

Public Document Pack

Peak District National Park Authority

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



Our Ref: A.1142/73

Date: 14 May 2015



NOTICE OF MEETING

Meeting: **Audit Resources & Performance Committee**

Date: **Friday 22 May 2015**

Time: **10.00 am**

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

SARAH FOWLER
CHIEF EXECUTIVE

AGENDA

1. **Apologies for Absence**
2. **Minutes of previous meeting 20 March 2015** (*Pages 1 - 4*)
3. **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.
4. **Members Declarations of Interest**
Members are asked to declare any disclosable pecuniary, personal or prejudicial interests they may have in relation to items on the agenda for this meeting.
5. **Urgent Business**
6. **Internal Audit 2014/15 Annual Report (A.1362/7/PN)** (*Pages 5 - 24*) 15 mins

Appendix 1 A-C

Appendix 1 D

7. **2014/15 Quarter 4 and End of Year Corporate Performance Report (A91941/WA)** *(Pages 25 - 62)* 30 mins
- Appendix 1
- Appendix 2
- Appendix 3
- Appendix 4
8. **Corporate Risk Register 2014/15 & 2015/16 (A91941/WA)** *(Pages 63 - 90)* 15 mins
- Appendix 1 (Part 1)
- Appendix 1 (Part 2)
- Appendix 2
9. **Legal Services – Value for Money Review (AGM)** *(Pages 91 - 106)*
- Appendix 1
- Appendix 2
10. **Exempt Information S100(A) Local Government Act 1972**
- The Committee is asked to consider, in respect of the exempt item, 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 No. 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)".
- PART B**
11. **Woodlands Disposal Project (SMcK)** *(Pages 107 - 116)* 45 mins
- Appendix 1

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 www.peakdistrict.gov.uk.

Background Papers

The Local Government Act 1972 requires that the Authority shall list any unpublished Background Papers necessarily used in the preparation of the Reports. The Background Papers referred to in each report, PART A, excluding those papers that contain Exempt or Confidential Information, PART B, can be inspected by appointment at the National Park Office, Bakewell. Contact Democratic Services on 01629 816200, ext 362/382. E-mail address: democraticservices@peakdistrict.gov.uk.

Public Participation and Other Representations from third parties

Anyone wishing to participate at the meeting under the Authority's Public Participation Scheme is required to give notice to the Director of Corporate Resources to be received not later than 12.00 noon on the Wednesday preceding the Friday meeting. The Scheme is available on the website www.peakdistrict.gov.uk or on request from Democratic Services 01629 816362, email address: democraticservices@peakdistrict.gov.uk, fax number: 01629 816310.

Written Representations

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

Recording of Meetings

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

The Authority uses an audio sound system to make it easier to hear public speakers and discussions during the meeting and to make a digital sound recording available after the meeting. The recordings will usually be retained only until the minutes of this meeting have been confirmed.

General Information for Members of the Public Attending Meetings

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

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

To: Members of Audit Resources & Performance Committee:

Chair: Cllr A McCloy
Vice Chair: Cllr C Furness

Mr P Ancell
Mrs F Beatty
Cllr D Chapman
Cllr A R Favell
Mr Z Hamid
Cllr Mrs G Heath
Ms S Leckie
Cllr C McLaren
Mrs E Sayer
Cllr D Williams

Mrs P Anderson
Cllr D Birkinshaw
Cllr G Claff
Cllr D Greenhalgh
Cllr P Harrison
Mr R Helliwell
Cllr S Marshall-Clarke
Cllr Mrs L C Roberts
Cllr Mrs N Turner

Constituent Authorities
Secretary of State for the Environment
Natural England

Peak District National Park Authority
Tel: 01629 816200
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Web: www.peakdistrict.gov.uk
Minicom: 01629 816319
Aldern House, Baslow Road, Bakewell, Derbyshire. DE45 1AE



MINUTES

Meeting: **Audit Resources & Performance Committee**

Date: Friday 20 March 2015 at 10.00 am

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

Chair: Cllr A McCloy

Present: Cllr C Furness, Mrs F Beatty, Cllr G Claff, Cllr A R Favell, Mr Z Hamid, Cllr P Harrison, Mr R Helliwell, Ms S Leckie, Cllr C McLaren, Mr G Nickolds, Cllr Mrs L C Roberts, Mrs E Sayer, Cllr Mrs N Turner and Cllr D Williams

Apologies for absence: Mr P Ancell, Cllr D Birkinshaw, Cllr Mrs G Heath and Cllr S Marshall-Clarke

12/15 MINUTES OF PREVIOUS MEETING HELD ON 23 JANUARY 2015

The minutes of the last meeting of the Audit, Resources and Performance Committee held on 23 January 2015 were approved as a correct record.

13/15 PUBLIC PARTICIPATION

The Chair reported that 5 members of the public had given notice to speak under the public participation at meetings scheme.

14/15 MEMBERS DECLARATIONS OF INTEREST

Item 8

Cllr A McCloy declared a personal interest as a member of the Ramblers Association.

Cllr Mrs N Turner declared a personal interest as a member of the Local Access Forum. She had not taken part in discussions at the Local Access Forum.

Mr R Helliwell stated that he had a pecuniary interest in Chapelgate but would only need to leave the meeting if the discussion included Chapelgate.

It was noted that Members had received correspondence from P Stubbs, S Dunk, S Woods and S Wardle.

15/15 EXTERNAL AUDIT: 2014/15 AUDIT PLAN (A1362/RMM)

Cathie Clarke, Assistant Manager of KPMG external auditors was present at the meeting and introduced the report.

In response to Members' queries Ms Clarke stated that she did liaise with the Authority's internal auditors when necessary. Ian Morton of Veritau, internal auditors, who was also present at the meeting stated that he was meeting with the Chief Finance Officer that day to agree a plan for the next year and he would send a copy of the agreed plan to Ms Clarke.

The recommendation was moved, seconded, voted on and carried.

RESOLVED:

That the 2014/15 External Audit Plan be considered and noted.

16/15 PROPERTY PORTFOLIO FINANCIAL PERFORMANCE (RG)

Rachel Gillis, Assistant Director Policy and Partnerships, introduced the report and Mike Ingham, who had been appointed as the Corporate Property Officer for the next 12 months and was also in attendance.

Cllr Tony Favell, the Member Representative for Asset Management raised 13 points that he requested be taken into consideration with the property portfolio. These included costs and size of the property portfolio, need for progress following consultants' report, re-considering how services such as campsites and cycle hire are provided, income with regard to the trails and car parks, woodland management, visitor centres and funding for maintenance of properties. He congratulated staff on their work attracting other organisations to use Aldern House accommodation and he also congratulated officers on the work put into other aspects of the property portfolio.

He then stated that this would be the last Audit, Resources and Performance Committee meeting he would be attending and thanked Members for their support over the years. Cllr McCloy thanked Cllr Favell for all his work for the Authority, in particular for his work as Member Representative for Asset Management and as Chair of the Authority from March 2011 to July 2014.

Members were concerned about funding for maintenance of structures on the Trails and felt that a public campaign should be started to enable a repair and endowment fund. It was agreed that this was an issue that would be considered as part of the new giving strategy and officers will work with Members to progress this. It was noted that other mechanisms for raising funding were also being considered and that a report on the giving strategy would be made in September. Performance monitoring reports on the property portfolio would be made as part of the quarterly monitoring process reported to Members and an update will be given to the next meeting on taking forward the suggestion on raising money for repairs on the Trails.

RESOLVED:

That the report on the financial performance of the property portfolio for 2015-16, be received and made annually thereafter.

The meeting was adjourned at 11.08am for a short break and reconvened at 11.16am.

17/15 ACTION PLANS FOR THE MANAGEMENT OF RECREATIONAL MOTORISED VEHICLES IN THEIR USE OF UNSEALED HIGHWAYS AND OFF-ROAD (A7622/SAS)

The Access and Rights of Way Officer introduced the report which set out how the Authority's strategy for the management of recreational motorised vehicles would be implemented for 2015/16. The receipt of a written representation from the trustees of the Devonshire Maintenance Fund regarding Derby Lane was reported and summarised for the Committee.

The Chair, Cllr McCloy, reported that he had received a petition to ban vehicles from Hurstclough Lane which contained approximately 500 signatures.

The following persons spoke under the public participation at meetings scheme:

- Mrs M Wilcockson, farmer of land on either side of Hurstclough Lane
- Mrs S Dunk, local resident and horse rider, speaking regarding Hurstclough Lane
- Ms P Stubbs, Peak Horsepower
- Ms S Woods, Peak District Green Lanes Alliance
- Ms A Robinson, Friends of the Peak District.

In response to Members' queries officers stated that Hurstclough Lane was on the Derbyshire County Council (DCC) list for repairs.

Mr Geoff Nickolds stated that this would be the last Audit, Resources and Performance Committee meeting he would be attending and he thanked the officers for the good progress they had made over the last 3 years.

Mrs F Beatty left the meeting at 11.58am.

Members expressed concern regarding Hurstclough Lane and an extra recommendation was agreed for action on Hurstclough Lane to be reviewed in conjunction with the DCC repairs and that a report back be made in the Autumn.

The recommendations as set out in the report and the extra action were moved, seconded, voted on and carried.

RESOLVED:

- 1. That the action plans at Appendices 4, 5 and 9 of the report are approved with the amendment at resolution 4, that progress is noted and that a follow-up report be brought to the Committee in 12 months' time.**
- 2. That the guidelines on voluntary restraint at Appendix 3 of the report are agreed to inform the Authority's strategy, policy and procedure on recreational Motorised vehicles.**
- 3. That the proposals to develop green lanes as a resource for all are noted.**
- 4. Review action on Hurstclough Lane in conjunction with DCC's plan for repairs and report back on progress in the Autumn.**

18/15 SERVICE USER SURVEY

RESOLVED:

- 1. Receive report on purpose of the Service User Survey and resultant Actions**
- 2. Agree interim way forward for future development of the survey**
- 3. Request further report in 2016, or at a suitable point in development of new Corporate Objectives on new information needs.**

19/15 INTERNAL AUDIT REPORT BLOCK 2, 2014/15 (A1362/7/PN)

Ian Morton, of internal auditors Veritau, was present at the meeting and introduced the report. The report presented the internal auditors' recommendations for the second block of the 2014/15 audit and the agreed action for consideration.

RESOLVED:

That the internal audit reports for three of the four areas covered under Block 2 for 2014/15 be received (in Appendices 1 – 3 of the report) and the agreed actions considered.

20/15 EXCLUSION OF PRESS AND PUBLIC

RESOLVED:

That the public be excluded from the meeting during consideration of Agenda Item Nos. 12 and 13 to avoid the disclosure of Exempt Information under S100 (A) (4) Local Government Act 1972, Schedule 12A, Paragraphs 7 "Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime" and 3 "Information relating to the financial or business affairs of any particular person (including the authority holding that information)".

PART B

21/15 INTERNAL AUDIT REPORT BLOCK 2, 2014/15 PART B (A1362/7/PN)

Ian Morton of internal auditors Veritau introduced the report. The report presented the internal auditors' recommendations for IT Systems audit within the second block of the 2014/15 audit plan and the agreed actions for consideration.

The Head of Information Management, Darren Butler, was present to answer Members' queries.

RESOLVED:

That the internal audit reports for the IT Systems controls covered under Block 2 for 2014/15 be received (in Appendix 1 of the report) and the agreed actions considered.

22/15 EXEMPT MINUTES OF THE MEETING HELD ON 23 JANUARY 2015

The exempt minutes of the last meeting of the Audit, Resources and Performance Committee held on 23 January 2015 were approved as a correct record.

The meeting ended at 12.55 pm

6. INTERNAL AUDIT 2014/15 ANNUAL REPORT (A1362/7/ PN)

Purpose of the report

1. This report asks Members to consider the internal audit 2014/15 annual report.

Key issues include:

- The overall opinion of the Head of Internal Audit on the framework of governance, risk management and control operating in the Authority is that it provides Substantial Assurance. There are no qualifications to this opinion and no reliance was placed on the work of other assurance bodies in reaching that opinion. There are also no significant control weaknesses which, in the opinion of the Head of Internal Audit need to be considered for inclusion in the Annual Governance Statement.
- Out of 8 areas reviewed in 2014/15 4 areas received an opinion of 'High' assurance; 2 "Substantial", 1 "Reasonable" and 1 "Limited".

Recommendations

2. **1. That the 2014/15 annual report from the internal auditors at Appendix 1 be considered and accepted.**

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 contributing to corporate objective 11 "be a well run public body with proportionate and effective ways of working, delivering excellent customer service and living our values".

Background

4. The Accounts and Audit Regulations 2011 require that the Authority undertakes an adequate and effective system of internal audit of its accounting records and its system of internal control in accordance with proper practices.

Proposals

5. Members are asked to consider the internal audit 2014/15 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. Appendix D is the 2014 result of Veritau's Quality Assurance and Improvement Programme, which is a requirement of the new Public Sector Internal Audit Standard, and is reported for Members' information.

Are there any corporate implications members should be concerned about?

6. Financial:

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

7. Risk Management:

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

8. Sustainability:

There are no implications to identify.

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

Appendices

Appendix 1: Internal Audit annual report for year ended March 2015

Report Author, Job Title and Publication Date

Philip Naylor, Head of Finance, 14 May 2015



Peak District National Park Authority

Internal Audit Annual Report

2014-15

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

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

Date: 22 May 2015


Assurance Services for
the Public Sector

Background

- 1 The work of internal audit is governed by the Accounts and Audit Regulations 2011 and the Public Sector Internal Audit Standards (PSIAS). In accordance with the PSIAS, the Chief Audit Executive (Head of Internal Audit) must provide an annual internal audit opinion and report that can be used by the organisation to inform its governance statement. The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.
- 2 During the year to 31 March 2015, the Authority's internal audit service was provided by Veritau Limited.

Internal Audit Work Carried Out 2014/15

- 3 During 2014/15, internal audit work was carried out across the full range of activities of the Authority. The main areas of internal audit activity included:

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

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

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

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

- 4 During the year one investigation was carried out. The investigation did not identify any evidence of fraud or any dishonest action by staff although a number of recommendations were made to improve controls.
- 5 Appendix A summarises the internal audit work carried out during the year and the opinion given for each report. Appendix B provides details of the key findings arising from our internal audit work and appendix C provides an explanation of our assurance levels and priorities for management action.

Professional Standards

- 6 Veritau has developed a quality assurance and improvement programme (QAIP) to ensure that internal audit work is conducted to the required professional standards. As well as undertaking a survey of senior management in each client organisation and completing a detailed self assessment to evaluate performance against the Standards, an external assessment of working practices was conducted by the South West Audit Partnership (SWAP) in April 2014. The results of the assessment provide evidence to support the QAIP as well as helping to inform the Improvement Action Plan for 2014/15.
- 7 The outcome of the QAIP demonstrates that the service conforms to *International Standards for the Professional Practice of Internal Auditing*. Further details of the QAIP and Improvement Action Plan prepared by Veritau are given in **Appendix D**.

Audit Opinion and Assurance Statement

- 8 In connection with reporting, the relevant professional standard (2450) states that the Chief Audit Executive (CAE)¹ should provide an annual report to the board². The report should include:
 - (a) details of the scope of the work undertaken and the time period to which the opinion refers (together with disclosure of any restrictions in the scope of that work)
 - (b) a summary of the audit work from which the opinion is derived (including details of the reliance placed on the work of other assurance bodies)
 - (c) an opinion on the overall adequacy and effectiveness of the organisation's governance, risk and control framework (ie the control environment)
 - (d) disclosure of any qualifications to that opinion, together with the reasons for that qualification
 - (e) details of any issues which the CAE judges are of particular relevance to the preparation of the Annual Governance Statement
 - (f) a statement on conformance with the PSIAS and the results of the internal audit Quality Assurance and Improvement Programme
- 9 The overall opinion of the Head of Internal Audit on the framework of governance, risk management and control operating in the Authority is that it provides Substantial Assurance. There are no qualifications to this opinion and no reliance was placed on the work of other assurance bodies in reaching that opinion. There are also no significant control weaknesses which, in the opinion of the Head of Internal Audit need to be considered for inclusion in the Annual Governance Statement.

¹ The PSIAS refers to the Chief Audit Executive. This is taken to be the Head of Internal Audit.

² The PSIAS refers to the board. This is taken to be the Audit Resources and Performance Committee.

