable Medium Term Financial Plan and achieve value for money in all internal and external audit reports.	Review and update the medium term financial plan (MTFP) and annually receive an unqualified value for money opinion by the External Auditor.	Head of Finance
	Set and deliver net income targets.	Head of Finance / Head of Engagement
	Diversify the Authority's funding by proactively seeking agreed external funding	Head of Engagement
	Actions for transformative change	Responsible Officer
	Diversify the Authority's funding by supporting and enabling the Foundation.	Head of Engagement
Objective E (Assets): To have best practice arrangements in place for the Authority's assets.		
Target	Actions to deliver essential business	Responsible Officer
To implement and maintain the Authority's Asset Management Plan	Review, update and implement the Authority's Asset Management Plan (AMP) to remove work completed and reflect our priorities.	Head of Asset Management
	Develop a new Asset Management Plan to start in 2025.	Head of Asset Management
	Ensure that our properties and assets deliver our aims, are in satisfactory condition and, where appropriate, financially viable.	Head of Asset Management

	Actions for transformative change	Responsible Officer
	Developments on North Lees Estate – including installing renewables at campsite and Cruck Barn structural and roofing repairs.	Head of Asset Management
	Use Disposals Toolkit to dispose of assets to reflect Asset Management Plan priorities.	Head of Asset Management
Objective F (Governance): To have best practice governance arrangements in place.		
Target	Actions to deliver essential business	Responsible Officer
All internal and external audits relating to governance are rated as providing substantial assurance or equivalent.	Review our Code of Corporate Governance and produce Annual Governance Statement.	Head of Law
	Define and monitor standards of conduct for Members and support them to fulfil their role and make informed decisions.	Head of Law
	Provide efficient and high-quality legal and governance support and guidance across the Authority including in its statutory functions.	Head of Law
	Actions for transformative change	Responsible Officer
	Implement on-line procurement portal In-tend.	Head of Law
Objective G (Information and Performance): To have best practice IT access controls, security arrangements, performance and risk arrangements in place.		
Target	Actions to deliver essential business	Responsible Officer
IT access controls, security arrangements, performance and risk to be rated at least reasonable assurance in all Audit reports.	Provide high quality customer and business support for the public and across the Authority.	Head of Information & Performance Management
	Ensure security services and controls are fit for purpose and that all users are compliant with the measures.	Head of Information & Performance Management
	Coordinate performance and risk management of the National Park Management Plan and Authority Plan 2023-28.	Head of Information & Performance Management
	Actions for transformative change	Responsible Officer
	Update the Digital Plan and implement as resources allow.	Head of Information & Performance Management

	Appropriately source, store, process and make information accessible so we become a data led organisation.	Head of Information & Performance Management
Objective H (Climate Change): To reduce the Authority's greenhouse gas emissions.		
Target	Actions to deliver essential business	Responsible Officer
Achieve a further 30% reduction in greenhouse gas emissions from the 2017/18 baseline.	Support the Member Climate Change Steering Group in working towards the Authority's plan for carbon net zero.	Head of Information & Performance Management
	Actions for transformative change	Responsible Officer
	Implement and keep up to date the Authority's Carbon Management Plan (CMP2).	Head of Asset Management

Aim One: Climate Change

Aim: The Peak District National Park is more resilient and net-zero by 2040 through its exemplary response to climate change.		
Objective 1: To lower greenhouse gas emissions significantly, focussing on the largest emitters within our influence.		
No actions in 23/24		
Objective 2: To sequester and store substantially more carbon while contributing to nature recovery.		
Target	Actions	Responsible Officer
By 2028 there will be a 2,878 tonnes net decrease in carbon emissions from moorlands.	Enable and support the Moors for the Future Partnership team and Strategic Management Board.	Head of Moors for the Future Partnership
	Enable and support the Farming in Protected Landscapes programme.	Head of Landscape
Objective 3: To reverse damage to nature, biodiversity, cultural heritage in particular built environments caused by a changing climate.		
Target	Actions	Responsible Officer
By 2028 we will secure funding for four measures that increase the resilience of existing habitats and species, cultural heritage and the built environment.	Provide case studies on the impacts of climate change on vulnerable cultural heritage.	Head of Landscape

Aim Two: Landscape and Nature Recovery

Aim: The Peak District National Park is a resilient landscape in which nature, beauty, and cultural heritage are significantly enhanced.

Objective 4: To be a place where nature recovers and biodiversity flourishes.

Target	Actions	Responsible Officer
By 2028 to have implemented the first five years of the One Peak District Nature Recovery Plan.	Develop and implement the agreed One Peak District Nature Recovery Plan in a way which maximises opportunities for Biodiversity Net Gain.	Head of Landscape
	Represent English National Park Authorities to influence the Environmental Land Management (ELM) schemes and future equivalents, including blending public and private funding.	Head of Landscape
	Provide an integrated land management advice service for farmers, land managers and owners that supports and delivers nature recovery.	Head of Landscape
	Convene partners to develop and implement resilient and sustainable moorland management.	Head of Landscape

Objective 5: To understand, appreciate and enhance the cultural heritage and in particular built environments of the National Park as part of an ever changing landscape.

Target	Actions	Responsible Officer
By 2028 there will be a 10% increase in audiences appreciating, understanding and enjoying cultural heritage.	Develop and adopt the remaining Conservation Area Appraisals.	Head of Landscape
	Provide an integrated land management advice service to enhance, conserve and stabilise landscapes, archaeological sites, historic buildings and structures.	Head of Landscape
	Ensure our built assets and rural estates are managed so that nature, beauty and cultural heritage are enhanced and promoted.	Head of Asset Management

Objective 6: To protect and enhance the natural beauty of the Peak District National Park's contrasting and ever evolving landscapes.

Target	Actions	Responsible Officer
By 2028 landscape character, quality and condition will be enhanced or reinforced as it provides for nature	Deliver Landscape Enhancement Initiatives and undergrounding projects to mitigate the impact of overhead wires.	Head of Landscape

recovery, climate change and access for all.		
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Aim Three: Welcoming Place

Aim: The Peak District is a welcoming place where all are inspired to enjoy, care for and connect to its special qualities.

Objective 7: To encourage a sustainable visitor economy that supports local businesses, cares for the National Park's special qualities and respects the well-being of local communities.

Target	Actions	Responsible Officer
By 2028 there will have been an increase in people recognising sustainable visitor practices.	Adopt Local Plan policies that promote sustainable visiting through identification of recreation hubs and gateway sites.	Head of Planning
	Manage our visitor assets and facilities in a sustainable and inclusive way so users are inspired to enjoy, care for and connect to the special qualities of the National Park.	Head of Asset Management
	Implement developments on Warslow Moors Estate.	Head of Asset Management

Objective 8: To create opportunities for young people and those from underserved communities to connect with and enjoy the National Park.

Target	Actions	Responsible Officer
By 2028 visitors that connect to and enjoy the National Park are substantially closer to national population demographics.	Enable young people living within an hour's travel time of the National Park to develop an appreciation and understanding of the special qualities and a connection to nature.	Head of Engagement
	Provide opportunities for underserved communities to develop an appreciation and understanding of the special qualities and a connection to nature.	Head of Engagement
	Extend our reach and appeal by actively recruiting volunteers from underserved communities and providing volunteer programmes that engage a wider audience.	Head of Engagement

Objective 9: To promote the National Park as a place where there are opportunities for the improvement of physical and mental health and well-being.

Target	Actions	Responsible Officer
	Develop health and wellbeing activities.	Head of Engagement

By 2028 users feel their time in the National Park has contributed to their improved health and wellbeing.	Deliver visitor engagement so everyone is inspired to enjoy, care for and connect to the special qualities.	Head of Engagement
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Aim Four: Thriving Communities

Aim: Peak District National Park communities are thriving and sustainable places where all generations can live healthy and fulfilled lives.

Objective 10: To support sustainable communities by improving opportunities for affordable housing and connection to services.

Target	Actions	Responsible Officer
By 2028 we will have enabled enhanced access to services, jobs and home working increasing premises that can access Superfast (>30Mbps) services from an average of 82% to 84%.	Support thriving communities through community planning initiatives (e.g. neighbourhood plans) and supporting housing providers to deliver affordable housing.	Head of Planning

Objective 11: To promote a flourishing economy that is in accord with nature recovery and climate change mitigation.

By 2028 to have delivered the Shared Prosperity Fund programmes.	Adopt Local Plan policies that enable a sustainable level of mineral activity appropriate to our special landscape and identify more places in sustainable locations where businesses can grow.	Head of Planning
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APPENDIX 3: Corporate Risk Register 2022/23 Q4 position with arrows showing movement since the start of the year

IMPACT	High	Reduced core funding for MFFP (£55k deficit) leading to insufficient funding for core team and loss of key personnel, impacting delivery of elements of the Corporate Strategy and National Park Management Plan (ref. 21/22C)	Failure to develop the One Peak District Nature Recovery Plan with partners which works with and complements Local Nature Recovery Strategies (ref. 20/21D updated start of year 22/23)	Area of National Park land safeguarded in Environmental Land Management (ELM) schemes does not increase due to continuing uncertainty leading to potential environmental loss particularly grassland habitats (ref. 20/21B updated start of year 22/23)
			Post Covid economy and labour market (such as increase in NICs, inflation and cost of fuel/energy, employee mobility driving higher wages) impacts on PDNPA ability to attract and retain staff (ref: 22/23A)	Failure to manage ash dieback on our assets due to a lack of sufficient funding and staff resource (ref: 22/23E)
				Not achieving the national performance standards for determining planning applications in a timely manner (ref: 22/23C)
				Potential impact on National Park purposes from a number of individual network improvements along the A57/A628 corridors (ref. 21/22D updated start of year 22/23)
Medium	Medium		Sustained impact of the coronavirus pandemic on the health and wellbeing of staff (ref: 22/23B)	
			Implications of the Landscapes Review 2019 (ref. 21/22A)	
Low	Low	Failure of continued farmer and land manager engagement with the Farming in Protected Landscapes (FiPL) programme and failure to demonstrate that local flexibility under a national framework improves delivery of local priorities (ref. 21/22F updated start of year 22/23)	Four Principal financial risks within the Moorlife 2020 European funded project: exchange rate movements; the sterling ceiling set for the total project budget; the contractual treatment of partner contributions; and the possibility of expenditure being found ineligible (ref. 20/21A)	
		Not achieving the required cost reduction savings required to balance the revenue budgets for 2023/24 to 2025/26 as per the Medium Term Financial Plan (MTFP) (ref: 22/23D).	Following notification of a flat cash settlement for the National Park Grant for years 2022/23, 2023/24 and 2024/25, the Medium Term Financial Plan shows that the current budgets are unsustainable, therefore there is a risk to the Authority of not making the necessary cost reduction to balance the 2023/24 budget and beyond to 2025/26 (ref: 22/23D).	
		Low	Medium	High
LIKELIHOOD				

Corporate Risk Register 2022/23

Risk Rating Legend

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
Likelihood				

Outcome: A sustainable landscape that is conserved and enhanced Lead officer: JW (Chief Finance Officer)												
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	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4			
Four Principal financial risks within the Moorlife 2020 European funded project: exchange rate movements; the sterling ceiling set for the total project budget; the contractual treatment of partner contributions; and the possibility of expenditure being found ineligible (<i>ref. 20/21A</i>)	Capping Sterling budget	High x High Red	Consider hedging transaction Project has claimed 70% of Euro funding, and interest rates more favourable; therefore, exchange rate risk has fallen Reserve of £500k to mitigate impacts of ineligible expenditure Continuous monitoring of budget	Impact	Medium	Medium	Medium	Not rated	Medium	Periodic assessment	Chief Finance Officer Budget monitoring group Programme and Resources Committee or Authority	100% of the Euro funding is now claimed and the exchange rate risk is minimal. UK external audit has identified no issues with the programme budget management. There is a remaining residual risk of the EU budget audit identifying ineligible expenditure in the programme. The risk has been carried forward into 2023/24 and £500k of the Authority reserve remains allocated to cover the potential degree of exposure.
				Likelihood	Medium	Medium	Medium		Medium			
				Rating	Amber	Amber	Amber		Amber			

Corporate Risk Register 2022/23

Outcome: A sustainable landscape that is conserved and enhanced													
Lead officer: SLF (Head of Landscape)													
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	How monitor/ indicator	Quarterly update	
					Start	Q1	Q2	Q3	Q4				
Area of NP land safeguarded in Environmental Land Management (ELM) schemes does not increase due to continuing uncertainty (on-going implications of Brexit and Covid-19; new ELM scheme details including payment levels not being clear) leading to potential environmental loss particularly grassland habitats (ref. 20/21B updated start of year 22/23)	<p>National influencing for post Brexit agri-environmental policies and support systems including further improvements to the existing Countryside Stewardship (CS) scheme and the design and payment levels od the new ELM schemes.</p> <p>Continuing to deliver NPE's Environmental Land Management Delivery Plan for National Parks.</p> <p>Local communications across the farming & land management industry.</p> <p>Agri-environment & Environmental Land Management (ELM) scheme promotion and support for farmers & land managers through the 44 Protected Landscape organisations.</p> <p>Input to the NPMP review.</p> <p>Support farmers & land managers to access the existing CS scheme, Farming in Protected Landscapes (FiPL) and to participate/ learn about the national ELM pilots and roll out (Sustainable Farm Incentive, Local Nature Recovery & Landscape Recovery).</p>	High x High Red	<p>Influencing role through PDNPA links and NPE's Future of Farming, national stakeholder meetings</p> <p>Increase promotion of the service, working with agencies e.g. NFU, CLA, NE, EA, FC, Protected Landscape organisations</p> <p>Increase promotion of the opportunities for increased public good delivery</p> <p>Promoting the results of the White Peak Defra ELM test and trial and the practical field trials</p>	Impact	High	High	High	Not rated		High	On-going	Quarterly reporting	ELM scheme launched by government in Q4. Early stage delivery of the ELM scheme has commenced and we will, alongside our normal partner relationship activities, continue to apply significant resources to Nature Recovery (see the related Nature Recovery risk below). This risk has been carried forward and we will prioritise activities in 2023/24 in order to promote ELM schemes as the principal vehicle for Nature Recovery.
				Likelihood	High	High	High			High			
				Rating	Red	Red	Red			Red			

Corporate Risk Register 2022/23

Outcome: A sustainable landscape that is conserved and enhanced												
Lead officer: SLF (Head of Landscape)												
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	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4			
Failure to develop the One Peak District Nature Recovery Plan with partners which works with and complements Local Nature Recovery Strategies (ref. 20/21D updated start of year 22/23)	<p>Development of one Peak District Nature Recovery Plan building on the existing Nature Recovery Prospectus produced as one of a suite of ten prospectuses for each of the ten English National Parks.</p> <p>Continuing to deliver NPE’s Environmental Land Management and Wildlife Delivery Plans for National Parks.</p> <p>Input to the NPMP review.</p> <p>Provision of farmer and land manager support through the Authority’s farm advice service, Moors for the Future and the Farming in Protected Landscapes Programmes and the legacy of the South West Peak Landscape Partnership Programme.</p> <p>Encouraging creation of new native woodlands, wood and scrub pasture and trees in the landscape with species not vulnerable to diseases like ash die-back.</p> <p>Dark Peak and South West Peak moorland focus on birds of prey through the Birds of Prey initiative</p> <p>Breeding birds surveys.</p> <p>Engagement with moorland owners though the Moorland Liaison Group.</p> <p>Engagement with Police and Crime Commissioner.</p>	High x Medium Amber	<p>Promoting the results of the White Peak Defra ELM test and trial and the practical field trials.</p> <p>Further develop and (if funding is obtained) expansion of the White Peak practical field trials, engaging with farmers and land managers to address biodiversity loss in the farmed productive landscape.</p> <p>Promotion of the Wooded Landscapes Plan.</p>	Impact	High	High	High		High	On-going	Quarterly reporting	Work on this risk to the special qualities of the National Park has progressed but the chance of failure remains high due to the associated risk to take up of the ELM scheme launched by government in Q4. Many factors affecting take up are outside of our control and the details of DEFRA ELM funding streams are still to be clarified and continue to evolve.
				Likelihood	Medium	Medium	Medium	Not rated	Medium			
				Rating	Amber	Amber	Amber		Amber			

Corporate Risk Register 2022/23

Outcome: A sustainable landscape that is conserved and enhanced

Lead officer: BJT (Head of Planning)

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	How monitor/indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4			
Potential impact on National Park purposes from a number of individual network improvements along the A57/A628 corridors (ref. 21/22D updated start of year 2022/23)	Objection formalised by Authority Good communication with National Highways and supportive partners in Friends of the Peak District and DCC Strong inputs to Inquiry into A57 Link Roads scheme	Medium x High Amber	Use submitted comment on Development Consent Order (DCO) to provide strong input to Public Inquiry Review Statement of Common Ground with National Highways Seek support from partners	Impact	High	High	High	Not rated	High	Q1: Input to Public Inquiry Maintain dialogue with National Highways and seek to re-establish relationship and dialogue with Transport for the North re national thinking on east-west connectivity between city regions and across the National Park	Quarterly updates on DCO and Inquiry position	The proposed A57 link road schemes just outside the boundary around Mottram were given consent by the Secretary of state in November. This now significantly increases the risk of permanent damage to the landscape and loss/permanent influence on the quality and condition of special quality features in the north of the NP. This is from the resurgence of the A628 widening and other capacity works as part of the historic Trans Pennine Upgrade Programme. This risk has been carried forward into the Q1 2023/24 corporate risk register.
				Likelihood	Medium	Medium	Medium		High			
				Rating	Amber	Amber	Amber		Red			

Corporate Risk Register 2022/23

Outcome: A sustainable landscape that is conserved and enhanced												
Lead officer: CD (Head of Moors for the Future Partnership)												
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	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4			
Reduced core funding for MFFP (£55k deficit) leading to insufficient funding for core team and loss of key personnel, impacting delivery of elements of the Corporate Strategy and National Park Management Plan (ref. 21/22C)	Partial funding of the core team. Core contributions secured via projects where possible Reduce hours / redundancy of core team	High x High Red	High level advocacy by PDNPA Management Team with Partners Identify funding opportunities that support the partnership infrastructure with bidding, supported as appropriate. Financial contingency in place for redundancy Monitoring of core income with Chief Finance Officer through MFFP Programme Tracker	Impact	High	High	High	Not rated	High	Across 2022/23	Tracker monitored by RMM monthly Core budget monitored monthly and reported to the CFO quarterly	£55k deficit secured through projects in order to cover all core costs in 2022/23.
				Likelihood	High	High	High		Low			
				Rating	Red	Red	Red		Amber			

Corporate Risk Register 2022/23

Outcome: A sustainable landscape that is conserved and enhanced												
Lead officer: SLF (Head of Landscape)												
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	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4			
Failure of continued farmer and land manager engagement with the Farming in Protected Landscapes (FiPL) programme and failure to demonstrate that local flexibility under a national framework improves delivery of local priorities (ref. 21/22F updated start of year 22/23)	Continuing to deliver NPE's Environmental Land Management Delivery Plan for National Parks.	High x Medium Amber	Focus on multi outcome projects that offer value for money, are deliverable and sustainable.	Impact	High	High	High	Not rated	Low	On-going to 31 March 2024 Uptake and outputs/ outcomes from FiPL funded projects	Quarterly reporting	FiPL delivery has been successful and has been well received. Our close working with the department and leadership in the DEFRA core group has helped steer new development in the scheme. As a result, the programme has now been extended into 2023/24. There remains a risk to continued engagement for the extended scheme, but this is linked to the success of the ELM delivery and is now incorporated into that delivery risk for next year.
	Continuing involvement in the Defra FiPL Core Working Group.				Medium	Medium	Medium		Low			
	Continue to promote FiPL and opportunities for farmers and land managers to access support and funding for projects which deliver FiPL climate, nature, people and place outcomes and NPMP priorities. Authority farm advisers continuing to support the delivery of FiPL.				Amber	Amber	Amber		Green			

Corporate Risk Register 2022/23

Outcome: All outcomes Lead officer: PM (Chief Exec)												
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	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4			
Following notification of a flat cash settlement for the National Park Grant for years 2022/23, 2023/24 and 2024/25, the Medium Term Financial Plan shows that the current budgets are unsustainable, therefore there is a risk to the Authority of not making the necessary cost reduction to balance the 2023/24 budget and beyond to 2025/26 (ref: 22/23D).	New CEO to lead MT in planning organisational changes.	Medium x High Amber	The CEO is undertaking a full organisational review of the Authority. This is running through Q4 2022/23 and throughout 2023/24 and aims to improve organisational health through reduction of running costs, ceasing some activities, maximising income, creating a modest investment budget, tackling recruitment/retention in key delivery areas and pay differentials to local benchmark organisations.	Impact	Medium	Medium	Medium	Not rated	Medium	Ongoing across 2022/23	Budget report for national park grant Success of the NPE delivery plans in gaining traction with Defra and other Government departments and partners A governance and policy framework that helps amplify our local and collective national impact	The organisational review is a specific, focused response to balancing the budget and restoring organisational health. The risk of budget overshoot presented here is now minimal and regarded as being at general operational levels. As a result of the organisational review, the CEO/Management Team have identified and escalated a suite of time limited critical risks. The management of these ‘Organisational Change’ risks is presented in the 2023/2024 Corporate Risk Register.
				Likelihood	Medium	Medium	Medium		Low			
				Rating	Amber	Amber	Amber		Green			

