

**REPORT OF CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER**

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**SUBJECT:**  
**DRAFT ANNUAL GOVERNANCE STATEMENT FOR 2012/13**

The Annual Governance Statement provides the vehicle for demonstrating the Authority's success in delivering continuous improvement in performance identifies control systems and processes and highlights significant governance issues to be addressed. This is an opportunity for members to contribute to and discuss the content of the Draft Annual Governance Statement for 2012/13.

The preparation of the draft statement involves consideration of information from a number of sources including; the Authority's risk register, the Cipfa assessment framework, the Internal Audit Report from Pembrokeshire County Council, and the Annual Improvement Report and Financial Audit Report from the Wales Audit Office. The Draft Annual Governance Statement is then presented to the Audit & Corporate Service Review (ACSR) Committee for their consideration and once agreement has been reached the statement is presented to the full National Park Authority for approval.

In previous years this exercise has been completed before the end of the relevant financial year, i.e. for 2012/13 this would have been March 2013. However in order to allow for a more detailed review and potentially member training from Wales Audit Office on the Annual Governance Statement it is expected that ACSR committee will not be agree the statement until the May 2013 meeting, for subsequent approval at the N.P.A. meeting in June 2013. The Annual Governance Statement for 2012/13 must statutory adopted by the Authority at or before the sign off of the Audited Statements of Accounts and ISA 260 Report in September 2013.

Members are asked to review the draft Statement included as Annex 1 and to make suggestions on additional issues to be included in the Statement. The Statement will be presented to a future National Park Authority meeting to enable all Members to have an input and to agree the Statement.

**.Recommendation: Members are asked to NOTE and COMMENT on this report**

Background Documents  
Draft Annual Governance Statement 2012/13

*(For further information, please contact Richard Griffiths, extension 4815  
richardg@pembrokeshirecoast.org.uk)*

# **DRAFT 2012/13 ANNUAL GOVERNANCE STATEMENT**

## **I. Introduction**

The Pembrokeshire Coast National Park Authority (“the Authority”) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for and used economically, efficiently, and effectively. It is a Welsh improvement authority under section 1 of the Local Government (Wales) Measure 2009 and as such has a general duty under section 2 to make arrangements to secure continuous improvement in the way in which its functions are exercised.

In 2010/11 the Authority approved a Code of Corporate Governance, which is consistent with the principles of the CIPFA/ SOLACE Framework ‘Delivering Good Governance in Local Government’. This guidance recommends that the review of effectiveness of the system of internal control that local authorities are required to undertake in accordance with the Accounting and Audit Regulations should be reported in an Annual Governance Statement. In Wales the inclusion of the Annual Governance Statement in the Statement of Accounts is voluntary. In 2009/10 CIPFA also published an “Application Note to Delivering Good Governance in Local Government: A Framework”. This note has been developed to advise on the application of the “Statement of the Role of the Chief Financial Officer on Local Government” under the CIPFA/SOLACE Framework “Delivering Good Governance in Local Government”. The Authority has decided to adopt the CIPFA framework and Annual Governance Statement approach for 2010/11

## **II. The purpose of the Governance framework**

The governance framework comprises the committees, systems and processes, cultures and values, by which the Authority is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Authority’s policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

### **III. Actions Taken During The Year**

The following have previously been identified as Significant Governance Issues and action has been taken to tackle these issues:

<b>Governance Issues Identified</b>	<b>Actions taken</b>
Strengthen its assessment of success by incorporating data from other sources, such as the State of Wildlife in Pembrokeshire report by the Pembrokeshire Biodiversity Partnership	The Authority included the following to improve its assessment of success; Best Companies Survey of Employee Engagement and the Improvement Plan Part II includes data from other National Parks.
The Authority needs to review the options to ensure the effective use Oriel y Parc in delivering park objectives.	After lengthy discussion in the December 2012 NPA Meeting members approved the revised the service level agreement (SLA) between the Authority and the National Museum of Wales. This was approved by NMW in January 2013 and is due to signed off by both parties in February 2013
The Authority's data on its improvement plan should include bench marking data.	See above
Strengthen its risk assessments to take account of the risks of impact on the delivery of priorities.	The Authority has reviewed its Risk Management procedures and developed service level risks allocated National Park Authority member to be responsible for each risk.
The Authority's policies, procedures and standing orders regulate the internal control and relevant and up to date	The Authority continually reviews its policies, procedures and standing orders to ensure that they are up-to-date and fit for purpose. During 2012/13 the Authority adopted or revised the following: The Authority's Financial Standards, Social Inclusion Strategy and Strategic Equalities Plan. The Authority has developed a policy mapping register which is reported to the Authority's monthly Leadership group meeting for monitoring.