Table of 2014/15 audit assignments completed to 31 March 2015

Audit	Status	Assurance Level
Financial Systems		
Income/debtors	Completed	High Assurance
Purchasing/Creditors	Completed	High Assurance
Information Systems		
IT systems controls	Completed	Limited Assurance
Operational Systems		
Minerals Planning	Completed	High Assurance
Governance/Risk Management		
Risk Management	Completed	Substantial Assurance
Benchmarking	Completed	High Assurance
Information Governance	Completed	Reasonable Assurance
Project Management	Completed	Substantial Assurance

Summary of Key Issues from audits completed to 31 March 2015

System/Area	Opinion	Area Reviewed	Date Issued	Comments	Management Actions Agreed & Follow-Up
Income/debtors	High Assurance	A review of cash collection systems, and the processes in place to ensure debtors accounts are raised promptly and suitable recovery action is taken.	27/10/14	<p>Strengths In general systems work well, with invoices raised promptly and recovery action taken in accordance with agreed timescales.</p> <p>Weaknesses No significant control weaknesses identified.</p>	
Purchasing/Creditors	High Assurance	A review of the creditors system to ensure that appropriate processes are in place to ensure all payments made are accurate and to ensure that purchases are in accordance with procurement rules.	27/10/14	<p>Strengths Invoices are generally raised, authorised and certified for payment in line with procedures.</p> <p>Weaknesses No significant control weaknesses identified.</p>	
IT systems controls	Limited Assurance	A review of procedures and controls within the system to ensure that data remains accessible, unauthorised persons cannot access data; and	20/02/15	<p>Strengths Overall the system operates well. No major data incidents have occurred.</p> <p>Weaknesses</p>	

System/Area	Opinion	Area Reviewed	Date Issued	Comments	Management Actions Agreed & Follow-Up
		assets and consumables containing PDNPA data are appropriately disposed of at the end of their use.		<p>There is a lack of policy and procedure documents necessary for ensuring the long-term effectiveness of some IT processes.</p> <p>In addition, the IT disaster recovery plan is out of date, and encryption of data on portable devices and media is applied inconsistently.</p>	New IT disaster recovery plan to be produced. Security of back up media and encryption to be reviewed
Minerals Planning	High Assurance	<p>A review of procedures and controls in place to ensure that:</p> <ul style="list-style-type: none"> minerals planning applications are processed in line with policy and legislation enforcement activity is appropriate ongoing permissions are monitored where required including dormant sites. 	5/03/15	<p>Strengths There is a comprehensive pre-application checklist in place. Over 60% of applications are determined within timescale, well above national targets.</p> <p>Weaknesses No significant control weaknesses identified.</p>	
Risk Management	Substantial	A review of systems in	27/10/14	Strengths	

System/Area	Opinion	Area Reviewed	Date Issued	Comments	Management Actions Agreed & Follow-Up
	Assurance	place to identify and manage risks.		<p>Risk management appears to be embedded within the Authority and risk registers are updated on a regular basis.</p> <p>Weaknesses Significant service risks are not automatically promoted to the corporate risk register.</p> <p>Individual actions to address identified risks do not have timescales for completion.</p>	<p>All service red risks will be reviewed at quarterly management meetings to determine whether they need to be escalated to the corporate register.</p> <p>All managers to review their risk registers and ensure timescale is completed.</p> <p>Senior Performance Officer to check service registers quarterly.</p>
Performance Management and Benchmarking	High Assurance	A review of the performance management framework and the process in place to compare performance against similar organisations.	20/02/15	<p>Strengths A clearly defined Performance Management Framework is in place, which is clearly linked to PDNPA objectives.</p> <p>Weaknesses No significant control weaknesses identified.</p>	
Information	Reasonable	A review of the controls	27/10/14	Strengths	The new Head of

System/Area	Opinion	Area Reviewed	Date Issued	Comments	Management Actions Agreed & Follow-Up
Governance	Assurance	to manage risks relating to compliance with the Data Protection Act (DPA), Freedom of Information Act (FOIA) and Environmental Information Regulations (EIR.)		<p>The Authority has developed good policy documents setting out information governance principles to be followed, and staff in information governance roles have an excellent understanding of the Authority's legal obligations.</p> <p>Weaknesses The Authority has not formally designated a Senior Information Risk Owner (SIRO), as required by...</p> <p>Further development is also needed to ensure staff receive appropriate training, data retention periods are defined and followed and data assets are inventoried.</p>	<p>Information Management will be formally designated as the SIRO.</p> <p>Training and guidance procedures will be improved including an online self assessment tool</p> <p>The Authority will Introduce named Information Asset Owners (IAOs) with primary responsibility for ensuring record management policies are implemented and adhered to.</p> <p>Business data and records will be cleansed and migrated from heritage systems into HUB where indexed metadata will be used to create and maintain an information asset register.</p>
Project Management	Substantial Assurance	A review of processes to ensure all projects	30/01/15	<p>Strengths Overall arrangements were</p>	

System/Area	Opinion	Area Reviewed	Date Issued	Comments	Management Actions Agreed & Follow-Up
		<p>managed effectively including development of a business case, risk management, monitoring reporting and review.</p>		<p>good. The Authority has a standard project management toolkit with accompanying guidance notes. These cover the majority of expected areas, and are available to all staff on the intranet.</p> <p>Weaknesses The Toolkit is based on a document provided externally and has not been amended to include specific authority related guidance.</p> <p>The use of the standard project management documents is not mandatory.</p>	<p>The toolkit will be rebranded to reflect PDNPA specific requirements.</p> <p>A project register will be established for use across Authority. A threshold will be defined for those projects subject to inclusion in the project register and requiring mandatory project management documentation.</p>

Audit Opinions and Priorities for Actions

Audit Opinions

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

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

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

Priorities for Actions

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

VERITAU GROUP

Appendix D

INTERNAL AUDIT QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME – 2014

1.0 Background

Ongoing quality assurance arrangements

Veritau maintains appropriate ongoing quality assurance arrangements designed to ensure that internal audit work is undertaken in accordance with relevant professional standards (specifically the Public Sector Internal Audit Standards). These arrangements include:

- the maintenance of a detailed audit procedures manual
- detailed job descriptions and competency profiles for each internal audit post
- regular performance appraisals
- regular 1:2:1 meetings to monitor progress with audit engagements
- training plans and associated training activities
- the maintenance of training records and training evaluation procedures
- the objectives, scope and expected timescales for each audit engagement subject to agreement with the client before detailed work commences (audit specification)
- the results of all audit testing work documented using the company's automated working paper system (Galileo)
- file review by an audit manager and sign-off of each stage of the audit process
- post audit questionnaires (customer satisfaction surveys) issued following each audit engagement
- performance against agreed quality targets reported to each client on a regular basis.

On an ongoing basis, a sample of completed audit files is also subject to internal peer review by a second audit manager to confirm quality standards are being maintained. The results of this peer review are documented and any key learning points shared with the internal auditors (and the relevant audit manager) concerned.

The Head of Internal Audit will also be informed of any general areas requiring improvement. Appropriate mitigating action will be taken (for example, increased supervision of individual internal auditors or further training).

Annual self-assessment

On an annual basis, the Head of Internal Audit will seek feedback from each client on the quality of the overall internal audit service. The Head of Internal Audit will also update the PSIAS self assessment checklist and obtain evidence to demonstrate

conformance with the standards. To support this process, each internal auditor is required to assess their current skills and knowledge against the competency profile relevant for their role.

The results of the annual client survey and PSIAS self-assessment are used to identify any areas requiring further development and/or improvement. Any specific changes or improvements are included in the annual Improvement Action Plan. Specific actions may also be included in the Veritau business plan and/or individual personal development action plans.

The outcomes from this exercise, including details of the Improvement Action Plan are also reported to each client. The results will also be used to evaluate overall conformance with the PSIAS, the results of which are reported to senior management and the board¹ as part of the annual report of the Head of Internal Audit.

The process followed is also intended to enable council clients to discharge their responsibilities for evaluating the effectiveness of internal audit each year as set out in the Accounts and Audit (England) Regulations 2011 section 6(3).

External assessment

At least once every five years, internal audit working practices are subject to external assessment to ensure the continued application of professional standards. The assessment is conducted by an independent and suitably qualified person or organisation and the results are reported to the Head of Internal Audit. The outcome of the external assessment also forms part of the overall reporting process to each client (as set out above). Any specific areas identified as requiring further development and/or improvement will be included in the annual Improvement Action Plan for that year.

2.0 Customer Satisfaction Survey – 2014

Feedback on the overall quality of the internal audit service provided to each client was obtained in March 2014. Where relevant, the survey also asked questions about the counter fraud and information services provided by Veritau. A total of 96 surveys were issued to senior managers in client organisations. 21 surveys were returned (a response rate of 22%). Respondents were asked to rate the different elements of the audit process, as follows:

- Excellent (1)
- Good (2)
- Satisfactory (3)
- Poor (4)

Respondents were also asked to provide an overall rating for the service.

The results of the survey are set out in the table below:

¹ As defined by the relevant audit charter.

	1	2	3	4	N/A
1 The quality of planning and the overall coverage of the audit plan	2	10	7	1	1
2 The provision of advice and guidance	5	13	3		
3 The conduct and professionalism of audit staff	10	11			
4 The ability of audit staff to provide unbiased and objective opinions	7	13	1		
5 The ability of audit staff to establish a positive rapport with customers	7	11	3		
6 The auditors' overall knowledge of the system / service being audited	4	7	8	1	1
7 The auditors' ability to focus on the areas of greatest risk	2	15	3		1
8 Agreeing the scope and objectives of the audit	4	11	5		1
9 The auditors' ability to minimise disruption to the service being audited	7	9	4		1
10 The communication of issues found by the auditors during their work	4	13	3		1
11 The quality of feedback at the end of the audit	4	14	2		1
12 The accuracy, format, length and style of audit reports	6	12	1	1	1
13 The time taken to issue audit reports	3	12	5		1
14 The relevance of audit opinions and conclusions	2	14	4		1
15 The extent to which agreed actions are constructive and practical	3	13	4		1
Overall rating for the Internal Audit services provided by Veritau	2	17	1		1

The ratings were broadly in line with the previous year and suggest that the service is well regarded by clients. However, there is a need to focus on some of the areas where the ratings are lower. In particular, auditors need to demonstrate a better understanding of the systems and services being audited. There is also scope to improve the quality of planning and the overall coverage of audit plans.

3.0 Self Assessment Checklist – 2014

The checklist prepared by CIPFA to enable conformance with the PSIAS and the Local Government Application Note to be assessed was completed in March 2014. Documentary evidence was provided where current working practices were considered to fully or partially conform to the standards.

In most areas the current working practices were considered to be a standard. However, the following areas of non-conformance were identified. None of the issues identified are considered to be significant. In addition, in some cases, the existing arrangements are considered appropriate for the circumstances and hence require no further action.

<u>Conformance with Standard</u>	<u>Current Position</u>
Does the chief executive or equivalent undertake, countersign, contribute feedback to or review the performance appraisal of the Head of Internal Audit?	The Head of Internal Audit's performance appraisal is the responsibility of the board of directors. The results of the annual customer satisfaction survey exercise are however used to inform the appraisal.
Is feedback sought from the chair of the audit committee for the Head of Internal Audit's performance appraisal?	See above
Where there have been significant additional consulting services agreed during the year that were not already included in the audit plan, was approval sought from the audit committee before the engagement was accepted?	Consultancy services are usually commissioned by the relevant client officer (generally the s151 officer). The scope (and charging arrangements) for any specific engagement will be agreed by the Head of Internal Audit and the relevant client officer. Engagements will not be accepted if there is any actual or perceived conflict of interest, or which might otherwise be detrimental to the reputation of Veritau.
Has the Head of Internal Audit reported the results of the QAIP to senior management and the audit committee?	As this is the first full year of the PSIAS, the results of the QAIP still need to be reported to senior management and the board of each respective client. The expectation is that this stage will be

<u>Conformance with Standard</u>	<u>Current Position</u>
	completed by 30 June 2014 (and each subsequent year).
Has the Head of Internal Audit included the results of the QAIP and progress against any improvement plans in the annual report?	See above – still to be done for this year. The outcomes of the QAIP and details of any specific development needs (as set out in the annual Improvement Action Plan) will be included in the annual report.
Has the Head of Internal Audit stated that the internal audit activity conforms with the PSIAS only if the results of the QAIP support this?	See above – still to be done for this year.
Has the Head of Internal Audit reported any instances of non-conformance with the PSIAS to the audit committee?	See above – still to be done for this year.
Has the Head of Internal Audit considered including any significant deviations from the PSIAS in the governance statement and has this been evidenced?	See above – still to be done for this year.
Does the risk-based plan set out the - (b) respective priorities of those pieces of audit work?	Audit plans detail the work to be carried out and the estimated time requirement. The relative priority of each assignment will be considered before any subsequent changes are made to plans. Any significant changes to the plan will need to be discussed and agreed with the respective client officers (and reported to the audit committee).
Are consulting engagements that have been accepted included in the risk-based plan?	Consulting engagements are commissioned and agreed separately.
Does the risk-based plan include the approach to using other sources of assurance and any work that may be required to place reliance upon those sources?	<p>Whilst reliance may be placed on other sources of assurance there is no formal process to identify and assess other sources of assurances.</p> <p><i>Action: the use of assurance mapping will be further developed and, where appropriate, future audit plans will</i></p>

<u>Conformance with Standard</u>	<u>Current Position</u>
	<i>highlight where other sources of assurance are being relied upon.</i>
Where an engagement plan has been drawn up for an audit to a party outside of the organisation, have the internal auditors established a written understanding with that party about the following – (c) the respective responsibilities and other expectations of the internal auditors and the outside party (including restrictions on distribution of the results of the engagement and access to engagement records)?	In future, specifications will set out the expectations on Veritau and the client organisation in terms of access to records and the distribution of reports (including the extent of any duty of care provided to third parties). <i>Action: the audit manual and standard working papers will be changed to reflect this requirement</i>
For consulting engagements, have internal auditors established an understanding with the engagement clients about the following – (c) the respective responsibilities of the internal auditors and the client and other client expectations?	In future, specifications (and reports) will set out the expectations on Veritau and the client organisation in terms of access to records and the distribution of reports (including the extent of any duty of care provided to third parties). <i>Action: the audit manual and standard working papers will be changed to reflect this requirement</i>
When engagement results have been released to parties outside of the organisation, does the communication include limitations on the distribution and use of the results?	This has not been done previously. In future, specifications and reports will set out the expectations on Veritau and the client organisation in terms of access to records and the distribution of reports (including the extent of any duty of care provided to third parties). The Audit manual has already been amended to reflect this requirement. <i>Action: the audit manual and standard working papers will be changed to reflect this requirement</i>

4.0 External Assessment

As noted above, the PSIAS require the Head of Internal Audit to arrange for an external assessment to be conducted at least once every five years to ensure the continued application of professional standards. The assessment is intended to

provide an independent and objective opinion on the quality of internal audit practices.

Whilst the new Standards were only adopted in April 2013, the decision was taken to request an assessment at the earliest opportunity in order to provide assurance to our clients.

The assessment was conducted by Gerry Cox and Ian Baker from the South West Audit Partnership (SWAP). Both Gerry and Ian are experienced internal audit professionals. The Partnership is a similar local authority controlled company providing internal audit services to over 12 local authorities (including county, unitary and district councils across Somerset, Wiltshire and Dorset). The Partnership was established in 2005 and currently employs over 60 members of staff.

The assessment consisted of a review of documentary evidence, including the self-assessment, and face to face interviews with a number of senior client officers and Veritau auditors. The assessors also interviewed an audit committee chair. The fieldwork was completed in early April 2014.

A copy of the assessment report is attached at **Annex A**.

The conclusion from the external assessment was that the current working practices conform to the required professional standards. The assessors made a number of observations and recommendations which will now be taken forward in the Improvement Action Plan (see below).

5.0 Improvement Action Plan

The following changes and improvements to working practices will be made:

Change / improvement	Target completion date
The use of assurance mapping will be further developed and, where appropriate, future audit plans will highlight where other sources of assurance are being relied upon.	31 March 2015
The audit manual and standard working papers will be changed to ensure that the expectations on Veritau and the relevant client organisation in terms of access to records and the distribution of reports (including the extent of any duty of care provided to third parties) are fully understood. The standard templates for audit specifications and reports will be amended to reflect this change. Where appropriate, information sharing agreements will also be established with client organisations.	30 September 2014
Further comparative benchmarking information will be sought from other internal auditor providers in order to	31 March 2015

help demonstrate that the current internal audit service provides value for money.	
Whilst the current outsourced arrangement with Audit North is working well further efforts will be made to develop the capacity of the 'in-house' IT audit provision in order to be able to offer a more cost effective option to client organisations.	31 March 2015
The standard Audit Charter will be amended to make it clear that auditors will not be used on internal audit engagements where they have had direct involvement in the area within the previous 12 months.	30 September 2014
Current internal audit working practices will continue to be reviewed to ensure that there is consistency in service delivery across the different teams.	31 March 2015

7. **2014/15 QUARTER 4 AND END OF YEAR CORPORATE PERFORMANCE REPORT (A91941/WA)**

1. **Purpose of the report**

This report provides Members with monitoring information at the end of Quarter 4 (Jan - Mar 2015) and the final outturn (2014/15) against indicators for review of performance against our 2012-15 Corporate Objectives; and monitoring of Freedom of Information Requests; monitoring of complaints.

2. **Key Issues**

- At the end of Quarter 4 (and the end of the Corporate Plan 2012-15), following monitoring of Service operational actions and corporate indicators, all of the 12 Corporate Objectives are green in their overall status. Of the 43 success factors, 5 are red (have not been achieved).
- Members of this Committee approve the 'Performance during 2014-15 Summary' section of the 2015/16 Performance and Business Plan, the corporate performance indicator outturns and targets for 2015/16 as proposed to the Authority on 23 May 2013 (Item 9, Recommendation 1).
- As we are working towards a new corporate strategy, with 2015/16 being a transition year, indicators and targets are currently being developed against the focus of activity for 2015/16 and will be brought to this Committee in June.

Recommendations

- 3.
1. **That the Quarter 4 Corporate Performance Return, given in Appendix 1, is reviewed and any remedial action agreed.**
 2. **That the proposed 'Performance during 2014-15: Summary' section, shown as Appendix 2, of the 2014/15 Performance and Business Plan, be considered and approved.**
 3. **That the Corporate Indicator Tables 2014/15, given in Appendix 3, for inclusion in the 2015/16 Performance and Business Plan, be reviewed and approved.**
 4. **That the status of complaints and Freedom of Information Requests, given in Appendix 4, be noted.**

How does this contribute to our policies and legal obligations?

4. Performance Management contributed to our 2012-15 Corporate Objective 11 to be a well run public body with proportionate and effective ways of working, delivering excellent customer service and living our values. In our transitional year (2015/16) it contributes to the objective: our organisation – develop our organisation so we have a planned and sustained approach to performance at all levels. Monitoring our performance is part of our approach to ensuring mitigating action can be taken to maintain and improve performance or to reprioritise work in consultation with staff and Members.

Background

5. The format of performance reporting to this committee follows the format agreed in January 2013 (minute 7/13).
6. Performance Information is reported each quarter by Corporate Objective (of which there are 12) by providing: a visual representation of the status of the Corporate Objective and each of its associated success factors; an overview of the activity contributing to each Objective; a commentary on where we are doing well; an understanding of associated risks; specific issues; and remedial action. The quarter 4 report is shown in Appendix 1.
7. The visual representation is on a traffic light system (using green for on target, amber for some remedial work required and red where there are some significant issues) and is based on an analysis of:
 - a) the status of activity within service plans contributing to the delivery of that Objective and success factor;
 - b) the outturn against the performance indicator relating to the success factor.
8. The traffic light system uses the following guidance:

GREEN = we are on track to achieve the success factor (both the indicator(s) and service actions are on target or close to being so).

AMBER = we are not completely on track to achieve the success factor (either the indicator(s) or actions are not on target). As such, remedial work is required and some consideration has been given to what this should be and scheduled into service plans. As a result, there is an expectation that we could potentially achieve or be close to achieving the success factor by the end of the year.

RED = we are not on track to achieve the success factor and there are some significant issues in the way of resolving the situation. Remedial work may not yet have been identified or there is an expectation that the remedial work may not totally resolve the issues by the year end.
9. Note that we are at the end of the Corporate Plan for 2012-15 and so reporting is based on Green: we have achieved the success factor or Red: we have not achieved the success factor.
10. Appendices 2 and 3 provide performance information for our performance during the whole of 2014/15 that will be published as part of our Performance and Business Plan 2015-16. Appendix 2 gives an overview of our performance and Appendix 3 gives our performance against each of our corporate indicators.