Corporate Risk Register 2022/23

Outcome: A sustainable landscape that is conserved and enhanced												
Lead officer: SLF (Head of Landscape)												
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	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4			
Implications of the Landscapes Review 2019. Need to swiftly understand the implications on, and appropriately respond to, any funding, and policy and governance framework proposals. A risk the government response fails to help amplify our positive impact both locally and nationally. Alongside a risk that legislation in the form of the Environment and Agriculture Bills fails to recognise the importance of National Parks and role of National Park Authorities in supporting policies for nature recovery (ref. 21/22A)	Working collectively with other English NPs on progressing the NPE road map in response to the Landscapes Review report	Medium x High Amber	10 English NPAs have agreed the collective focus for our road map as: national parks to be leading nature recovery; shaping the future of farming; being national parks for everyone; and being leaders in tackling the climate change emergency As well as collectively engaging with Defra to secure certainty on future national park grant and identifying key principles for how any possible new National landscapes Service can act in the best service of national parks	Impact	Medium	Medium	Medium	Not rated	Medium	Ongoing across 2022/23	Budget report for national park grant Success of the NPE delivery plans in gaining traction with Defra and other Government departments and partners A governance and policy framework that helps amplify our local and collective national impact	The NPA's flat cash budget settlement is impacting on NPA delivery in the PD through the need for and implementation of organisational change. The 4 NPE delivery plans have been used with Defra, other Government departments and partners. Recent successes include local and national success of FiPL resulting in additional funding, a 4th year and the new Defra Access for All funding. However, there has been no strengthening of the S62 duty “to have regard to the purposes” of national parks. Nor are NPAs the responsible body for the future Local Nature Recovery Strategies; instead NPAs will be involved in a supporting role. The PD Nature Recovery Plan is being designed to work with and complement the future 6 LNRS's which will cover the PD. Influencing work by NPE and the NPAs will continue throughout 2023/24. In the PD, the delivery plans have helped inform the new NPMP and future reporting will be under the new NPMP aims of climate change, landscape and nature recovery, welcoming place and thriving communities.
				Likelihood	Medium	Medium	Medium		Medium			
				Rating	Amber	Amber	Amber		Amber			

Corporate Risk Register 2022/23

Outcome: All outcomes Lead officer: TR (Head of People Management)												
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	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4			
Post Covid economy and labour market (such as increase in NICs, inflation and cost of fuel/energy, employee mobility driving higher wages) impacts on PDNPA ability to attract and retain staff (<i>ref: 22/23 A</i>)	Conditions of employment NJC for Local Government Services (Green Book) LG Pension Scheme PDNPA Purpose and location Investors in People award Values led organisation	Low x High Amber	<ul style="list-style-type: none">People is considered an area for future investment in MTFPRecognition and reward group to explore further optionsEngagement and Planning Business Change programmesRestructuring services.Annual negotiated pay agreement	Impact	High	High	High	Not rated	High	Across 2022/23	Staff turnover rate Proportion of hard to fill vacancies	After review in Q3, the decision was taken to evolve the working practices to a ‘blended working’ model’. As a result, contracted hours have remained 40% workplace 60% home working for all suitable posts. In the later part of the year, the chief executive started an Organisational Review and this is taking forward the mitigation actions identified here. This risk has been refined in the 2023/24 risk register and is no longer presented in this form.
				Likelihood	Low	Medium	Medium		Medium			
				Rating	Amber	Amber	Amber		Amber			

Corporate Risk Register 2022/23

Outcome: All outcomes Lead officer: TR (Head of People Management)												
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	How monitor/indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4			
Sustained impact of the coronavirus pandemic on the health and wellbeing of staff <i>(ref: 22/23 B)</i>	<ul style="list-style-type: none">Absence Management PolicyRegular meetings with managerOHU referralsDerwent Rural Counselling referralsEmotional resilience 1-2-1 coachingBlended working principles	Medium x High Amber	Health and Wellbeing initiatives from IIP H&W action plan People Live sickness reporting 'go live' Covid-related sickness included in triggers	Impact	High	High	High	Not rated	Medium	IIP H&W report and recommendations by end of May	Monthly monitoring of sickness absence as part of payroll instructions. Authority 6 monthly performance reporting	After review in Q3 the decision was taken to evolve the working practices to a 'blended working' model'. As a result contracted hours have remained at 40% workplace, 60% home working for all suitable posts. In the later part of the year the chief executive started an Organisational Review; this has presented a suite of staff related risks, all of which are high.
			Likelihood	Medium	Medium	Medium	Medium					
			Rating	Amber	Amber	Amber	Amber		Amber			

Outcome: All outcomes Lead officer: BJT (Head of Planning)																																
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	How monitor/ indicator	Quarterly update																				
					Start	Q1	Q2	Q3	Q4																							
Not achieving the national performance standards for determining planning applications in a timely manner (ref: 22/23C)	Supporting staff	High x High Red	Continuing to support staff	Impact	High	High	High	Not rated	High	Across financial year to 31 March 2023: - Support to staff - Specialist responses - Site notice resource - Quicker determination - Planning Policy Team resources - Consultancy resource Business Change process to November 2022 Planning Advisory Service from October 2022	Business Change Project Board Quarterly Government returns Reports to Planning Committee HR data and monitoring on staff turnover, recruitment and absence.	Case set out to DLUHC & PI for 'exceptional circumstances' and recovery plan/planning service review underway. Potential for further support from Planning Advisory Service (free government funded support package for under-performing Planning Authorities) Recruitment and retention plans in place Existing staff support mechanisms Temporary re-direction of planning policy team to planning applications. Risk carried over to next year with additional actions.																				
	Business Change process		Likelihood										Medium	High	High	High																
	Recruit to key vacant posts			Rating	Amber	Red	Red																									
	Ensure specialists allocate and respond to consultations in a timely manner																															
	Resource outside the service to put up site notices																															
	Quicker determination on refusals																															
	Redirect Planning Policy Team to planning applications for temporary period																															
	Commission third consultancy to progress planning applications																															
Potential for further support from Planning Advisory Service (free government funded support package for under performing Planning Authorities)																																

Corporate Risk Register 2022/23

Outcome: All outcomes Lead officer: JW (Chief Finance Officer)												
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	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4			
Not achieving the required cost reduction savings required to balance the revenue budgets for 2023/24 to 2025/26 as per the Medium Term Financial Plan (MTFP) (ref: 22/23D).	Balanced budget set for 2022/23 Savings made for the 2021/22 budget allowed for time to make strategic decisions.	High x High Red	Having an up to date MTFP. Cost reduction strategy agreed by RMM. MTFP standing item on RMM and Management Team. Timetable for Management Team to adhere to for making the necessary budget savings.	Impact	High	High	High	Not rated	Low	By December 2022 for the setting of the 2022/23 budget in February 2023	Monthly updates at RMM and Management Team Production of budget report for Members for February 2023 Authority meeting.	Risk removed – Revenue budget 2023/24 & Medium Term Financial Plan 2023/27 reported to members. Main risks addressed in the Organisational Review (see 2023/24 risk register)
				Likelihood	Medium	Medium	Medium		Low			
				Rating	Amber	Amber	Amber		Green			

Corporate Risk Register 2022/23

Outcome: A sustainable landscape that is conserved and enhanced														
Lead officer: MF (Head of Assets)														
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	How monitor/ indicator	Quarterly update		
					Start	Q1	Q2	Q3	Q4					
Failure to manage ash dieback on our assets due to a lack of sufficient funding and staff resource (ref: 22/23E).	Previous reports to management team outlining the risk and options to address. Significant work undertaken to assess scale of risk and gather information regarding likely costs. Prioritisation of urgent work and planning for works to commence in quarters 3/4 of 2022/23	High x High Red	Plan for addressing high priority roadside woodlands and trails and how this can be funded to be reported to Management Team November 22. Strategy for funding the work required in woodlands in development. Allocation of funds for urgent woodland (Taddington) and Trails works completed October 22. Further mitigating actions to be agreed following management team consideration.	Impact	Added at Q2		High	Not rated	High	Nov 22	Report to Management Team considered and further actions agreed. Decision of whether ADB works are capital made before end December 22 Funds allocated and contracts awarded by end October 22.	Some work has progressed including significant amount of work across the trails (contractor and in house). Training completed for key field staff in recognising and risk assessing ash dieback. However, currently insufficient resources within the service to adequately monitor and manage ash dieback across our properties, particularly trails, car parks and other operational sites. Arrangement with Cultural Heritage Team (CHT) for some tree officer hours is not an effective way of managing and is still insufficient resource. Slippage bid submitted to cover additional hours for more risk assessment work and proposal within organisational change process to reallocate CHT resources to Asset Management so that resources sit in the same service as the accountability.		
				Likelihood									High	High
				Rating									Red	Red

Appendix 4 - 2023/24 Corporate Risk Register

IMPACT	High		OC3 Statutory process risks (23/24C) CC.14 Failure to complete the plan to achieve Nature Recovery (ref. 20/21D updated start of year 23/24) Obj 4. Moorland Management Group (23/24) MFFP core funding deficit (ref. 21/22C updated 23/24)	Obj A. Not meeting national planning performance standards (ref: 22/23C) OC2 NPMP and Authority Action Plan Delivery risks (23/24B) OC4 Unexpected loss/sudden absence of staff (23/24D) CC1/CC11 Influencing Elms/Area of NP land safeguarded (ref. 20/21B updated start of year 23/24) WP – General risk to delivery (23/24F) Aim 2 Derwent Valley reservoir expansion (23/24H) Aim 2 Road network improvements along the A628 corridor (ref. 21/22D updated start of year 23/24) Obj E. Injury/Loss of life & property damage due to unsafe trees (ref: 22/23E updated start of year 23/24).
	Medium		OC1* Reputational risks (23/24 A) Obj D. Financial exposure: Moors for the Future Partnership (20/21A updated start of year 23/24) Obj C/D. Extended absence of an HoS or senior officer (accepted generic risk)	Obj E/H Asset Management capacity (23/24E) Obj 10 Local Plan review delay (23/24G)
	Low			
		Low	Medium	High
LIKELIHOOD				

*OC = Organisational Change risk

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
		Likelihood		

Delivery Risks

Objective		Detail										
A	Planning	To achieve national performance standards for planning applications by type dealt with in a timely manner.										
B	Access	To achieve timescales and follow processes for the statutory functions under Countryside and Rights of Way Act and Town and Country Planning Act.										
C	People	To have highly engaged, healthy and inclusive staff and volunteers.										
D	Financial Resilience	To be financially resilient and provide value for money.										
E	Assets	To have best practice arrangements in place for the Authority's assets.										
F	Governance	To have best practice governance arrangements in place.										
G	Information and Performance	To have best practice IT access controls, security arrangements, performance and risk arrangements in place.										
H	Climate Change	To reduce the Authority's greenhouse gas emissions.										
Obj (A-H)	Action	Risk description	Existing controls	Risk rating before mitigation L x I	Additional mitigating action (add to service plan)	Risk rating with mitigating action L x I (expressed as Red, Amber, Green)			Time frame of action	Lead officer	How monitored/ Indicator	Quarterly update
						Start	Q2	Q4				
	NPMP Action Plan or Service Plan action/Service issue the risk relates to.	<i>A risk should be expressed as: If (x were to happen)..... then (the consequence would be) or "failure to"</i>	<i>Actions currently taken or controls we have in place that mitigate the risk e.g. standing orders</i>	<i>This should take into account existing controls</i>	<i>If the rating BEFORE mitigation is green, then no further action is essential. Otherwise, complete what actions you intend to take</i>	<i>The risk level taking into account the mitigating action you are proposing</i>			<i>To complete the mitigating action (s)</i>		<i>Monitoring you intend to use to ensure the action is completed</i>	Against mitigating action and source of assurance <i>To be completed prior to bi-annual meetings</i>
A	Not meeting national planning performance standards: <i>Service plan action:</i> Determine applications to achieve national performance standards for speed and quality. (ref: 22/23C)	If we do not meet national planning authority performance standards we are at risk of being 'designated as underperforming' placing us at risk of: 1. Being placed in special measures 2. Applicants by passing our planning process (direct application to the PI) 3. Significant reputational Harm	Case set out to DLUHC & PI for 'exceptional circumstances' and recovery plan/planning service review underway Comm's to and press monitoring.	HxH	Organisational Review Potential for further support from Planning Advisory Service (free government funded support package for under performing Planning Authorities) Continuing to support staff Business Change process Recruit to key vacant posts	HxH			June 2023	Head of Planning	Recovery plan targets	

2023/24 Corporate Risk Register

High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
	Low	Med	High

Likelihood

		<p>4. Risk to recruitment of vacant posts</p> <p>5. Risk of loss and increased turnover of staff</p> <p>6. Increased pressure and stress on staff team</p>	<p>Regular reports to Planning and Authority Chairs</p> <p>Recruitment and retention plans in place</p> <p>Existing staff support mechanisms</p>		<p>Ensure specialists allocate and respond to consultations in a timely manner</p> <p>Resource outside the service to put up site notices</p> <p>Quicker determination on refusals.</p> <p>Pragmatic decisions on older undetermined cases</p> <p>Redirect Planning Policy Team to planning applications for temporary period</p> <p>Commission third consultancy to progress planning applications</p> <p>Recruitment and retention incentives under consideration</p>								
C/D	Generic corporate risk: Extended absence of an HoS or Senior Officer (CEO, CFO, MO)	<p>If there is a sudden loss or unplanned absence of an HoS or senior officer then there is a risk of:</p> <p>1. Lack of oversight of operational and financial processes</p> <p>2. The CEO or other HOS work programme will be affected</p> <p>3. HoS key relationships/ championing role in the internal and external environment is lost</p> <p>4. Lack of organisational</p>	<p>Deputy MO</p> <p>CFO (partner cover – NYMNP)</p> <p>Deputy CEO until end of Change Process</p> <p>Regular MT meetings and strategic planning</p> <p>Service team manager</p>	MxM	Risk currently accepted	MxM			No target – reactive action	CEO	CEO/Chair/ MO meetings MT Meetings		

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
Likelihood				

		oversight (CEO loss) 5. Risk to member communications 6. Risk of uncertainty over organisational review	meetings/ cascade service planning and business plan actions									
	Organisational Change 1: Reputational risks. (23/24 A)	Due to the change process there are reputational risks which must be addressed: 1. Staff moral and engagement 2. DEFRA(custo mer) expectation (e.g. FiPL expansion delivery) 3. Stakeholder relationships (e.g. Landowner/estate LA's) expectation 4. Partner (e.g. NE, EA, Utilities) expectation 5. Public (beneficiary) expectation 6. Position in strategic environment 7. Areas of work which are being reduced or ceased e.g. Visitor centres 8. Areas where we are	Communications procedures, CEO messages, member communications, face to face messaging, liaison and stakeholder/partner group meetings. Commercial F&B concessions and/or agreements with groups like Castleton Historical society		Guidance and instruction on corporate position process rationale/ position Proactive, timely information provided to relevant outlets Additional liaison/engagement with key individuals/organisations Marketing and Comm's undertaking additional scanning and monitoring Likely to remain high likelihood until process concluded	MxM			Dec 2023	CEO	Press and Social Media monitoring. Feedback monitoring from face to face work. Feedback from key players Feedback monitoring Staff c'mttee/ Unison	

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
Likelihood				

		expanding or investing e.g. planning & cycle hire										
	Organisational Change 2 NPMP and Authority Action Plan Delivery risks (23/24B) (see also WP general risk below)	Due to the change process there are NPMP and Authority Action Plan Delivery risks which must be addressed 1. Delay to delivery including cascade effects of priority remedial action 2. Commercial income targets	28/4/23 Authority paper to members on changes	HxH	Authority Plan update NPMP Action Plan update	HxH			March 2024 2024/25	Head of I&P management		
	Organisational Change 3 Statutory process risks (23/24C)	Due to the change process affecting management team workloads there are Statutory process risks which must be addressed 1. Performance management process (Risk registers, service planning, monitoring/ reporting/ review) delayed and under pressure	Streamlining of all corporate documents & reporting processes	HxH	S&P team drafting all 2023/24 risk registers and corporate risk register to ease stress at MT & team manager level. Also providing direct support on year end and new action plan/business plan period preparation.	MxH			April (authority) May(auth ority)	Head of I&P management	Deadlines met	
C	Organisational Change 4 Unexpected loss/sudden absence of key staff (23/24D)	Due to the change process there is an increased risk of Unexpected loss/sudden absence of key staff affecting delivery.	IIP Health and Well being action plan Weekly HR emails Offer of coaching/counselling	HxH	Additional resources/guidance made available Implementation of pay strategy under consideration Risk remains High until process completed	HxH			March 24	Head People management	MT meetings	

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
		Likelihood		

E, H	<p>Asset Management capacity. (23/24E):</p> <p><i>Service plan action:</i> To review and maintain the Authority's Asset Management Plan and report accordingly.</p> <p><i>Escalated to Corporate due to transfer from governance statement and difficulty in recruiting.</i></p>	<p>If vacancy in Asset Management Service is not filled then the continued lack of capacity risks:</p> <ol style="list-style-type: none"> 1. Slow progress on implementation of the asset management plan 2. Not achieving capital receipts limiting the Authority's ability to invest in priority areas. 3. Incurring higher repair cost on future 4. H&S issues 5. Damage to heritage/ wildlife features 6. Not meeting CO₂ reduction targets 7. Not addressing identified governance issues 8. Falling behind on maintenance and repairs on our assets. 9. Meeting basic property management needs. 	Recruitment process.	HxM	<p>HoS to prioritise recruitment</p> <p>Consider market adjustment to attract applicants</p> <p>Recruitment and retention incentives under consideration</p> <p>Risk remains until vacancy filled</p>	HxM				Aim to fill vacancies filled by end of Q2	Head of Asset management	Staff structure filled by Q2	
D	<p>Financial exposure: Moors for the Future Partnership (20/21A updated start of year 23/24)</p>	<p>If any of the residual financial risks within the Moorlife 2020 European funded project are realised:</p> <ol style="list-style-type: none"> 1. £/€ exchange rate movements; 2. the contractual 	<p>Claim submitted - £/€ exchange rate risk now low.</p> <p>External Audit results favourable</p>	MxM		MxM							Budget

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
Likelihood				

		treatment of partner contributions; 3. the possibility of expenditure being found ineligible (ref. 20/21A) The Authority reserve is at risk of up to £500k loss against the reserve.	Reserve allocation of £500k to mitigate impacts of ineligible expenditure		No further mitigation possible. Risk remains until EU Audit report received. Risk accepted.				Final Audit outcome by march 24	Head of Finance	monitoring group Programme and Resources Committee or Authority	
E	Injury/Loss of life & property damage due to unsafe trees (ref: 22/23E updated start of year 23/24). Service plan action: Ash die back impact management and devise scheme of works to address it.	If we do not allocate sufficient staff time and financial resources to surveying and managing high numbers of dangerous trees infected with Ash Dieback disease fungus (<i>Hymenoscyphus fraxineus</i>) We are at risk of being liable/uninsured for Injury/Loss of life & property damage due to unsafe trees	Previous reports to management team outlining the risk and options to address. Significant work undertaken to assess scale of risk and gather information regarding likely costs. Prioritisation of urgent work Consideration of reallocation of resources to bring tree officer time into asset team.	HxH	Consideration of reallocation of resources to bring tree officer time into asset team. Budget 'slippage' bid submitted for additional resources in 2023. Risk remains high until assessment and removal of identified 'dangerous' trees is completed to meet our legal obligations and insurance requirements	HxH			Review outcome June 2023 April '23	Head of Asset management	MT meetings	

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
		Likelihood		

Aim One: Climate Change

Objective		Detail										
1		To lower greenhouse gas emissions significantly, focussing on the largest emitters within our influence.										
2		To sequester and store substantially more carbon while contributing to nature recovery.										
3		To reverse damage to nature, biodiversity, cultural heritage in particular built environments caused by a changing climate.										
Obj (1 - 3)	Action	Risk description	Existing controls	Risk rating before mitigation L x I	Additional mitigating action (add to service plan)	Risk rating with mitigating action L x I (expressed as Red, Amber, Green)			Time frame of action	Lead officer	How monitored/ Indicator	Quarterly update
						Start	Q2	Q4				
1	NPMP Action Plan or Service Plan action/Service issue the risk relates to.	A risk should be expressed as: If (x were to happen) then (the consequence would be) or “failure to”	Actions currently taken or controls we have in place that mitigate the risk e.g. standing orders	This should take into account existing controls	If the rating BEFORE mitigation is green, then no further action is essential. Otherwise, complete what actions you intend to take	The risk level taking into account the mitigating action you are proposing			To complete the mitigating action (s)		Monitoring you intend to use to ensure the action is completed	Against mitigating action and source of assurance To be completed prior to bi-annual meetings
2	Influencing Elms/Area of NP land safeguarded (ref. 20/21B updated start of year 23/24)	If we fail to influence the coverage, targets, design and payment levels of the new ELMS schemes (Sustainable farming initiative, Countryside stewardship and Landscape Recovery) We may:	National influencing by represent English Protected Landscapes at stakeholder meetings. Support and encourage other stakeholders to have a shared collective voice which delivers for the PDNP.	HxH	Additional promotion of the service, working with agencies e.g. NFU, CLA, NE, EA, FC, Defra. Enhance comms with farmers & land managers e.g. E.L.M. tests & Farming in Protected Landscapes Programme (FiPL) Risk after mitigation remains the same due to uncontrollable external factors.	HxH			At planned liaison meetings During program delivery	Head of Landscape	MT meetings	
	CC.1 Influence design, payment rates and delivery of the Environmental Land Management schemes annually between 2023-25 CC.11Target area to be	1. See no increase or a reduction of the areas eligible for payments resulting damage to biodiversity and heritage features 2. Fail to achieve climate change outcomes in the NPMP 3. See specific losses to grassland habitats 4. See a reduction in participation in the scheme										