### **IV. Review of Effectiveness**

The Authority is responsible for conducting an annual review of the effectiveness of its governance framework including the system of internal control. This review is informed by the work of the Authority's, Members and its Committees, internal and external auditors, other review agencies (as appropriate) and senior managers who have responsibility for the development and maintenance of the internal control

environment. The review of effectiveness of governance can be divided into the following.

The review is based on the six principles of the Code of Corporate Governance.

## **Principle 1.**

**Focusing on the Authority's purpose, on outcomes for the community including citizens and service users and creating and implementing a vision for the local area.**

The Authority has been focusing on developing work to ensure that it is 'fit for Purpose' to meet the challenges of the future.

### Planning the Work of the Authority

An exercise has been undertaken to ensure that all the policies and strategies of the Authority contribute to the delivery of the National Park Management Plan. As part of this process we have been reviewing our policies and strategies and evaluating whether they are still fit for purpose and how they can contribute towards the delivery of the National Park Management Plan and the associate Action Plan.

### Corporate Strategy

During 2010-2011 the Authority undertook an extensive exercise to consult on a three year Corporate Strategy. This strategy saw a move away from an objective based strategy to an outcome based strategy in an attempt to focus more on what the Authority delivers for the area.

2012-2013 represented the second year of this Strategy. Following a review of the Strategy it was decided to only make minimal changes to the 2012-2013 Corporate Strategy. This was largely due to a delay in the Welsh Government producing its Policy Statement for Protected Areas, which will set the strategic direction for the Authority over the next four years. Allied to the Policy Statement the Welsh Government have undertaken a project to identify Outcome Indicators for National Park Authorities. The Policy Statement and Outcome Indicators were agreed in \*\* 2013 and will feed into a revision of the Corporate Strategy for 2014-2015.

### Annual Improvement Plan

The Corporate Strategy will provide the basis for the Annual Improvement Plan required to make sure the Authority fulfils its requirements under the Local Government Measure. For the 2013-2014 Annual Improvement Plan the Authority has decided reduce the number of outcomes from eight to four and to develop its Improvement Objectives from these four Improvement Outcomes.

### Ffynnon System

The Authority has continued to adopt the Ffynnon system to ensure that we develop and manage a robust system of performance information to highlight the impact of the work undertaken by the Authority. Members are being encouraged to access and use the system. The Authority has commenced the process of reviewing its Performance Management System. As part of this process we have sought the advice and assistance of the Wales Audit Office. Despite an initial meeting with

representatives of the Wales Audit Office we have made limited progress with this work.

#### Zero Based Budgeting exercise

For the second consecutive year the Authority adopted a Zero-based budgeting exercise to ensure that its expenditure linked to the delivery of the outcomes identified in the Corporate Strategy.

#### Budget Pressures / Joint working

Work has continued to reduce costs and to identify options for joint working. Discussions are on-going with a number of other Authorities to identify efficient ways of delivering our services.

## **Principle 2**

### **Members and officers working together to achieve a common purpose, with clearly defined functions and roles.**

There is clear definition of the roles of Members and Officer and a clear committee and decision making structure. This is based on:

#### The Authority

The Authority comprises 18 members and will meet at least 6 times a year and its main functions are:

- To approve the development of the Authority's strategic corporate planning framework through the National Park Management Plan (every five years), the Local Development Plan (every five years), the Corporate Strategy (every 3 years) and the Business and Improvement Plan (annually).
- To determine all policy matters in support of its strategic planning objectives. The Authority may receive advice from the permanent Advisory Group and may also set up task and finish advisory groups to investigate and advise on specific matters.
- To determine all Service Standards and the Authority's Welsh Language Scheme.
- To manage the Authority's resources i.e. finance, staffing and assets; and to approve the budget, levy, charges, and the Annual Accounts.
- To ensure that the NPA complies with all legislation affecting its services.
- To determine membership of other committees, task & finish groups, working groups and advisory groups, within the NPA, and their terms of reference, and the Authority's representation on external bodies and organisations.
- To determine the delegation of the Authority's responsibilities to other committees of the Authority and when appropriate to the Chief Executive.