11. As we are at the end of our Corporate Plan 2012-15, Appendix 3 additionally provides information on future intentions for monitoring against each indicator, as follows:
 - continue monitoring corporately
 - monitor at service level
 - update the indicator (eg definition, methodology, scope) to ensure it meets the needs of the new corporate direction
 - cease collecting data against this indicator.
12. The Performance and Business Plan is a reflection of our achievements over the past twelve months and our focus of activity for the year ahead. The performance information provided in this report is a key element of that Plan.
13. Appendix 4 provides information about complaints received and Freedom of Information requests, for monitoring purposes.
14. Information is given so that Members of Audit, Resources and Performance Committee, in accordance with the scrutiny and performance management brief of the Committee, can review the performance of the Authority.
15. Reporting is dependent on the accuracy of data provided by the Heads of Service, Assistant Directors and indicator lead officers, as agreed with Directors and Chief Executive.

Proposals

16. Members are asked to review and agree the Corporate Performance Return as detailed below.
17. Appendix 1: The position report at quarter 4 2014/15 of position towards achieving each of our Corporate Objectives with key issues identified.
18. Appendix 2 (for insertion into the Authority's Performance and Business Plan 2015/16, due for publication on 30 June 2015): 'Performance during 2014-15 Summary'.
19. Appendix 3 (for insertion into the Authority's Performance and Business Plan 2015/16, due for publication on 30 June 2015): Our year end performance against our indicators, used to monitor progress in achieving our Corporate Success Factors (which in turn contribute to delivering our Corporate Objectives 2012-15).
20. Appendix 4: Complaints and Freedom of Information (FOI) and Environmental Information Regulations (EIR) Enquiries.

Are there any corporate implications members should be concerned about?

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

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

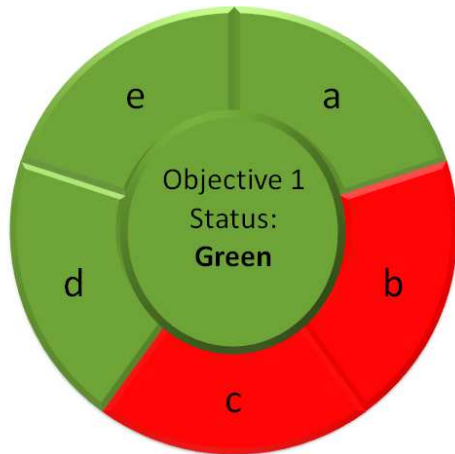
Appendices

1. Quarter 4, 2014/15 Corporate Performance Return
2. Performance during 2014-15 Summary
3. Corporate Indicator Tables 2014/15 (Year-end indicator outturns)
4. Quarter 4, Complaints, Freedom of Information (FOI), and Environmental Information Regulations (EIR) Enquiries

Report Author, Job Title

Wendy Amis, Senior Performance Officer

Objective 1: Lead or enable landscape-scale environment and heritage conservation programmes through multi agency partnerships



We will know we have been successful when:

- a) *we have identified and delivering on 3 new projects in partnership that correspond with landscape character areas in the national park;*
- b) *we have focused work on the Landscape Strategy, the Biodiversity Action Plan and the Cultural Heritage Strategy to support the delivery of the revised National Park Management Plan;*
- c) *we have increased the amount of Authority owned Site of Special Scientific Interest land in favourable condition from 32% to at least 35% by 2025;*
- d) *we have developed formal relationships with all the Local Nature Partnerships with the national park and/ or developed a Peak District Local Nature Partnership;*
- e) *we have met our targets for the rescue and restoration of buildings and monuments.*

Quarter 4 Summary

Overall Status:

Discussions began with South Pennines Local Nature Partnership (LNP) on joint working, and we are expanding formal relationships with neighbouring LNPs. We are still awaiting news of the MoorLIFE 2020 bid. Although our strategies are not all up to date, the activities below demonstrate delivery across action plans. We achieved our targets for restoration of buildings and monuments. Changes to Natural England's database for SSSI condition mean we are awaiting data but it is likely that SSSI condition on our own land remains steady at 32%.

Key Activity in this Area:

- The Development Phase of the South West Peak Landscape Partnership Project is underway;
- Through Moors for the Future, major project works with Yorkshire Water on SSSI sites and non-owned catchment were completed; 256 hectares of blanket bog were stabilised through the Peatland Restoration Project this year and works are underway with 5 Private Landowners and negotiations with a further 7 are underway;
- Over the year, 67 hectares of woodland were planted through Clough Woodland project, with a further 21 landowners contacted about new schemes;
- We are working with Peak District LNP to produce a State of Nature Report;
- Held an ecosystem approach workshop as part of National Parks England pilot with Defra and NE;
- Activity undertaken with respect to Hen Harriers, survey and monitoring work in Ash woodlands and threatened grasslands;
- Nature Improvement Area works over 3 years completed this quarter - our contribution was in relation to moorland, woodland and grassland conservation and restoration;
- On Warslow Moors, we completed a conservation project on Spout Moss (in conjunction with NE and tenant) to further improve habitat for ground nesting birds; continued predator control, concentrating activity in key bird nesting period and completed stock proofing of Revidge Moor;
- Cultural heritage projects include: underground designation pilot project report submitted (EH funded); continued liaison with Nottingham University on their Derbyshire Soughs project (potential links to White Peak Rivers initiative); continued liaison with Nottingham Trent University on the SLOW LANDScape project (EU-funded; benefits identified for South West Peak LP and potential partnership links to further EU-funded cultural heritage projects); Peak Farmsteads Characterisation project (EH-funded; in partnership with HPBC and SMDC) underway; excavation report on winding engine house at Ecton submitted to NT;
- We updated the Cultural Heritage Strategy and are updating the Landscape Action Plan;
- Continuation of Ecton, Lead Rakes and Chatsworth parkland management plan projects;
- Decennial (formerly quinquennial) review of listed buildings continued for 2014/15;
- Conservation Area Appraisal for Pott Shrigley approved at March Planning Committee;
- We responded to the Hope Valley Capacity Scheme Environmental Impact Assessment Scoping and attended the first stakeholder reference group meeting for the Trans-Pennine Tunnel Study.

Specific Issues:

1. As noted previously achieving Favourable SSSI condition on upland habitats is a long term goal.
2. Dales SAC Ash woodlands is likely to be changed to unfavourable condition due to high percentage of ash and limited diversity of other species and the risk of ash dieback.

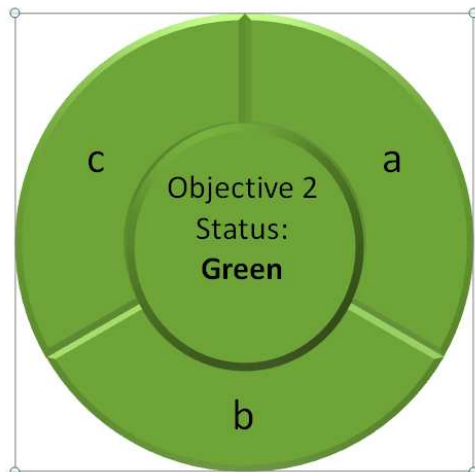
Action to address issues:

1. Still awaiting framework for agreeing realistic targets for Peak District SSSIs from Natural England.
2. Will begin discussions with Forestry Commission on further work on Ash Woodlands.

Risk Implications: Low risk

Contextual Information: None

Objective 2: Be the main provider of integrated advice and support to farmers and land managers to enable farms and other land use businesses to achieve national park purposes.



We will know we have been successful when:

- a) there is a more streamlined approach to providing advice and support between the Peak District Land Management Advisory Service (PDLMAS) partners;*
- b) we continue to broker 30 agri-environment schemes per annum;*
- c) the area of land in the National Park in agri-environment schemes (ELS, HLS or equivalent) is 94,000 ha (that is, 65% of the national park as a whole).*

Quarter 4 Summary

Overall Status:

The European Commission has now approved the Rural Development Programme so the Common Agricultural Policy (CAP) Reform is virtually complete, giving clarity of the big picture. Further details will emerge following the election. Close working with farmers, land managers and land owners remains a priority to stimulate interest in, and understanding of, the schemes and particularly the new national Countryside Stewardship Scheme which opens this summer.

Key Activity in this Area:

- Defra published a further CAP update in February together with guidance on the various schemes, double funding (Greening and Countryside Stewardship) and Countryside Stewardship <https://www.gov.uk/search?q=CAP+Reform>
- Defra, Natural England, the Forestry Commission, the Environment Agency and the English National Park Authorities are working on a revised version of the National Protocol, setting out how these agencies/organisations will work together to deliver environmental land management in National Parks. The revision should be completed by the end of Quarter 1, 2015/16;
- Completed the consultation on Countryside Stewardship targeting, and the targeting statements for the Dark Peak, White Peak and South West Peak are available; the maps will be produced shortly;
- A partnership between the Authority, the NFU and Bagshaws has provided a digital drop in centre at Bakewell market to support farmers to register digitally for the new Basic Payment Scheme (BPS). This has added to the services provided at the established Peak District Land Management Advisory Service (PDLMAS) drop in centre;
- Key findings from the PDLMAS survey are:
 - 80% are interested in the new Countryside Stewardship Scheme, 70% in other business grants and 70% in the National Park grant scheme;
 - 69% felt that the quality of advice provided was excellent/very good;
 - 46% are interested in on farm energy, water & waste efficiency and 30% are interested in renewables;
 - 37% recognised the PDLMAS brand;
 - Just 7% indicated any duplication or contradiction in the advice provided.

Specific Issues:

1. There remains a need to foster interest, familiarisation and understanding of BPS, Countryside Stewardship & Productivity Schemes and the digital approach. The BPS digital mapping system has been withdrawn due to IT issues and this will adversely affect the digital rollout, Countryside Stewardship targeting, mid-tier and the universal capital grant scheme. This may further reduce confidence/interest in the schemes and land management changes may still be considered.

Action to address issues:

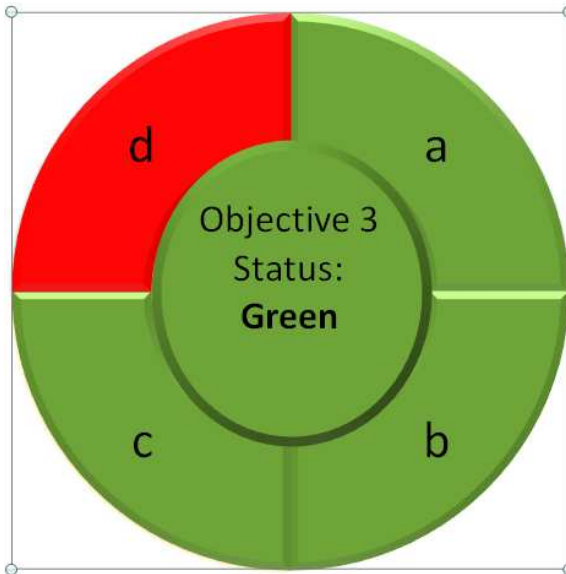
1. Work with partners to set in place a co-ordinated approach for digital delivery and farm advice for the new schemes. Continued national & local influence of key issues affecting upland farming.

Risk Implications:

Uncertainty about the new schemes for farmers/land managers may still lead to a reduction in the area of the National Park protected by agri-environment schemes and therefore a loss of environmental interest.

Contextual information: None

Objective 3: Provide a high quality planning service to the community of the National Park that achieves national park purposes and that is responsive to and contributes to the debate on planning reform nationally and locally.



We will know we have been successful when:

- a) *we have delivered the key milestones in our Planning Improvement Plan 2013/14;*
- b) *our new Development Management Policies are found to be sound and are adopted;*
- c) *we have evidence of improvement in public confidence in Planning;*
- d) *there is a sustained reduction in the number of outstanding enforcement cases by 2015.*

Quarter 4 Summary

Overall Status:

We have met our targets on planning application determination figures. The Planning Improvement Plan milestones have now largely been met, with the planning validation list having been published for consultation. An Action Plan has been drafted for the improved delivery of the monitoring and enforcement service.

Key Activity in this Area:

- Development Management DPD: completed the first draft version of policies and have agreed a new timeline at Authority on 27 March for bringing the full document back to Members in October 2015;
- Targets being met or exceeded on planning application determination figures. The figure for major applications exceeded the level required, thus avoiding possible designation as a poorly performing planning authority;
- The Authority's planning decisions continue to have a good level of support on appeal; the impact of any allowed appeals on policy is assessed;
- Charges for pre-application advice on non-householder developments, introduced on 1 April 2014, is working well, with income exceeding the £20,000 target by February 2015. At Authority in February 2015 Members approved a proposal to extend the scheme to householder developments from 1 April 2015;
- Provided regular bulletins to Parishes;
- Planning application validation requirements review completed and now ready for consultation;
- Stakeholder meetings held with National Trust and Countryside Landowners Association;
- Continuing work in the Minerals team on ROMPS, Prohibition Orders and applications;
- The number of outstanding enforcement cases has dropped slightly in last quarter;
- Increasing level of involvement in A628 proposals and Hope Valley railway capacity scheme.

Specific Issues:

1. Members are concerned that more progress should be made on Monitoring and Enforcement.

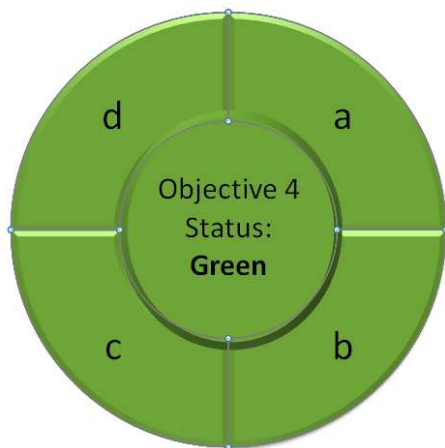
Action to address issues:

1. Focus of Monitoring and Enforcement team on high priority cases and resolving cases, with an Action Plan drafted.

Risk Implications: Reputational risk of not increasing public confidence.

Contextual information: None

Objective 4: Lead a programme to reduce greenhouse gas emissions across the National Park and adapt to climate change by inspiring and enabling others and through direct actions in our own operations.



We will know we have been successful when:

- a) *through planning pre-application advice and information, we have enabled others to take action to reduce their greenhouse gas emissions;*
- b) *the Authority's own carbon footprint has been reduced by 30% (in line with the agreed Carbon Management Plan);*
- c) *we are increasing the area of moorland under restoration management, leading to a reduction in the loss of stored carbon;*
- d) *we have developed a carbon reduction demonstration project.*

Quarter 4 Summary

Overall Status:

Moors for the Future continues to make a significant contribution. The cycle friendly grant scheme continues to support sustainable travel and we continue to reduce carbon emissions associated with our properties.

Key Activity in this Area:

- The cycling friendly grant scheme assisted 12 businesses in quarter four, along the new proposed routes: the YHA (across 4 further sites) (2 further grants), Peak Horse Power, Cotton Star Camping, Red House Stables and Carriage Museum, Haresfield House B&B, The Wolery Holiday Cottage, Foxlowe Arts Centre, Townhead Farmhouse and B&B, Bakewell and Eyam Community Transport, Alsop Rivendale and Lesley Clifford;
- The six holdings in the "On farm carbon, water, waste and renewables project" continue to be supported. Quotes have been obtained and compared for solar panels for buildings on two farms, and the farmers are now considering the assessment provided. Collaboration between the Authority's advisor, potential contractor and the farmer of one holding resulted in the installation of a simple flow monitor to assess the potential of hydro in more detail;
- We are awaiting news of the MoorLIFE 2020 bid, which covers further protection of active blanket bog across the whole of the South Pennines SAC;
- MoorLIFE Upland Biodiversity Conference held in March, following completion of the capital works. Project videos of the work to protect the peat carbon resource have been uploaded to YouTube;
- Moors for the Future completed major project works with Yorkshire Water on SSSI sites and non-owned catchment;
- Peatland Restoration Project: Rivers Ashop and Alport completed on Kinder Scout, stabilising 256 hectares of blanket bog over the year;
- Works underway with 5 Private Landowners through the Private Lands Partnership, with negotiations on a further 7 underway;
- Completed 2 projects to trial and monitor the re-introduction of Sphagnum moss (one on Kinder as part of the Catchment Restoration Fund/ Making Space for Water project and one in the South Pennines as part of breaking up the dominance of purple moor grass);
- Set up the Community Science Project, involving communities in recording climate change across the moorland landscape, engaging in the subject and producing scientifically robust information;
- Redesigned the climate change Supplementary Planning Document, illustrated with case studies that demonstrate best practice;
- Work continues on the Peak District Adaptation Report Update;
- A brief has been agreed for the Warslow Estate carbon budget project, now awaiting budget agreement;
- Developing a suitable solution for North Lees Campsite that is coherent with the future options for the site;
- Losehill Hall bungalow has been vacated ready for disposal, which will result in a carbon emissions reduction of 7 tonnes per annum;
- The biomass system installation at Hayes Farm, Warslow has now been completed;
- Investigations into the feasibility of further carbon reduction capital projects continue.

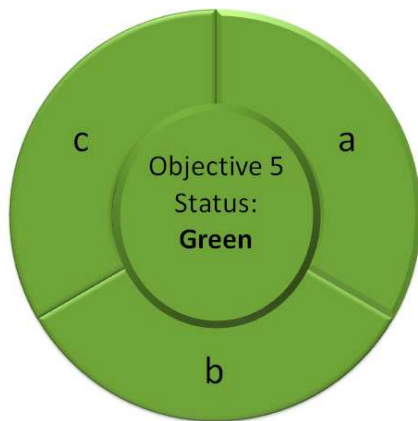
Specific Issues: None.

Action to address issues: None.

Risk Implications: None.

Contextual information: None.

Objective 5: Work with others in an integrated way to support local people to develop community facilities, local needs housing and services in ways that are sustainable and contribute to national park



We will know we have been successful when:

- a) *we fulfil our role in delivering the Peak District Affordable Housing Plan by annually working with at least 3 communities to agree the sites that would address the need for affordable housing;*
- b) *we support annually 4 community sustainable projects;*
- c) *we work annually with 5 communities/ parishes/ villages to support or develop their plans (including neighbourhood plans).*

Quarter 4 Summary

Overall Status:

All work in this area is on target and we are exceeding our targets for supporting community sustainable projects.

Key Activity in this Area:

- Continued work with Tideswell, Edale and Hathersage on sites to address the need for affordable housing, including 2 community events Castleton and Edale to look at potential housing sites;
- Housing needs survey conducted in Bamford;
- Intensive support provided to establish Bakewell Neighbourhood Plan steering group;
- Supported Bakewell community consultations on key policies (e.g. revised town boundary and housing sites);
- Progressing Bradwell Neighbourhood Plan through to examination;
- Supporting Leek Frith with their Neighbourhood Plan and have started discussions with Onecote;
- Advice provided to several communities re Neighbourhood Area designations;
- Working with housing enabler, parish councils and land owners re potential housing sites in Tideswell and Hathersage;
- 2 Sustainable Development Fund funded projects plus 13 Cycle friendly places grants awarded this quarter;
- Advice and preparatory work to implement environmental enhancement of Grindon pond;
- Current contracts with HPBC and SMDC for housing enabling and community development now completed. Negotiations on-going for continuing these partnership arrangements.