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
Likelihood				

	determined as the ELM scheme detail becomes clearer – 2023-24. NPMP & Special qualities Risk		Foster interest in and support for farmers and land managers. Engage in transitional arrangements stakeholder events and workshops etc.									
3	Failure to complete the plan to achieve Nature Recovery (ref. 20/21D updated start of year 23/24) CC.14 Complete and share the One Nature Recovery Plan - 2023-24 & Service Plan Action: Implement the One PD NRP Corporate, NPMP, Special qualities risk	If we fail to complete the plan to achieve Nature Recovery in the next year we will: 1. Not meet one of the key aspirations in the DEFRA Grant Agreement 2. Be at risk of DEFRA grant recovery 3. Fail to deliver both NPMP partnership and Authority Action Plan actions 4. Suffer reputational risk 5. Risk the loss of natural capital assets, wildlife enhancement, loss of priority/ key habitats such as grassland (Failure to sustain the area of non-protected species-rich grassland through retention, enhancement and creation)	National influencing of agri/ environmental policies and support systems Local communications across the farming & land management industry Promote EIA guidance NPMP partnership work FiPL delivery	HxH	Increase promotion of the service, working with agencies e.g. NFU, CLA, NE, EA, FC. Promote and support understanding and interest in public payment for public goods. Influencing role through PDNPA links and NPE's Future of Farming. Enhance communications with examples of practical delivery with farmers & land managers e.g. E.L.M. test, WP practical field trials, supporting more native woodland creation and mitigation of Ash Dieback, FiPL. Influencing the FiPL design and putting delivery in place	MxH				During program delivery to March 2024 Influencing work to March 2024	Head of Landsc ape At planned liaison meetings MT meetings NPMP programme delivery group	
2	MFFP core funding deficit: Enable	Core funding for MFFP - £55k deficit going into 2021/22, including		HxH		MxH						

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
		Likelihood		

	and support the Moors for the Future Partnership team and Strategic Management Board. (ref. 21/22C updated 23/24) Corporate, NPMP, Special qualities risk	£50k contribution from PDNPA. Reduced income risking: 1. Insufficient funding for core team and loss of key personnel. 2. Adverse impact on Corporate Strategy. 3. Unable to deliver key elements of the National Park Management Plan. 4. Future financing from all partners	Partial funding of core team. Core contributions secured via projects where ever possible. Reduce hours/redundancy of core team.		High level advocacy by PDNPA Management Team with Partners. Identify Funding opportunities which support the partnership infrastructure with bidding supported as appropriate. Financial contingency in place for redundancy. Monitoring of core income with CFO through MFFP Programme Tracker Business development manager appointed to directly mitigate this risk and identify/secure funding to fill this gap.				Liaison meetings July 23 & March 25 July 23 & March 25	Head of MFFP	MT meetings NPMP programme delivery group	
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2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
		Likelihood		

Aim Two: Landscape and Nature Recovery

Objective		Detail										
4		To be a place where nature recovers and biodiversity flourishes										
5		To understand, appreciate and enhance the cultural heritage and in particular built environments of the National Park as part of an ever changing landscape.										
6		To protect and enhance the natural beauty of the Peak District National Park’s contrasting and ever evolving landscapes.										
Obj (4-6)	Action	Risk description	Existing controls	Risk rating before mitigation L x I	Additional mitigating action (add to service plan)	Risk rating with mitigating action L x I (expressed as Red, Amber, Green)			Time frame of action	Lead office r	How monitored/ Indicator	Quarterly update
						Start	Q2	Q4				
	NPMP Action Plan or Service Plan action/Service issue the risk relates to.	<i>A risk should be expressed as: If (x were to happen)..... then (the consequence would be) or “failure to</i>	<i>Actions currently taken or controls we have in place that mitigate the risk e.g. standing orders</i>	<i>This should take into account existing controls</i>	<i>If the rating BEFORE mitigation is green, then no further action is essential. Otherwise, complete what actions you intend to take</i>	<i>The risk level taking into account the mitigating action you are proposing</i>			<i>To complete the mitigating action (s)</i>		<i>Monitoring you intend to use to ensure the action is completed</i>	<i>Against mitigating action and source of assurance</i> <i>To be completed prior to bi-annual meetings</i>
4	Moorland Management Group. (23/24) Convene the development and implementation of resilient sustainable moorland management Corporate, NPMP, Special qualities risk	If we fail in our lead role in both the delivery of the moorland management group (MMG) and it’s integration with the other moorland interest groups we will suffer reputational and operational harm in delivering landscape management as a result of:	Chatsworth Moorland Management Meeting. Birds of Prey Initiative.	MxH	Maintain high level CEO support for all Seek to increase the numbers of breeding birds of prey through the Birds of Prey Initiative and other opportunities	MxH			June 2023 March 2024	Head of MFFP	Meeting carried out	
		. Failure to demonstrate commitment to reduce the Incidence and severity of Moorland Fires . Failure to demonstrate commitment to restoring breeding populations pairs of										

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
		Likelihood		

		birds of prey to the numbers in the 1990's Failure to influence the development of consensus between stakeholders, landowners and key interest groups	Moorland Management Group.		Integrate the MMG with the work of the other 4 groups (Visitor management, moorland birds, Fire prevention and mitigation, rural and wildlife crime) <i>Risk after mitigation remains the same due to uncontrollable external factors.</i>			May 2023			
	Aim 2: Derwent Valley reservoir expansion (23/24H): Yorkshire Water/Severn Trent Upper Derwent Valley Reservoir Expansion Strategic Resource Option Protected Area purposes, Special qualities risk	If we do not prepare a position statement/evidence base on the reservoir expansion we are at risk of: Being unprepared for the 'Gate-2 submission' consultation process Loss/damage of priority 'nature recovery network' habitats Loss/damage of moorland SSSI Failing to make a case for suitable mitigation/enhancement to compensate for habit, heritage, landscape character and amenity loss to be included in the scheme Loss or damage to nationally significant & Iconic 20 th century heritage features – the 'Dambuster' dams.	Standard application scanning and communications with applicant and other partners	HxH	Scheme like to be submitted directly to Secretary of State as 'Nationally Significant'. Consider assembling project team (Heritage, Ecology, landscape, MFFP, Policy, Research etc.) to prepare material for the Gate 2 consultation and prepare a submission to the SoS process. <i>Level of risk to landscape and special qualities unaltered and if scheme delivered may permanently harm/change or remove some of the most important Special Quality features in this landscape character area</i>	HxH		Gate 2 scheme expected Q1	Head of Planning	TBA	

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
		Likelihood		

	Aim 2 Road network improvements along the A628 corridor <i>(ref. 21/22D updated start of year 23/24)</i>	If we do not maintain a position statement/evidence base on road network development along the A628 corridor along the A628 corridor we risk		HxH		HxH						
	Protected Area/Special qualities risk	<ol style="list-style-type: none"> Significant ongoing landscape and Special quality harm/damage Loss/damage of priority 'nature recovery network' habitats Loss/damage of moorland SSSI Failing to make a case for suitable mitigation/enhancement to compensate for habit, heritage, landscape character and amenity loss/harm to be included in the scheme 	<p>Good communication with National Highways and supportive partners in Friends of the Peak District</p> <p>Statement of Common Ground with National Highways</p>		<p>Actively build support from partners</p> <p>Maintain dialogue with National Highways and seek to re-establish relationship and dialogue with Transport for the North.</p> <p>Consider review of evidence base for objection to A628 Tintwistle Bypass, climbing/overtaking lane road widening <i>etc.</i></p>				<p>Liaison meetings</p> <p>July 23</p> <p>TBC</p>	Head of Planning		

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
		Likelihood		

Aim Three: Welcoming Place

Objective		Detail										
7		To encourage a sustainable visitor economy that supports local businesses, cares for the National Park’s special qualities and respects the well-being of local communities										
8		To create opportunities for young people and those from underserved communities to connect with and enjoy the National Park.										
9		To promote the National Park as a place where there are opportunities for the improvement of physical and mental health and well-being										
Obj (7-9)	Action	Risk description	Existing controls	Risk rating before mitigation L x I	Additional mitigating action (add to service plan)	Risk rating with mitigating action L x I (expressed as Red, Amber, Green)			Time frame of action	Lead office r	How monitored/ Indicator	Quarterly update
						Start	Q2	Q4				
7	NPMP Action Plan or Service Plan action/Service Plan issue the risk relates to.	A risk should be expressed as: <i>If (x were to happen)..... then (the consequence would be) or “failure to</i> ”	Actions currently taken or controls we have in place that mitigate the risk e.g. standing orders	This should take into account existing controls	If the rating BEFORE mitigation is green, then no further action is essential. Otherwise, complete what actions you intend to take	The risk level taking into account the mitigating action you are proposing			To complete the mitigating action (s)		Monitoring you intend to use to ensure the action is completed	Against mitigating action and source of assurance To be completed prior to bi-annual meetings
7	WP – General risk to delivery (23/24F) Corporate, NPMP & Protected Area purposes risk	With specific impacts of organisational change we are at risk of reduced capacity to deliver NPMP action plan actions across the WP aim: WP1 Active travel – White Peak Loop WP2 Recreation Area Management Plans – Hope Valley WP3 Business support – Carbon reduction WP5 – Funding WP6 – Access Unlimited	Visitor Management group regular meetings MOU with VPDD and regular meetings. HoS sits on VPDD board	HXH	Review of NPMP/Authority plan actions Establish responsibilities agreed as we move to new structure. Funding streams identified and agreed by partners. See also Generic loss of staff risk and the Organisation Change risk 2	HXH			March 2024	Head of Engagement	NPMP & AP monitoring/ review	

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
		Likelihood		

		WP7 Youth engagement - Euro Parcs										
		WP9 Community Champions Forum										
		WP10 National influence on participation indicators										
		WP11 Health networks										
		WP12 NP Accessibility Plan delivery										

Aim Four: Thriving Communities

Objective		Detail										
10		To support sustainable communities by improving opportunities for affordable housing and connection to services.										
11		To promote a flourishing economy that is in accord with nature recovery and climate change mitigation.										
Obj (10-11)	Action	Risk description	Existing controls	Risk rating before mitigation L x I	Additional mitigating action (add to service plan)	Risk rating with mitigating action L x I (expressed as Red, Amber, Green)			Time frame of action	Lead office r	How monitored/ Indicator	Quarterly update
						Start	Q2	Q4				
	NPMP Action Plan or Service Plan action/Service issue the risk relates to.	A risk should be expressed as: If (x were to happen)..... then (the consequence would be) or “failure to”	Actions currently taken or controls we have in place that mitigate the risk e.g. standing orders	This should take into account existing controls	If the rating BEFORE mitigation is green, then no further action is essential. Otherwise, complete what actions you intend to take	The risk level taking into account the mitigating action you are proposing			To complete the mitigating action (s)		Monitoring you intend to use to ensure the action is completed	Against mitigating action and source of assurance To be completed prior to bi-annual meetings

2023/24 Corporate Risk Register

Impact	High	AMBER (closely monitor)	AMBER (manage and monitor)	RED (significant focus and attention)
	Med	GREEN (accept but monitor)	AMBER (management effort worthwhile)	AMBER (manage and monitor)
	Low	GREEN (accept)	GREEN (accept/review periodically)	GREEN (accept but monitor)
		Low	Med	High
		Likelihood		

10	Obj 10 Local Plan review delay (23/24G)	As a result of staff resource reallocation to meet priority planning enforcement needs the local plan review programme will be delayed risking:		HxM		HxM							
		<div>1. Being subject to new NPPF* plan regulations which requires plans to be completed within 30 months</div> <div>2. Delay to the process</div>	<div>Team work programming & use of extra hours contributions from skilled staff outside the team.</div> <div>Active recruitment of new technician.</div>		<div>Re- set programme timetable to match staff resource availability</div> <div>Consider prioritisation resources if New NPPF regulations apply</div> <div>Risk remains the same until technician appointed or New NPPF* regulations clarified.</div> <div>*National Planning Policy Framework</div>			Dec 23	Head of Planning	June 23 (et seq.)			

Appendix 5 - Quarter 3, Quarter 4 and Year End Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

Complaints

Summary of Complaints in YTD	Quarters 1 & 2	Quarters 3 & 4	Year to Date	2022/23 Target
Number of Complaints Received in Quarter:	12	26	38	<20
Percentage of complaints dealt with in accordance with agreed deadline of 15 working days	78%	100%	89%	
Number of Complaints in Quarter regarding an Authority Member:	0	0	0	-

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.522 22/09/22 Stage 1	Planning Complaint regarding lack of action at a site subject to an Enforcement Notice.	12/10/2022 Within 15 working day deadline	Manager confirmed Enforcement Team investigations were ongoing and Officers were considering what further action to take. Further information was needed before the types of action suggested by the complainant could be progressed.	None required
C.523 17/10/22 Stage 1	Landscape Lack of response from the Built Environment Team to the Complainants enquiry	18/10/2022 Within 15 working day deadline	Manager explained there had been a mistake in the original logging of the enquiry, leading to it going astray. Agreed to arrange a meeting at the earliest convenience of all parties. Further correspondence showed complainant very happy with outcome.	None required
C.524 26/10/22 Stage 1	Asset Management Complaint regarding stay at an Authority owned holiday cottage - various issues with the accommodation and facilities.	Not required	Complaint withdrawn as was dealt with by the letting agent.	None required
C.525 26/10/22	Planning	02/11/2022	Explained that no consultation takes place on non-material amendments and that the Complainant's private view is not a	None required - further investigation showed the

Appendix 5 - Quarter 3, Quarter 4 and Year End Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

Stage 1	Complaint regarding neighbouring garage being dealt with as a non-material amendment to a planning application. Complainant objected to this and believed they had been shown the wrong plans.	Within 15 working days deadline	material planning consideration. Apologised for the mix up which may have occurred with the complainant viewing the wrong plans.	Customer and Business Support Team had not assisted the Complainant with any plans so they must have been viewed elsewhere.
C.526 14/11/22 Stage 1	Planning Complainant was not notified about neighbouring development. Complaint made direct to Planning Service on 28/09/2022 and logged retrospectively	29/09/2022 Within 15 working day deadline.	Explained neighbour notification process is automated based on properties within 10 metres of the application, this can miss properties next door that are over 10m away due to e.g. long gardens. Officers endeavour to pick this up manually but in this instance it was not picked up. However, the impacts on the neighbour's amenity were taken into account when the application was considered.	None required.
C.527 05/12/22 Stage 1	Planning Delay in processing planning application which is still ongoing a year after it was expected to be resolved. Mixed messages given by planning officers.	22/12/22 Within 15 working day deadline.	Officer and Manager had met to discuss application and a recommendation of refusal would be taken to the next planning committee. Explained reasons for differing views between Officers and apologised for time taken to respond to revised plans. Communication between Officers, applicant and agent will be considered in the Planning Service Review.	Complaint is an example of issues regarding communication which will be considered in the Planning Service Review.
C.528 09/01/23 Stage 1	Asset Management Complaint regarding the re-surfacing of the Tissington Trail being not suitable for a bridleway, causing pain to horses and making the trail unsuitable for horses to use. The gates that have been installed were also problematic as they	12/01/23 Within 15 working day deadline	Explained full reasons for using this surface on the trails. Advised gate was installed for safety reasons and its design is currently being reviewed with a view to assisting wheelchair users.	None required

Appendix 5 - Quarter 3, Quarter 4 and Year End Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

	were too narrow and heavy.			
C.529 11/01/23 Stage 1	Planning Complaint regarding lack of progress on a planning application.	25/01/23 Within 15 working day deadline	Complaint withdrawn following conversation with Planning Manager	None required.
C.530 26/10/22 Stage 1	Planning Officers misled committee by claiming to pursue prosecution, injunction and direct action against enforcement enquiries when complainant believes that this is not the case.	18/11/2022	Complaint not initially registered as a formal complaint, but was registered when Customer wished to escalate to Stage 2. Explained how prioritisation of enforcement cases is decided and that the methods mentioned are options available to us and that they are used as necessary and when capacity allows.	None required
Stage 2 28/11/22	Officers misled committee by claiming to pursue prosecution, injunction and direct action against enforcement enquiries when complainant believes that this is not the case.	03/03/23 Outside 20 working days deadline.	Explained enforcement can be a lengthy process and that further action is taken when a breach reaches the appropriate level of seriousness.	None required.
C.531 22/02/23 Stage 1	Planning Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	02/03/23 Within 15 working day deadline	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required.
C.532 22/02/23 Stage 1	Planning Alleging lack of action by the Planning Team in relation to a property with several	02/03/23 Within 15 working day deadline	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required.

Appendix 5 - Quarter 3, Quarter 4 and Year End Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

	unauthorised developments.			
C.533	Planning	02/03/23	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
22/02/23	Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	Within 15 working day deadline		
Stage 1				
C.534	Planning	02/03/23	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
28/02/23	Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	Within 15 working day deadline		
Stage 1				
C.535	Planning	01/03/23	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
28/02/23	Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	Within 15 working day deadline		
Stage1				
C.536	Planning	01/03/23	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
28/02/23	Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	Within 15 working day deadline		
Stage 1				
C.537	Planning	02/03/23	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	
28/02/23	Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	Within 15 working day deadline		
Stage 1				
C.538	Planning	02/03/23	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
28/02/23	Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	Within 15 working day deadline		
Stage 1				

Appendix 5 - Quarter 3, Quarter 4 and Year End Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

C.539 28/02/23 Stage 1	Planning Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	02/03/23 Within 15 working day deadline	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
C.540 28/02/23 Stage 1	Planning Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	02/03/23 Within 15 working day deadline	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
C.541 02/03/23 Stage 1	Planning Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	02/03/23 Within 15 working day deadline	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
C.542 02/03/23 Stage 1	Planning Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	02/03/23 Within 15 working day deadline	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
C.543 03/03/23 Stage 1	Planning Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	03/03/23 Within 15 working day deadline	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
C.544 08/03/23 Stage 1	Planning Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	03/03/23 Within 15 working day deadline	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required.

Appendix 5 - Quarter 3, Quarter 4 and Year End Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

C.545 08/03/23 Stage 1	Planning Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	14/03/23 Within 15 working day deadline	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required
C.546 08/03/23 Stage 1	Planning Alleging lack of action by the Planning Team in relation to a property with several unauthorised developments.	14/03/23 Within 15 working day deadline	Authority was undertaking preparatory work necessary before applying to the high court for an injunction preventing further unauthorised development and requiring reinstatement. Additionally a Tree Preservation Order was being served.	None required.
C.547 09/03/23 Stage 1	Planning Concern regarding the number of vehicles entering a site.	28/03/23 Within 15 working day deadline.	Monitoring and Enforcement Team asked to make contact with the applicant to ensure the travel plans was being implemented.	None required
C.548 10/03/23 Stage 1	Landscape Tree in complainant's garden collapsed causing damage to house. They had been advised by Authority tree officer several years before that it was safe.	29/03/23 Within 15 working day deadline.	Duty of care lies with owner of tree so authority not liable. Trees should be inspected regularly and certainly more often than every 10 years.	None required.

Appendix 5 - Quarter 3, Quarter 4 and Year End Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

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.512 Ombudsman 23/11/22 (Stage 2 reported in Q2 of 2022/3)	Planning Complaint about lack of action at an enforcement site, which was escalated to Ombudsman	Ombudsman decision received 20/03/22	Complaint not upheld. Ombudsman found no evidence of procedural fault in the decisions the Authority had made or in how it had progressed the case.	None required.
C.517 Ombudsman 16/11/22 (Stage 2 reported in Q2 of 2022/23)	Planning Complainant reiterated perception that Officers had made false and misleading promises regarding planned action at an enforcement site.	Ombudsman decision received 20/03/23	Complaint not upheld. Further action was ongoing and the Authority had continued to keep the complainant updated about progress.	None required.

Appendix 5 - Quarter 3, Quarter 4 and Year End Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

Update on Lessons Learned

Complaint Ref, Date Made and Stage	Service and Reason for Complaint	Lesson Learned	Implementation- update from Manager
C.521	Engagement Service Complaint regarding poor customer service by a particular member of staff at a cycle hire centre.	Advised the matter would be taken up with the member of staff concerned and that all staff would be made aware of the relevant procedures	Incident was taken up with the member of staff who had a very different account of the event which was supported by another member of staff on duty. Staff member was given support and training on how they might diffuse the situation in the event that they have a confrontational customer again. There were no repeat occurrences from staff member or confrontational customers. When resolving the complaint on the phone with the complainant, they were amiable and were happy with explanation of how the issue would be dealt with. They did not want any further follow up.
C.527	Planning Service Complaint regarding delay in processing planning application which was still ongoing a year after it was expected to be resolved. Mixed messages given by planning officers.	Complaint is an example of issues regarding communication which will be considered in the Planning Service Review.	Package of proposals being implemented and designed to respond to unstable staffing which has led to delays, increased caseload and mixed standards of communication. Various methods being employed and developed to improve staff retention alongside a revised service structure aimed at attracting and developing staff, as well as providing stronger overview and management with greater potential for clear communication of our approach and culture to reduce the scope for mixed messaging going forward

Appendix 5 - Quarter 3, Quarter 4 and Year End Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

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 Planning Service	Against Other Services	Against Members	Planning Service	Other Services	Planning Service	Other Services	Planning Service	Other Services	Members
2020/21	13	0	5	8	1	5	8	0	4	3	0	0
2021/22	17	2	11	6	0	10	5	3	1	1	2	0
2022/23	38	5	31	7	0	25	4	2	0	2	0	0

The following trends in complaints have been identified:

2019/20 – Development Management Service (now Planning Service): handling of planning applications and enforcement issues.
Other Services: No trends identified.

2020/21 – Development Management Service (now Planning Service): handling of planning applications and enforcement issues.
Other Services: – Covid-19 related issues and actions of officers

2022/23 - The sharp increase in the number of complaints made against the Planning Service is due to community action regarding one particular enforcement site. This site was also the subject of the two complaints which were escalated to the Local Government Ombudsman, neither of which were upheld. If this community action was considered as one “super complaint” then the annual total would be much closer to the “less than 20” target.
Other Services: Actions of Officers.

Appendix 5 - Quarter 3, Quarter 4 and Year End Report on Complaints and Freedom of Information and Environmental Information Regulations Enquiries

Quarter 3 and 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	4	5	8	1	3	0
Q2	7	11	18	0	2	0
Q3	4	7	0	0	2	0
Q4	7	9	16	0	2	0
Year end (cumulative)	22	32	42	1	2	0

13. REVISION OF STATEMENT OF COMMUNITY INVOLVEMENT (CW)

1. Purpose of the report

To advise Members of, and to seek approval for, the updated Statement of Community Involvement (SCI).

Key Issues

- The Authority is obliged to write, publish and regularly review a 'Statement of Community Involvement' that sets out how it will involve individuals, local communities and stakeholders in the planning processes
- The last (2018) SCI has been updated for Members to note and approve. It corrects references, records minor changes to our customer support procedure, and for policy-making and decision-taking more clearly sets out the consultation process.