As a result of Local Government elections held in May 2012, there has been a significant change in the Membership of the Authority. Seven new Members were appointed from Pembrokeshire County Council and two new Members were appointed by the Welsh Government in December 2011. An extensive process of induction has been undertaken to support the new Members.

#### Audit and Corporate Services Review Committee

The role of the Audit and Corporate Services Review Committee is to consider the level of corporate risks, governance matters facing the Authority (including reviewing the Annual Governance Statement), budget management and issues relating to the work of the Chief Executive Officer and departments reporting to him such as HR, Finance, IT, Communications, performance management. In addition, this Committee will look at performance against the Welsh Government Grant letter.

#### Conservation and Planning Review Committee

Conservation and Planning Review Committee considers the risks and performance in areas covered by the Director for Conservation and Planning. This includes issues such as climate change, the Natural Environment Framework as well as the performance of Development Management.

#### Recreation and Tourism Review Committee

Recreation and Tourism Review Committee considers the risks and performance in areas covered by the Director for Tourism, Communications and Marketing. This Committee oversees the work of centres such as Oriel y Parc, Carew Castle and Castell Henllys.

Each Performance Review Committee has a standard item relating to items of concern with performance that can be delegated to the Continuous Improvement Group for further consideration.

#### Continuous Improvement Group

The Continuous Improvement Group consists of five members of the Authority including the CEO. The membership includes the Chairman and Vice Chairman of the Authority along with the Chairmen of the three Performance Review Committees. The group have the power to invite attendance of other members or officers if the work programme indicates that their attendance or experience would add value to its work

The terms of reference for the group are:

- To review aspects of the Authority's governance arrangements, to include relevant policies and procedures, as directed by the Authority.
- To oversee the improvement process arising out of risks identified by the Authority and / or one of the Performance Review Committees.
- To monitor the Authority's response to the Welsh Government's Improvement Agenda, by identifying opportunities for collaboration, partnership and customer centred working.
- To identify additional outcome /qualitative measures to help assess the Authority's performance across its service areas.

### Internal Audit

The review of the effectiveness of the system of internal control and governance arrangements is informed by the work of the Internal Auditors and their reporting to the Authority. This work is undertaken by Pembrokeshire County Council's Internal Audit Department who structure their work based on a rolling 5 year audit program. The terms of reference for internal audit require that work is conducted in accordance with standards as set out in the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice for Internal Audit in Local Government. Following a recommendation from the Wales Audit Office a request was made to our Internal Auditors for them to provide an audit opinion on our governance arrangements. However, they were of the view that it was difficult for them to provide this. A discussion on this issue was undertaken and a number of suggestions made by the Internal Auditors on how the Authority could improve its governance arrangements.

### External Audit

Wales Audit Office act as the Authority's external audit and make comments following their financial accounts and performance work and in the annual audit letter. They also express an opinion on the adequacy of internal audit work.

### Section 151 Officer

In the Authority the Finance Manager also acts as the Section 151 Officer. The Authority complies with the CIPFA "Statement on the Role of the Chief Financial Officer in Local Government". The Finance Manager is also a member of the Authority's Core Management Team.

### The Executive

An Executive structure for decision making for officers is based on a Senior Management Team of three members, a Leadership Team of twelve officers and a Core Management Team of five officers supplemented on a rotating basis by other members of the Leadership Team. The Core Management Team meets weekly while the Leadership Team meets once a month.

Work has been undertaken to identify who can make decisions and how these are recorded.