Specific Issues: None

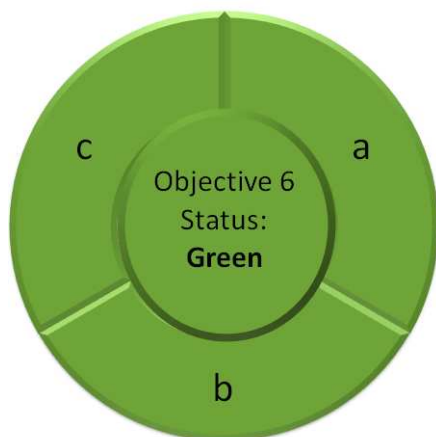
Action to address issues: None

Risk Implications:

Management of expectations in communities in terms support levels that can be provided.

Contextual information: None

Objective 6: Support a sustainable economy by working with businesses and other agencies, particularly focusing our efforts on environmental management.



We will know we have been successful when:

- a) *annually, 100 Peak District businesses (non-agri environment and non-Environmental Quality Mark) are supported by Authority environmental grants, advice and programmes of work;*
- b) *we have taken reasonable steps to secure a sustainable future for the Environmental Quality Mark and Business Peak District;*
- c) *more community outcomes are achieved through enterprise by increasing the support given to social enterprise.*

Quarter 4 Summary

Overall Status:

We have exceeded the annual targets for business support but, despite continued work with Business Peak District (BPD) and various partners (High Peak Borough Council, Derbyshire Dales (DDDC) and Staffordshire Moorlands District Councils), progress with the key Local Enterprise Partnerships and the provision of a Peak District business support offer is slow.

Key Activity in this Area:

- Five events have been co-ordinated through BPD this quarter - Video Marketing Strategies for Business, Creating Video Content for the Web, Planning the Perfect Website and Pension auto-enrolment. These events attracted 58 attendees. The total number of events this year is 23 with over 180 attendees;
- A further 23 businesses have received 1:1 support this quarter including 10 start-ups. The total number of businesses receiving 1:1 support this year is 81;
- Authority Grants are enabling a further 16 businesses to expand, become more cycle friendly or diversify, making an annual total of 33;
- The number of 'Inspired by the Peak District' Brand Champions is now more than 100, exceeding the original D2N2 funded project target of 50. Continuing support for the brand project has been provided by DDDC and future funding opportunities for further brand development are being explored;
- Continuing dialogue with key Local Enterprise Partnerships;
- The EQM Community Interest Company (CIC) has continued to focus on existing award holder reassessments and marketing. A recruitment event and subsequent award panel in March have resulted in 5 new awards this quarter making the total number of Peak District EQM award holding businesses 69;
- 1 social enterprise has been supported this quarter (through the Rural Business Adviser) making a total of 6 for the year.

Specific Issues:

1. Continuing need to work with business partners to clarify and secure funding sources for business growth.
2. A single consistent approach for business support in the Peak District is still proving difficult as the Local Enterprise Partnerships (LEPs) develop their individual approach to business support via their growth hubs.
3. We are continuing to pursue how we could share services across the relevant local authorities for rural business advice and support and particularly for BPD.
4. The EQM CIC continues to focus on improving its service to retain existing award holders. The potential growth of the scheme, in terms of the number of award holding businesses, will continue to be slower than originally estimated but the 2014/15 budget has been balanced with no additional cash support.

Action to address issues:

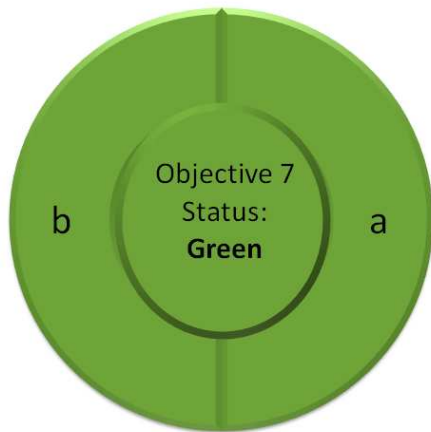
- 1-3. Continue to seek dialogue with the LEPs via BPD, Enterprise Peak District and LA partners.
4. The Authority will continue to provide EQM with in kind support with a formal review of the licence terms planned towards the end of 2015/16.

Risk Implications:

Reduced funding and business support, particularly environmental support available to Peak District businesses.

Contextual information: None.

Objective 7: Enable individuals, the community and voluntary sector to increase their contribution to the national park.



We will know we have been successful when:

- a) *our work is supported by at least 8,500 volunteer days annually and the proportion from our target groups increases or is maintained;*
- b) *over 90% of volunteers enjoy their experience and feel they have made a contribution to the national park.*

Quarter 4 Summary

Overall Status:

Volunteering has performed well this quarter, despite the winter season being a quieter time for volunteering, and overall it has been a good year. The numbers of volunteer days are slightly lower than last year due to Mosaic moving into a new phase of becoming an independent charity (and their volunteers no longer being included in our data). The proportion of volunteers enjoying their experience and feeling they have contributed to the National Park is high.

Key Activity in this Area:

- 28 volunteer days were organised by the Science Team at Moors for the Future Partnership in Q4. It was a relatively quiet time for monitoring fieldwork due to snow on high ground in January and February. However, volunteers have been keen to help out where possible with field tasks and new volunteers continue to register with us to hear about any upcoming opportunities;
- The review of the National Park volunteer procedures has started. This will focus on recruitment, training and administration and is due to be complete by summer 2015;
- 150 volunteer rangers attended the annual volunteer ranger meeting. A survey among them (86 responded), elicited the response that they enjoy their experiences and feel they have contributed to the National Park;
- Mosaic held a meeting of the new committee, with support from the Authority;
- The Learning and Discovery Team have started to run alternate monthly 'muck on' days for volunteers at Longendale Environmental Classroom and Macclesfield Forest. Volunteers have the opportunity to meet and socialise with staff and other volunteers, alongside skill sharing, involvement in conservation and site improvement.

Specific Issues:

None

Action to address issues:

None

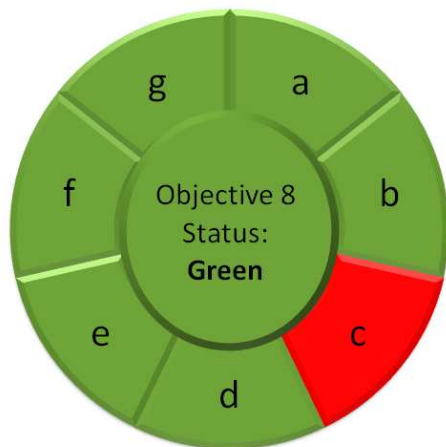
Risk Implications:

None

Contextual information:

None

Objective 8: Provide and enable recreation services that promote health benefits, widen participation, reduce impact on the environment and manage conflicts between users.



We will know we have been successful when:

- a) Action plans for all high priority unsealed routes are being implemented;
- b) we have increased awareness of opportunities for recreation in the national park;
- c) we have increased opportunities for people to access recreational facilities using sustainable means;
- d) we have encouraged others to develop opportunities to experience the national park by bike, horse, on foot and on water;
- e) over 90% of the users of our recreational facilities are satisfied with their experience;
- f) we have widened participation of the services we offer to our target audiences;
- g) at least 85% of our Rights of Way network continues to be easy to use.

Quarter 4 Summary

Overall Status:

Good performance on management of rights of way and recreation action plan, meeting our targets. We will be reviewing our role in delivering against success factor (c) as we move into a new corporate plan.

Key Activity in this Area:

- The Authority made a traffic regulation order at Leys Lane near Great Longstone to prohibit all mechanically propelled vehicles at all times on grounds of natural beauty and amenity;
- The Local Access Forum considered the principle of voluntary restraint as a possible management option for green lanes;
- Action plans for 2015/16 for green lanes and managing recreational motorised vehicles were reported to members of the Authority in March;
- A Wild Side beer was launched to celebrate the 10th anniversary of open access and the work in developing the legacy of open access;
- A dedication of land as open access was made at Middleton Dale, Stoney Middleton and will come into force in September;
- A review is ongoing on a long-term direction restricting access to open access land; a further direction has now been reviewed; a total of 4 that have been dealt with in the last year;
- 5 public path diversions are still on-going;
- A Mountain Bike Facility Development Framework has been drafted for a potential bid to Sport England for skills areas to encourage progression and diverse experiences;
- 5.5km of towpath improvements were completed along the Caldon Canal, Staffs;
- www.summerofcycling.co.uk is live and a social media campaign has commenced;
- Guidance for large scale events was developed and launched in March;
- A schools' pack was produced to accompany the #DoThisPeakDistrict animation. A subtitled version of the film has also been produced and is being shown on Manchester Hospital TV;
- A Travel Summit was held, generating lots of positive ideas and commitment to the agenda;
- A review of the visitor experience at Cycle Hire and Visitor Centres is in progress with the aim of scoping development opportunities;
- Parsley Cycle Hire Centre has been included in Visit England's Access for All national campaign to raise the profile of accessible cycling in the Peak District;
- Exploring opportunities for trails development including feasibilities for Millers Dale & Parsley Hay.

Specific Issues:

1. The Welcome All Access Guide has been delayed due to income generation priorities

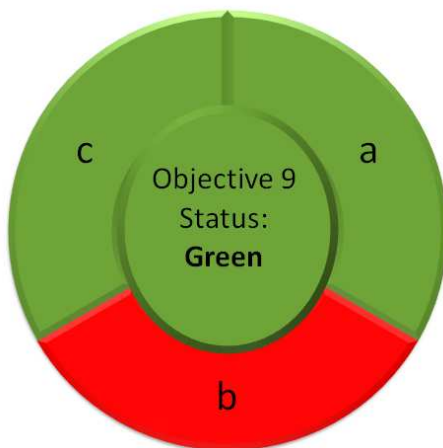
Action to address issues:

1. A schedule to complete the Welcome All Access Guide will be produced incorporating key milestones by end April 2015. A consultation process will be completed involving a group of ramblers with disabilities through the access forum from June 2015.

Risk Implications: None

Contextual information: None

Objective 9: Support the development of a coherent and successful Peak District tourism sector which takes account of the needs of the environment, local residents, local businesses and visitors.



We will know we have been successful when:

- a) we have an updated tourism strategy for the Peak District by March 2014, subject to key delivery partners being able to work to this timetable;*
- b) the number of Peak District tourism businesses participating in Environmental Quality Mark (EQM) has increased;*
- c) the visitor elements of the sustainable transport action plan are being delivered.*

Quarter 4 Summary

Overall Status:

The review of Visit Peak District is complete and attention is now turning to a more strategic way of working together to take advantage of external funding opportunities, particularly the imminent European Funding and Visit England funding opportunities.

Key Activity in this Area:

- We held a sustainable travel summit where partners felt the challenges suggested by the geography of Peak District National Park can be overcome by a connecting infrastructure and making travel part of the experience;
- Further to the review of Peak Connections, we commissioned a piece of work to explore options for a sustainable travel product;
- Secured further round of DfT funding which is helping all YHAs in the Peak District to become cycle friendly as well as enabling Bakewell and Eyam Community Transport to develop a bike bus;
- Discussions are in progress with Derbyshire Dales District Council regarding the partnership agreement and future operation at Bakewell Visitor Centre;
- Exploring feasibilities for development of Castleton Visitor Centre;
- Preparations are underway for a second Summer of Cycling, including L'Eroica Britannia;
- Approval is being sought to improve the camping experience at North Lees Campsite;
- Concept for Pedal Peak Business Initiative is being developed for external funding;
- Exploring opportunities for trails development including feasibilities for Millers Dale & Parsley Hay;
- The EQM Community Interest Company (CIC) has continued to focus on existing award holder reassessments and marketing. A recruitment event and subsequent award panel in March have resulted in 5 new awards to tourism businesses this quarter making the total number of Peak District EQM award holding businesses 68 (Overall total number of businesses 69).

Specific Issues:

1. The completion of the VPD review means that attention now needs to turn to ensuring a strategic direction for both Peak District and Derbyshire brands.

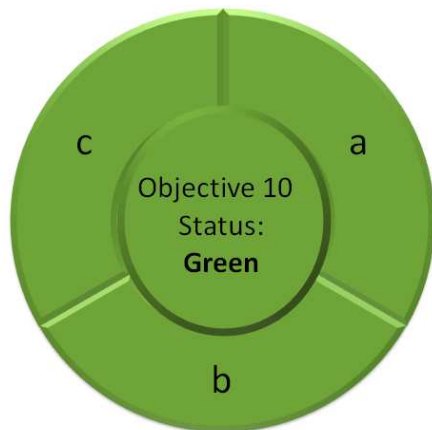
Action to address issues:

1. It will be necessary during 2015 to review/refresh of the Peak District Sustainable Tourism strategy to provide the strategic direction, framework and success measures to achieve the objective and support future delivery of the two brands with VPD.

Risk Implications: None

Contextual information: None

Objective 10: Inspire a wider range of people to access and better understand the national park, through some direct provision of services and enabling others to do so.



We will know we have been successful when:

- a) *we continue to provide a similar number of learning opportunities and more target audiences take part in the activities;*
- b) *we maintain the proportion of users of our learning and understanding services that have an increased understanding of the national park;*
- c) *we are involved in an increased number of formal partnerships that aim to reach new audiences and increase understanding.*

Quarter 4 Summary

Overall Status:

This has been a successful quarter for promoting understanding across the National Park. We are on track for reaching our targets, especially through people accessing our different websites, guided walks and events. We have maintained levels of customers who have an increased understanding of the national park as a result of activities undertaken.

Key Activity in this Area:

- South West Peak website has had 13 people subscribe to receive email notifications of new content; 2 additional people (from pre-bid) complete contact forms to be kept in touch with the scheme; 3 people have shared their memories of visits to the SWP (new page on website added beginning of March so early days); 85 people voted on the choice of the logo for the partnership;
- Learning and Discovery team have moved from Losehill Hall bungalow to Aldern House as part of the property review;
- The MICCI project has had another successful year with 49 students from 5 different schools taking part in the Peak District. The yearly project which is part of National Science Week has continued to be run by other National Parks around the country as well;
- The Learning and Discovery team with the South West Peak Project have been successful in applying to Staffordshire Moorland District Council for public health funding for 25K for a project working with Young People on conservation and green gym style activities. This will start in 2015/16;
- A programme of visiting photography exhibitions has been finalised for 2015 at the Peak District Photography Gallery, Bakewell Visitor Centre to promote the special qualities of the Peak District National Park and National Parks during NPW 2015;
- The Inspiring Generations Group meeting and Peak District Educators Group meeting (both in February) identified a joint need to promote wild play in the Peak District as a way of engaging and inspiring young people. A working group will look to take this forward, building on the Project Wild Thing and Promoting Wild Play;
- Completed the Sheffield non-visitors survey which will help inform the People and Park Connected Strategy and work on health and wellbeing for 2015/16.

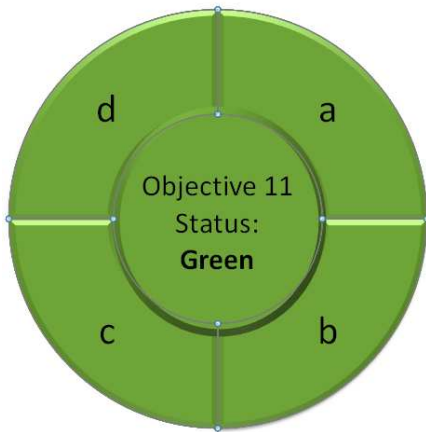
Specific Issues: None

Action to address issues: None

Risk Implications: None

Contextual information: None

Objective 11: Be a well-run public body with proportionate and effective ways of working, delivering excellent customer service and living our values.



We will know we have been successful when:

- a) we renew our Customer Service Excellence certification;*
- b) we maintain our 'Investors in People' award;*
- c) we have received an unqualified opinion from our external auditors on our financial statements and governance arrangements.*
- d) New signature programmes (from the NPMP) are making progress with delivery through the effective working of the wider delivery partnership.*

Quarter 4 Summary

Overall Status:

Good progress made against service plan actions and our success measures.

Key activities over the quarter:

- Follow up from successfully retaining the Customer Service Excellence standard are to incorporate further service customer service improvements into service plans. Agreed action should now be driven by business/commercial need led by the Directors and Assistant Directors (no longer to monitor corporately);
- A new Chief Executive started on 26 January 2015. The leadership team have agreed the focus for the 2015/16 business plan year and work is now underway. 2015/16 is to be a transitional year and a timetable for our work on the medium term strategic and financial plan for the period 2016-2019 has been agreed by the Authority;
- Implementation of the staff engagement action plan continues with: a well-being at work policy agreed by the Authority and the trade union recognition and procedural agreement agreed by the Local Joint Committee; briefings for the revised JPAR (joint performance and achievement reviews); management team agreement of the priorities for improving internal communications, including leadership team accountability, using team cascade processes and introducing skills training for all managers. The engagement plan will be updated after management team has considered the results of the latest staff survey which indicates a reduction in the number of staff feeling valued from 52% to 49% (based on a 60% response);
- New property based budgets are now in place alongside a revised support services costs allocation to all operational activities;
- Priority action to roll out the brand has been proposed for the transitional year;
- Continued to develop the new Information Management strategy (2015- 2018); focus in the last quarter has been on the need to replace the infrastructure and developing the ICT capital programme to fund this;
- A Corporate Property Officer has been appointed to support the Integrated Property Board and the Authority's collective performance on property;
- The Aldern House project is proceeding as planned; with a review planned for quarter one of 2015/16;
- The National Park Management Plan Travel Summit took place in early March to address sustainable visitor management and travel in and around the national park. The annual request for 2014-15 progress against the delivery plan was requested of stakeholders in late March.

Specific issues:

1. As foreshadowed last quarter, the work programme in HR has had to be reprioritised due to an increase in case work – this has meant planned (but ambitious) development work on policies/guidance (around absence management, managing change, disciplinary and grievance procedures) and development of the HR electronic system has been delayed. In addition some aspects of the planned corporate training programme have been carried forward for delivery in 2015/16.

Action to address issues:

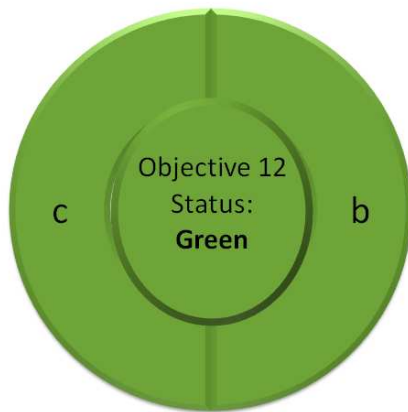
1. Resourcing of HR has been supplemented by the appointment of casual HR officers and admin staff but realisation of the benefits of this will take time.