2. Recommendations

- 1. That members approve the revised Statement of Community Involvement (set out in Appendix 1) for public consultation.**
- 2. That any minor amendments necessary following the public consultation be delegated to the Head of Planning and in consultation with the Chair and Vice-Chair of Planning Committee.**
- 3. That final approval for the SCI be delegated to the Head of Planning in consultation with the Chair and Vice-Chair of Planning Committee.**

How does this contribute to our policies and legal obligations?

- 3.** The preparation of the Statement of Community Involvement (SCI) is a statutory requirement outlined in the Planning and Compulsory Purchase Act 2004. It explains how the National Park Authority will involve individuals, local communities and stakeholders in planning processes. Once the SCI is adopted, all planning policy documents and the determination of planning applications must conform to the engagement processes described in the SCI.

Background Information

- 4.** The Peak District National Park SCI was first produced in 2006, and subsequently reviewed in 2012 and 2018. Some amendments were made temporarily to the SCI in 2021 to reflect changes in circumstances due to COVID, however, the 2018 document remains the current version.
- 5.** National planning policy guidance (para 71) outlines that local planning authorities must review their SCI every five years from the adoption date. This is important to ensure effective community involvement at all stages of the planning process. The SCI should be regularly reviewed and updated to reflect any changes to engagement.
- 6.** Para 35 of national planning policy guidance notes that there is no requirement for local planning authorities to consult when reviewing and updating their SCI. However, the guidance notes that it is good practice for authorities to inform the public of their intentions to update the document and of the changes that have been made.

7. So far, the Policy and Communities team has undertaken informal consultation on the revised SCI with internal staff and the Peak Park Parishes Forum (PPPF), in preparation for undertaking a more formal consultation process.
8. The comments received so far are summarised in Appendix 2 to this report and the revised SCI has been amended in light of these.

Proposals

9. The draft SCI is included in Appendix 1. In line with national planning policy guidance, it is considered that the revised document results in a more concise and accessible document. It is acknowledged that the 2018 SCI has still been used as the basis for the document and it is intended that following adoption of a revised Local Plan, the SCI will receive a more comprehensive re-draft.
10. As well as updated general references and processes, and the correction of typographical errors, the main changes are:
 - A clear section outlining how the public are involved in the plan making process (section 4) and planning application process (section 6).
 - In para 2.5 the planning service and parishes accord (agreed in Nov 2011) has been included incorporated into the SCI, and the role of the PPPF has been defined.
 - In para 6.15 the wording has been amended to advise that people who comment on a planning application via letter or email are directed to the Authority website to view the decision.
 - Boxes and flowcharts embedded throughout the 2018 SCI have been incorporated into a processes table in Appendix 2 (for plan making) and Appendix 5 (for planning applications) of the SCI. All appendices have been moved to the end of the document.
 - Table 1, outlining methods for engaging in plan making, has been removed and incorporated into the processes table in Appendix 2 of the SCI.
11. With regards to the change to para 6.15 as referred to above, the Authority's Legal Team has advised that the Authority is not obliged to directly inform those that have commented on a planning application of a planning decision. The process has been amended to reflect this advice. It is now more efficient and responsive to the proposed reduction in staff resources, as the information is readily available on the Authority website.
12. Once approved the SCI will undergo an 8-week consultation process.

Are there any corporate implications members should be concerned about?

Financial:

13. The report outlines some amendment to processes which will reduce costs incurred by the Authority. The cost of the SCI consultation will be absorbed by the Policy and Communities Team.

Risk Management:

14. Having an up-to-date SCI is one of the soundness tests for the preparation of Development Plan Documents, hence reduces the risks at the examination stage. It is

important to be able to demonstrate how the standards have been taken into account in the planning processes.

15. **Sustainability:**
None

Equality, Diversity and Inclusion:

16. Issues surrounding equality, diversity and inclusion have been considered during the drafting of the SCI, as required by the Regulations, and additional requirements as per the Authority's commitment to engage hard to reach groups.

17. **Climate Change**

No issues to raise.

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

None

19. **Appendices**

Appendix 1 - Revised Statement of Community Involvement.

Appendix 2 - Comments received at pre-consultation stage

Report Author, Job Title and Publication Date

Clare Wilkins, Community Policy Planner, 11th May 2023

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STATEMENT OF COMMUNITY INVOLVEMENT

Pre-consultation draft (APRIL 2023)

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This and other Local Development Plan documents can be made available in large copy print, audio recording or languages other than English. If you require the document in one of these formats please contact the Policy and Communities Team, Peak District National Park at the address above or email policy@peakdistrict.gov.uk



STATEMENT OF COMMUNITY INVOLVEMENT

May 2023

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1 Introduction

What is a Statement of Community Involvement?

- 1.1 This Statement of Community Involvement (SCI) explains how the Peak District National Park Authority (PDNPA) will involve individuals, local communities and stakeholders when preparing and revising planning policy documents, and determining planning applications.
- 1.2 The Authority will prepare all planning policy documents and consider all planning applications, in accordance with the SCI.

Why are we updating the Statement of Community Involvement?

- 1.3 Local Planning Authorities are required to keep their Statement of Community Involvement up-to-date and, as a minimum, carry out a review every 5 years from the adoption date.
- 1.4 The SCI was first prepared in 2006 and reviewed in 2012 and 2018. (It was temporarily amended during the COVID-19 pandemic).
- 1.5 The review process considers:
 - whether the procedures set out in this document have achieved a representative level of public involvement;
 - whether there have been any significant changes in priorities or resources; and
 - whether any factors should trigger an earlier review of the SCI.

The planning system and community involvement

- 1.6 Planning shapes the places where people live, work and spend their leisure time. The Government recognises that people should be able to take an active part in the process. A key objective of the planning system is to encourage more meaningful community and stakeholder involvement. By developing partnerships with local communities, groups and individuals, they can be encouraged to contribute to the development of a vision for their area

The SCI is required by the Planning and Compulsory Purchase Act (2004). The legal requirement for consultation is set out in various Acts and accompanying Regulations¹.

- 1.7 The Authority will encourage and enable people and organisations to get involved in the development of planning policies and the determination of planning applications. In doing so we must also prepare plans and make decisions in a timely way, and within the resources available. The

¹ [The Town and Country Planning \(Local Planning\) \(England\) Regulations 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2012/24/section/1)

Authority believes a reasonable balance is achieved by the methods set out in this document.

- 1.8 The Policy & Communities Team is responsible preparing planning policy documents and the two Development Management Area Teams deal with planning applications. The Minerals Teams is responsible for strategic policy and determining applications with regard to minerals and waste.

Peak District National Park context

- 1.9 The Peak District National Park Authority has two statutory purposes, which were confirmed in the 1995 Environment Act:
- To conserve and enhance the natural beauty, wildlife and cultural heritage of the area; and
 - To promote opportunities for the understanding and enjoyment of its special qualities by the public.
- 1.10 In pursuing these purposes, the National Park Authority also has an associated statutory duty to seek to foster the social and economic well-being of its local communities. Section 62(2) of the Act places a general duty on all relevant Authorities to have regard to these purposes. This background, together with the Peak District National Park Authority's location across different regions and different local government boundaries (as seen on the following map), means that a complex and widespread range of consultees is necessary.

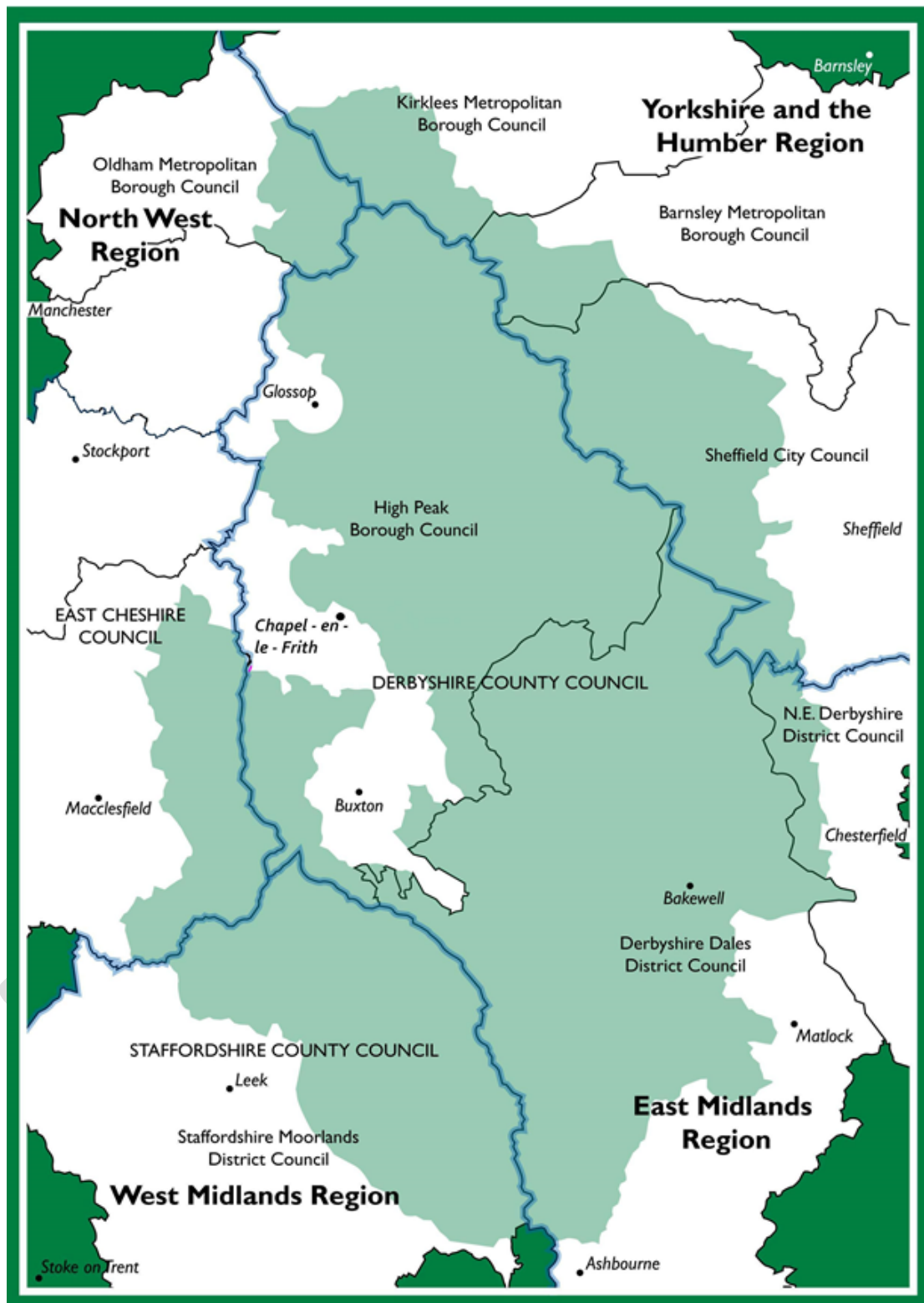


Fig 1. Local Administrative Context Showing Constituent and Neighbouring Authorities

2 Community involvement in planning

- 2.1 The planning system is often complex and can be difficult to understand, but it can affect everybody who lives or works in the National Park, or visits it for leisure and recreation purposes. Providing information and opportunities to comment on planning applications, and encouraging peoples' involvement in policy preparation and decision-making plays a vital part in increasing understanding of, and support for, the planning responsibilities of the National Park Authority.
- 2.2 The Authority acknowledges the different interests and perspectives of our stakeholders so engagement will be tailored to suit their different needs. (Including other Authorities, government agencies, and organisations, Parish, Town and community councils, farming and land management interests and commerce and employment bodies). To increase effective involvement we will employ a range of techniques including community and neighbourhood planning, public meetings and exhibitions, and workshops with groups living and working in the National Park. These can take place in person, online or as hybrid meetings.
- 2.3 We monitor the response to policy consultations and will target under-represented groups. Whenever individuals or groups make informal approaches to the Authority seeking involvement or discussion on plan review matters, officers will seek to meet and discuss their particular concerns, and they will be invited to receive future correspondence.
- 2.4 We will represent national park purposes and respond constructively to consultations undertaken by other Authorities and bodies which cover the National Park. For example, the National Farmers' Union, Business Peak District and Local Enterprise Partnerships (LEPs).

Parish Councils and Meetings

- 2.5 The Planning Service & Parishes Accord was agreed in November 2011 and outlines the Authority's commitment to Parish Councils and Meetings, and what the Parishes will do in return. Its provisions have now been incorporated in full into the SCI (at para 2.6 below, Appendix 2 and Appendix 5.)
- 2.6 The Peak Park Parishes Forum (PPPF) plays a role in enabling consultation between the National Park and Parishes. The context of that role is:
 - 2.6.1 National Park Authorities (NPA) have a duty, under Environment Act 1995, schedule 7, para 16, to "make arrangements with each parish council for informing and consulting them about the NPA's discharge of its functions".

2.6.2 PPPF was established in 1994 at the behest of PDNPA (Peak Park Planning Board as it then was) to help make necessary Parish consultations more effective, it being seen as very onerous for the Authority to consult with each Parish individually.

2.6.3 Accordingly, PPPF comments or makes representations on behalf of member Councils on any matter upon which PPPF is consulted by PDNPA.

2.7 The Planning Service will provide planning training events periodically to Parish representatives by arrangement with the Peak Park Parishes Forum.

2.8 Whenever possible, Parishes will be allowed eight weeks for parish consultations responses on matters other than planning applications.

2.9 For parish engagement to be correctly targeted, it is necessary for parishes to ensure the Authority is informed of any changes of contact details.

Using the Results of Consultation

2.10 All comments received by the Authority will be recorded, read carefully and taken into account, whether in relation to the preparation of planning policy documents or the determination of planning applications. Anonymous comments on planning applications and planning policy documents will usually be disregarded by the Authority.

Customer Service

2.11 The Authority aims for effective and efficient service to all customers, as set out in the Customer Service Charter². The Charter will be used alongside this SCI and other statutory requirements.

Plain English

2.12 The Authority will use concise, clear language and produce accessible, easy-to-use documents. A glossary of terms is at Appendix 6.

² [Customer service charter: Peak District National Park](#)

3 Plan making in the Peak District National Park

- 3.1 At the time of writing the Authority is reviewing its development plan documents (the Core Strategy and the Development Management Policies.) This review will combine the two documents into a single Local Plan document for the National Park.
- 3.2 The Authority's [Local Development Scheme](#) (LDS) sets out a timetable for the preparation of planning policy documents. The current LDS is available from the Authority or on the website³.
- 3.3 The Local Development Plan sets out spatial policies and guidance for the use and development of land to achieve the statutory purposes of the National Park.
- 3.4 The LDS identifies the following documents:
 - Core Strategy (adopted 2011) – This sets out the vision, objectives and spatial strategy for the National Park, and the primary policies for achieving the vision.
 - Development Management Policies (adopted 2019) – This contains policies to ensure that development meets certain criteria and contributes to the achievement of the Core Strategy.
 - Policies Map – This illustrates the spatial application of the planning policies and proposals on an Ordnance Survey base map.
 - Supplementary Planning Documents – These provide guidance to support policies in the Core Strategy and Development Management Policies DPD, to be used in assessing planning applications.
 - Made Neighbourhood Plans – These contain policies for the relevant neighbourhood area, written by a parish council or neighbourhood forum.
- 3.5 The Authority is also required to produce Sustainability Appraisal, Strategic Environmental Assessment and Habitats Regulations Assessment reports. These consider the social, health, environmental and economic effects of the options and policies proposed in the review of the Local Plan. These are also subject to public consultation.
- 3.6 The following documents also inform part of the plan preparation process, but are not subject to public participation:
 - Background survey and evidence documents – These contribute to the evidence base of policies and proposals.
 - Annual planning policy Monitoring Report (AMR) – This sets out the progress in producing documents in the LDS and implementing policies, the actions needed to meet targets, and any changes needed.
- 3.7 All of the documents referred to above are available to view on the Authority's website⁴.

³ www.peakdistrict.gov.uk/planning/policies-and-guides/supporting-documents

⁴ www.peakdistrict.gov.uk/planning/policies-and-guides

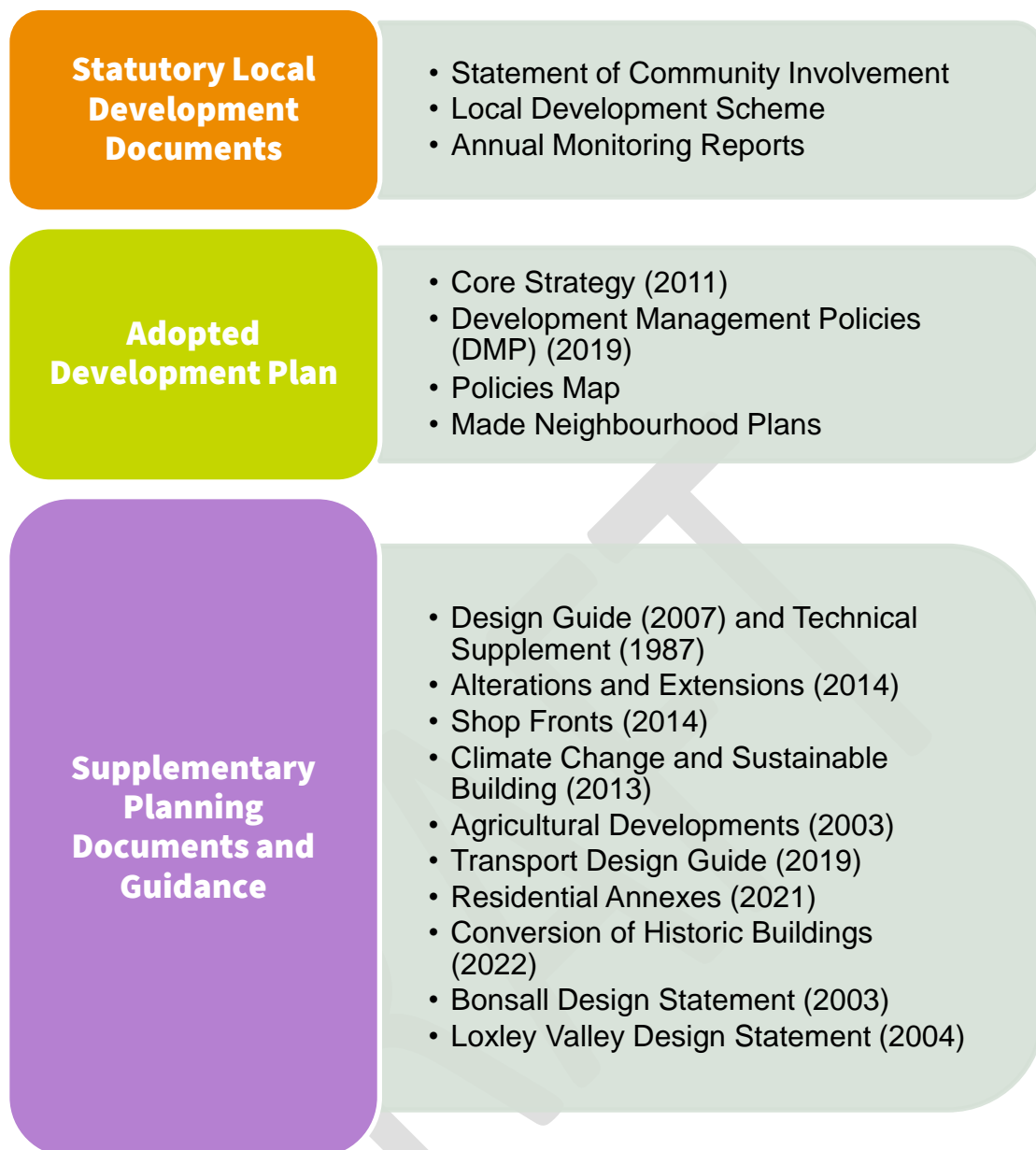


Fig 2. Peak District National Park Development Plan documents

Neighbourhood Plans

- 3.8 Neighbourhood Plans (introduced by the 2011 Localism Act) offer local communities the opportunity to prepare locally specific planning policies that are part of the Development Plan.
- 3.9 A Parish Council or (in non-parished areas) a Neighbourhood Forum can initiate and undertake neighbourhood planning. Neighbourhood Areas can cross local planning authority boundaries, in which case a lead Authority acts as the main point of contact. The Authority has a legal obligation to give advice and assistance to parish councils undertaking a neighbourhood plan and as part of this we will provide technical or practical support.
- 3.10 The main stages involved in the preparation of a Neighbourhood Plan are shown in Appendix 2.

Supplementary Planning Documents (SPD) and Supplementary Planning Guidance (SPG)

- 3.11 Supplementary Planning Documents (SPDs) give more detailed advice on how to comply with the policies contained in Development Plan Documents (DPDs). They will be subject to full public consultation but will not be subject to independent examination.
- 3.12 A list of all SPDs and earlier Supplementary Planning Guidance (SPG) can be found in Fig. 2 on page 10. The adopted SPDs and SPGs are not formally part of the development plan, but are material considerations in planning decisions. These will remain in force until they are replaced.
- 3.13 Consultation on the preparation of Supplementary Planning Documents (SPDs) will follow a similar approach as for Development Plan Documents but with less extensive consultation requirements and no Examination. The main stages involved in the preparation of an SPD are shown in Appendix 2.
- 3.14 It should be noted that government proposals for a reformed planning system under the Levelling Up and Regeneration Bill replaces SPDs with Supplementary Plans. These will be afforded the same weight as a local plan. It is proposed that when the new system comes into force (expected late 2024) existing SPDs will automatically cease to have effect at the point at which Local Planning Authorities are required to have a new-style plan in place⁵.

Duty to Co-operate

- 3.15 The 'Duty to Cooperate' under the Localism Act (2011) requires Councils and public bodies "to engage constructively, actively and on an ongoing basis" to develop strategic policies on issues such as housing, minerals and infrastructure. The Authority will maintain close contact on cross-boundary issues with all 11 constituent Authorities and three adjoining Authorities around the National Park (see Appendix 2 for the full list of Authorities).
- 3.16 It should be noted that government proposals for a reformed planning system under the Levelling Up and Regeneration Bill would replace Duty to Co-operate with a new 'Alignment Policy' to secure appropriate engagement between authorities where strategic planning considerations cut across boundaries.
- 3.17 However, plan makers will have until 30 June 2025 to submit their local plans, neighbourhood plans, minerals and waste plans, and spatial development strategies for independent examination under the existing legal framework; this will mean that existing legal requirements and duties, for example the Duty to Cooperate, will still apply.