## **Principle 3**

### **Promoting values for the Authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour.**

A Code of Conduct for Members and a Code of Conduct for Officers is in place. Issues relating to breaking the Code of Conduct are dealt with by the following:

#### The Standards Committee

It is the responsibility of the Authority's Standards Committee to promote high standards of conduct by Members and Officers. It does this by advising on and promoting awareness and understanding of the code of conduct for Members and the code of conduct for officers, both of which are documented in the Authority's Constitution

### Monitoring Officer

The statutory Monitoring Officer functions set out in Section 5 of the Local Government and Housing Act 1989 (as amended) i.e., in short, to report to the Authority if the Monitoring Officer considers that any proposal, decision, or omission by the Authority may give rise to unlawfulness or maladministration. The Monitoring Officer provides an Annual Report of his work to both the Standards Committee and the National Park Authority.

### Public Sector Ombudsman for Wales

The Public Service Ombudsman for Wales has jurisdiction over the Authority's functions by virtue of the Public Service Ombudsman (Wales) Act 2005. He has not made any investigation into the Authority either in relation to any alleged breaches of the Members' Code of Conduct adopted by the Authority on 25 June 2008, or any alleged maladministration causing a member of the public hardship or injustice through maladministration or service failure on the part of Authority, under either Sections 16 or 21 of that Act.

### Staff Members

Issues relating to the conduct of staff are normally considered in accordance with the Authority's Disciplinary procedures, which are normally reviewed in accordance with the Human Resources Strategy.

### Whistle Blowing Policy

In the Public Interest Disclosure Act 1998 the Government has given statutory protection to employees who 'blow the whistle' by speaking out against corruption and malpractice at work. It protects them against victimisation and dismissal. The Authority has approved and adopted such a policy in 2002 which was updated in 2009. In its commitment to the highest standards of openness, probity and accountability, it says "The authority encourages employees and others with serious concerns about the Authority's work to come forward and raise their concerns with the Authority". This was reviewed during the past year and is in the public domain and can be found on

<http://parcnet/staff/CodeFiles/StaffHandbook/StaffHandbookOverview.aspx>

## **Principle 4**

### **Taking informed and transparent decisions which are subject to effective scrutiny and managing risk.**

The Authority has taken the following action to improve its processes and structures and also to tackle identified issues of risk.

### Scrutiny Project

Following a pilot undertaken with the Brecon Beacons National Park Authority, the Authority has created two Scrutiny Committees. The first Scrutiny Committee has been reviewing "The Implementation of our Affordable Housing Policies". This Committee is due to report in May 2013. The lack of Member and staff capacity means that the second Scrutiny Committee will not commence its work until the first one has completed its work. We expect the second Scrutiny Committee to look at our work in relation to Social Inclusion.

During the pilot project with the Brecon Beacons National Park Authority a joint scrutiny of Public Rights of Way was undertaken. A programme of work was agreed following this exercise to deal with issues and weaknesses highlighted as part of the Scrutiny exercise.

#### Risk Management

During the past year a review of our Risk Management process has led to greater involvement from Members of the Authority in our Risk Management. All risks on the Risk Register have been allocated to Members to oversee. In addition, work has been undertaken to identify different types of risk , including risks associated with various services.

#### Performance Management

Following a critical report on our Performance Indicators, the Authority has responded by allocating responsibility for each Performance Indicator to a member of its Leadership Team and any new Performance Indicator is required to have the approval of the Performance Indicator Group.

#### HR Information System

The Authority has installed a new HR Information System. This will improve the management of our HR function with all employees having remote access to their records and relevant HR functions including training. Managers will be able to monitor leave and sickness records and produce reports. All HR policies and procedures will be available from the system's document library.

#### Finance System

The Authority has undertaken a procurement exercise to change its Finance and EPOS System. This was undertaken as a joint exercise with the Snowdonia National Park Authority. The new system will lead to greater efficiencies in raising and processing purchase orders together with the authorisation and coding of invoices. It should also result in better centre stock control and monitoring of merchandise sold across the Authority.

#### Equalities

In March 2012, the Authority agreed its Single Equality Plan. During the past year the Leadership Team has undertaken training to ensure that it meets its statutory requirements and also to manage our equalities function in a strategic way to contribute towards the delivery of the outcomes of the organisation.

#### Internal Support Service Reviews

The Authority has commenced a series of Internal Reviews of Support Service functions. The first one to be undertaken focused on the use of Global Positioning Systems (GPS) within the Authority. The outcome of the review highlighted a programme of action to increase understanding of the potential of GPS across the organisation and a programme to improve the accuracy and dependability of our data. We have commenced work on a review of our Graphics function and as mentioned above are hoping to work with the Wales Audit Office on our Performance Management work.