Risk implications - none to highlight

Contextual information: none

Objective 12: Develop an approach to income generation to harness a more entrepreneurial focus on service delivery that is socially, economically and environmentally sustainable.

We will know we have been successful when:



b) *achieve £258k from increased income generation/cost reductions arising from wider market activities by the end of March 2015;*

c) *The Asset Management Plan has been reviewed (by March 2014) to reflect the changing priorities of the National Park and implementation has begun.*

Quarter 4 Summary

Overall Status:

We have continued to achieve our targets on this Objective.

Key Activity in this Area:

- Cycle Hire has continued to generate increased levels of income;
- Visitor Centres have exceeded their income generation targets;
- The On line shop is now up and running;
- An external funding protocol and proforma for new project ideas has been developed;
- A Programme Board (Enterprise Plus) has a redefined remit to: allocate development resources to progress new external funding ideas; project management of tolerances; oversee fundraising more broadly; consider external funding project ideas at an early stage in the development to give an early steer to ensure projects are correctly focussed and supporting the Authority to meet corporate priorities; receive regular updates on all external funding activity, including bids in development, bids submitted and outcome of bids;
- The brief for the Giving Strategy was agreed and several “giving” pilot projects were initiated, such as donations for ranger walks and the Access Fund;
- Development of a scheme at North Lees to encourage giving, which will be introduced in 2015/16. Free parking at Stanage and membership of the campsite is being offered for a contribution of £15 to access and conservation works and appropriate interpretation;
- A planning application has been submitted for the installation of 4 camping pods at North Lees campsite (alongside improvements to the shower facilities) with the aim of increasing income generation;
- Following grant aid from Natural England, and work with major landowners, an event notification system has been set up which invites events’ organisers to make donations to suspense account held by the NPA. This will enable event participants to directly contribute to the conservation of the National Park as part of their entrance fee to the event.

Specific Issues: none

Action to address issues: none

Risk Implications: none

Contextual information: none

SUMMARY OF PERFORMANCE 2014-15

How we focus our effort

The Authority's Corporate Objectives (2012 -15) have guided service planning and work programmes over the past three years for individual staff, enabling staff to clearly understand their role in supporting the outcomes of the National Park Management Plan (Annex 4 shows the framework for this).

Our Corporate Objectives, and associated indicators to monitor success, ensure the work of the Authority reflects the revised National Park Management Plan (2012 – 17) and reflect our anticipated capacity according to current expectations of funding. Indicators are monitored, as standard, on a quarterly basis with some exceptions where obtaining data is not possible or is cost prohibitive.

Progress on our Objectives during 2014/15

Of the 61 indicators used in the past year to monitor progress towards achieving our objectives, we met or exceeded our target on 62% of them, similar to last year (64%), and fell short of target on 38%. Two indicators were not monitored (Percentage of residents who consider that the Authority makes Planning decisions that support the delivery of National Park purposes; percent of planning applicants who are satisfied with the service received).

As we move into 2015-16 and a new focus of activity, our monitoring will change. The tables of indicators, in subsequent sections, specify whether or not an indicator will continue to be monitored to support our corporate performance. The table of indicators to monitor performance for 2015-16 is shown towards the end of this document.

External Assessment: Audit

We are subject to annual inspections from the Audit Commission and once again we were given unqualified opinion on our financial statements and a satisfactory conclusion on overall value for money. Internal Audit inspections occur twice a year and recommendations from their work are incorporated into our work programmes. We received:

- high level of assurance for income/debtors, purchasing/creditors, performance management and minerals;
- substantial level of assurance for risk management and project management;
- moderate level of assurance for information governance; and
- limited level of assurance for IT systems controls.

Out of a total of 28 recommendations made over the year: none of them were classed as fundamental; 9 were classed as significant; 19 were classed as meriting attention. The 2014/15 annual assurance report from the internal auditor states: the overall opinion of the Head of Internal Audit on the framework of governance, risk management and control operating in the Authority is that it provides Substantial Assurance. There are also no significant control weaknesses which in the opinion of the Head of Internal Audit need to be considered for inclusion in the Annual Governance statement.

How we manage Risk

Heads of Service and Assistant Directors are also responsible for identifying key risks in their service which are then considered by Management Team, alongside environmental scanning, for inclusion in the Corporate Risk Register. The Corporate Risk Register was approved by the Authority's Audit, Resources and Performance Committee (May 2015), and is monitored and updated quarterly. A copy of our corporate risk register is shown in Annex 5.

Improvement activity

In delivering our 'Moving Forward in a Time of Change' strategy for 2014-15, performance in key areas was incorporated into our work programmes. Performance against these areas is shown overleaf.

MOVING FORWARD IN A TIME OF CHANGE STRATEGY with supporting performance improvement actions for 2014-15		
<u>Focus</u>	<u>Improvement action 2014-15</u>	<u>Performance 2014-15</u>
<i>Strand 1. Lead the National Park well, being focused on what we are going to do and only we can do</i>		
<i>a. Making choices on priorities</i>	Develop new corporate plan aligned to financial planning (by Dec 2014)	Progress made but further development rescheduled to accommodate: the input of the new Chief Executive who started in January; and the forecast for public sector expenditure following the general election outcome.
	Identify costs for business planning purposes: <ul style="list-style-type: none"> Review support cost drivers and allocation of costs to operational activities (by Sept 2014) 	Achieved
<i>b. The right leadership in place</i>	Leadership development programme (external input in 2014)	Completed
	Deliver staff survey action plan (by March 2015)	Certain aspects of the plan have been progressed well e.g. giving employees a meaningful voice and well-being at work; priorities for 2015/16 have been identified following the more recent staff survey
<i>c. A strong culture of delivery</i>	Continued performance improvements in planning service: <ul style="list-style-type: none"> Capitalise on co-location and unified leadership A visible set of cultural improvements, particularly in terms of consistency of approach 	Staff relocations completed. Consistency of approach achieved illustrated by high level of support on appeal. Improvement in planning application determination figures – all targets met this year.
	Integrated support services review including Business Process Reviews (1 June 2014)	Completed
	Review of HR policies to support future direction (March 2015)	Some completed in 2014/15 e.g. wellbeing; others to be completed in 2015/16 e.g. managing change policy
	Development of Information Management Strategy 2014 – 2018 (by March 2015)	In progress with final draft to be considered by management team and members by the end of July 2015
Strand 2: Be more enterprising to generate more income from great products and services to spend more on the national park		
<i>Nurturing an enterprise plus approach to generate income</i>	Enterprise + programme (2014/15 – 2016/17)	Achieved our target of increased income generation and cost reductions. A commercial programme will be developed in 2015 to support the next corporate strategy period
	Develop new and coherent opportunities	Completed

Appendix 2

	for external funding <ul style="list-style-type: none"> Review external funding framework (2014/15) 	
<i>Putting customers at the heart of our products and services</i>	Sustain achievement of customer service excellence standard (annually – October 2014)	Achieved
	Improve customer insight and market focus (2014/15)	Data obtained and action plan to address outcome is being progressed.
Strand 3: Help others to do more to benefit the national park		
<i>Influencing land managers</i>	Asset Management Plan review (May 2014)	Completed
	Property service review (September 2014)	Completed
<i>Developing our brand</i>	Brand development project (March 2015)	Completed Will continue to roll out brand values.
<i>Reaching out to new audiences</i>	a) Develop long term partnerships to share costs (March 2015)	Achieved: South West Peak project and Moors for the Future.
	'Giving' and 'donations' strategic impact group (March 2015)	Delayed to September 2015
<i>Doing more business on line</i>	Responsive website project (March 2015)	Completed

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APPENDIX 3: CORPORATE INDICATOR TABLES

Objective 1

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) We have identified, and are delivering on, 3 new projects in partnership that correspond with landscape character areas in the national park;	1. Number of projects, delivered in partnership, that correspond with landscape character areas.	6	6	Service level monitoring
b) We have focused work on the Landscape Strategy, the Biodiversity Action Plan and the Cultural Heritage Strategy to support the delivery of the revised National Park Management Plan;	2. Number of Strategies and Action Plans aligned with the National Park Management Plan. Target by 2014 = all	3	1	Service level monitoring
c) We have increased the amount of Authority owned Site of Special Scientific Interest land in favourable condition from 32% to at least 35% by 2025*;	3. Area and percentage of Authority owned SSSI land in favourable condition	32%	32%	NPMP monitoring
d) We have developed formal relationships with all the Local Nature Partnerships within the national park and/or developed a Peak District Local Nature Partnership;	4. Number of LNPs engaged with (out of total number of LNPs).	All	All	Service level monitoring
e) We have met our targets for rescue and restoration of buildings and monuments.	5. % conservation areas with up-to-date character appraisals (out of total no. conservation areas)	22% (109)	23% (109)	Continue for cross-Park monitoring
	6. No. and % of listed buildings 'at risk' rescued during the year.	10 (5.2%)	2 (1.2%)	
	7. No. and % of scheduled monuments 'at high or medium risk' conserved during the year.	1 (1.2%)	0	

Objective 2

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) There is a more streamlined approach to providing advice and support between the Peak District Land Management Advisory Service partners;	8. Percentage of users who feel that the overall quality of service provided by PDLMAS is at least 'good'	Baseline	69%	Service level monitoring
b) We continue to broker 30 agri-environment schemes per annum;	9. Number of Higher Level Scheme applications or equivalent that we have brokered.	30/ annum	33	Service level monitoring
c) The area of land in the National Park in agri-environment schemes (ELS, HLS or equivalent) is 94,000 ha (that is, 65% of the national park as a whole)	10. Area (ha) and proportion of land in the National Park covered by environmental schemes.	≥94,000ha (65%)	112,028ha (78%)	Service level monitoring

Objective 3

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) We have delivered the key milestones in our Planning Improvement Plan 2013/14;	11. Have we met the milestones set out in the Planning Improvement Plan?	Yes	Awaiting data	Service level monitoring
b) Our new Development Management Policies are found to be sound and are adopted;	12. Have we met the key milestones towards adopting our Development Management Policies (including tests for soundness)?	Yes	Awaiting data	Update
c) We have evidence of improvement in public confidence in the Planning Service;	13. Percentage of planning applicants who are satisfied with the service they received.	>70%	Survey not conducted	Continue
	14. Percentage of residents who consider that the Authority makes planning decisions that support the delivery of National Park purposes.	Establish baseline	Monitoring not set up	Update
	15. Percentage of planning applications by type determined in a timely manner:			Continue
	a) 13 weeks for major applications	60%	71%	
	b) 8 weeks for minor applications	65%	67%	
	c) 8 weeks for 'other' applications	80%	89%	
d) 13 weeks for all County Matter applications	50%	54%		
	16. Percentage of responses to planning correspondence within 15 working days.	85%	80%	Update
d) There is a sustained reduction in the number of outstanding enforcement cases by 2015.	17a. Number of enforcement cases outstanding.	375	398	Update
	17b. Number of top ten high priority cases resolved each year.	>1	0	Update

Objective 4

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) Through Pre-application advice and information we have enabled others to take action to reduce their greenhouse gas emissions;	18. Proportion of planning applications that could, and on validation do, incorporate energy efficiency and micro-renewables proposals.	60%	32%	Update
b) The Authority's own carbon footprint has been reduced by 20% (in line with the agreed Carbon Management Plan);	20. The Authority's overall carbon footprint.	20% reduction from 2009/10 baseline.	20%	Continue for cross park monitoring
c) We are increasing the area of moorland under restoration management, leading to a reduction in the loss of stored carbon;	21. Area of moorland undergoing restoration management through the Moors for the Future Partnership:			
	a) Moorlife Area	2,600ha by Mar '15	3,167ha	Update
	b) Outside Moorlife Area	900ha by Mar '15	827ha	
d) We have developed a carbon reduction demonstration project.	22. Development of a carbon reduction demonstration project.	Deliver 2 further projects	1	Service level monitoring

Objective 5

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) We fulfil our role in delivering the Peak District Affordable Housing Plan by annually working with at least 3 communities to agree the sites that would address the need for affordable housing;	23. Number of communities we have worked with on affordable housing needs.	3	5	Continue
b) We support annually 4 community sustainable projects;	24. Number of community sustainable projects we support (plus qualitative output on the impact of the grant).	4	35	Continue
c) We work annually with 5 communities/ parishes/ villages to support or develop their plans (including neighbourhood plans).	25. Number of communities/ parishes/ villages where we have supported development of their plans.	5 annually (including 3 neighbourhood plans).	9	Continue

Objective 6

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) Annually, 100 Peak District businesses (non-agri environment and non-EQM) are supported by Authority environmental grants, advice and programmes of work;	26. Number of businesses (non- agri environment and non-EQM) participating in Authority led or actively supported schemes.	100	71	Cease
b) We have taken reasonable steps to ensure a sustainable future for the Environmental Quality Mark and Business Peak District;	27. Annual qualitative commentary on progress to retain EQM and Business Peak District.	Commentary provided		Cease
c) More community outcomes are achieved through enterprise by increasing the support given to social enterprise.	28. Number of social enterprises the Authority has supported (per annum).	5	9	Cease

Objective 7

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) Our work is supported by at least 7,000 volunteer days annually and the proportion from our target groups increases or is maintained;	29. Number of volunteer days organised or supported by the Authority.	8,500+ annually	8,426	Continue
	30. The number of days attended by under-represented groups.	> 1,900 annually	1,687	Continue
b) Over 90% of volunteers enjoy their experience and feel they have made a contribution to the national park.	31. Percentage of volunteers surveyed who enjoyed their experience.	> 90%	100%*	Update
	32. Percentage of volunteers surveyed who felt they had made a contribution to the national park.	> 90%	100%*	Update

* Taken from a survey of 86 volunteer rangers who attended the annual volunteer ranger meeting

Objective 8

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) <i>Action plans for all high priority unsealed routes are being implemented;*</i>	33. Number of specific route action plans in place and being delivered.*	24	21	Continue
b) we have increased awareness of opportunities for recreation in the national park;	34. Number of contacts through Authority recreational facilities/ activities (cycle hire, guided walks/ events, campsites).	≥ 33,000	32,804	Update
c) We have increased opportunities for people to access recreational facilities using sustainable means;	35. Percentage of contacts who have used sustainable travel to recreational facilities.	35%	20%	Update
d) We have encouraged others to develop opportunities to experience the national park by bike, horse, on foot and on water;	36. Number of priority actions in the recreation strategy achieved or on target.	24	20	Update
e) Over 90% of the users of our recreational facilities are satisfied with their experience;	37. Percentage of users of recreational facilities/ activities that are satisfied with their experience.	> 90%	97%	Continue
f) We have widened participation to the services we offer to our target audiences;	38. Percentages of Authority customers using recreational facilities that are from our specific target audiences:			Continue
	a) Children and young people (5-24 yrs)	49%	65%	
	b) Minority ethnic groups	5%	16%	
	c) People with a limiting long-term illness or disability	6%	4%	
	d) People from deprived target areas.	3%	4%	
g) At least 85% of our Rights of Way network continues to be easy to use.	39. Percentage of total length of footpaths and other rights of way that are easy to use by the general public even though they may not follow the exact definitive line.	> 85%	89%	Continue

Objective 9

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) from 2013/14):We have an updated tourism strategy for the Peak District by March 2014, subject to key delivery partners being able to work to this timetable;	40) Tourism Strategy updated by March 2014	Continue to have influence over tourism in the Peak District	Continued influencing role	Cease
b) The number of Peak District tourism businesses participating in EQM has increased;	41) Number of Peak District tourism businesses participating in Environmental Quality Mark.	106 (cumulative by end 2014/15)	68	Cease
c) The visitor elements of the sustainable transport action plan are being delivered.	42) Percentage of Priority actions in the Sustainable Transport Action Plan met or on target that aim to:	>90%	25%	Update

Objective 10

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) We continue to provide a similar number of learning opportunities and more target audiences take part in the activities;	43. Number of contacts through learning opportunities provided by the Authority:			
	a) Information (visitor centres/cycle hire)	463,000	418,538	Update
	b) Face to face (guided walks/ education)	13,618	24,806	
	c) Participation and engagement	5,374	4,657	
	d) Website.	442,593	653,881	
	44. Percentages of Authority customers on learning activities who are from specific target audiences.	Increase proportion year on year.	70%	Continue
b) We maintain the proportion of users of our learning and understanding services that have an increased understanding of the national park;	45. Percentage of customers on Authority learning activities that believe their understanding of what is special about the National Park has increased.	At least 74%	71%	Monitor at service level
c) We are involved in an increased number of formal partnerships that aim to reach new audiences and increase understanding.	46. Number of formal partnerships aimed at promoting understanding.	2 (cumulative)	2	Cease

Objective 11

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
a) We renew our Customer Service Excellence certification;	47. We have shown progress against all 9 actions to the satisfaction of the external assessor.	Yes	Yes	Cease
b) we maintain our 'Investors in People' award;	48. Percentage of staff who feel valued by the Authority	58%	49%	Continue
c) we have received an unqualified opinion from our external auditors on our financial statements and governance arrangements;	49. Unqualified reports from external auditors on Financial statements (including Annual Governance Statement).	Yes	Yes	Update
	50. Unqualified reports from external auditors on Value for Money.	Yes	Yes	
d) New signature programmes (from the NPMP) are making progress with delivery through the effective working of the wider delivery partnership*.	51. Qualitative report on progress against signature programmes.	Qualitative report	To plan	Cease

Objective 12

Success Factors	Indicators	Target 2014/15	Outturn 2014/15	Indicator status
b) Achieve 15% increased income generation from wider market activities by the end of 2014/15 from the baseline at the end of 2011/12 (reviewed annually);*	52) Percentage equivalent annual value of savings from the baseline budget	£258K	£334,200	Cease
c) The Asset Management Plan has been reviewed (by March 2014) to reflect the changing priorities of the National Park and implementation has begun..	53) Development of a new Asset Management Strategy	Implementation started	Yes	Cease

APPENDIX 4: Quarter 3 Report on Complaints and Freedom of Information (FOI) and Environmental Information Regulations (EIR) Enquiries (1st January – 31st March 2015)

a) Overview

Total Number of Complaints Received in Quarter 4 was 6.
Of these 1 were made regarding an Authority Member.