⁵ <https://www.gov.uk/government/consultations/levelling-up-and-regeneration-bill-reforms-to-national-planning-policy>

4 Getting involved in the plan making process

- 4.1 The Authority is committed to involving as many people and groups as possible in forming its planning policies for the National Park, within the resources available. Any person or organisation interested in the planning of the National Park is encouraged to get involved and make comments.
- 4.2 The Authority aims to engage the community and stakeholders by following these principles:
- Creating a process that involves as many interests as possible, and makes reasonable attempts to access the views of hard to reach groups;
 - Allowing scope for detailed debate with key stakeholders;
 - Employing a variety of engagement techniques, tailored to the different needs of local communities and stakeholders;
 - Informing and involving people from an early stage and throughout the process. This is important in order to confront difficult issues and reduce the likelihood of objection as a document develops;
 - Where possible, combining consultation exercises with other documents, and where appropriate, with other Authorities' consultation events, to improve the process and make the best use of resources;
 - Giving sufficient advance warning of key events and consultation periods by using advertising, publicity and media effectively;
 - Being welcoming and accessible, with meaningful and user-friendly language and documents;
 - Being innovative and consistent with the use of electronic systems, offering accessible channels of information, and developing the ability for online contributions to be made;
 - Making Planning Officers available to meet groups or individuals to discuss specific needs or concerns; and inviting contact in person or by phone, voicemail, email and post; and
 - Being accountable: open and clear in terms of what is being asked for, what has been said, and how responses have been used.
- 4.3 Statutory consultees as outlined by the Town and Country Planning (Local Planning) (England) Regulations 2012, can be found in Appendix 2.
- 4.4 In addition to statutory consultees the Authority will do its best within available resources to identify and engage with all non-statutory interested groups at appropriate stages in the preparation of relevant documents. The Authority maintains a separate planning policy consultation list, updated on a continuing rolling basis, which includes all the Authorities, agencies, organisations, bodies and individuals that the Authority will consult. Anyone wishing to be kept informed of consultations on Planning Policy documents can request to be added to the database by emailing policy@peakdistrict.gov.uk

- 4.5 The Town and Country Planning (Local Planning) (England) Regulations 2012 state that during various stages copies of policy documents should be placed on deposit (as outlined by Appendix 2). Appendix 3 outlines where these documents can be viewed.

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5 Planning Applications

- 5.1 Every year the Peak District National Park Authority receives around 1,100 applications for Planning, Advertisement and Listed Building Consent, Non-Material Amendments, Discharge of Conditions, Prior Notifications, and Lawful Development Certificates. The Authority aims to make decisions on these applications openly, impartially, with consistency, sound judgement, and for justifiable reasons.
- 5.2 All Planning Authorities are expected to deal with applications as efficiently as possible. The statutory time limits are usually 16 weeks if an application is subject to an Environmental Impact Assessment, 13 weeks for applications for major development, and 8 weeks for all other types of development. The Authority is committed to involving all interested parties in the decision making process, but must balance this with the need for efficient and timely decision-making and the demands on staff and other resources. Appropriate levels of involvement are set out below which reflect the nature of the planning application.

Type and scale of development

- 5.3 Whether something needs planning permission or not depends upon whether it is 'development' under the Planning Acts. Some types of work need planning permission, whilst others are classed as 'permitted development' and do not need planning permission.
- 5.4 Most permitted development is subject to conditions and limitations. One such condition on certain classes of permitted development is the need to apply to the Local Planning Authority for its 'Prior Approval'; or to determine if its 'Prior Approval' will be required. This allows the Local Planning Authority to consider the proposals, their likely impacts in regard to certain factors and how these may be mitigated.
- 5.5 Information about the planning process, including advice on how to submit an application and whether a proposal requires planning permission can be found on the Authority's website at: www.peakdistrict.gov.uk/planning/advice.
- 5.6 In respect of consultation requirements, planning applications are categorised in the following ways:
- Major development:
 - All applications relating to the winning and working of minerals or the use of land for mineral-working deposits;
 - All applications for waste development;
 - Developments of 10 or more dwellings or, where the number of dwellings is not given in the application, a site area of 0.5 hectares or more;
 - For all other uses (offices/light industrial/retail) - a development where the floorspace to be built comprises 1,000 sq m or more, or where the site area is 1 hectare or more;
 - Notwithstanding the above, the National Park has the ability to consider whether any proposal should be classed as major

development, taking into account its nature, scale and setting, and whether it could have a significant adverse impact⁶.

- Minor development:
 - Developments of between 1-9 dwellings, providing the site is under 0.5 hectares;
 - For all other uses (offices/light industrial/retail) - a development where the floorspace to be built comprises up to 999 sq m or the site is under 1 hectare in size;
 - The National Park has the ability to consider whether any 'minor' development should fall within the 'major' category.
- 'Other' development does not fall within either of the above categories and can include:
 - Householder applications;
 - Change of use with no operational development;
 - Advertisement;
 - Listed Building extensions/alterations/demolitions;
 - Certificates of Lawfulness;
 - Prior Notifications; and
 - Telecommunications developments etc.

5.7 Some specific types of 'permitted development' must be formally notified to the Authority in advance (i.e. prior to commencing) via the prior notification procedure, and depending on the type of development the Authority has either 28 days or 56 days in which to call for a formal application. This 'prior notification' procedure relates to: certain changes of use, agricultural development, forestry development, telecommunications development, tree felling, hedgerows and demolition work.

Brownfield Land Register, Permission in Principle and Technical Details Consent

5.8 The Brownfield Land Register provides up-to-date and consistent information on sites that the Local Planning Authority considers to be appropriate for residential development and meets specific criteria, namely:

- The site must be at least 0.25 hectares or can support at least 5 dwellings.
- It must be suitable for development.
- It must be available for residential development.
- It must be achievable (i.e. likely to take place within 15 years).

5.9 The Brownfield Land Register is split into two parts:

- Part 1 comprises all brownfield sites the Local Planning Authority considers appropriate for residential development.
- Part 2 comprises those sites granted 'Permission in Principle'.

Permission in Principle

⁶ See Footnote 60 [National Planning Policy Framework - Guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/national-planning-policy-framework-guidance)

- 5.10 Sites put on Part 2 of the Brownfield Land Register will (subject to the necessary publicity, notification and consultation – see Regulations 6-13 of The Town & Country Planning (Brownfield Land Register) Regulations 2017) trigger a grant of Permission in Principle (PIP). PIP relates only to the location, land use and amount of development. Conditions cannot be imposed on the decision. There is no right of appeal if the Authority does not choose to put a site onto Part 2 of the Register.

Technical Details Consent

- 5.11 Following a grant of Permission in Principle, the site must obtain Technical Details Consent (TDC) before development can proceed. TDC must be applied for within 5 years of the site gaining Permission in Principle. The consultation procedures for TDC will mirror the approach taken for planning applications, as detailed in Fig. 3 on page 18. A decision notice will be issued by the Authority setting out any conditions/reasons for refusal and a Section 106 legal agreement can be sought, if necessary. TDC can be appealed on grounds of non-determination, refusal or against any condition imposed.
- 5.12 For more information on Brownfield Land Registers, Permission in Principle and Technical Details Consent please visit: <http://www.peakdistrict.gov.uk/planning/brownfield-land-register>

6 Getting involved in the planning application process

- 6.1 All proposals seeking planning permission follow a similar process, as outlined below:

Pre-application discussions

- 6.2 Guidance on what types of development require planning permission is available from the Authority's Customer & Business Support Team and on the Authority's website. A 'Do I Need Planning Permission?' service is available, for which there is no charge. Applicants are encouraged to have pre-application discussions with the Authority, and to undertake their own discussions with interested parties and neighbours, particularly for larger scale or complex schemes.
- 6.3 The Authority has a non-statutory, chargeable pre-application advice service for development that requires planning permission. Currently, this service is temporarily suspended (other than for schemes relating to Grade 1 and Grade 2* listed buildings) until at least Autumn 2023 due to resource issues. It is advised that applicants refer to our website for the latest updates and information⁷ and that independent planning advice is obtained where necessary.

Consultations on planning applications

- 6.4 Neighbouring owners or occupiers are notified according to statutory requirements and the Authority's agreed protocol (see Fig. 3 on page 18). In cases which do not have direct neighbour notification, or fall within the Conservation Area, the Authority publicises applications with a yellow site notice placed on or near the site, giving 21 days for comment. In addition, some applications, such as those affecting Listed Buildings or Public Rights of Way, are advertised in the local press and have a separate site notice.
- 6.5 All relevant statutory consultees and interested parties are consulted (see list at Appendix 4). Third party comments received by the Authority via post and email will be acknowledged. All third party comments will be taken into account before any decision is made. Anonymous comments will not be acknowledged and will not usually be taken into consideration in determining planning applications. Comments can be made by letter, email or via the Authority's website.

⁷ www.peakdistrict.gov.uk/planning/advice/pre-application-advice

Type of Application (see paragraph 5.6)	Notification Requirements
Major Development, Applications accompanied by an Environmental Impact Assessment (EIA), Departure to the Development Plan, Development affecting a Public Right of Way	All owners or occupiers will receive a letter telling them about a planning application if their property* is within 20 metres of any part of the application site. A site notice will also be placed on or near the site, as required by law. We will also advertise these applications in the relevant local newspaper.
Minor Development	All owners or occupiers will receive a letter telling them about a planning application if their property* is within 20 metres of any part of the application site. If there are no such neighbours, or the site falls within a Conservation Area, a site notice will be placed on or near the site.
Other Development, including Householder Development	All owners or occupiers will receive a letter telling them about a planning application if their property* is within 10 metres of any part of the application site. If there are no such neighbours, or the site falls within a Conservation Area, a site notice will be placed on or near the site.
Listed Building Consent	All owners or occupiers will receive a letter telling them about an application if their property* is within 10 metres of any part of the application site. A site notice will also be placed on or near the site, as required by law. We will also advertise these applications in the relevant local newspaper.
Advertisement Consent	Whilst there is no statutory requirement for an Authority to publicise applications for advertisement consent, the Authority will notify all owners or occupiers by letter telling them about an application if their property* is within 20 metres of any part of the application site. If there are no such neighbours, a site notice will be placed on or near the site.
Lawful Development Certificates	No statutory requirement to consult.

* The identification of a property is by an address point.

Fig 3. Protocol for direct notification to neighbours of planning applications

Assessing the application and making a recommendation

- 6.6 The Planning Officer normally visits the site and the application is assessed against the Authority's planning policies, comments made during the consultation period, and any other material considerations. If changes to the proposals are needed, the Planning Officer will contact the applicant or agent. Where significant amendments are proposed, interested parties/those most affected are normally re-consulted.
- 6.7 A report will be written which recommends either approval or refusal and gives the reasons why. If it recommends approval, it may include conditions.

Making a decision

- 6.8 Applications which are straightforward and consistent with policies are usually determined by the planning managers under delegated powers prescribed in the Authority's Standing Orders⁸.
- 6.9 Major applications, 'departures' (those which go against policy), or those that fall within the requirements of the Authority's Standing Orders are considered by Planning Committee.
- 6.10 Applications will be approved, approved with conditions, refused, or can be withdrawn by the applicant/agent. In cases where Planning Committee Members resolve to make a decision contrary to the Planning Officer's recommendation, the application may be deferred to a subsequent meeting to allow officers time to prepare a further report, setting out planning policy and other considerations.
- 6.11 The dates of Planning Committee and other Authority meetings can be obtained from the Authority's main office or on the website.
- 6.12 At the Planning Committee, applicants or agents can speak in support of the application. Objectors and supporters can also speak about an application through the public participation scheme (see paragraphs 6.21 – 6.23 below).
- 6.13 Applications may be referred to a site visit by Members at a formal meeting or by officers if they consider that a Member site visit is the most appropriate means of ensuring that Committee Members get a clear understanding of the proposal and the issues raised.
- 6.14 Member site inspections are undertaken by those that sit on the Authority's Planning Committee and are made up of County, District, City or Parish Council elected Members together with those appointed directly by the Secretary of State. A site inspection is used to gain a

⁸ www.peakdistrict.gov.uk/looking-after/about-us/who-we-are/members/standards-and-behaviour

better understanding of a proposal or of unauthorised development. As the site inspection is not a public meeting, it is not intended to give the applicant, agent or third parties an opportunity to make representations. The reason for referral to site inspection is made explicit, and is generally on the basis of the need to view the site and its setting/context. Applicants, agents, statutory consultees and other people may be invited to attend site inspections at the Chair's discretion but are only allowed to answer questions of fact from officers or Members.

Informing of decisions

- 6.15 Applicants or agents are usually sent a decision letter within 3 working days of the decision being made. The Decision Notice will also be made available on the Authority's website. People who have commented (via post or email as per para 6.5) or have been consulted are directed to the Authority's website to view the decision. Parish Councils/Meetings will be notified if an application is withdrawn for a site that is located within their area.

Appealing against a decision and complaints

- 6.16 Applicants have a right of appeal to a Planning Inspector appointed by the Secretary of State. All comments received through the planning application process (with the exception of anonymous comments) are sent to the Planning Inspector and, depending on the type of appeal, an opportunity may be provided by the Planning Inspector for further comments to be made either in writing or in person. There are no third party rights of appeal.
- 6.17 Complaints about the way the application was dealt with can be raised through the Authority's complaints procedure.

Commenting on a planning application

- 6.18 A weekly list of valid planning applications received is published on the Authority's website, and all the information received with an application is available online. Information on planning history files is also available for public inspection by appointment at Aldern House, Bakewell; in some cases it is also available on the Authority's website.
- 6.19 Anyone is entitled to make comments on a current planning application. Comments must be made in writing by post, email or via the Authority's website, should not be anonymous and must be based on 'material planning considerations' such as design and appearance, impact on the landscape, overlooking, loss of privacy etc. Advice on material considerations can be found on the Planning pages of the website. Third party comments (other than those that are anonymous) received via post or email to the Authority will be acknowledged. Any comments received will become public documents and may be viewed by the applicant or any other member of the public on our website. Any

anonymous comments received however will usually be disregarded by the Authority.

Public speaking at Authority meetings

- 6.20 Public speaking at Authority meetings is not a statutory right nor is it intended to give an opportunity for speakers to participate in the Committee debate. The aim is to allow applicants and the public to inform Members, taking into account that most speakers have already made written submissions. Following consultation, the Authority believes that the current procedure offers a good balance, which permits informed debate within an effective decision-making framework.
- 6.21 The Authority's Public Participation Scheme (available on the website) allows any person to make representations, ask questions, make a statement, and present deputations and petitions. The procedure requires notice to be given by noon two working days before the meeting. The speaker is allowed 3 minutes to make the representation. Notice can be given by letter, telephone, voicemail, email, or in person at Aldern House, Bakewell. The Chair of the meeting has discretion to allow a speaker to answer questions or clarify points raised by Members following the representation and during the debate.
- 6.22 By participating in the meeting, speakers are giving consent to their contributions being recorded, published and retained at the discretion of the Authority. Authority meetings, including the Planning Committee, are now broadcast live via YouTube. Such meetings can also be watched at a later date via the 'listen again' function which can be found when you click on the date of the relevant meeting on the Authority's website.
- 6.23 Under the Local Audit and Accountability Act 2014, the Authority permits any member of the public to record and report on open meetings of the Authority and its Committees using text, sound, video, film or photographs without the prior consent of the Authority.

Appendix 1 – consultation bodies for plan-making

Specific consultation bodies

The Authority is required to consult ‘specific’ consultation bodies as appropriate on planning policy documents. We will consult with these bodies, as required, on all development plan documents, neighbourhood plans and where relevant supplementary planning documents and other planning documents as required:

Specific consultation bodies
A relevant authority within or adjoining the national park (local planning authorities, county councils, parish councils and local policing bodies)
The Coal Authority
The Environment Agency
Historic England
Natural England
Electronic Communication Operators
Electricity Undertakers
Gas Undertakers
Sewerage Undertakers
Water Undertakers
Network Rail
National Highways
NHS Trusts and Clinical Commissioning Groups
Homes England

General consultation bodies

The Authority is required to consult 'general' consultation bodies as appropriate on planning policy documents. The relevant bodies are as follows:

General consultation bodies
Voluntary bodies
Bodies representing racial/ethnic/national groups
Bodies representing religious groups
Bodies representing disabled persons
Bodies representing business persons

Other Consultees

The Authority is required to consult 'other consultees as appropriate on planning policy documents. Other consultees include residents who have been asked to be informed and other interested parties.

Appendix 2 – Stages of plan-making

Development Plan Documents

Stage	Consultation methods	Consultation Bodies
Pre-production stage – evidence gathering	Website Emails/letters Social media Workshops (online/in person)	As appropriate from Appendix 1 Open to public
Preparation Stage (Regulation 18) Also known as Issues and Options – 12 week public consultation	Website Emails/letters Social media Publicity materials Document made publicly available at outlined deposit locations Workshops (online/in person)	All groups in Appendix 1 Open to public
Consider responses to Reg 18 and prepare plan for publication (a summary of representations and the Authority's responses will be prepared and made available on the website)		
Publication stage (Regulation 19) - 8 week public consultation	Website Emails/letters Social media Publicity materials Document made publicly available at outlined deposit locations	All groups in Appendix 1 Open to the public (comments can only be made on 'soundness' of the plan)
Submission to the Secretary of State (Regulation 22) including a statement of representation	Website Emails/letters Social media Publicity materials Document made publicly available at outlined deposit locations	All those in Appendix 1 Those that requested to be informed at Publication Stage
Independent examination (Regulation 25) to consider the 'soundness' of the plan	Website Emails/letters Social media Publicity materials Document made publicly available at outlined deposit locations	Those that responded at Publication Stage Anyone can attend the hearing, those who made representation on the submission draft will be able to speak if they request to do so
Examiners report with recommendation		
Adopting the Local Plan document (Regulation 26)	Website Emails/letters Social media Document publicly available	All in Appendix 1 Those who requested to be informed of adoption
Ongoing monitoring and review		

Supplementary Planning Documents

Stage	Consultation methods	Consultation Bodies
Pre-production stage: information and evidence gathering	Emails/letters Workshops (online/in person)	As appropriate from Appendix 1
Public Involvement (Regulations 12 and 35) – 8 week consultation on draft SPD	Website Emails/letters Workshops (online/in person) Social media Publicity materials Document made publicly available at outlined deposit locations	Specific and general consultees from Appendix 1 Other consultees as appropriate
Consider responses and prepare final version of document (a summary of representations and the Authority's responses will be prepared and made available on the website)		
Adoption (Regulations 14 and 35)	Website Emails/letters Social media Publicity materials Document made publicly available at outlined deposit locations	Specific and general consultees from Appendix 1 Other consultees as appropriate Those who requested to be informed of the adoption

Neighbourhood Plans

Stage	Consultation method	Consultation Bodies
A Parish Council or neighbourhood forum state they wish to produce a Neighbourhood Plan or Neighbourhood Development Order. The National Park Authority provides advice and assistance.		
Application and Designation	Website Emails/Letters Document made publicly available at relevant deposit locations	Specific and general consultees from Appendix 1 Other consultees as appropriate
Pre-submission consultation	This stage is carried out by the parish council or neighbourhood forum	
Submission Consultation and publicity of plan	Website Emails/letters Documents made publicly available at relevant deposit locations	Specific and general consultees from Appendix 1 Other consultees as appropriate
Submission of plan for independent examination and publication of report	Website Emails/letters	Specific and general consultees from Appendix 1 Other consultees as appropriate Those who asked to be notified of the decision.
If the plan is approved by the Independent Examiner it moves to referendum stage. If the plan is not approved by the Independent Examiner the plan does not progress to referendum.		
Referendum on neighbourhood plan coming into force	This stage is organised by the 'relevant council' (District Council not the National Park Authority)	
If more than 50% of voters agree, the neighbourhood plan is adopted and considered part of the Development Plan for the National Park	Website Emails/Letters	Specific and general consultees from Appendix 1 Other consultees as appropriate Those who asked to be notified of the outcome.

Appendix 3: Where can planning policy documents can be viewed?