## Pembrokeshire County Council Internal Audit Report

As part of the Authority's corporate governance programme, an audit of all services is carried out on a five year rolling programme by the County Council's Internal Audit Service. During 2012/13 the audit concentrated on:

- Review of Previous Year Agreed Action Plan
- Delivery Department
- Oriel y Parc
- Car Park Management
- Planning Income
- Payroll
- Purchase Cards

The Internal Audit report including findings, recommendations and the Authority's responses are presented to the Audit and Corporate Review Committee.

The audit process uses the standard CiPFA auditing guidelines and other best practices with the aim of identifying potential weaknesses in controls. Each of these potential weaknesses is then assessed jointly with the auditors to consider the likely risk and scale of impact, and the alternative controls and potential improvements within the resources of the Authority. .

No significant failings were identified in the internal audit programme, although a number of minor improvements were suggested.

## **Principle 5**

### **Developing the capacity and capability of Members and officers to be effective.**

The Authority has undertaken the following to develop the capacity and capability of Members:

#### Wales Charter for Member Support and Development

The Authority has been awarded the Wales Charter for Member Support and Development to recognise its work in supporting Member Development. During the year the Authority decided to re-apply for the Charter.

#### Performance Management

The Performance Management process has been reviewed and changes made to link the Staff Performance Appraisal process to the Corporate Strategy. We are now undertaking work to further develop the "Golden Thread" that ensures a clear line of accountability from the Targets and Outcomes identified in the Corporate Strategy to the Departmental Plans and Individual targets.

#### People Strategy

The Authority has approved a People Strategy which included as outcomes "handling issues from the 2011 Staff Survey and to improve staff engagement and to ensure that our managers and leaders have and use the right skills and capabilities to make change effective and to deliver performance"

## Principle 6

### Engaging with local people and other stakeholders to ensure robust public accountability.

During the past year the Authority has sought to engage with local people and stakeholders through a range of consultations. Various approaches were taken to promote these consultations such as organising events, discussions with specific groups such as Community Councils, promotion on local radio, articles in newspapers and discussions with 6<sup>th</sup> Form pupils.

The Authority has undertaken a survey of Community Councils relating to planning issues and undertaken a programme to provide training and support on planning issues for Community Councils. In addition the Authority agreed to hold bi-annual meetings with PALC the umbrella body for Community Councils in Pembrokeshire.

The Authority has signed up to the WG's 'National Principles for Public Engagement in Wales'.

<http://www.participationcymru.org.uk/advice/support/national-principles-for-public-engagement-in-wales/organisations-that-have-endorsed-the-national-principles-for-public-engagement>

## IV. Significant Governance Issues

<b>Governance Issues Identified</b>	<b>Action to be taken</b>
<ul style="list-style-type: none"><li>DM Performance</li></ul>	Building on recent improvements the Authority will develop a greater customer focus in the delivery of its planning function. Additional funds have been allocated in the 2013/14 budget to cover additional work load related to renewable energy applications.
<ul style="list-style-type: none"><li>Introducing Customer service standards</li></ul>	Using the Customer Quality Charter criteria we will assess the service standards across all services
<ul style="list-style-type: none"><li>Consultation Policy</li></ul>	The review of the CIPFA guidance on delivering good governance identified potential weaknesses in engaging local people and stakeholders. A thorough review will be undertaken
<ul style="list-style-type: none"><li>Effectiveness of Scrutiny Committee</li></ul>	The work of the Scrutiny Committee will be evaluated during 2013/14.
<ul style="list-style-type: none"><li>Policies</li></ul>	All of the Authority's policies will be reviewed and a review schedule implemented
<ul style="list-style-type: none"><li>Golden Thread</li></ul>	Standardised format for summary team plans are being established which will link to business/service plans and Improvement Objectives
<ul style="list-style-type: none"><li>PI Data</li></ul>	The Authority will work with Welsh Government and consultants to develop

	outcome based PI's.
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We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation as part of our next annual review.