Total Number of Complaints Received April 2014 – March 2015: 18

b) Details of complaints this quarter

Complaint Ref, Date Made and Stage	Service and Reason for Complaint	Date Response Sent	Outcome
C397 07/01/15 Stage One	Land Management Complaint from a representative of an outgoing tenant regarding end of tenancy arrangements and the conduct of an officer of the Authority. Complaint also that actions of the Authority generally led to the outgoing tenant bearing financial loss.	13/02/15 & 17/04/15 Extension of time for response was agreed following submission of additional confidential material	Found no evidence to suggest misconduct of Authority officer. Financial claims rejected save that: <ul style="list-style-type: none"> (1) Agreed to reimburse outgoing tenant for 50% share (£1,004.15) of HLS mapping error penalty. (2) Agreed without admitting liability to pay the outgoing tenant the sum claimed in lieu of heft and acclimatisation of £1042.25. Complaint escalated to Stage 2.
C.398 09/01/15 Stage One	Field Services Complaint alleging inaccuracies and innuendos in a National Park newsletter.	20/01/15 Within 15 working day deadline	Explained background to cases and purpose of photos in newsletter and how tracks are monitored. Stated that some responsible vehicle users have come forward and offered to repair the damage adjacent to one road because they were so upset about it. Authority has in the past co-ordinated repair works with the Highway Authority and Treadlightly, and would be willing to do so again. Refuted Complainant's suggestion that damage adjacent to a car park might be caused by farm vehicles as clearly incorrect. Emphasised that the NPA has a responsibility to address issues where recreation in the National Park has an impact on conservation values. Apologised for any misunderstanding of the newsletter and that it is simply highlighting situations where irresponsible use by

			motorised users has damaged areas of the National Park counter to the National Park's Green Lanes Code and LARA's Byways Code and the National Park's purposes. Any quantifiable improvements in the management of green lanes will also be reported in the newsletter.
C.399 05/02/15 Stage One	Planning Service Complainants were dissatisfied with the Pre-Application Advice Service they received. They felt that the advice they received from different officers was inconsistent and also that the process was difficult and complicated.	27/02/15 1 day over 15 working day deadline	Complaint justified because of application being dealt with by several different officers and subsequent 'mixed messages' given by those Authority officers. The planning application fee has been refunded as a gesture of goodwill. The complainant was satisfied with this outcome.
C.400 05/02/15 Stage One	Planning Service Stage One Complaint regarding the handling of a planning application.	27/02/15 1 day over 15 working day deadline	On the whole the complaint was not justified; whilst there was some delay in obtaining officer advice and a delay in determining the planning application, this was a long ongoing enforcement case for which there was significant evidence that the Complainants were fully aware of the Authority's stance on their development. The outcome of lengthy discussions was not in the complainant's favour but does not justify a complaint against the Authority's handling of the matter.
C.401 10/03/15 Stage One	Communications & Marketing/Legal and Democratic Services Complaint alleging that the Authority is officially endorsing and promoting an anti-recreational, unelected pressure group and thereby showing a bias against legal vehicle use on green lanes within the National Park. The Authority is not complying with its duty to encourage local business activity and is damaging the image of the Peak District as a major motorised tourist destination. The	31/03/15 Within 15 working day deadline	Following complaint about information relating to Friends of the Peak District appearing on the Authority website the content was reviewed in the context of the current Partnership Policy and removed a number of bodies listed. Also advised that the National Park Authority did not endorse or actively promote membership of any of the bodies listed. The purpose was to provide information about partners and signpost anyone who wanted to know more. Explained the National Park purposes and confirmed that all the decisions relating to traffic management in the National Park had been made in an open and transparent way and in accordance with our statutory purposes. Also advised that as membership of a group or charity does

	Authority is using public funds and resources to promote Friends of the Peak District which is improper and not permitted.		not necessarily mean that a Member or employee supports all the views or decisions of that body membership alone did not prevent an individual participating in decision making unless they have a prejudicial interest by holding a position of authority on that body or by having a significant financial investment in the body or the decision being made. It was therefore the responsibility of individual Members and officers to decide whether they could come to an issue with an open mind and not the Authority.
C.402 11/03/15 Member	Complaint against an Authority Member who had: a) not behaved in a way consistent with the general principles prescribed in Section 28 of the Localism Act 2011. b) failed to treat others with respect. c) acted in a manner which could be regarded as bringing his office and the Authority into disrepute.	Acknowledgement sent: 13/3/15 Response sent: 17/04/15	Decision: No further action to be taken as there was no evidence to suggest that there has been a breach of the Code of Conduct, and as such the complaint did not warrant an investigation as it is not in the public interest to pursue it further.

c) Updates on Complaints Reported in Previous Quarters

Complaint Ref, Date Made and Stage	Service and Reason for Complaint	Date Response Sent	Outcome
<p>C.355 19/07/13 Ombudsman – originally reported in Quarter 1 of 2014 - 2015</p> <p>(Stage One complaint and response reported in Quarter 2 and Stage Two response reported in Quarter 4 of 2013 - 2014)</p>	<p>Planning Complaint regarding lack of consultation for a planning application on a neighbouring property and impact on complainant's property.</p>	<p>13/06/14</p> <p>One day over 31 day deadline</p>	<p>The Ombudsman's provisional view recommended that the Authority agree to pay for an independent planner to advise whether the planning decision would have been different, taking account of:</p> <ul style="list-style-type: none"> • The impact on the Cottage • Acceptable separation distances • Positioning of windows and overlooking of: <ol style="list-style-type: none"> a) Primary living spaces (kitchen and main bedroom) b) Yard/outside dining area. <p>The Authority agreed to pay for an independent planner and their report has been received. Comments by the Authority on the report have been sent to the Ombudsman. A final decision from the Ombudsman is still awaited.</p>
<p>C.386 24/12/14 Stage Two</p> <p>(Stage One response reported in Quarter 1 of 2014-2015)</p>	<p>Planning Service</p> <p>Complaint regarding the handling of a planning application and the degree to which the Authority as a local planning authority acted reasonably and in the best interests of the property concerned. Complainant unhappy with Stage One response, in particular with regard to officer mishandling of the application and bias.</p>	<p>Response due by 26/01/15</p> <p>Response delayed by change of Chief Executive. Meeting offered by new CEO</p>	<p>The Chief Executive has offered to meet the complainant to discuss the complaint; a reply is awaited. The planning application which is the source of the complaint was approved at the Planning Committee on 17 April.</p>

d) Complaints Review

When the last quarterly report on complaints was considered Members requested a review and update on trends in complaints over the past 3 years.

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
2012/13	38	0	22	4	12	22	4	5	0	3	0	0
2013/14	34	1	18	11	5	17	11	6	1	1	0	2
2014/15	18	0	11	6	1	11	6	5	1	1	0	0

The following trends in complaints have been identified:

2012/13 – Planning Service: handling of planning applications, pre-application advice and lack of enforcement action
Other Services: Complaints against Members, publication of information and actions of officers.

2013/14 – Planning Service: handling of planning applications, pre-application advice, lack of consultation, actions of officers
Other Services: Complaints against Members, actions of Management Team.

2014/15 – Planning Service: handling of planning applications, pre-application advice and length of time taken to take enforcement action
Other Services: Actions of officers.

With regard to the number of complaints received, there has been a marked reduction over the last 3 years as shown in the table above. Of those complaints which were pursued to the Local Government Ombudsman, there have been no upheld cases over this period, although there is one outstanding planning case for which an update report is included in this quarter (C.355). Within the Planning Service part of the reason for the reduction in complaints is the greater focus on dealing with issues as soon as they arise, rather than allowing them to escalate into a formal complaint.

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

2014/15	No. of FOI Enquiries received	No. of EIR Enquiries received	No. of Enquiries dealt with in time (20 days)	No. of late Enquiry responses	No. of referrals to the Information Commissioner	Enquiries in progress
Q4	19	4	21	2	0	3
Total over the year	71	27	92	7	0	

Note: in future, this report will be based on the Number of FOI requests and EIR enquiries dealt with in each quarter to give more clarity of information.

8. CORPORATE RISK REGISTER 2014/15 AND 2015/16 (A91941/WA)

1. Purpose of the report

The purpose of this report is for Members to review the Corporate Risk Register for 2014/15 and approve the proposed Corporate Risk Register for 2015/16 taking into account the year end position on corporate risks for 2014/15.

2. Key issues

- Members of this committee review and approve the Corporate Risk Register (2015/16), which will be included in the 2015/16 Performance and Business Plan and will be monitored through this Committee on a quarterly basis as part of Corporate Performance Monitoring.
- The Risk Register for 2015/16 was developed by Senior Management Team by:
 - Reviewing the 2014/15 register and year end position
 - Considering risks as a result of development of the new strategic plan and the transitional year focus of activity
 - Consideration of risks escalating through the service planning process.

3. Recommendations

- 1. That the Corporate Risk Register 2015/16, as given in Appendix 1, be reviewed and approved, taking account of the year end position on the 2014/15 Corporate Risk Register given in Appendix 2.**

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

5. Risk management contributed to our 2012-15 Corporate Objective 11: to be a well run public body with proportionate and effective ways of working, delivering excellent customer service and living our values. In our transitional year (2015/16) it contributes to the objective: our organisation – develop our organisation so we have a planned and sustained approach to performance at all levels. Additionally, risk management is part of our internal audit monitoring. Establishing and monitoring a Corporate Risk Register ensures mitigating action can be taken to ensure risks are controlled.

Background

5. The Authority's risk management policy and supporting documentation, approved by Authority on 25 March 2011 (minute 21/11) with updates approved by this Committee on 20 September 2013 (minute 63/13). In line with these arrangements, Appendix 1 shows the proposed corporate risk register as developed by strategic management team considering:
 - a) Risks that need to be carried forward from the 2014/15 corporate risk register, with re-definition, as appropriate.
 - b) Risks identified during the service planning process which were considered appropriate to escalate for monitoring at a corporate level.
 - c) Other risks identified by strategic management team, particularly through consideration of the focus of activity being undertaken in our transitional year.

6. Appendix 2 shows the Authority's Corporate Risk Register 2014/15 year end position with an explanation of the status of the risk and the proposed action in terms of monitoring for 2015/16. At the end of Q4, five risks lowered in their risk rating on the 2014/15 Risk Register:
- 2. Failure to obtain ownership of policies and decisions.
 - 4. Failure to make and deliver an effective plan for achieving a structurally balanced budget for 2015/16.
 - 7. Failure to ensure robust financial analysis and financial objectives in the assessment of significant capital investment proposals.
 - 9. a) Failure to realise the 2014/15 financial targets for our property portfolio.
b) Failure to agree on financial targets for the property portfolio longer term.
 - 10. Failure to meet trading income targets, in particular cycle hire.
- One risk remains red:
 - 6. Failure to align strategic plans with capacity and skills at senior level.

Proposals

7. The proposed 2015/16 corporate risk register is composed of:
- 1 risk carried forward from the 2014/15 register:
 - 3. Failure to ensure robust financial analysis and financial objectives in the assessment of significant capital investment proposals (carried over from 2014/15 – risk 7)
 - 5 re-defined risks carried forward from the 2014/15 register
 - 2. Insufficient plans in place to realise financial sustainability of our properties in future years (updated risk from 2014/15 – risk 9)
 - 5. Failure to commit, and plan, to replace our ICT infrastructure in 2015/16 to underpin our corporate strategy (updated risk from 2014/15 – risk 5)
 - 6. Failure to have a medium term financial plan in place 2015-19 (updated risk for 2014/15 – risk 4)
 - 8. Failure to have the appropriate commercial skills to help us diversify income streams (updated risk from 2014/15 – risk 6)
 - 9. Failure to have a clear, effective and well planned commercial programme in place (updated from 2014/15 register – risk 10)
 - 4 newly identified risks
 - 1. Loss of performance/ delivery in a time of uncertainty as a result of staff not being engaged and motivated
 - 4. Failure to deliver in a way that we increase ownership and understanding of our policies among communities
 - 7. Failure to effectively communicate our corporate direction to external audiences
 - 10. Moors for the Future (Moorlife 2020) failure of:
 - a) the Authority providing an increased level of support to MFF
 - b) partners contributing sufficiently
 - c) delivering against the project objectives.

Those risks carried forward from 2014/15 (including re-defined risks) are identified in Appendix 1 in shaded boxes.

7. The year end position on the 2014/15 corporate risk register, given in Appendix 2, shows that over the year 6 risks have been managed down to a lower level of risk and

3 have maintained their level of risk and 1 risk was removed from the register during the year. Further detail is given in Appendix 2.

Only one of the unmoved risks has been removed from the register to be managed at service level (Risk 1: lower take up of agri environment schemes due to uncertainty over CAP reform) as it is felt that, although the risk remains, processes are in place to manage this effectively.

Are there any corporate implications members should be concerned about?

8. **Financial:** Some of the risks on the proposed register have financial implications as indicated.
9. **Risk Management:** The corporate risk register is a key part of the Authority's risk management process.
10. **Sustainability:** None identified.
11. **Background papers** (not previously published) – None

Appendices

1. Proposed Corporate Risk Register 2015/16
2. Year end position on Corporate Risk Register 2014/15

Report Author, Job Title and Publication Date

Wendy Amis, Senior Performance Officer, 14 May 2015

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Appendix 1: Corporate Risk Register 2015/16, Start of year (Summary)

IMPACT	High	<p>3. Finance not incorporated into capital investment proposals</p> <p>5. ICT infrastructure failure</p>	<p>1. Loss of performance/ Staff not engaged/ motivated</p> <p>2. Insufficient plans for financial sustainability of properties</p> <p>6. Medium term financial plan not in place</p>	<p>8. Commercial skills not available to diversify income streams</p> <p>9. Commercial programme not in place</p> <p>10. MFF MoorLIFE bid</p>
	Medium		<p>4. Delivery fails to increase ownership and understanding in communities</p> <p>7. Ineffective communication of corporate direction externally</p>	
	Low			
		Low	Medium	High
LIKELIHOOD				

Appendix 1: Corporate Risk Register 2015/16, Start of year (Summary)

Corporate Risk Register: list of risks

1. Loss of performance/ delivery in a time of uncertainty as a result of staff not being engaged and motivated
2. Insufficient plans in place to realise financial sustainability of our properties in future years (updated risk from 2014/15)
3. Failure to ensure robust financial analysis and financial objectives in the assessment of significant capital investment proposals (carried over from 2014/15)
4. Failure to deliver in a way that we increase ownership and understanding of our policies among communities
5. Failure to commit, and plan, to replace our ICT infrastructure in 2015/16 to underpin our corporate strategy (updated risk from 2014/15)
6. Failure to have a medium term financial plan in place 2015-19 (updated risk for 2014/15)
7. Failure to effectively communicate our corporate direction to external audiences
8. Failure to have the appropriate commercial skills to help us diversify income streams (updated risk from 2014/15)
9. Failure to have a clear, effective and well planned commercial programme in place (updated from 2014/15 register)
10. Moors for the Future (Moorlife 2020) failure of:
 - a) the Authority providing an increased level of support to MFF
 - b) partners contributing sufficiently
 - c) delivering against the project objectives.

Appendix 1

Corporate Risk Register 2015/16

Impact	High	AMBER	AMBER	RED
	Med	GREEN	AMBER	AMBER
	Low	GREEN	GREEN	GREEN
		Low	Med	High
		Likelihood		

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action LxI (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
C1	1. Loss of performance/delivery in a time of uncertainty as a result of staff not being engaged and motivated	Communications plan in place	Likelihood: Medium Impact: High	Updating Change Management Policy and processes	Impact	High					Dec '15	RMM	SMT RMT Quarterly reporting process	
					Likelihood	Medium								
					Rating	AMBER								

Appendix 1

Corporate Risk Register 2015/16

Impact	High	AMBER	AMBER	RED
	Med	GREEN	AMBER	AMBER
	Low	GREEN	GREEN	GREEN
		Low	Med	High
		Likelihood		

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action Lxl (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4					
C2	2. Insufficient plans in place to realise financial sustainability of our properties in future years (updated risk from 2014/15 – risk 9)	Integrated Property Board to oversee work programme. Management Plan in place for Trails	Likelihood: Medium Impact: High	a)Effective business plans in place for all properties, and actioned. b)Management plans developed for all properties c)Funding of business cases to support delivery	Impact	High					a) Sept '15	RG	RMT/ SMT Quarterly monitoring	
					Likelihood	Medium					b) Mar '16			
					Rating	AMBER					c) Mar '16			

Appendix 1

Corporate Risk Register 2015/16

Impact	High	AMBER	AMBER	RED
	Med	GREEN	AMBER	AMBER
	Low	GREEN	GREEN	GREEN
		Low	Med	High
Likelihood				

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action LxI (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
C2	3. Failure to ensure robust financial analysis and financial objectives in the assessment of significant capital investment proposals (carried over from 2014/15 – risk 7)	Managed through RMT Committee reports	Impact HIGH Likelihood MED AMBER	Feasibility studies conducted	Impact	High					Jun '15	RG	RMT Quarterly monitoring	
					Likelihood	Low								
					Rating	AMBER								

Appendix 1

Corporate Risk Register 2015/16

Impact	High	AMBER	AMBER	RED
	Med	GREEN	AMBER	AMBER
	Low	GREEN	GREEN	GREEN
		Low	Med	High
		Likelihood		

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action Lxl (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
C3	4. Failure to deliver in a way that we increase ownership and understanding of our policies among communities	The way we work with Members. Current communication with communities.	Likelihood: Medium Impact: Medium	a) Develop a start to end customer relationship management approach. b) Further develop communication with our communities.	Impact	Medium					a) March 2016 b) ongoing	JS	Quarterly monitoring	
					Likelihood	Medium								
					Rating	AMBER								

Appendix 1

Corporate Risk Register 2015/16

Impact	High	AMBER	AMBER	RED
	Med	GREEN	AMBER	AMBER
	Low	GREEN	GREEN	GREEN
		Low	Med	High
Likelihood				

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action LxI (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4					
C4	5. Failure to commit, and plan, to replace our ICT infrastructure in 2015/16 to underpin our corporate strategy (updated risk from 2014/15 – risk 5)	Information Management Strategy developed	Likelihood: Low Impact: High	Business case preparation for ARP report	Impact	High					July '15 ARP. Implementation by Mar '16	RMM	RMT ARP Quarterly monitoring	
					Likelihood	Low								
					Rating	AMBER								

Appendix 1

Corporate Risk Register 2015/16

Impact	High	AMBER	AMBER	RED
	Med	GREEN	AMBER	AMBER
	Low	GREEN	GREEN	GREEN
		Low	Med	High
		Likelihood		

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action LxI (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4					
C4	7. Failure to effectively communicate our corporate direction to external audiences	Development of our brand values.	Likelihood: Medium Impact: Medium	a) Use our assets to demonstrate our approach	Impact	Medium					a) Delivery against Asset Management Asset Plan	RMM	Quarterly monitoring	
				b) External communications plan.	Likelihood	Medium					b) Sept '15 Authority and ongoing			
				c) Agree our strategic framework.	Rating	AMBER					c) Dec '15			

Appendix 1

Corporate Risk Register 2015/16

Impact	High	AMBER	AMBER	RED
	Med	GREEN	AMBER	AMBER
	Low	GREEN	GREEN	GREEN
		Low	Med	High
		Likelihood		