Copies of planning policy documents and notices will be available to view at the Authority's main office:

Peak District National Park Authority, Aldern House, Baslow Road, Bakewell,
Derbyshire, DE45 1AE
Tel: (01629) 816200

And at the following constituent Authorities' offices:

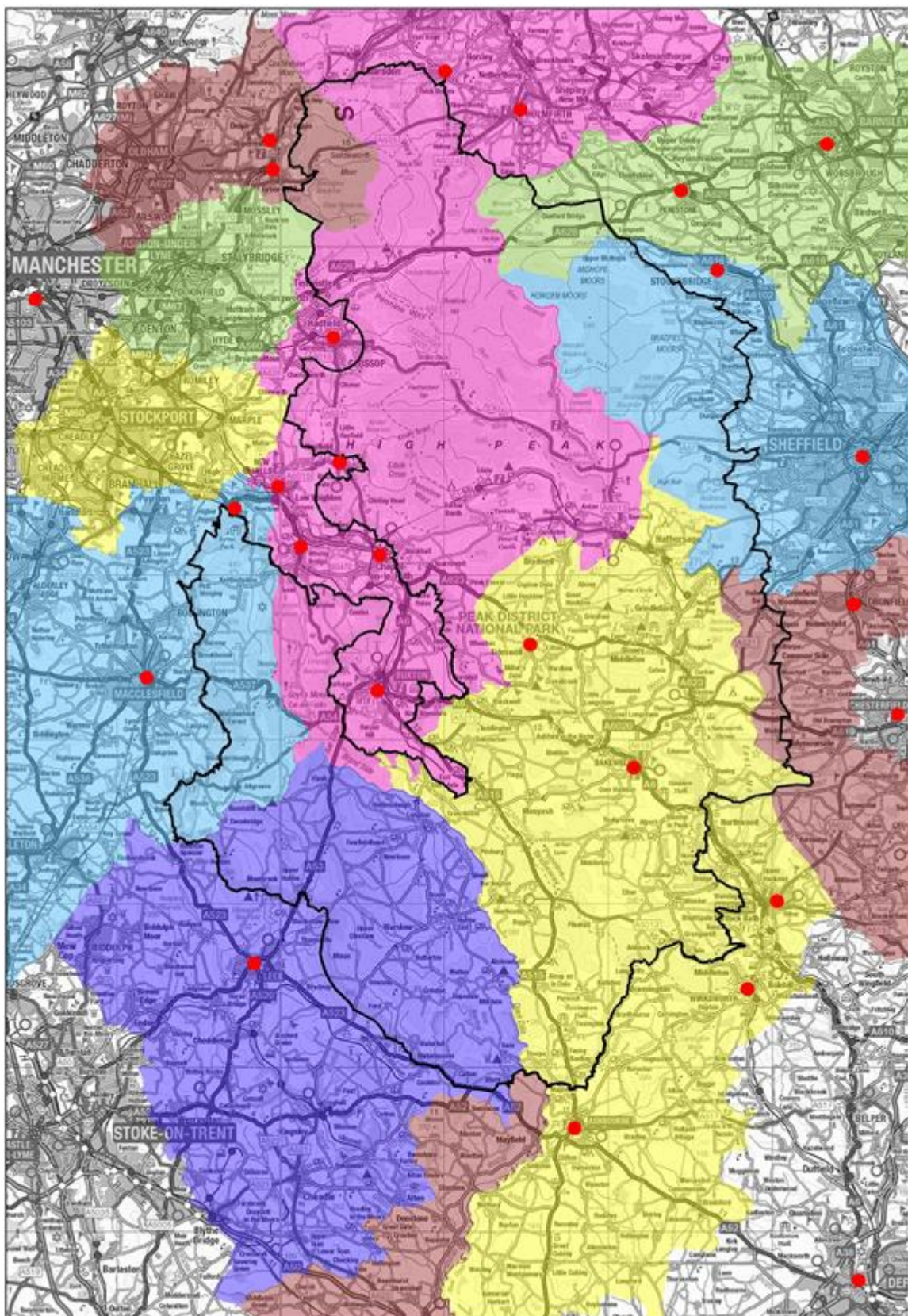
- Barnsley Metropolitan Borough Council, Wellington House, Wellington Street, Barnsley, S70 1WA Tel: (01226) 773555
- Cheshire East Council, Town Hall, Market Place, Macclesfield, Cheshire, SK10 1EA Tel: (0300) 123 5500
- Derbyshire Dales District Council, Town Hall, Bank Road, Matlock, Derbyshire DE4 3NN Tel: (01629) 761100
- High Peak Borough Council, Buxton Town Hall, Market Place, Buxton, Derbyshire, SK17 6EL Tel: (0345) 129 7777
- Kirklees Metropolitan Borough Council, Civic Centre, 3 Market Street, Huddersfield, HD1 2YZ Tel: (01484) 221000
- Oldham Metropolitan Borough Council, Civic Centre, West Street, Oldham, OL1 1UT Tel: (0161) 770 3000
- North East Derbyshire District Council, 2013 Mill Lane, Wingerworth, Chesterfield, Derbyshire, S42 6NG Tel: (01246) 231111
- Sheffield City Council, 1 Union Street, Howden House, Sheffield, S1 2SH Tel: (0114) 273 4567
- Staffordshire Moorlands District Council, Moorlands House, Stockwell Street, Leek, Staffordshire, ST13 6HQ Tel: 0345 605 3010

The following public libraries in and around the National Park will also hold copies of documents and statutory notices:

Ashbourne	Disley	Macclesfield	Stocksbridge
Bakewell	Dronfield	Manchester	Tideswell
Barnsley	Glossop	Matlock	Uppermill
Buxton	Greenfield	Meltham	Whaley Bridge
Chapel en le Frith	Hayfield	New Mills	Wirksworth
Chesterfield	Holmfirth	Penistone	
Derby	Leek	Sheffield	

The locations of the above libraries are shown on the following map.

Map showing library locations where planning policy documents can be viewed



Appendix 4 – consultation bodies for planning applications

Based on the Town and Country Planning (Development Management Procedure) (England) Order 2015 and other legislation, the statutory bodies that we have to consult in respect of relevant planning applications are:

Statutory consultees
Canal and River Trust
The Coal Authority
Control of major-accident hazards competent authority (COMAH)
County Planning Authorities
Crown Estate Commissioners
Department for Business Energy and Industrial Strategy
Designated Neighbourhood Forums
Environment Agency
Forestry Commission
The Gardens Trust
Health and Safety Executive
Highways Authority including National Highways
Historic England ⁹
Lead local flood authority
Local Planning Authorities
National Amenity Societies ¹⁰ <ul style="list-style-type: none"> ○ Society for the Protection of Ancient Buildings ○ Ancient Monuments Society ○ Council for British Archaeology ○ Georgian Group ○ Victorian Society ○ Twentieth Century Society
Natural England
Office for Nuclear Regulation
Oil and Gas Authority

⁹ i) for works in respect of any grade I or II* listed building; and (ii) for relevant works in respect of any grade II (unstarred) listed building;

¹⁰ (aa) for works for the demolition of a listed building; or (bb) for works for the alteration of a listed building which comprise or include the demolition of any part of that building as per [150316 Final Arrangements for handling heritage applications direction.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/150316/Final_Arrangements_for_handling_heritage_applications_direction.pdf) (publishing.service.gov.uk)

Parish Councils
Rail Infrastructure Managers
Rail Network Operators
Sport England
Theatres Trust
Toll Road Concessionaries
Water and sewerage undertakers

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Appendix 5 – consultation stages for planning applications

Stage	Who is involved and how?	Benefits	Consultation period	How are comments assessed?	Feedback
Pre-application Guidance notes and policies are available on the website and at the NP office. Discussion by a developer with the National Park Authority, interested parties and neighbours.	<p>A 'Do I Need Planning Permission?' service is free and available by contacting the Authority by telephone or email.</p> <p>A charged for pre-application advice service is available where written advice can be provided and in certain instances a meeting/site visit can be arranged with a Planning Officer/Conservation Officer¹¹.</p> <p>The Authority encourages the developer to contact and involve individuals or groups about their proposals prior to submitting a planning application.</p> <p>Statutory agencies, internal consultees and constituent Authorities will be involved where appropriate.</p>	<p>Confirms whether a development is acceptable in principle, and resolves matters that might otherwise lead to refusal.</p> <p>Improves the quality of a subsequent application and clarifies the format and level of detail required to support it.</p> <p>Ensures those most directly affected by a proposal have a chance to give their views directly to a developer at an early stage.</p> <p>Avoids unnecessary objections at a later stage, and delays in the registration of applications.</p>	No formal period.	Comments made will be used by the applicant to inform submission proposals.	At the discretion of the developer.
Submission & consideration of application Formal application made and fee paid to National Park	<p>Letters/emails sent to statutory consultees (see Appendix 4), relevant Parish Councils and where necessary, adjoining neighbours, advising of receipt of application.</p> <p>A site notice is posted and/or an advert is placed in the local press in accordance with the Authority's agreed protocol (see Fig 3 on page 18).</p>	<p>Seek comments from statutory consultees and stakeholders.</p> <p>Informs interested parties that an application has been submitted.</p> <p>Invites people to inspect the plans and make written comments.</p>	21 days to comment on a planning application (Parish Councils are given 28 days but will endeavour to respond within 21).	Comments from statutory consultees are considered in relation to government advice and material planning considerations.	Representations are detailed in committee reports and Officer delegated reports, which are available to view at the Authority's main office by

¹¹ Dependent on availability, please refer to [Pre-application advice service: Peak District National Park](#)

Authority.	A weekly list of applications received is available on the Authority's website.	Advises receipt of revised plans for significant amendments.	14 days to comment on revised plans.	Parishes should ensure that their comments are based on material considerations	appointment and on the website.
Stage	Who is involved and how?	Benefits	Consultation period	How are comments assessed?	Feedback
<p>Submission & consideration of application Continued</p> <p>A site visit is usually undertaken, comments received are considered and an assessment is made.</p> <p>Negotiations can take place with the agent/ applicant and revised plans may be submitted.</p>	<p>Planning applications are available to inspect on the website and by appointment at the Authority's main office.</p> <p>Copies of applications and plans can be obtained, subject to a copying charge.</p> <p>A letter/email is sent to all interested parties, including parish councils advising of receipt of significant revised plans.</p> <p>Delegated reports are available to view on the Authority's website.</p> <p>Reports to Committee are available for public inspection on the website and at the Authority's main office a week prior to the meeting.</p> <p>The Committee report is sent to the relevant Parish Council or Meeting.</p> <p>Details are provided on the website explaining the committee process for the public.</p>	<p>Encourages people to stay in contact to ascertain when and how applications will be determined.</p> <p>The public nature of committee meetings ensures transparency of decision making and understanding of the process.</p> <p>Speaking at committee meetings allows views to be put to Members directly.</p>		<p>Representations of objection or support are a material consideration in assessing and determining an application.</p> <p>Comments received can be used to seek improvements and changes to the proposal, where appropriate.</p>	<p>Minutes of committee meetings are available to view at the Authority's main office and on the website.</p> <p>Committee meetings are open to the public.</p>

Applications are determined under delegated powers or by Planning Committee, unless the application is withdrawn by the agent/ applicant.	Opportunity to attend and/or speak at Committee in accordance with the agreed protocol (available to view on the website).				
Stage	Who is involved and how?	Benefits	Consultation period	How are comments assessed?	Feedback
Post-determination A decision notice is issued including any conditions or reasons for refusal.	A copy of the withdrawal letter is sent to the relevant Parish Council in order to notify them if an application is withdrawn. Those who comment on the application (via letter or post) are directed to the Authority's website to view the decision. A copy of the weekly list of decisions is available on the website, and at the Authority's main office.	Advises how interested parties can view the decision taken on a planning application.	N/A	N/A	Parish Councils are sent a copy of the withdrawal letter. People are directed to the Authority website to view the planning decision.
Appeal If an application is refused, the applicant can lodge an appeal with the Planning Inspectorate.	A letter/email is sent to all interested parties, and relevant Parish Councils, advising them that an appeal has been lodged. A letter/email is sent to all interested parties advising them of the arrangements for a Hearing or Public Inquiry.	Informs people that an appeal has been lodged, and advises them of how to make their views known or how to participate. Gives the date, time and location of a Hearing or Public Inquiry should they wish to attend/participate.	N/A	Representations are assessed by the Planning Inspector in deciding whether to allow or dismiss the appeal.	Interested parties may request to the Planning Inspectorate to be kept informed and sent copies of the Inspector's report/decision.

Appendix 6 – Glossary

Annual Planning Policy Monitoring Report (AMR): This assesses the implementation of the Local Development Scheme and the extent to which policies in planning policy documents are being successfully implemented.

Brownfield Land Register: The Brownfield Land Register provides up-to-date and consistent information on sites that the Local Planning Authority considers to be appropriate for residential development and meets specific criteria.

Core Strategy: Sets out the long-term spatial vision for the Local Planning Authority area, and the spatial objectives and strategic policies to deliver that vision. The Core Strategy is a Development Plan Document (DPD).

Development Plan Documents (DPDs): The documents that contain the planning policies for the PDNP. Currently the Core Strategy (adopted October 2011), the Development Management Policies and the made neighbourhood plans.

Development Management Policies DPD: A suite of criteria-based policies which are required to ensure that all development within the area meets the spatial vision and spatial objectives set out in the Core Strategy.

Local Development Scheme (LDS): Sets out the programme for preparing Development Plan Documents.

Permission in Principle: Sites put on Part 2 of the Brownfield Land Register will trigger a grant of Permission in Principle (PIP). PIP relates only to the location, land use and amount of development. A further Technical Details Consent is required before work can commence.

Policies Map: The adopted Proposals Map illustrates on a base map the spatial application of some of the policies. It must be revised so that it always reflects the up-to-date planning policies for the area. Changes to the adopted Proposals Map will accompany a Development Plan Document.

The Regulations: The Town and Country Planning (Local Development) (England) Regulations

Soundness: The 'soundness' of a Development Plan Document, and objections to it, must be considered when it is submitted to an independent Planning Inspector for Examination. 'Soundness' includes assessing whether the document has been prepared in the right way using the right procedures, and if it broadly conforms with national planning guidance.

Strategic Environmental Assessment (SEA): A formal environmental assessment of policies, plans and programmes, as required by the European 'SEA Directive' (2001/42/EC).

Supplementary Planning Documents (SPD): Provide supplementary/more detailed information in respect of the policies in the Development Plan Documents (i.e. the Core Strategy and Development Management Policies DPDs). They usually cover a specific topic/subject area (e.g. climate change, historic building conversions, design guidance etc.) They are not subject to independent examination by the Planning Inspectorate.

Sustainability Appraisal (SA): A tool for appraising policies to ensure that they reflect sustainable development objectives (i.e. social, environmental and economic factors), which must be undertaken for Development Plan Documents, and sometimes for Supplementary Planning Documents.

Technical Details Consent: Following a grant of Permission in Principle, the site must obtain Technical Details Consent (TDC) before development can proceed.

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Appendix 7 - Contacts

If you require further information on the Peak District National Park Authority, the Statement of Community Involvement or Development Plan Documents, you can visit the Authority's website at www.peakdistrict.gov.uk

Contact the Planning & Communities Team on:

Email: policy@peakdistrict.gov.uk

Telephone: (01629) 816200

Contact the Planning Service on:

Email: customer.service@peakdistrict.gov.uk

Telephone: (01629) 816200

Our address is:

Peak District National Park Authority
Aldern House
Baslow Road
Bakewell
Derbyshire
DE45 1AE

PLANNING AID

The Authority recognises that its officers are not always best placed to work with community groups, and that some people prefer to seek independent advice. Planning Aid is a service provided by the Royal Town Planning Institute that maintains a 'Planning Aid Direct' web resource which is free to use, or an email 'Advice Service' that offers fifteen minutes of free professional advice via email. In some circumstances, Planning Aid can offer bespoke support for eligible individuals or groups who can receive further advice through a network of professional volunteers, who give their services free of charge to those who are unable to afford professional fees.

Email: advice@planningaid.rtpi.org.uk

Appendix 2: Review of Statement of Community Involvement Consultation Statement

Responses to Pre-Consultation Stage April 2023

Response From	Summary of Comment	How Comment was Addressed in Document
PDNP Cultural Heritage	<ul style="list-style-type: none"> General typographical errors Historic England and Amenity Societies missing from the planning application consultation list 	<ul style="list-style-type: none"> Corrected as per suggestion Amended as per regulations: https://www.gov.uk/government/publications/arrangements-for-handling-heritage-applications-direction-2021
CBST	<ul style="list-style-type: none"> Raised question of process of informing of planning application decision On page 18 – highlighted, this is now not correct as we don't acknowledge electronic letters of representation made via the website, we only acknowledge paper letters and emails sent to the CBST inbox. On page 19 – highlighted I've added this bit, we also put all LB applications in a local paper. 	<ul style="list-style-type: none"> The question is presented to Members to allow the decision to be made at the Authority Committee Text removed: <i>All third-party comments made in writing will be acknowledged and will be taken into account before any decision is made.</i> Text added: <i><u>Third party comments received by the Authority via post and email will be acknowledged. All third-party comments will be taken into account before any decision is made.</u></i> Text added: <i>All owners or occupiers will receive a letter telling them about an application if their property* is within 10 metres of any part of the application site. A site notice will also be placed on or near the site, as required by</i>

		<p><i>law. <u>We will also advertise these applications in the relevant local newspaper.</u></i></p>
PPPF	<ul style="list-style-type: none"> The ongoing role of PPPF in enabling consultation between PDNPA and Parishes needs to be clearly articulated in the document (we suggest somewhere in the section 2.5 to 2.9). Given clause 1.1's wording (about the SCI being focused on actions of PDNPA), clause 2.8 (about actions of Parishes) appears inappropriate in the SCI - it would be better removed, and instead inserted in PDNPA's Local Enforcement Plan. To be clear, we are not objecting to the intent of the clause - we simply believe the SCI to be the wrong document in which to place it. Clause 2.12 is too unambitious. To deliver clarity for readers, there needs to be not only removal of 	<ul style="list-style-type: none"> The following wording has been added in para 2.6: <ul style="list-style-type: none"> <i><u>2.6.1 National Park Authorities (NPA) have a duty, under Environment Act 1995, schedule 7, para 16, to "make arrangements with each parish council for informing and consulting them about the NPA's discharge of its functions".</u></i> <i><u>2.6.2 PPPF was established in 1994 at the behest of PDNPA (Peak Park Planning Board as it then was) to help make necessary Parish consultations more effective, it being seen as very onerous for the Authority to consult with each Parish individually.</u></i> <i><u>2.6.3 Accordingly, PPPF comments or makes representations on behalf of member Councils on any matter upon which PPPF is consulted by PDNPA.</u></i> Discussed with the Monitoring and Enforcement Team Manager. There is an intention to update/review the Local Enforcement Plan before April 2024 and it is proposed some wording as below should be included: <p><i><u>Parish councils can assist the Authority by reporting possible breaches of planning control in their local area which will then be investigated by the Monitoring and Enforcement Officer</u></i></p> The following wording has been removed:

	<p>unnecessary jargon but also strong focus on use of clear phrasing and paragraphing, and helpful layout and presentation.</p>	<p><i>The Authority will attempt to remove jargon from its processes and publications wherever possible, but there is sometimes a need to use legal or technical language and phrases.</i></p> <p>And replaced with:</p> <p><u><i>The Authority will use concise, clear language and produce accessible, easy-to-use documents. A glossary of terms is at Appendix 6.</i></u></p>
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14. MOOR GREEN INVESTMENT – COMBS MOSS RESTORATION PROJECT (DC)

1. Purpose of the report

The Head of Moors for the Future partnership was asked to return to Committee should the initial investigation result in a proposal to enter into a funded project. The original investigation has been successful in doing that. It is now being brought back to committee to seek approval to move to the delivery stage.

Key Issues

- A fully costed restoration plan for Combs Moss has been agreed with all stakeholders. The restoration plan includes gully blocking, bunding, peat pipe blocking as well as planting of sphagnum and other moorland plants. Members may wish to note that no financial input is expected from the Authority and a high % of funds are from private finance.
- Funding for the Gully Blocking restoration work has already been secured from the Environment Agency (EA) via NFM (Natural Flood Management) Through Peatland Restoration Project (this already has Committee Approval 17/22).
- Ecosystem Services Monitoring on Combs Moss has been set up and funded by the EA, separately to this project. The monitoring was started in March 2022 and a baseline is being collected. Monitoring will continue for 5 years after restoration with an option for all parties to continue, with agreement, beyond this period.
- Consultation with Natural England undertaken – Combs Moss not SSSI but has an existing HLS agreement that is being extended, which is not impacted by the proposed restoration
- Nestle have committed to an international corporate responsibility target of being net zero in water extraction by 2025. Combs Moss sits above the aquifer which Nestle currently abstract from and they see an opportunity to improve the hydrology (re wetting and vegetation restoration of degraded peat). They are willing to contribute to this work as they see it contributes to their net zero extraction commitment. There is also a flooding concern at their Buxton Plant and the scheme has the potential to alleviate some of this in addition to other local flooding issues.
- Severn Trent Water (STW) have commitments towards the recovery of nature and see this work as helping to meet the company's biodiversity targets. Similar to Nestle STW are willing to contribute funds to this work as they see it contributes to the biodiversity ecosystem service, provided by the restoration.
 - Land Owner is positive towards restoration project and the re-wetting of Combs Moss. Landowner has agreed to the restoration plan and to contribute funds towards the restoration project from the carbon revenue. An MOU for our relationship with the landowner is being drafted so that its ready for signatures once PDNPA approvals are in place.
- The restoration plan for Combs Moss has been discussed with the IUCN Peatland Team and would qualify for Version 2 registration of the Peatland Code. This would introduce a business driver for improving ecological condition as there would be a monetary value to protecting the carbon sequestration which the site was able to achieve. It could provide an income stream and as such a business value to improving condition for the land owner.

- The restoration project would start work on site in Autumn 2023 and be complete by 31st March 2024. Some monitoring and Sphagnum planting will go on beyond this date.
- The contribution from Nestle will be subject to scrutiny by the Due Diligence Panel, prior to entering any agreement.

2. Recommendations(s)

- 1. Approval of acceptance of up to £1m of private finance from Nestle and Severn Trent Water for the delivery of restoration and monitoring works on Combs Moss between 2023-28 with acceptance of agreements and funds for this delegated to the Head of Moors for Future Partnership in consultation with Monitoring Officer and Chief Finance Officer.**
- 2. Registering the site with the Peatland code may produce further requests from the landowner to support the requirements of the code. Approval is sought to enter into agreements and accept funds for this delegated to the Head of Moors for Future Partnership in consultation with Monitoring Officer and Chief Finance Officer.**
- 3. The Authority may, subject to compliance with its procurement standing orders, enter into contracts and agreements in order to spend funds and deliver the required outcomes of the agreements.**

How does this contribute to our policies and legal obligations?

3. The proposed Combs Moss Restoration Project is the anticipated and planned successor to the Moor Green Investment work reaching its conclusion this summer. The purpose of the Moor Green Investment Project was to identify and develop a moorland restoration plan financed by private finance. The MFFP Operational Plan and Interim Business Plan has been to explore and develop a pipeline of ecosystem service funded peatland restoration projects. As such achieving peatland restoration through ecosystem services related funding with the EA, Nestle and STW is a vital opportunity for the future financing of the urgently needed peatland restoration that is still required. It is relevant to the Peak District National Park Management Plan and covers many aspects which will support the delivery aims of the National Park Management Plan 2023 - 28. Especially the two Objective areas of Climate Change, Landscape & Nature Recovery
4. In addition, the EA Natural Flood Management funding will support and contribute significantly to these same outcomes in addition to significantly contributing to the Flood and Coastal Erosion Risk Strategy Roadmap and to Defra's Environment Improvement Plan 2023.
5. It will add continuity to the Moors for the Future Partnership programme and will retain skilled and valuable staff who are key to achieving nature recovery across this degraded landscape.