SIGNED \_\_\_\_\_  
Chairman

DATED \_\_\_\_\_

SIGNED \_\_\_\_\_  
Chief Executive

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_  
Section 151 Officer

DATE \_\_\_\_\_

## **ANNUAL GOVERNANCE STATEMENT AND REVIEW**

**Indicative overarching assessment questions for Authority Members & Authorities to ask themselves. [Source: Cipfa - Delivering Good Governance in Local Government (Guidance for Welsh Authorities)]**

<b>Core Principle and related Questions</b>	<b>Response/Assessment</b>
<b>1. Good governance means focusing on the purpose of the Authority and on outcomes for the community and creating and implementing a vision for the local area</b>	
<ul style="list-style-type: none"> <li>▪ How clear are we about what we are trying to achieve as an Authority?</li> </ul>	5 – NPMP, Corporate Strategy, Policy Review, Staff survey, liP.
<ul style="list-style-type: none"> <li>▪ Do we always have this at the front of our minds when we are planning or taking decisions?</li> </ul>	5 – Revising corporate outcomes, Zero based budgeting exercise, performance measured against outcomes, process approved by NPA.
<ul style="list-style-type: none"> <li>▪ How well are we doing in achieving our intended outcomes?</li> </ul>	4 – Positive AIR report, regular performance reports to Review Committees. Performance improving for conservation, recreation, enjoyment, social inclusion, education, but affordable housing poor due to external factors.
<ul style="list-style-type: none"> <li>▪ How well do we communicate our vision to the community?</li> </ul>	3 – Extensive communication through press, radio, website, Facebook, Twitter and direct communication. High % of neutral/positive coverage. Formal consultation with Community Councils and partners etc. Limited evidence on effectiveness. Workshop for Members planned.
<ul style="list-style-type: none"> <li>▪ To what extent does the information that we have about the quality of service for users help us to make rigorous decisions about improving quality?</li> </ul>	2 – Customer Service Excellence Charter approach underway, Satisfaction survey of Planning Service commenced. Comments considered and improvements introduced where practical.
<ul style="list-style-type: none"> <li>▪ Do we receive regular and comprehensive information on users' views of quality?</li> </ul>	3 – Surveys undertaken at OyP, Carew & Castell Henllys. Citizens Panel also used regularly.
<ul style="list-style-type: none"> <li>▪ How could this information be improved?</li> </ul>	2 - This will be identified following customer excellence charter approach.
<ul style="list-style-type: none"> <li>▪ How well does the Organisation understand the views of the public and service users?</li> </ul>	3 – Improving, meetings held with various stakeholder groups. Training sessions on planning held with Community Councils. Training sessions on implications of Equalities Legislation and how our services can be designed to be accessible by everyone.
<ul style="list-style-type: none"> <li>▪ Do we receive comprehensive and reliable information about these views and do we use it in decision making?</li> </ul>	3 - Use of surveys & consultations have influenced decision making