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action Lxl (expressed as Green, Amber or Red)					Timeframe of action	Lead officer	How monitor/ indicator	Quarterly update	
						Start	Q1	Q2	Q3					Q4
S1	9. Failure to have a clear, effective and well planned commercial programme in place (updated from 2014/15 register – risk 10)	Enterprise + Board	Likelihood: High Impact: High	a) Review pilot activities and projects to date b) Prepare a programme approach to deliver against corporate indicators/targets	Impact	High					a) July '15	SF	SMT Quarterly monitoring	
					Likelihood	High					b) Sept '15			
					Rating	RED								

Appendix 1

Corporate Risk Register 2015/16

Impact	High	AMBER	AMBER	RED
	Med	GREEN	AMBER	AMBER
	Low	GREEN	GREEN	GREEN
		Low	Med	High
		Likelihood		

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action Lxl (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/ indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
S2	10. Moors for the Future (Moorlife 2020) failure of: a) the Authority providing an increased level of support to MFF b) partners contributing sufficiently c) delivering against the project objectives.	MFF business plan in place. RMT risk assessment.	Likelihood: High Impact: High	Programme and project planning of activity for timely decision making	Impact	High					a) Dec '15	JC	RMT/ SMT Strategic Management Group (MFF) Quarterly monitoring	
					Likelihood	High								
					Rating	RED								

Appendix 2: Corporate Risk Register 2014/15, Q4

IMPACT	High	5. Update information management strategy (no movement over year) 7. Finance incorporated into capital investment proposals ←		6. Align strategic plans to skills/ capacity (no movement over year)
	Medium	8. Manage external funding for delivery	1. Agri-environment scheme take up (no movement over year) 2. Ownership planning policies and decisions ↓ 9. Property portfolio financial targets ↓	
	Low	4. Deliver balanced budget 15/16 ↓ 10. Meet trading income targets ←		
		Low	Medium	High
LIKELIHOOD				

Appendix 2: Corporate Risk Register 2014/15, Q4

Corporate Risk Register: list of risks

1. Lower take up of agri-environment schemes due to uncertainty with regard to the details of the CAP reform and risk of reduced funding, with considerable impact on National Park purposes (carried over from 2013/14).
2. Failure to obtain ownership of policies and decisions (carried over from 2013/14 but updated).
3. Failure to maximise the opportunities for the Peak District of the Tour de France (carried over from 2013/14). Q2: REMOVE FROM REGISTER
4. Failure to make and deliver an effective plan for achieving a structurally balanced budget for 2015/16.
5. Failure to develop updated Information Management strategy to support delivering new business plan from 2015/16.
6. Failure to align strategic plans with capacity and skills at senior level.
7. Failure to ensure robust financial analysis and financial objectives in the assessment of significant capital investment proposals.
8. Failure to effectively manage external funding to deliver on our Corporate Objectives.
9. a) Failure to realise the 2014/15 financial targets for our property portfolio.
b) Failure to agree on financial targets for the property portfolio longer term.
10. Failure to meet trading income targets, in particular cycle hire (carried over from 2013/14 but updated).

Appendix 2: Corporate Risk Register 2014/15, Q4

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action LxI (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4					
2	1. Lower take up of agri-environment schemes due to uncertainty with regard to the details of CAP reform and risk of reduced funding, with considerable impact on National Park purposes. (carried over from 2013/14)	a) Protected staff resource and budget b) continued one-to-one negotiations with farmers and landowners c) agreed joint prioritisation of cases with NE d) Availability of National Park Grant Scheme e) Input to national discussions on development and delivery.	Impact: Med Likelihood: Med AMBER		Impact	Med	Med	Med	Med	Med	January 2016	JC	% of land in agri environment schemes (note: only available half yearly)	The risk has been effectively managed through existing controls. The new Rural Development programme has been approved by Europe. The implications are a likely reduction in availability and take up of schemes. REMOVE FROM REGISTER AND MANAGE AT SERVICE LEVEL
					Likelihood	Med	Med	Med	Med	Med				
					Rating	AMBER	AMBER	AMBER	AMBER	AMBER				

Appendix 2: Corporate Risk Register 2014/15, Q4

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action Lxl (expressed as Green, Amber or Red)						Time frame of action	Lead officer	How monitor/indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4					
3.	2. Failure to obtain ownership of policies and decisions. (carried over from 2013/14 – updated risk)	a) Annual Member Planning training b) Engagement with key stakeholders c) Parish bulletins d) Parish meetings	Impact: High Likelihood: Medium AMBER	Implement actions in the Planning Action Plan UPDATE Q2: Where necessary, decisions are referred to a subsequent committee for review Q3: Extra planning training introduced as part of new member induction	Impact	High	High	High	High	Med	March 2015	JRS	Annual Monitoring Report NEW: Review of decisions contrary to officer recommendation. UPDATE: Monitoring of appeals	Continued good performance on appeals. In Committee, officer recommendations have generally been supported and, where not, clear policy reasons for the alternative view have been given. REMOVE FROM REGISTER AND MANAGE AT SERVICE LEVEL
Likelihood	Med	Med	Med	Med	Med									
Rating	AMBER	AMBER	AMBER	AMBER	AMBER									

Appendix 2: Corporate Risk Register 2014/15, Q4

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action Lxl (expressed as Green, Amber or Red)						Time frame of action	Lead officer	How monitor/indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
9	3. Failure to maximise the opportunities for the Peak District of the Tour de France. (carried over from 2013/14)	a) Internal working group	Impact: Low Likelihood: Med GREEN	a)Attendance at marketing and strategic meetings by appropriate staff b)Extensive programme of activities assembled to help maximise benefits from TdF, attracting further funding from LEP etc	Impact	Low	Low	REMOVE FROM REGISTER			July 2014	RG	Through internal project group	REMOVE FROM REGISTER AND MANAGE AT SERVICE LEVEL
				Likelihood	Med	Med								
				Rating	GREEN	GREEN								

Appendix 2: Corporate Risk Register 2014/15, Q4

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action Lxl (expressed as Green, Amber or Red)						Time frame of action	Lead officer	How monitor/indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
11	4. Failure to make and deliver an effective plan for achieving a structurally balanced budget for 2015/16	a)Timetable for budget planning b)Enterprise+ Board Integrated c)Property Board d)Updated External Funding strategy	Impact: High Likelihood: High RED	a) Business plans being produced for key areas out of enterprise+ and integrated property work programmes b) RMT discussions in May and June c) member workshop 20 June b) prioritisation of work	Impact	High	High	High	Med	Low	By December Authority meeting	RMM	RMT Autumn workshops with members	Settlement was as expected. RISK UPDATED AND GOING FORWARD TO 2015/16 RISK REGISTER
				Likelihood	Med	Med	Low	Low	Low					
				Rating	AMBER	AMBER	AMBER	GREEN	GREEN					

Appendix 2: Corporate Risk Register 2014/15, Q4

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action LxI (expressed as Green, Amber or Red)						Time frame of action	Lead officer	How monitor/indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4					
11.	5. Failure to develop updated Information Management strategy to support delivering new business plan from 2015/16	Information Management Steering Group.	Impact: High Likelihood: Medium AMBER	Progress reports to SMT	Impact	High	High	High	High	High	Report to ARP November 2014	RMM	Information Management steering group	Continuing to develop the Information Management Strategy and the financial plan to implement it during the transition year (2015/16). RISK UPDATED AND GOING FORWARD TO 2015/16 RISK REGISTER
					Likelihood	Low	Low	Low	Low	Low				
					Rating	AMBER	AMBER	AMBER	AMBER	AMBER				

Appendix 2: Corporate Risk Register 2014/15, Q4

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action LxI (expressed as Green, Amber or Red)						Time frame of action	Lead officer	How monitor/indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
11.	6. Failure to align strategic plans with capacity and skills at senior level.	Leadership development programme.	Impact: High Likelihood: High RED	Members' workshop. Corporate Business Plan development including prioritisation. Continued organisational development.	Impact	High	High	High	High	High	March 2015	SF	Strategic Management Team	Working with the Leadership Team to develop our focus for 2015/16. Two half day leadership sessions undertaken in March have identified 4 cornerstones for strategic planning; one scheduled for April will focus on ensuring appropriate skills and voices at a senior level. RISK UPDATED AND GOING FORWARD TO 2015/16 RISK REGISTER
				Likelihood	High	High	High	High	High					
				Rating	RED	RED	RED	RED	RED					

Appendix 2: Corporate Risk Register 2014/15, Q4

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action Lxl (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
11	7. Failure to ensure robust financial analysis and financial objectives in the assessment of significant capital investment proposals	RMT Committee reports	Impact HIGH	a)Appropriate decision making appraisals; b)appropriate business cases; c)contingencies and sensitivity analysis; d)in depth testing of income assumptions	Impact	High	High	High	High	High	March 2015	RMM	RMT	Not yet considered a significant capital investment proposal for a higher risk case. TAKE FORWARD TO 2015/16
			Likelihood MED		Likelihood	Medium	Medium	Medium	Medium	Low				
			AMBER		Rating	AMBER	AMBER	AMBER	AMBER	AMBER				

Appendix 2: Corporate Risk Register 2014/15, Q4

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action Lxl (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4					
12.	8. Failure to effectively manage external funding to deliver on our Corporate Objectives	Accountability and resources have been identified. Experienced staff.	Impact: High Likelihood: Medium AMBER	External funding framework and protocol in place. Alignment to Corporate Business Plan.	Impact	Med	Med	Med	Med	Med	March 2015	RG	RMT/ SMT	Our approach to external funding (strategy) will be considered at RMT in April and will be embedded in a wider fundraising programme during 2015/16. REMOVE FROM REGISTER AND MANAGE AT SERVICE LEVEL
				Likelihood	Med	Med	Med	Low	Low					
				Rating	AMBER	AMBER	AMBER	GREEN	GREEN					

Appendix 2: Corporate Risk Register 2014/15, Q4

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action Lxl (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/indicator	Quarterly update
						Start	Q1	Q2	Q3	Q4				
12	9a. Failure to realise the 2014/15 financial targets for our property portfolio. 9b. Failure to agree on financial targets for the property portfolio longer term.	Integrated Property Board set up to manage internally.	Impact: High Likelihood: High RED	Business plans being developed in key areas.	Impact	High	High	High	Med	Med	Mar 2015	RG	Integrated Property Board	a) Property cost analysis was taken to ARP in March, providing an understanding of financial targets across properties, as the basis for future monitoring. b) ARP requested regular monitoring – performance against our Asset Management programme will be reported 1/4ly as part of our regular schedule of performance reporting. RISK UPDATED AND GOING FORWARD TO 2015/16 RISK REGISTER
					Likelihood	Med	High	High	High	Med				
					Rating	AMBER	RED	RED	AMBER	AMBER				

Appendix 2: Corporate Risk Register 2014/15, Q4

Corp. Obj	Risk Description	Existing controls	Risk before mitigation	Additional mitigating action	Risk rating with mitigating action LxI (expressed as Green, Amber or Red)						Timeframe of action	Lead officer	How monitor/ indicator	Quarterly update
					Start	Q1	Q2	Q3	Q4					
12	10. Failure to meet trading income targets, in particular cycle hire carried over from 2013/14 – updated risk)	a) Service plans in place b) Weekly monitoring by managers c) monthly monitoring by manager with Assistant Director d) action plan agreed by ARP for cycle hire e) Budget Monitoring Group	Impact: Medium Likelihood: Medium AMBER	Reports requested from managers in key areas	Impact	Med	Med	Med	Low	Low	March 2015	MB	Weekly and monthly monitoring by managers Budget monitoring Group	Our performance has exceeded overall targets set. RISK UPDATED AND GOING FORWARD TO 2015/16 RISK REGISTER
Likelihood	Medium	Medium	Medium	Medium	Low									
Rating	AMBER	AMBER	AMBER	GREEN	GREEN									

9. LEGAL SERVICE – VALUE FOR MONEY REVIEW

1. Purpose of the report

To report on the ‘value for money’ review of the Legal Service and the resulting action plan.

Key Issues

The review shows Legal Service provides:

- better than average cost per hour for providing legal services
- better than average user satisfaction
- better than average ratio of qualified legal staff
- better than average management practices

It also indicates:

- A reduction in the cost of the Legal Service function as a percentage of the Authority’s total organisational running costs
- Improvements in management practice

2. Recommendation

- 1. Approve the Legal Services ‘value for money’ continuous improvement plan set out in Appendix 1.**

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

Corporate Objective 11: Be a well-run public body with proportionate and effective ways of working, delivering excellent customer service.

Needing to provide value for money is a key principle underpinning the provision of support services endorsed by the Corporate Resources Review Board.

4. Background

This benchmarking exercise is part of an on-going programme of reviews designed to assess the value for money provided by Authority services compared to other local and national bodies. The review is based on data gathered in annual surveys administered independently by the Chartered Institute of Public Sector Finance Accountants (CIPFA).

The Legal Services Value for Money Review Report and continuous improvement plan is attached at Appendix 1 with the Traffic Light Indicators from 2010 and 2014 Reviews attached at Appendix 2.

5. Proposals

When considering the comparison information the suggestion is that, as the cost of the Legal Service function as a percentage of the Authority’s total organisational running costs is above the benchmarking average, this is an area to focus on for future improvement. Management Team noted the service is not in the worst quartile against

comparators and the trend for improvements in this area is a move from red to amber. The Management Team view is that the benchmark costs are acceptable and the focus of consideration should be the value that can be achieved from the current resources allocated to the Legal Service which is reflected in the Continuous Improvement Plan. CIPFA's view is that there is evidence that very small organisations (our turnover is £13m and the comparison group is turnover up to £40m) tend to use a higher proportion of their resources on the legal function simply due to economies of scale. In addition they say the organisations that spend more than their peer organisations on externally sourced legal work may wish to consider whether the mix of work done in house and externally sourced represents effective and efficient use of resources. The Legal Team has looked at the mix of work undertaken with only 7.7% externally sourced compared to a comparator average of 20.6%. We will continue to take a mixed economy approach to sustain good performance in this area.

In addition it needs to be noted that the Legal Service is demand led, and a big costly case needing to be pursued, acknowledging that our purposes include to conserve and enhance the National Park, could push up the cost of the Legal Service function as a percentage of the Authority's total organisational running costs.

In line with the CIPFA advice we will continue to deploy the mixed economy approach to resourcing Legal Services – through externally funded contracts and through using external expertise where the skills are not available in house and/or where it is cost effective. This action feeds into the attached continuous improvement plan contained on Page 10 of Appendix 1 which the Committee are asked to note and approve.

Are there any corporate implications members should be concerned about?

- 6. Financial:**
Actions to be funded from the Legal Services revenue budget.
- 7. Risk Management:**
The actions identified in the improvement plan have fed into the risk assessment included in the 2015/16 Business Plan.
- 8. Sustainability:**
All actions to be undertaken within current resource provision
- 9. Background papers (not previously published)**
None

Appendices

Appendix 1 Legal Service Value for Money Review and Continuous Improvement Plan
Appendix 2 Legal Service Traffic Light Indicators from 2010 and 2014

Report Author, Job Title and Publication Date

Andrea McCaskie, Head of Law, 12 May 2015
andrea.mccaskie@peakdistrict.gov.uk

Legal Services Value for Money Review

Aspect of service being reviewed Legal Service only (i.e. excluding Democratic services)			
Review undertaken by Andrea McCaksie, Head of Law and Gyl Murphy Senior Legal Officer	Date of Vfm review October 2014	Date of SMT scrutiny 21 April 2015	Audit, Resources and Performance Committee 22 May 2015

Driver for Vfm review and required outcomes	<p>Drivers:</p> <ol style="list-style-type: none"> 1. Corporate Objective 11: Be a well-run public body with proportionate and effective ways of working, delivering excellent customer service. 2. Corporate Resources Review principle: Providing value for money (vfm)– where other options for delivery like shared services and outsourcing fully are considered if improves vfm for an activity <p>Required Outcome: Demonstrate legal service is delivering value for money and provide data to inform development of updated continuous improvement plan</p>
<p>Service description</p> <p>Main functions included in the review, and any functions excluded</p>	<p>We provide a comprehensive legal services to the Authority as a public body, local planning authority, access authority and property owner/occupier. We provide high standards of corporate governance, to support the Authority’s objectives enabling it to deliver services in sound efficient and effective ways.</p> <p>Staffing - Head of Service plus 3.4 FTE legal officers (qualified and unqualified).</p> <p>Functions included: Support Advice and Services to the Planning Service, including minerals. Support Advice and Services to the Estates function, Moors for the Future, Access, including Rights of Way, Support Advice and Services to commercial activities, Policy, Freedom of Information, Data Protection and EIR requests data & records management, Training– Planning, Standards, FOI & EIR, data management, etc.</p> <p>Functions excluded: Monitoring Officer, managing Democratic Services function, Planning Appeals. These inclusions and exclusions of activity are in line within the CIPFA (Chartered Institute of Public Sector Finance Accountants) survey criteria guidelines.</p>

<p>Budget (staff & non staff)</p>	<table> <tr> <td>Employee costs</td> <td>£ 177k</td> </tr> <tr> <td>External legal costs</td> <td>£ 18k</td> </tr> <tr> <td>Accommodation costs</td> <td>£ 7k</td> </tr> <tr> <td>Supplies / consumables</td> <td>£ 7k</td> </tr> <tr> <td>IT costs</td> <td>£ 13k</td> </tr> <tr> <td>Library and Publications</td> <td>£ 11k</td> </tr> <tr> <td>Other costs</td> <td>£ 0k</td> </tr> <tr> <td>Learning and Development</td> <td>£ 0k</td> </tr> <tr> <td>Gross Legal cost</td> <td>£ 233k</td> </tr> <tr> <td>Less income</td> <td>(7k)</td> </tr> <tr> <td>Net cost</td> <td>£226k</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>As percentage of NPA budget</td> <td>1.73%</td> </tr> </table>	Employee costs	£ 177k	External legal costs	£ 18k	Accommodation costs	£ 7k	Supplies / consumables	£ 7k	IT costs	£ 13k	Library and Publications	£ 11k	Other costs	£ 0k	Learning and Development	£ 0k	Gross Legal cost	£ 233k	Less income	(7k)	Net cost	£226k	 		As percentage of NPA budget	1.73%
Employee costs	£ 177k																										
External legal costs	£ 18k																										
Accommodation costs	£ 7k																										
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Gross Legal cost	£ 233k																										
Less income	(7k)																										
Net cost	£226k																										
As percentage of NPA budget	1.73%																										
<p>Benchmark partners</p>	<p>The comparison group is government organisations with running costs of less than £40m. This was chosen as a comparator group because:</p> <ul style="list-style-type: none"> a) CIPFA categorises NPAs as part of central government. b) Other NPAs had decided not to submit data on their legal services so we couldn't use them as comparators in this exercise. c) There is no direct comparator in local government as we are a minerals and development management planning authority. d) It is the same comparator group as used in 2009/10 so it gives a trend analysis. 																										