Background Information

6. In 2019 MFFP were awarded a grant of £119,168 to become one of the pilot Natural Capital Investment Readiness Fund projects, funded by Esmée Fairbairn Foundation, Defra and the Environment Agency. The only pilot grant awarded to a Local Authority, the project aimed to develop a peatland restoration project delivering ecosystem services funded by private finance.
7. The objective of the Moor Green Investment Project was to assess potential for developing a market for ecosystem services, leveraging in private sector investment (maybe

alongside grant funding) for environmental restoration, and developing commercial propositions which are attractive to landowners, and developing suitable delivery and governance structures

8. Securing Peatland Code accreditation for stacking of ecosystem services.
9. MFFP were granted approval by committee to take the project to the point of being ready for delivery (30th July 2019).

Proposals

1. The project will deliver a moorland restoration plan for Combs Moss with the capital works starting in Autumn 2023 and being largely completed by 31st March 2024. Additional Sphagnum planting in HLS heather cuts will happen in the following four years. Science monitoring that is already in place, will continue for 5 years after the first years restoration is complete. Funding for the project will be provided by the EA, STW and Nestle.

Are there any corporate implications members should be concerned about?

Financial:

2. The proposed financial model discussed with stakeholders has 50% of year 1 restoration funding paid at the start of works delivery (Sept 2023) on Combs Moss and the remaining funding provided on completion of year 1 of delivery (March 2024). The sphagnum planting proposed for Severn Trent Water in years 2,3,4 and 5 would be funded in a similar manner. This is a regular and familiar funding model utilised by MFFP for moorland restoration. This proposal however carries less risk than most of our grant routes as 50% will be advance funding.

Costs	£'000	Funding mechanism	£'000
Core restoration plan – CAPEX	611.6	Nestle – water stewardship	261.4
Future annual sphagnum planting in HLS cuts (yrs 2-5)	104.0	STW – biodiversity ODI	385.9
MFFP management fee (20%)	143.2	EA - NFM	240.0
Risk Management Contingency	50.6	Carbon share agreement	52.5
Science Monitoring (5 years post restoration)	85.0	Nestle - monitoring	54.6
TOTAL	994.4		994.4

Risk Management:

3. Within the Project Team and Programme Team are an array of skills and experience to match large commercial providers. Prince 2 project management and in house project tool kit provision with Project Managers experienced now in large scale complex delivery. Added to this IOSH and CDM qualified staff and contract and grant management skills. Backed up through the high degree of diligence which the Authorities Standing Orders provide. All this gives a deal of risk reduction and confidence.

Sustainability:

4. From a business sustainability perspective, this proposal fits within the context of the Moors for the Future Partnership interim Business Plans 23/24. Undertaking additional projects for our partners, building on work which is already being done, is a key part of our business model and has allowed immense improvements to the landscape and conservation of the Dark Peak and beyond. Creating synergy and succession between projects is a key component of the sustainability of the Moors for the Future programme.

Capacity requirements to maintain business sustainability impacts on the Partnership in two forms. These can loosely be described as pre and post-contractual commitment. This report is careful to confirm that the capacity is fully considered and planned for in order to execute the contractual commitment, which will arise for the delivery planned for 2023-24. The first priority of the staff team is to ensure that this is always the case. All projects are planned and then monitored to ensure full cost recovery can be achieved. The staff establishment is increased and decreased to achieve this and resource is built in at project inception for this purpose, as is the case laid out in this report for this particular project.

Equality, Diversity and Inclusion:

5. There are no equality issues arising from this report

6. Climate Change

1. How does this decision contribute to the Authority's role in climate change set out in the UK Government Vision and Circular for National Parks? The project will be contributing to leading the way in sustainable land management and on the pathway to being exemplars of sustainability. The restoration plan and the ongoing management plan will contribute to protecting the National Park. The project will involve public engagement and working with communities.
2. How does this decision contribute to the Authority meeting its carbon net zero target? This project will be MFFP first peatland restoration project to be put forward for IUCN Peatland Code certification. Further project's on PDNPA owned land are proposed to follow.
3. How does this decision contribute to the National Park meeting carbon net zero by 2050? Under Version 1.2 of the IUCN Peatland Code carbon calculator, the proposed restoration plan will save 15,480 tonnes of carbon dioxide (a current loss to the site which will be avoided once these measures are in place) being released from the site over the period of certification.
4. Are there any other Climate Change related issues that are relevant to this decision that should be brought to the attention of Members? The restoration project will contribute

to flood resilience in the river Wye catchment. The project will increase water sources for wildlife on Combs Moss during dry periods. An increased water table and damp areas on Combs Moss will contribute to the moors resilience against wildfire.

7. Background papers (not previously published)

No background papers that have not been previously published.

8. Appendices

None

Report Author, Job Title and Publication Date

Diarmuid Crehan, MFF Project Manager, 09 May 2023

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15. HYBRID WORKING POLICY (TR)

1. Purpose of the report

Members are asked to approve the Policy on Hybrid Working and note the Guidance on hybrid working document.

Key Issues

- **Flexible working is a feature of the modern workplace and a shift to home and hybrid working has been accelerated by the pandemic. The offer of flexible working when advertising for a role attracts more applications.**
- Approximately two thirds of our employees currently spend time working from home.
- The Authority does not have a policy or reference document on remote or hybrid working.
- Employees get the right support to work away from the office

2. Recommendations(s)

- 1. To approve the Policy on hybrid working as set out in Appendix 1**
- 2. To note the Guidance on hybrid working as set out in Appendix 2**

How does this contribute to our policies and legal obligations?

3. Hybrid working arrangements are informal and do not amount to a variation to employment contract. There is no automatic right to hybrid working and requests to enter into an arrangement must be made via the line manager, to be authorised by the Head of Service. The arrangement is reviewed annually and can be withdrawn.
4. To vary contractual working hours, working patterns, or location permanently, an application must be submitted under the Flexible Working Policy.
5. There is the same health and safety responsibilities for employees working from home as for any other. The policy sets out responsibilities under the Health and Safety at Work Act, and in particular the Display Screen Equipment (DSE) requirements and work-life balance.
6. Employees have access to the personal and confidential information they need to do their job. This information must not be disclosed to other who are not authorised to see it. The Information Management Policy Framework applies at all times regardless where employees are working. To work remotely an employee must have up-to-date Data Security training and comply with the General Data Protection Regulations (GDPR).
7. Hybrid working arrangements contribute to the Authority Plan 2023-28 aim of enabling delivery: The Authority is inspiring, pioneering and enabling in delivering the National Park vision.

Background Information

8. The Covid 19 lockdown was a series of stay-at-home orders introduced by the government in response to the Covid 19 pandemic. On 23 March 2020, the Prime Minister announced a nationwide lockdown to curb the outbreak. The lockdown was incrementally lifted but similar restrictions were introduced in late 2020 and early 2021 as infections rose.

9. The easing of lockdown measures in England prompted employers to consider their position on remote and hybrid working. At the Authority a Blended Working Group was created to assess the impact of continued remote or hybrid working on people, finance, IT provision, and use of properties. The employees were surveyed over March and April 2021. There was 86% response rate with the following headlines:
- 66% of respondents say there are aspects of work which cannot be done at home.
 - 87% of respondents would like some form of blended working in the future.
 - 94% believe a blended working arrangement could work for their role and 95% believe it will not impact on their accessibility by others.

The survey asked about the proportion of time they would like to work from home or the workplace, a 50/50 split was the highest preference closely followed by the two categories either side:

- Less than 20% at home: 3.9%
- 20 – 49% at home: 24.4%
- 50/50 split home and workplace: 33.3%
- 60 – 79% at home: 21.7%
- 80% or more at home: 12.8%

In consultation with Unison and Staff Committee, the Blended Working Group drafted 'Return to the Workplace Principles' and 4 October 2021 marked the first full week since the end of March 2020 that employees returned to the workplace.

The Management Team had recognised the contribution of homeworking to employee wellbeing and they were supportive of trialling a form of blended working in appropriate roles before committing to a permanent way of working. For these roles, a 12-month trial period commenced where employees could work up to 60% of their contracted hours at home per week with the intent that after 3 months this will move to up to 40%.

In mid-December the work-from-home guidance was reintroduced in England to curb the spread of Omicron, a variation of Covid. The 12-month trial was paused and resumed in early February 2022, closely followed by Aldern House re-opening to the public and Full Authority meetings in person.

Towards the end of the trial, the Management Team concluded that hybrid working model is here to stay. This type of working had been rapidly adopted by organisations post-Covid and the flexible working advantage offered by the Authority in recruitment pre-Covid, has been eroded. In a strong employee's recruitment market, hybrid working gives people the level of flexibility they want to get their work done where they are most productive. It can improve wellbeing by reducing the stress of travelling into the workplace. Hybrid working also has a positive impact on the environment by reducing the daily polluting commute which also wastes considerable time and money.

Hybrid working has meant there was underutilisation of Authority office space. Changes to how we allocate office space as outlined in the Accommodation Framework, enables more space to be let resulting in additional income.

Consultation on hybrid working documentation commenced in November 2022. Managers, Unison and Staff Committee were consulted on this draft Policy and Guidance over February and March with feedback being supportive and positive.

Proposals

10. The draft Policy on Hybrid Working is given in Appendix 1 for Members consideration and approval. Although a level of remote working has been in place since March 2020 the Policy makes clear the Authority's aims, scope and intent for its use. Our employees, managers, Heads of Service, and Human Resources practitioners will have a reference document to provide robust guidance on their responsibilities.
11. The draft Guidance on hybrid working is given in Appendix 2 for Members consideration and note.

Are there any corporate implications members should be concerned about?

Financial:

12. Costs arising from training, additional IT equipment or furniture will be supported from the Hybrid Working Reserve

Risk Management:

13. The policy and guidance outline controls to remove and/or the potential harm to our employees from ineffective DSE assessment, other occupational health and safety risks, and inappropriate work-life balance.

Sustainability:

14. Increased home working avoids the daily commute and associated emissions. However, this is at least to some extent offset by the increase in domestic energy use associated with each staff member heating and lighting their home while their office is also being heated and lit. While the office energy use will be optimised to some extent by more efficient use of the office space, there will be a commute distance threshold over which it becomes more efficient to work at home than come into the office.

Work is progressing to better understand the impact of home working on the Authority's emissions and net zero commitment

Equality, Diversity and Inclusion:

15. The policy and guidance will be applied fairly, free from discrimination direct or indirect. A consistent and fair process will be ensured when considering applications for hybrid working, implementing hybrid working, varying or withdrawing hybrid working arrangements.
16. Hybrid working may support diverse recruitment and retention of skilled and experienced employees.
17. Hybrid working may be requested by an employee as a reasonable adjustment where there is a disability.

18. Climate Change

Hybrid working can contribute towards the net zero carbon target for the National Park (as set out in the National Park Management Plan) through reduced travel.

19. **Background papers (not previously published) – these can be viewed in the "Background Papers" Folder in the Library on the National Park Website**

Easing of Lockdown Survey May 2021
Return to the workplace principles June 2021

20. Appendices

Appendix 1 - Policy on hybrid working

Appendix 2 - Guidance on hybrid working

Report Author, Job Title and Publication Date

Theresa Reid, Head of People Management, 11th May 2023



Human Resources: Policy on hybrid working

Date of issue: 18 May 2023

Author: Theresa Reid

Saved at: Human Resources / Policies and guidance / Policy on hybrid working

Review due: 2024

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1. Introduction

- 1.1 The Authority recognises the need to develop modern working practices to enable employees to maximise their performance in order to enhance the efficiency and effectiveness of service delivery whilst maintaining a positive work life balance.
- 1.2 Hybrid working supports the modernisation of our working practices and is part of our focus to create sustainable success by being responsive to change.
- 1.3 Hybrid working is, in the simplest terms, a flexible working model. It affords employees a level of flexibility to decide where they will work. They can split their time between the workplace and remote working. Working from home is the most common way of working remotely.
- 1.4 Hybrid working will form a temporary agreement, it is not a variation to the contract of employment.
- 1.5 Hybrid working can enable employees to make efficient use of time and achieve a balance between the demands and pace of the employees work and personal commitments. Hybrid working can benefit the Authority by maximising the use of office accommodation and potentially reduce overheads through office/desk sharing, unless there is a specific operational need or reasonable adjustment for a specific employee.
- 1.6 Hybrid working can contribute towards the net zero carbon target for the National Park (as set out in the National Park Management Plan) through reduced travel.
- 1.7 Hybrid working may support more diverse recruitment and retention of skilled and experienced employees by offering a range of work styles to match work preferences.

2. Aims

- 2.1 The aim of this policy is to outline where, when and how employees can work.

3. Scope

- 3.1 Hybrid working is not available for certain operationally based posts – such posts where the job demands that they are on site at all times. These posts are listed in our Establishment document.
- 3.2 All remaining posts are eligible for hybrid working.

4. Process

- 4.1 The needs of service delivery, and being available to customers (internal and external) with efficiency and effectiveness, are paramount. Employees have no automatic right to hybrid working.
- 4.2 Requests to enter a hybrid working arrangement must be made via the line manager, to be authorised by the Head of Service. Where an employee's preferred working arrangements may compromise service delivery, customer service or team working, or the internet connectivity is not

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good enough for work use or the work station set up is not suitable, the Head of Service may decide to reject the application or withdraw support of existing hybrid working arrangement.

- 4.3 No fully remote working will be supported.
- 4.4 Individual hybrid working arrangements will be reviewed annually by the line manager as part of the Employee Performance Review process.
- 4.5 Hybrid working may be requested by the employee as a reasonable adjustment where there is a disability.
- 4.5 To vary contractual working hours/working patterns/location permanently an application must be submitted under the Flexible working policy.

5. Employee Responsibilities

- 5.1 Work within agreed work programmes and timelines, and discuss work performance through regular one-to-ones (physical or virtual) to ensure effective and efficient achievement of objectives in line with service plans.
- 5.2 Seek your manager's support with any issues arising from remote working.
- 5.3 Be flexible to work in the office or other locations as required for planned events (team meetings, training etc) and if requested by your line manager to work in the office or other locations on unplanned occasions (for cover resulting from sickness or to meet service/customer need etc).
- 5.4 Maintain your personal duty under the Health and Safety at Work Act, acting to ensure physical health and safety including fire safety and also mental wellbeing of yourself and colleagues.
- 5.5 Be responsible for ensuring that each workstation used (office or remote) fits you ergonomically by completing Display Screen Equipment awareness training, such as the ELMS module, prior to commencement of hybrid working.
- 5.6 Ensure your remote work station is safe and you have completed a PDNPA DSE User self-assessment form prior to commencement of remote working and it is reviewed periodically.
- 5.7 When hot desking, you must maintain clear desks which are clean, tidy and devoid of personal items (e.g. mugs) so it is suitable to be used by other employees.
- 5.8 Ensure that all Authority equipment is kept secure and any loss or damage is report to IT Support and line managers immediately.
- 5.9 Ensure all Authority information/data is kept appropriately secure and confidential.
- 5.10 Any loss of information/data or breach of GDPR (General Data Protection Regulations) must be reported immediately to the line manager and the Data Protection Officer.
- 5.11 Keep electronic diaries up to date to enable service provision and ease of contact by colleagues/internal and external customers, and to comply with lone working procedures, including when working away from your designated base during the day e.g. going on a site visit.

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- 5.12 Complete flexi or timesheets, as usual, to confirm that contractual hours have been worked and so that managers can ensure that unreasonable hours are not worked.

6. Manager Responsibilities

- 6.1 Ensure the duty of care for health, safety, lone working, equality and mental wellbeing of all employees in line with the appropriate policies, guidance and procedures.
- 6.2 Ensure that employees have completed Display Screen Equipment awareness training, such as the ELMS module and a PDNPA DSE User self-assessment for each workstation they will use and that this is reviewed at suitable intervals, so that employees know how to work safely.
- 6.3 Establish work programmes and timelines, and manage work performance through regular one-to-ones (physical or virtual) to ensure effective and efficient achievement of objectives in line with service plans.
- 6.4 Maintain regular communication, engagement and support of hybrid working employees through team meetings (physical or virtual), one-to-ones and telephone/video contact.
- 6.5 Ensure that employees are able to access relevant learning and development, coaching and support.
- 6.6 Ensure suitable storage facilities for employees in order to support the operation of desk sharing and the clear desk policy.
- 6.7 Ensure no employee works excessive hours or an unreasonable work pattern, ensuring that hybrid working has no negative impact on safety or wellbeing.

7. Heads of Service Responsibilities

- 7.1 Fair determination of posts eligible for hybrid working. You will ensure that any working arrangement maintains or improves the effectiveness and efficiency of service delivery and best use of resources, minimising cost, within and across services.
- 7.2 Determine if a hybrid working arrangement is to cease or change with one week's notice if it no longer meets the needs of service provision.

8. Human Resources Responsibilities

- 8.1 Advise Heads of Service, managers and employees on the fair and consistent implementation of this policy.
- 8.2 Maintain a list of posts eligible for hybrid working on our Establishment document.
- 8.3 Review the policy periodically and propose amendments in line with any changes in legislation, best practice or learning from implementing the policy.

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9. Equality, diversity and inclusion

This policy and relevant guidance will be applied and managed fairly, free from discrimination direct or indirect. A consistent and fair process will be ensured when considering applications for hybrid working, implementing hybrid working, varying or withdrawing hybrid working arrangements.

10. Relevant legislation and links to other policies and guidance

Relevant legislation:

- Health and Safety at Work Act 1974
- Health and Safety (Display Screen Equipment) Regulations 1992
- Data Protection Act 2022 UK and UK General Data Protection Regulation
- Equality Act 2010
- Employment Rights Act 1996

This policy should be read in conjunction with the following:

- Occupational safety and health policy
- Flexible working policy
- Absence management policy
- Information management policy framework
- Employee performance review guidance
- Working alone safely – code of practice for controlling the risks of working alone
- Accommodation framework
- Clear desk Guidance Note and Checklist
- Travel and Subsistence scheme
- Flexitime scheme

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Human Resources: Guidance on hybrid working

Introduction

Hybrid working is a flexible working model. It affords employees a level of flexibility to decide where they will work.

The introduction of hybrid working will

- create an environment which allow employees to achieve an improved work life balance, greater job satisfaction, motivation, morale and productivity;
- lower our carbon footprint, through reduced emissions from reduced travel;
- improve the recruitment and retention of skilled and experienced employees; and
- reduce absenteeism and related costs

For employees, hybrid working can

- Provide an opportunity to manage their working day more efficiently;
- Increase engagement as a result of autonomy and trust at work;
- Improve work life balance;
- Enable them to work more effectively on a particular piece of work, where concentration is important, by avoiding the interruptions that are part of the office environment;
- Reduce travelling and related costs;
- And increase their wellbeing, health and happiness – reduce stress, better sense of control.

Hybrid working is agreed on an informal basis without the need for a formal alteration of an employee's employment contract.

To vary contractual working hours/working patterns/location permanently an application must be submitted under the Flexible working policy.

Aims

These guidance notes are not part of the Hybrid working policy but provide a framework and more detail to ensure consistent and fair implementation of the policy. The guidance enables both managers and employees to gain a better understanding of what hybrid working should look like here, and understand the basic principles which can then be considered and applied.

Employee definitions

Hybrid – employees who work from the office some of the time and from home some of the time, and can be out on-the-go or out on-site some of the time. Hybrid employees will hot desk in their team's office. They can also use the designated hot desk workstations or quiet working spaces available in Aldern House or in other locations.

Office-based – employees whose posts are eligible for hybrid working but the employee has opted to work from the office most of the time. Where the office-based employee works 4 or more days per week in the office, they will be allocated a designated desk.

Operationally based – posts where the job demands they are on site at all times. Employees in these posts are not eligible for hybrid working.

What does hybrid working look like here?

Employees with hybrid working arrangements are expected to spend at least 40% of their contracted hours in the office. Use this figure as a guide. The employee should be aiming for 40% in the office as a general rule with exceptions accommodated by the line manager as long as the employee is operating within the spirit of the rules.

We accept many of our employees are part time and 40% of contracted hours will not fit neatly into their number of working days. Line managers have discretion to agree the best fit for the employee.

We understand that the number of days per week each employee spends attending the office compared to working remotely will vary, depending on:

- their individual circumstances;
- the nature of their role;
- what is happening within their role and team at any particular time; and
- the needs of our organisation, including the space we have available at our work locations.

Line managers have discretion to manage their teams and balance the needs of individual employees.

It is understood that site visits/meetings will sometimes take place during an 'office' day. Where desks are shared, the clear desk policy applies so the desk is available to be used by other employees. Line managers will oversee the desk allocation and desk use in their teams.

Employees are expected to be flexible to work in the office or other locations as required for planned events (e.g. team meetings; training etc) and if requested by their line manager to work in the office or other locations on unplanned occasions (e.g. for cover resulting from sickness absence or to meet service/customer need).

One week's notice is reasonable for both manager and employee to request a change. In practice, shorter notice may be given by either side as a result of circumstances.

Adequate care arrangements for dependents must be in place to allow the employee to work from home effectively, and be able to attend the office or other locations for short notice unplanned occasions.

There may be times when an employee would like to depart from the expectation they spend at least 40% of their time in the office for example, a long-term average for a full time equivalent of 1 day per week. The line manager and Head of Service's agreement is required for this, and granting this variation would be the exception and only agreed on a temporary basis.

Tuesdays, Wednesdays and Thursdays are our 'connection days'. Hybrid employees are expected to plan at least one of their days in the office on a connection day. This will facilitate more face-to-face meetings which are good for our wellbeing. Also, to enhance the social connection between employees, as far as possible, engagement events (e.g. Staff Briefings, We're Listening sessions

etc) will be arranged on a connection day. Any social events such as fundraising coffee mornings, quizzes, or guided walks should be arranged on one of these days too.