Core Principle and related Questions	Response/Assessment
<b>2. Good governance means members and officers working together to achieve a common purpose with clearly defined functions and roles</b>	
<ul style="list-style-type: none"> <li>▪ Do we all know what we are supposed to be doing?</li> </ul>	5 – Members charter & appraisal linked to Corporate Strategy
<ul style="list-style-type: none"> <li>▪ Is our approach to each of the Authority’s main functions clearly set out and understood by all the Authority members and the Chair and senior Members?</li> </ul>	5 – Corporate Strategy sets outcomes. Role of chair and members is set out.
<ul style="list-style-type: none"> <li>▪ Have we formally agreed on the types of decisions that are delegated to the executive/committees and those that are reserved for the Full Authority?</li> </ul>	5 - Financial standards and delegation reviewed and approved by NPA Sept 2012. Other delegations to be considered by NPA in April.
<ul style="list-style-type: none"> <li>▪ What does the size and complexity of our Organisation mean for the ways in which we approach each of the main functions of governance?</li> </ul>	5 – Small organisation with good co-operation, although capacity an issue as treated as a full local authority in terms of legislation – notably in local government measure.
<ul style="list-style-type: none"> <li>▪ Are the governance arrangements understood throughout the Authority? What efforts have been made to ‘demystify’ the concepts of governance? Have they been successful?</li> </ul>	4 - Recent changes in management team and introduction of Leadership group has spread governance more widely. Member induction and continuing training in place. Scrutiny committee introduced.
<ul style="list-style-type: none"> <li>▪ How clearly have we defined the respective roles and responsibilities of the non-executives and the executive, and of the Chair and the Chief Executive?</li> </ul>	4 – Not very relevant to NPA, but a small group of Members appraise CEO and Chair holds appraisal meetings with each Member.
<ul style="list-style-type: none"> <li>▪ Do all members of the Authority take collective responsibility for its decisions?</li> </ul>	5 – Yes
<b>3. Good governance means promoting values for the Authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour</b>	
<ul style="list-style-type: none"> <li>▪ In what ways does our behaviour, collectively as a ‘governing body’ and individually as ‘governors’, show that we take our responsibilities to the Organisation and its stakeholders very seriously?</li> </ul>	5 – high member attendance, good quality of debate at committee, good relationship between members and officers
<ul style="list-style-type: none"> <li>▪ Are there any ways in which our behaviour might weaken the Organisation’s aims and values?</li> </ul>	In some cases the informality of meetings may create this impression, but this is not generally an issue.
<ul style="list-style-type: none"> <li>▪ Does the Standards Committee act as the main means to raise awareness? Does it take the lead in ensuring high standards of conduct are firmly embedded within the local culture?</li> </ul>	No. This role is undertaken by the Chair, Monitoring Officer, Chief Executive and Administration and Democratic Services Manager
<ul style="list-style-type: none"> <li>▪ What are the values that we expect the staff to demonstrate in their behaviour and actions?</li> </ul>	Honesty, integrity, transparency and the Values identified in the Corporate Strategy
<ul style="list-style-type: none"> <li>▪ How well are these values reflected in our approach to decision making?</li> </ul>	5 – good

Core Principle and related Questions	Response/Assessment
<ul style="list-style-type: none"> <li>▪ What more should we do to ensure these values guide our actions and those of staff?</li> </ul>	<p>Introduced improved communication – twice yearly staff meetings, additional team leaders meetings and regular team meetings. Regular lunch time topic training sessions</p>
<p><b>4. Good governance means taking informed, transparent decisions which are subject to effective scrutiny and managing risk</b></p>	
<ul style="list-style-type: none"> <li>▪ How well do our meetings work?</li> </ul>	<p>5 – open, transparent, good quality of reports</p>
<ul style="list-style-type: none"> <li>▪ What could we do to make them more productive and do our business more effectively?</li> </ul>	<p>Pilot different approaches such as evening meetings and holding meetings at different locations.</p>
<ul style="list-style-type: none"> <li>▪ Is the quality of information received across service areas consistent, including partnerships?</li> </ul>	<p>4 – We are currently implementing Ffynnon which is providing consistence. Some external partners not always willing/able to provide information</p>
<ul style="list-style-type: none"> <li>▪ To what extent does the information that we have on costs and performance help us to make rigorous decisions about improving value for money?</li> </ul>	<p>5 – Accurate and current budget and performance data always available. Some members have access to Ffynnon.</p>
<ul style="list-style-type: none"> <li>▪ How effectively do we use this information when we are planning and taking decisions? How well do we understand how the value we provide compares with that of similar Organisations?</li> </ul>	<p>4 – Introducing bench mark data, although often difficult to find directly comparable authorities</p>
<ul style="list-style-type: none"> <li>▪ Is this set out in a clear and up-to-date statement?</li> </ul>	<p>2 – Not currently, but review of performance indicators to be completed before next financial year.</p>
<ul style="list-style-type: none"> <li>▪ How effective is this as a guide to action for the Full Authority and Committees/Executive?</li> </ul>	<p>NA</p>
<ul style="list-style-type: none"> <li>▪ How well do we explain the reasons for our decisions to all those who might be affected by them?</li> </ul>	<p>3 – Use variety of media outlets, willing to have meetings with groups etc</p>
<ul style="list-style-type: none"> <li>▪ Are decision-making processes properly adhered to?</li> </ul>	<p>5 – Yes,</p>
<ul style="list-style-type: none"> <li>▪ How do we ensure the Full Authority maintains a key role in debating decisions?</li> </ul>	<p>5 – All decisions except planning are made by full authority and all Members are on DM committee.</p>
<ul style="list-style-type: none"> <li>▪ Is the information received by all Authority Members robust and objective and appropriate for their needs?</li> </ul>	<p>5 – Member surveys confirmed info quality. Additional data provided if requested.</p>
<ul style="list-style-type: none"> <li>▪ How could the information received be improved to help improve our decision making?</li> </ul>	<p>Regular consultation with Members to ensure they are happy with information</p>
<ul style="list-style-type: none"> <li>▪ Do we take professional advice to inform and support our decision making when it is sensible and appropriate to do so?</li> </ul>	<p>5 – Legal and expert advice sought when necessary. Solva case, Sageston, Carew etc</p>
<ul style="list-style-type: none"> <li>▪ How effective is the Organisation’s risk management system?</li> </ul>	<p>4 – Improved to include service areas and recorded on Ffynnon. Individual members to take on monitoring role for key risks</p>