PDNPA CIPFA Public Sector Corporate Services VfM Indicators Benchmarking Exercise 2013/14 – summary report Traffic light picture given at Appendix 2					Green: performance in best quartile Yellow: performance between median and best quartile Amber: performance between the median and worst quartile Red: performance in the worst quartile	
Benchmark category	Traffic light	PDNPA 2013/14	Average	Trend - comparison with 2009/10	Commentary	Proposed actions
Economy and efficiency						
Cost of the legal services function as a percentage of organisational running costs LS1(a)	Amber	1.73%	1.4%	↑ was red	The overall figure hides the following: <ul style="list-style-type: none"> • Our external income was slightly higher than the average (£0.52 as a percentage of our total gross cost compared to the average £0.49) • Our expenditure on supplies & consumables is about double of other comparators (£0.52 against £0.29), but we included search fees for s106 (Affordable) Agreements (now being recharged) and also includes fees for practising certificates, and a subscription to EM Law Share, which has brought other advantages. In addition we have not included a figure for ‘other’ compared to the average of 93p, so when that figure is added to the average (29p) that figure becomes £1.22. Our outturn of £0.52 might be considered as ‘green’. • Our employee costs are higher than the average at £13.16 against £10.14 but the percentage of work externally 	We will: <ol style="list-style-type: none"> 1. Continue to bring in income where we can – since the data was submitted we have already increased income targets 2. We will examine our expenditure on consumables and
Cost of the legal services function net of income as percentage of organisational running costs LS1(b)				↑ was red		

					<p>sourced as a percentage of the total legal function cost is significantly lower than the average (7.7% against 20.6%) resulting in a cost of £35 per hour being spent by the Authority on legal work against a comparator figure of £64 on average (see LS8 below).</p> <p>NB CIPFA say:</p> <ul style="list-style-type: none"> a) there is evidence that very small organisations (our turnover is £13m and the comparison group is turnover up to £40m) tend to use a higher proportion of their resources on the legal function simply due to economies of scale. b) Organisations that spend more than their peer organisations on externally sourced legal work may wish to consider whether the mix of work done in house and externally sourced represents effective an efficient use of resources. The Legal Team has looked at the mix of work with only 7.7% externally sourced compared to an average of 20.6% we will continue to do take a mixed economy approach. 	
<p>Cost of legal function per full time permanent employee LS5</p>	Amber	£1,110	£955	<p>was amber ↔</p>	<p>This remains amber but may not be a like for like comparator with the rest of the group as the definition requires us to compare with permanent full time equivalents and the Authority's practice in recruiting to temporary and casual contracts may have distorted the figure</p>	<p>No action to be taken. Continue to monitor.</p>

<p>Cost per hour of providing legal work LS8</p>	<p>Green</p>	<p>£35</p>	<p>£64</p>	<p>was green ↔</p>	<p>Although the trend analysis shows that this remains green it hides the fact that the average cost in 2010 was £44 against a comparator cost of £66. Therefore in 2014 a cost of £35 against a comparator cost of £64 is significantly less than the £44, 2010 cost. Another comparator is with EM Lawshare - an organisation who procure private sector legal services on behalf of a group of locally based public sector organisations, (of whom we are a member), provide a range of rates chargeable for an associate lawyer as £120 - £140 per hour.</p>	<p>No action proposed. Sustain good performance.</p>
<p>Impact on organisation</p>						
<p>Cost of learning an development activity as a percentage of the total pay bill LS6</p>	<p>Red</p>	<p>0.0%</p>	<p>1.4%</p>	<p>↓ down from green to red but see comments</p>	<p>The Authority spent less than £1000 on learning and development, (and consequently a red on the traffic light). This reflects our membership of East Midlands Law Share, which meets the vast majority of our training requirements for free. The requirement for Compulsory Professional Development in the form of training equating to 16 hours per fte was met, but for less than £500. This is in effect the same as the 2010 outcome green. Legal Services also met and exceeded the 4 days training per fte corporate target.</p>	<p>Continue to sustain good performance in the most cost effective way.</p>
<p>Total number of complaints received per legal employee LS7</p>	<p>Green</p>	<p>0.00</p>	<p>0.02</p>	<p>up from yellow ↑</p>	<p>In 2010 there was 0.14 complaints per full time equivalent member of staff (fte)</p>	<p>Continue to sustain good performance.</p>

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Ratio of qualified legal staff (FTE) to total legal employees (FTE) LS9a	Green	100%	75%	was green ↔	This recognises the expertise of the in-house staff and may explain why we do not need to use more expensive external legal expertise as often as others. In a change from 2010 a member of staff was treated as 'qualified' due to the number of years on the job experience.	Continue to develop staff to meet the needs of the Authority
Ratio of legal staff (FTE) to support staff (FTE) LS9(b)	Green	0	3.6	was green	<p>The reason this is 0 and hasn't registered as data available is because of a number of factors as follows:</p> <ul style="list-style-type: none"> We created the Democratic and Legal Support Team (DLST) moving the planning admin. appeal post into the DLST to create a more resilient and flexible team by using resources more effectively. In the main the Legal Team do their own admin tasks however they are working 'smarter' with new working practices agreed with DLST. 	Continue to develop areas where DLST can undertake admin tasks, freeing up legal time.
Satisfaction						
User satisfaction average score LS3(b)	Green	4.4	3.9	was green ↔	The quality of the service is appreciated, scoring 4.4 out of 5 for satisfaction (4.2 in 2010) with no complaints. Note a less than 50% response rate to survey.	Continue to sustain good performance

<p>Part of LS3(b): ways of adding value</p>				<p>Ways in which value is added are</p> <ul style="list-style-type: none"> • In a Corporate role, aligning projects with Corporate Objectives • Early intervention and advice on new projects • Accessibility • Quarterly meetings (at least) with instructing teams • Debrief with instructing officers on big jobs (e.g. contracts, disposals, TRO's) • Presentations (including training) • Commercial activity and corporate governance advice • That the quality and standard of legal advice given enables officers to learn from the advice and apply it in future cases. • Legal Services officers work collaboratively and cover for each other. There is genuine esprit de corps and a genuine desire to get the job done well. • High levels of expertise because recruitment has been competency based 	<p>Continue to sustain good performance</p>
				<p>This is recognised by those who responded to the satisfaction questionnaire, where all the participants agreed or strongly agreed with the proposition that 'There was added value having access to an in-house lawyer who was part of PDNPA'. How highly this is valued was shown in additional voluntary comments made anonymously on the questionnaire, three examples. "I cannot commend enough the contact I have had with Legal services this year. In particular [X] has worked tirelessly and been accessible (sic) in relation to the fast</p>	

					moving and complicated work which we have been undertaking". "Very satisfied customer". "With persistent complainants it would be an expensive nightmare having to deal with external lawyers".	
Modern practices						
Management practice indicators LS4	Green	8	7.71	Up from amber ↑	<p>This significant improvement from 2010 is because (these are the CIPFA measures)</p> <ul style="list-style-type: none"> • our membership of EMLawshare enables us to exploit their procurement arrangements, that include market testing and tender specification. • We have developed charge out rates • All requests for legal work are co-ordinated through the Head of Law • The service has a formal business planning process • We do not have 'evergreen contracts' (i.e. with no expiry date or perpetual option) • All staff have a personal development plans linked to the business and corporate planning processes. • We are continuously reviewing our service and our charging rates against our service improvement plan and our income target. 	Continue to sustain good performance

Main conclusions from review

- The Legal Service provides:
 1. better than average cost per hour for providing legal services
 2. better than average user satisfaction
 3. better than average ratio of qualified legal staff
 4. better than average management practices

Trend analysis

- The Legal Service has improved its performance since 2019/10 in:
 1. The cost of the Legal Service function as a percentage of the Authority's total organisational running costs
 2. Management practices

Areas to focus for future improvement

- The comparisons indicate:
The cost of the Legal Service function as a percentage of the Authority's total organisational running costs is above average although not in the worst quartile against comparators.

Commentary on this main finding for improvement:

- a) We should note the improvement from Red to Amber.
- b) CIPFA say there is evidence that very small organisations (our turnover is £13m and the comparison group is turnover up to £40m) tend to use a higher proportion of their resources on the legal function simply due to economies of scale and organisations that spend more than their peer organisations on externally sourced legal work may wish to consider whether the mix of work done in house and externally sourced represents effective and efficient use of resources. The Legal Team has looked at the mix of work with only 7.7% externally sourced compared to a comparator average of 20.6%. We will continue to take a mixed economy approach.
- c) The service is demand led, and a big costly case needing to be pursued, acknowledging that our purposes include to conserve and enhance the National Park, could push up the cost of the Legal Services function as a percentage of the Authority's total organisational running costs.

Conclusion:

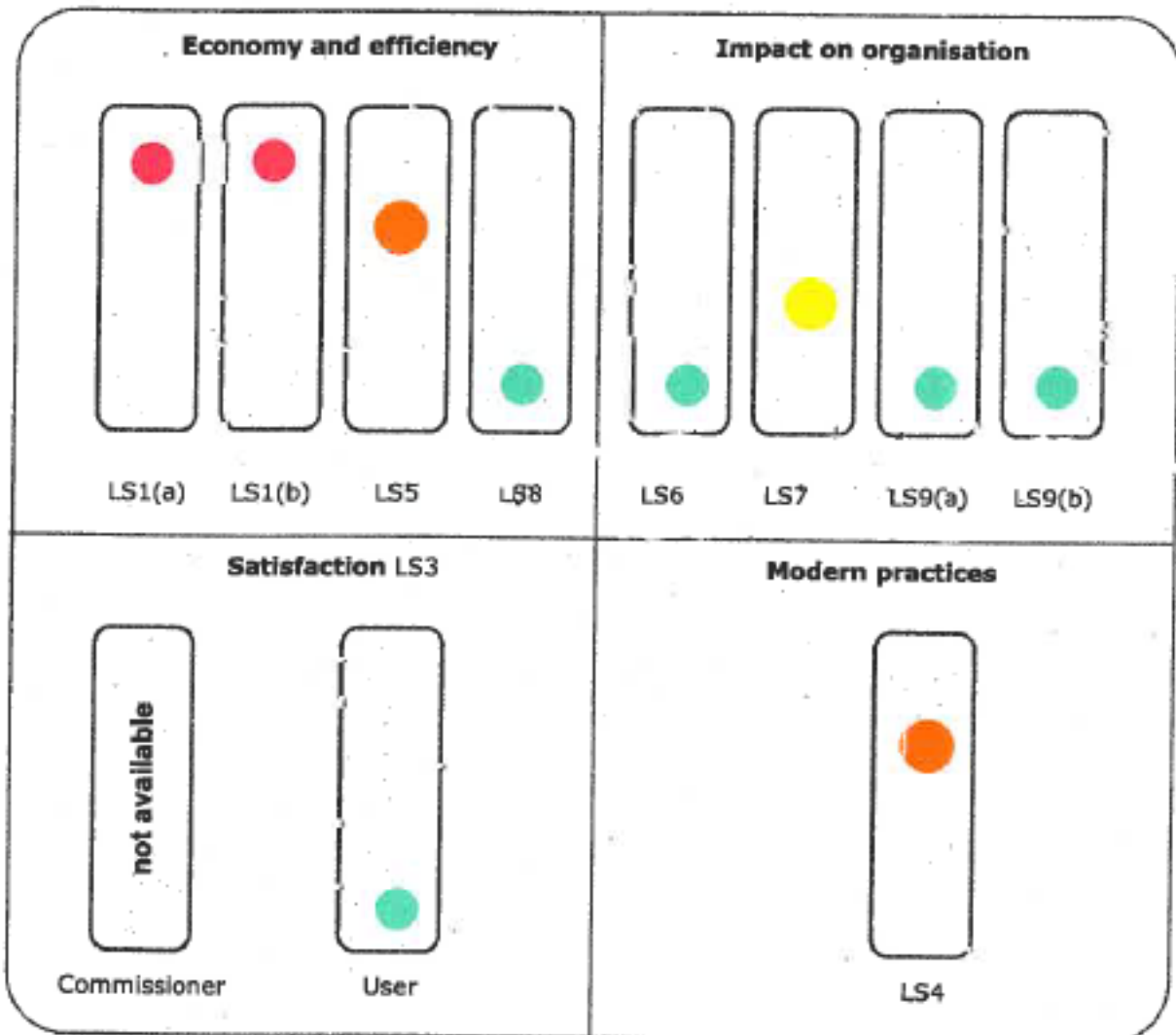
In line with the CIPFA advice we will continue to deploy the mixed economy approach to resourcing Legal Services– through externally funded contracts and through using external expertise where the skills are not available in-house and/or where it is cost effective. This action feeds into the following improvement plan.

Continuous Improvement Plan agreed with Management Team

Indicator	Action
LS1(a) Cost of the Legal Services function as a % of organisational running costs LS1(b) Cost of the Legal Services function net of income as % of organisational running costs	Continue to deploy the mixed economy approach (where we can scale up and down according to business need) to resourcing legal services– through externally funded contracts and through using external expertise where the skills are not available in house and where it is cost effective.
	Continue to bring in income where we can. Since the data was submitted we have increased income from Section 106 agreements and removed the small search subsidy from affordable homes.
	Examine our expenditure on consumables and supplies to identify any savings. We have identified a discrepancy in the comparator methodology, but as a principle, this is good business practice which we will pursue.
LS3 User satisfaction	Continue to sustain good performance whilst continuing to review the effectiveness of our working relationships with client teams focusing in 2015/16 on the Planning Service.
LS4 Management practice indicators	Continue to sustain good performance
LS5 Cost of legal function per full time permanent employee	Continue to monitor.
LS6 Cost of learning and development activity as a % of the total pay bill	Continue to sustain good performance in the most cost effective way.
LS7 Total number of complaints received per legal employee	Sustain good performance
LS8 Cost per hour of providing legal work	Sustain good performance.
LS9(a) Ratio of qualified legal staff (FTE) to total legal employees (FTE)	Continue to develop staff to meet the needs of the Authority
LS9(b) Ratio of legal staff (FTE) to support staff (FTE)	Continue to develop more areas where DLST can undertake admin tasks.

RESULTS ON ONE PAGE

The Audit Agencies developed an approach to considering Value for Money for Corporate Services which had four dimensions. The overall results are shown below:

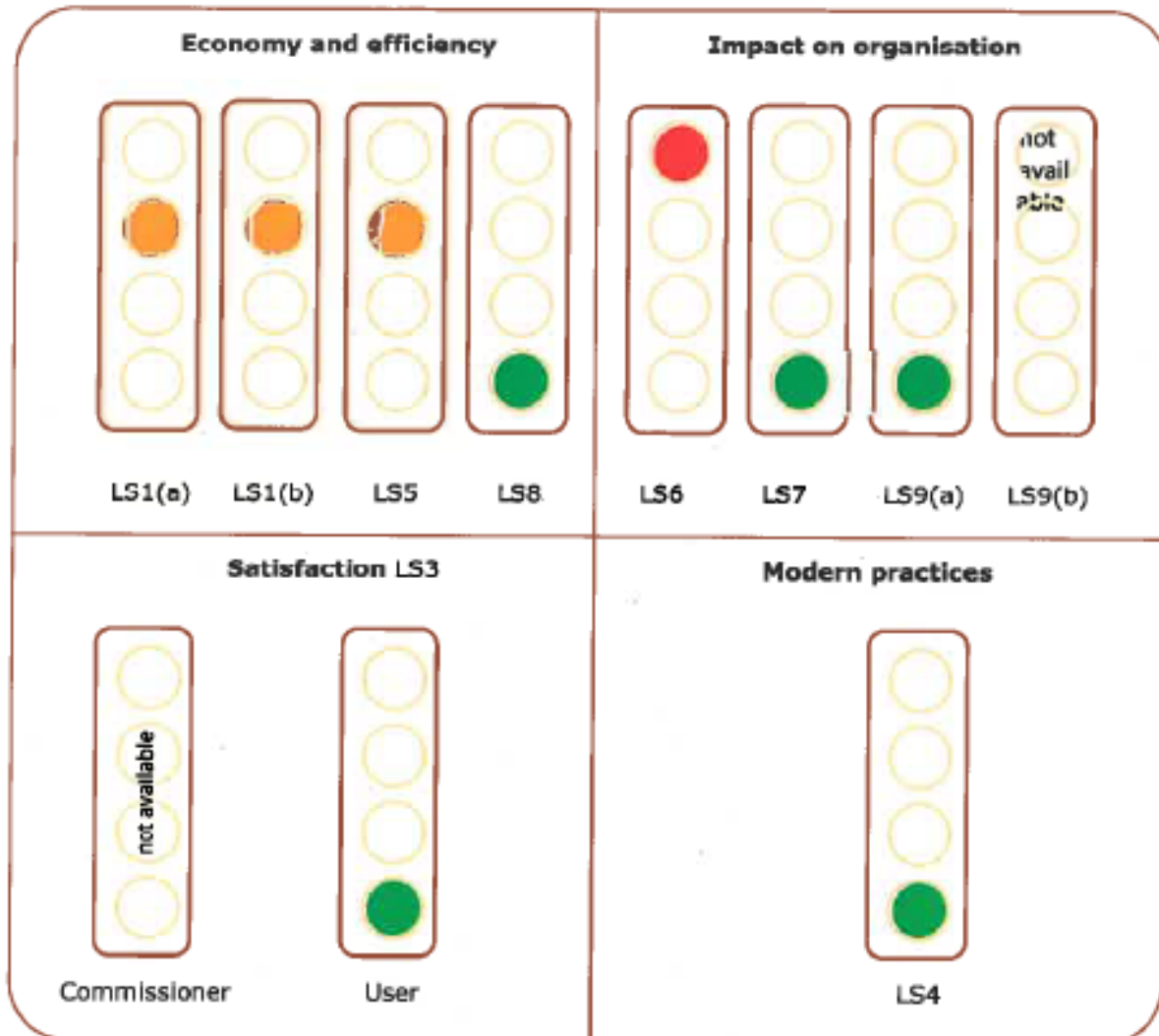


Notes:

- a green light indicates performance in the best quartile; a yellow light indicates performance between the median and best quartile; an amber light indicates performance between the median and worst quartile and a red light indicates performance in the worst quartile
- for the purposes of this report, high cost and low productivity are considered poor. However, we accept this is a generalisation and that in some circumstances organisations can choose to invest more in functions because they have under invested in the past or because they want to place particular emphasis on a function
- full descriptions of the indicators are shown in the remainder of this report

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