How to request a hybrid working arrangement

Employees who are not operationally based can request a hybrid working arrangement.

An applicant for hybrid working must have at least 6* months service to have demonstrated reasonable competence in their role, reliability, customer service (internal and external) and excellent communication skills (*this may be varied at the Head of Service's discretion where an application for hybrid working is submitted).

The request for hybrid working will be subject at all times to ensuring the efficiency and effectiveness of service delivery including being accessible to internal and external customers.

Heads of Service determine the posts in their service eligible for hybrid working. Heads of Service can reject or withdraw any hybrid working request where service delivery is compromised or the employee will/or has been inaccessible to customers.

An employee should complete our Display Screen Equipment self-assessment and application forms and submit them to their line manager.

The line manager will meet with the employee to discuss their forms and then consider and decide whether or not to recommend supporting the application to the Head of Service. The line manager in their recommendation will assess the benefits for the employee, the team, the potential impact of the application on service delivery and between services, the applicant's team and other colleagues (especially in small teams).

The Head of Service must consider each application fairly and equitably.

Approving an application

The Head of Service will email their approval with the completed form to the employee copying in the line manager and relevant Human Resources Adviser to confirm the approval as a temporary agreement (not a variation to the contract of employment which is maintained). The agreement will be subject to one week's notice by the employee if their personal circumstances change. The Head of Service may end the agreement with one week's notice if required by service need, changed needs within the team, or the ability to maintain the provisions of the agreement (including work performance, ease of contact, team working).

Agreements can include a 3-month trial period.

It is essential that hybrid working is regularly reviewed in one-to-ones with the line manager, to ensure the benefits and efficiencies are continually realised for the employee and the Authority, as well as supporting the employee's safety and wellbeing.

A formal review of the hybrid working arrangement will be held annually as part of the Employee Performance Review – 'enjoy' conversation.

A line manager may suspend/restrict hybrid working due to:

- The employee moving to an operationally based post
- Changing needs within the team (including leavers and starters)

- Need to induct new colleagues for training/development of the employee or colleagues
- A health condition which prevents safely working remotely (including a change in wellbeing)
- Returning from a long-term absence and requiring additional support
- Being monitored under the Managing Performance procedure
- Being subject to an internal investigation (e.g. discipline or grievance)
- A measure following a formal hearing (e.g. discipline or grievance)

The above is not an exhaustive list.

The Head of Service is able to request, or accept a request to vary the hybrid working arrangement. If this is acceptable to both parties the Head of Service emails confirmation to the employee, the line manager and relevant HR Adviser.

Arrangements while working remotely

Working hours

While working remotely, employees must be available and working during their normal hours of work, as set out in their contract of employment.

An employee's 'contractual place of work' is agreed on appointment and detailed in the employee's contract of employment. Travel expenses will be in line with the Travel and Subsistence policy.

Normal timesheets/flexi-sheets will be completed.

We ask you to be mindful that you are not overworking - "downtime" from work is essential. To help maintain wellbeing, employees should be mindful they are not overworking and should ensure that they take adequate rest breaks:

- Employees must take a minimum of 30 minutes unpaid rest break during their working day where their working time exceeds 6 hours. Such breaks must be taken during their work period, not at the beginning or the end. Wherever possible, employees should take these breaks away from the workstation.
- Employees should also ensure regular screen breaks to vary focal length and move/stretch.
- Flexitime hours are between 7.00 am to 8.00pm with any exception to be agreed with your line manager. This is to prevent employees having long days by working unsocial hours. It should also improve availability and connectivity of employees during normal working hours. Working time regulations set out the time period between stopping work one day and beginning the next is not less than 11 hours.

Employees should be as clear as possible with their line manager about the hours of work for days on which they are working remotely. To help colleagues to be aware of your availability on these days every employee should keep their electronic diary up to date with where they are working and if uncontactable at what meeting/site visit/commitment. When an employee is working they must be contactable by work telephone or set voicemail if uncontactable.

Sickness absence management

When working remotely, employees should not work if they are unwell. If an employee is sick and unable to work, our Sickness Absence Management policy and procedure applies.

Employees should notify their line manager by telephone as soon as reasonably practicable, preferably before they are due to start work and, in any event, no later than one hour after they are due to begin work.

Health and Safety

Employees have a responsibility for their own and others health and safety while they are carrying out work activities regardless of the work location.

Managers and hybrid employees must ensure that:

- They are aware of and compliant with the relevant health and safety policies and procedures
- Reasonable and practical monitoring is undertaken to ensure physical and mental wellbeing are not compromised
- Concerns must be raised promptly through appropriate channels
- Employees are aware of their responsibilities in relation to their personal safety and welfare, including their workstation set up and support for lone working.

Employees must not carry out face-to-face work meetings in their home.

All accidents/near misses should be reported and investigated in the normal manner.

Finance

Tax implications can change over time and should be checked periodically by the employee; changes in rates are usually effective from 1 April each year. Employees may wish to take independent tax advice.

(<https://www.gov.uk/tax-relief-for-employees/working-at-home> guidance (2022/23) states 'You cannot claim tax relief if you choose to work from home').

The employee is responsible for any home internet broadband costs and energy or heating costs whilst working from home.

Data protection, security, and confidentiality

We provide employees with access to the personal and confidential information they need to do their job. This information must not be disclosed to others who are not authorised to see it.

Our Information management policy framework applies at all times regardless of working site. Employees must have up-to-date Data Security training via ELMS or other means as specified by the Authority.

When working in a mobile manner, an employee is responsible for the security of equipment, files and any other information in their possession, including the transportation of such items whenever outside the office environment.

Employees should use only Authority provided IT equipment with appropriate encryption/access to servers via passwords. Laptops must not be left unattended, or in public view/access areas, or in cars. Screens must be locked when laptops are temporarily left unattended at different work location sites and when working remotely. Business calls must be made/taken where they cannot be overheard.

Any paperwork must be transported and stored securely. Employees should assess the level of risk to decide on the level of protection needed; if the majority of paper files being taken home are historical planning files then the risk is much lower than if a paper file is being taken home that relates to employee details such as sickness records.

On assessment, low risk information is considered 'secure' in a zipped laptop or other bag. If you have a desk at home that includes a locked drawer this can be used for higher risk information, otherwise the documentation should not be taken home. It is particularly important to ensure non authorised

individuals (in the home environment or hot desking) cannot gain access to confidential or personal information.

Any loss of equipment or information must be reported immediately to the employee's line manager and the Data Protection Officer.

Allocation of IT and other equipment

The following is the list of standard equipment:

1. Authority office accommodation provided for employees will have;
 - single network point
 - 1x keyboard
 - 1x mouse
 - at least one monitor (two monitors provided where required)
 - docking station, where required
2. There is an additional allocation for employees eligible for and undertaking remote working;
 - 1x keyboard
 - 1x mouse
 - 1x monitor

Any item required over and above this should be requested via Sysaid. It will be evaluated on a case by case basis and where appropriate funded by the service.

In person IT support and printing services are only available at our offices.

When requesting hybrid working, employees must complete and submit our Display Screen Equipment (DSE) self-assessment form with their application form to their line manager.

Advice will be sought from the Occupational Safety and Health Adviser where additional/alternative furniture or equipment is required following completion of the DSE self-assessment or when an employee believes discomfort might be caused by their work with DSE.

Where appropriate and reasonable, furniture (chair/desk) and accessories (footrest/laptop stand) will be supplied on loan, to be returned when the employee leaves our employment or moves to a role where hybrid working is not supported.

Insurance, mortgage and tenancy arrangements

Computers and other items of equipment provided as part of our hybrid working arrangement will be covered by the Authority's insurance policy. The exceptions include,

- no cover provided where the IT equipment is left on view in an unattended vehicle, and
- theft from property has to be by means of a forced break-in (i.e. if someone walks through an unlocked or open door, cover would not be provided).

Where Employees are on occasion working abroad, computer equipment is covered under the Travel policy.

Hybrid employees are required to contact their own insurance company to inform them that they will be working at home. This does not usually result in an increase in premium and it is unlikely that working from home will affect cover. The employee is responsible for any increase should this occur.

Our liability insurance will operate once the DSE self-assessment and application form have been processed and risk control measures addressed.

All accidents must be reported immediately in accordance with our Occupational Safety and Health Policy.

Employees should advise their mortgage company or landlords that they intend to work from home. The employee is responsible for any additional costs as a result.

Using a room or part of a room to work in would not normally require planning permission.

Review and revision arrangements

The policy and guidance will be reviewed on a regular basis in line with HR processes.

Individual employee hybrid working arrangements will be reviewed annually as part of the Employee Performance Review – ‘enjoy’ conversation.

Employees should familiarise themselves with the following Authority documents:

- Occupational safety and health policy
- Flexible working policy
- Absence management policy
- Information management policy framework
- Employee performance review guidance
- Working alone safely – code of practice for controlling the risks of working alone
- Accommodation framework
- Clear desk Guidance Note and Checklist
- Travel and Subsistence scheme
- Flexitime scheme

Date of issue: 18 May 2023

Author: Head of People Management

Saved at: Human Resources / Policies and guidance / Guidance on hybrid working

Review due: 2024

16. UPPER DERWENT VALLEY RESERVOIR EXPANSION (BJT)

1. Purpose of the report

For members to consider the position of the Authority in respect to options proposed by Severn Trent Water (STW) to increase the supply of water in the Upper Derwent Valley

Key Issues

- **The impact of the options on National Park purposes**

2. Recommendations

- 1. That members support a holding objection to the Upper Derwent reservoir expansion plans from the National Park Authority**

How does this contribute to our policies and legal obligations?

3. The potential impact of reservoir expansion in the Upper Derwent Valley represents a massive impact on both statutory purposes of the National Park and its duty to seek to foster social and economic well-being.
4. All of the options currently being explored create the potential for massive loss to our varied landscapes, (including natural and cultural capital) as well as the opportunities to understand and enjoy of the special qualities within the areas concerned. The Upper Derwent is one of most popular visitor destinations within easy access for millions in nearby urban areas.
5. While the Authority must respect the public interest case at the heart of these options and the reasons for expanding our national water capacity, we must be absolutely clear on the justification for landscape loss at this scale and the legal and policy principles intended for the long-term protection of our most valued landscapes and the opportunities these afford for outdoor recreation, nature recovery and connection with nature and heritage by the public.
6. As such National Park purposes (as set out in the Environment Act 1995) must be at the core of the Authority's position as we move through the options stages. In addition, we must also ensure that section 62 of the Environment Act is also strongly promoted, namely the need to ensure that any public bodies also demonstrate how they have had regard to these purposes in undertaking their work.
7. Moreover, we should also consider the National Policy presumption that major development should not take place in a National Park unless exceptional circumstances exist. It is essential that a strong understanding and demonstration of the major development tests takes place to the satisfaction of the National Park Authority.
8. Whilst a matter which would ultimately be dealt with as a major infrastructure project and not determined by the National Park Authority, the Authority still has a vital role in promoting and upholding these principles including the steer set down in its own adopted planning policies which guide development with principles and criterion for landscape character, heritage and wildlife and with detail of our many and special designations set out in our policy maps.

9. Alongside this legal and policy context the Authority has recently adopted its National Park Management Plan, working with committed partners to further a range of high level Aims and Objectives, including for climate change, nature recovery, welcoming places and thriving communities. We need to ensure that these important and ambitious aims are not significantly undermined by the options being presented.

Background Information made available to date

10. The Upper Derwent Valley comprises three cascading reservoirs built between 1902 – 1916 and 1935 – 1945.
11. Reservoir heights range from 36.4m to 46m with combined storage of 46,260 MI.
12. Howden & Derwent supply raw water by gravity to STW Bamford Water Treatment Works (WTW) and an export to Yorkshire Water Rivelin Water Treatment Works.
13. Ladybower is pumped to Bamford WTW and provides compensation flows to the River Derwent, a tributary of the River Trent. In recent years there has been insufficient storage to maintain Bamford and Rivelin WTWs output at all times. During dry periods, abstraction has to be reduced.
14. Bamford WTW is one of STWs lowest carbon, lowest operating expenditure sources of water which is transferred by gravity through the Derwent Valley Aqueduct.
15. The National Water Regulators indicate that the risk of a severe drought is significant and growing (1:4 chance by 2050). Access to water is limited now in catchments where need is greatest. The country has been experiencing severe challenges in recovering from prolonged dry weather since 2016 including times of drought and heatwave.
16. It is anticipated that there will be a supply deficit equivalent to 9 million people by 2030.
17. OFWAT has released significant funding to allow all water companies to investigate and develop strategic water resource solutions that benefit customers, protect and enhance the environment and benefit wider society.
18. RAPID is the Regulator's Alliance for Progressing Infrastructure Development and includes OFWAT, Environment Agency, Natural England and the Drinking Water Inspectorate.
19. The approach to considering the need for improved water capacity and infrastructure is governed by RAPID. RAPID was formed to deliver the gated process and to fund the appraisal of strategic solutions. At each gate RAPID assess the quality of the submissions, efficiency of expenditure, and their suitability for progression.
20. In June 2022 officers of the National Park Authority were first introduced to the strategic context and early thinking on options for the Upper Derwent Valley Reservoir Expansion. A presentation was delivered by officers from Severn Trent Water to explain the context to this issue. This event explained the gated process and that the scheme was at the Gate 1 on developing the feasibility of early options.
21. Following this meeting officers set out in writing the need for clear justification of the scheme. See full letter at Appendix 1.

22. In December 2022 a survey was circulated by STW into the potential for the scheme to realise a package of benefits and sought views from stakeholders on these. A response was made from the National Park Authority to say that officers had considered the survey but determined that it would be premature to give a view on the potential benefits of a Reservoir Expansion scheme in the Upper Derwent Valley at that time.
23. Officers reminded STW of the significant questions regarding the justification for identifying this location in a protected landscape and to consider the scope for alternatives at a national scale before resorting to options that would cause harmful and large-scale loss of landscape. As things stand all of the options cause significant concern in landscape, wildlife and heritage terms, matters that are at the core of our purposes as a National Park, as well as the opportunities that are afforded to the public to enjoy these special qualities.
24. STW were informed that officers would be discussing our position and would consider the timeframe for seeking a formal view from the full Authority in due course.

Proposals

25. **Options set out at the early stage were as follows:**
- Raise Ladybower Dam: Would allow additional releases to River Derwent to support downstream abstractions
 - Raise Derwent Dam: Options limited unless we divert Ashop gravity inflows to Ladybower Reservoir
 - Raise Howden Dam: Various options to raise height being considered. Could deliver significant additional storage levels e.g. 7.5m raising would maintain YW export and increase STW Deployable Output by 80 Ml/d
 - New reservoir: All potential sites within Upper Derwent Valley to be investigated. New dam requirement providing significant additional storage
 - Stop Yorkshire Water Export: Maintains Bamford WTW output for longer periods. But, causes a notable problem for Yorkshire Water
26. **Officer Comments on Options**
27. At this stage each of principle reservoir options gives rise to significant concerns in terms of:
- landscape loss (impacts to valued scenic beauty and high-level designations)
 - Impact to cultural heritage, including designated heritage assets of national significance, and cultural experiences e.g. through intellectual access (interpretation, stories, media etc)
 - loss of habitat (internationally important designations covering flora and fauna)
 - loss of functioning habitat and planned areas or restoration (e.g. moorland areas for improvement of carbon storage and water quality).
 - loss of access related infrastructure (paths, car parks, road ways), that would potentially require replacement and further impact to new landscape areas.

28. The potential for large scale loss and negative impact to both statutory purposes of the National Park means that the Authority should continue to engage closely and cautiously with this process. Any of these works are likely to represent major development of the National Park. It is a longstanding principle that major development should not take place in National Parks unless exceptional circumstances apply and that the tests surrounding such developments are met. In particular is the need to explore and demonstrate alternatives that do not involve significant harm to the National Park. It is vital that any justification for the scheme spells out the options explored for avoiding such harm, and not only those within the National Park.
29. Despite the fact that these developments would not progress to the National Park Authority as a planning application it is incumbent upon the Authority to uphold and promote National Park purposes and to ensure that other public bodies have demonstrated how they have also taken National Park purposes into account in undertaking their work. This alludes to Section 62 of the Environment Act 1995.
30. So far, despite the high-level questions set out in summer 2022 officers have not been satisfied that the strategic tests including other alternatives that could be available outside the National Park have been adequately demonstrated. There is significant concern regarding the scope for further large-scale infrastructure development leading to further landscape loss in area that has already been flooded with the historic loss of landscape and villages in this area.
31. Moreover, in pursuing the statutory purposes of designation as a National Park the Authority also has a duty to have regard to the social and economic well-being of the Park's communities. Officers are aware of a number of properties and landowners that form part of the Derwent and Hope Woodlands Parish that could be significantly affected by the options set out.
32. For the reasons set out above officers consider that the Authority should respond at this early stage with a holding objection to ensure a proper justification case is submitted with clear reasons why alternative approaches cannot be taken.

Are there any corporate implications members should be concerned about?

Financial:

33. Officer resources to ensure appropriate connection with the options and RAPID gateways as the move forward. It is proposed to engage our Strategic Planning Manager with other specialist officer input as we move forward through the gateway process

Risk Management:

34. The issue has been added to the corporate risk register

Sustainability:

35. It is important for the Authority to stress the need for sustainability in all options including the contribution to sustainability of the no change option, owing to value of the area e.g. for nature, health and culture that already exists.

Equality:

36. Ensuring the great opportunities for access to all are not lost through the development of the options.

37. Climate Change

1. How does this decision contribute to the Authority's role in climate change set out in the UK Government Vision and Circular for National Parks?

- a. Educators in climate change
 - b. Exemplars of sustainability
 - c. Protecting the National Park
 - d. Leading the way in sustainable land management
 - e. Exemplars in renewable energy
 - f. Working with communities
2. How does this decision contribute to the Authority meeting its carbon net zero target?
 3. How does this decision contribute to the National Park meeting carbon net zero by 2050?
 4. Are there any other Climate Change related issues that are relevant to this decision that should be brought to the attention of Members?

The Authority should be conscious of the role of adjoining landscapes of the Upper Derwent play in our commitment to the improvement of water, flow and quality and of carbon retention. More information would be required on the potential impacts to these functional eco-systems before future decisions on strategic reservoir options can be taken.

38. Background papers (not previously published)

Presentation given to officers
FAQ's from STW

39. Appendices

Appendix 1 - Letter of response at Gateway 1

Report Author, Job Title and Publication Date

Brian Taylor, Head of Planning, 10 May 2023

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Letter of response at Gateway 1 (14/07/2022)

Subject: UDVSRO Feedback from update meeting with Peak District National Park Authority

Further to our meeting on the 29th June we wanted to offer a few thoughts on reflection to guide our approach going forward.

From the outset and as a principle we are grateful for the efforts you and the team have made to communicate with us. It is clearly essential to enable a steady passage forwards through what can be a very complex and lengthy process.

However it is with this in mind that we came away with a few concerns that we needed to voice to ensure we get the process right from here on.

While we are grateful for the workshop updates to date we want to be clear that these cannot in themselves be minuted as, or regarded as a formal consultation response from the NPA until we have had sight of clear evidence and options and that we have been able to record our position very clearly at key stages.

As you will appreciate there is a national policy presumption that major infrastructure development should not take place in National Parks other than in exceptional circumstances. Our own adopted Core Strategy 2011 sets out that applications for all major developments should be demonstrated to be in the public interest before being allowed to proceed. Major development will only be permitted following rigorous examination of the criteria in national policy.

Moreover it is a requirement of the Environment Act 1995 that all public bodies, in exercising or performing any function in relation to, or so as to affect, land in a National Park shall have regard to National Park purposes. This means to demonstrate that they have had regard. The high level awareness of the protected landscape status in moving through the early stages of this process is therefore critical. What kind of discussions have taken place to date at a national level to explore options that would avoid the need to harm both statutory purposes of the National Park to the degree that could occur through such a massive intervention in the Upper Derwent?

There is a real danger here that this significant public interest and national policy presumption is being overlooked and assumed and that the Peak District National Park is automatically viewed as the only available location to address the significant water resource issues that you have begun to set out. Apart from the presentation slides you have used at

an early stage, we have actually never yet received any justification case to set this out and this already appears to be driving progress through the early gateways.

We really need to see and put this first stage rationale on record.

STW needs to be in full awareness of the strategic aims of the National Park in terms of our commitment to the conservation of scenic beauty, opportunities to explore and understand the special qualities of the area, to understand the specific impacts and great weight attached to wildlife and heritage and to understand the strengthening policy commitments to eco-system services (e.g. carbon sequestration and water management), biodiversity net gain and overall nature recovery.

STW is well aware of the huge role that the Upper Derwent plays in terms of our second purpose. This area serves as a prime access point for millions to wilder landscapes within reach of millions in our urban conurbations. The treatment and future potential for the impact on these access touchpoints is an equally important principle as the second statutory purpose of the National Park. And clearly the care with which we treat the historic structures and story associated with this landscape is absolutely essential.

In pursuing all these great aims the National Park Authority also has a duty to seek to foster the social and economic wellbeing of its communities. So we must be able to show how we are representing their interests in this process. If we can assist with an open process then that will enable a smoother passage through the various stages to come.

We note you were looking towards November time for reviewing options as part of Gateway 2. So it is critical for us to receive and review this significant justification piece before then. It would also be really helpful to understand the key, formal stages moving forward so that we can plan out our need to coordinate formal responses. We aim to assist this by identifying and bringing in a single point of contact. It will also help us to understand the time required for a single planning contact to help us provide timely responses to help you. We are grateful for the positive position from STW with respect to covering our costs on this.

So to summarise, we need:

- A formal justification statement to underpin Gateway 1;
- A clear approval route to identify the key decision stages for formal comment
- A timeline associated with this to help us understand the time we will need to support the process

From this we can:

- Provide a view on the public interest test;

- Ready ourselves for the full process;
- Draw down officer and consultant support to enable timely response at each stage

I trust you recognise the need for and value of the requests set out above and our hope that we can develop a clearer and more efficient process and working dialogue as we progress.

Best wishes

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