Core Principle and related Questions	Response/Assessment
<ul style="list-style-type: none"> <li>▪ How do we review whether this system is working effectively?</li> </ul>	See above
<ul style="list-style-type: none"> <li>▪ Do we develop an action plan to correct any deficiencies in the systems?</li> </ul>	Being implemented
<ul style="list-style-type: none"> <li>▪ If so, do we publish this each year?</li> </ul>	Risk register reported to NPA annually
<ul style="list-style-type: none"> <li>▪ Is the scrutiny function adequately resourced?</li> </ul>	4 – Scrutiny committee set up and undertaking first topic.
<ul style="list-style-type: none"> <li>▪ Does the scrutiny function work effectively? Is the outcome of constructive scrutiny taken into account?</li> </ul>	2 – First full scrutiny exercise due to report in May.
<b>5. Good governance means developing the capacity and capability of Members and Officers to be effective</b>	
<ul style="list-style-type: none"> <li>▪ What skills have we decided that Members must have to do their jobs effectively?</li> </ul>	Skills identified as part of the Member Charter process
<ul style="list-style-type: none"> <li>▪ How well do the political parties identify people with the necessary skills to seek election and reach people from a wide cross-section of society?</li> </ul>	Not relevant to NPA, although WG appointee process is open through public advert.
<ul style="list-style-type: none"> <li>▪ What more could we do to make sure that becoming an authority member is practical for as many people as possible?</li> </ul>	Encourage local groups to apply for WG appointment
<ul style="list-style-type: none"> <li>▪ How effective are we at developing our skills and updating our knowledge?</li> </ul>	4 – Good induction for officers and members, regular workshops, training programmes
<ul style="list-style-type: none"> <li>▪ How effective are political parties at reviewing the performance of individual members?</li> </ul>	Not relevant – although WG review appointees' performance
<ul style="list-style-type: none"> <li>▪ Do we put into practice action plans for improving our performance as an authority?</li> </ul>	4 – member development programme
<ul style="list-style-type: none"> <li>▪ How do we ensure officers have the necessary skills to do their jobs? Are officers adequately resourced?</li> </ul>	Twice yearly appraisals to agree work programme and training needs
<ul style="list-style-type: none"> <li>▪ Is it possible to find a balance between continuity of knowledge and renewal of thinking in the authority membership? Do we have a policy on succession planning?</li> </ul>	WG appointees have limited membership period and other members may change with local elections. On occasions the vice chair replaces outgoing chair on main committees
<ul style="list-style-type: none"> <li>▪ Does this need to be reviewed?</li> </ul>	No
<b>6. Good governance means engaging with local people and other stakeholders to ensure robust public accountability</b>	
<ul style="list-style-type: none"> <li>▪ Who are we accountable to and for what?</li> </ul>	Welsh –Government and residents and visitors to the National Park
<ul style="list-style-type: none"> <li>▪ How well does each of these accountability relationships work?</li> </ul>	5 – Regular meetings with Minister and WG officials. Communication with the public, meetings with community councils.

Core Principle and related Questions	Response/Assessment
<ul style="list-style-type: none"> <li>Do we need to take steps to clarify or strengthen any relationships?</li> </ul>	WG preparing new policy statement and revising approach to Strategic Grant Letter. We could possibly improve our communication with the public and representative groups.
<ul style="list-style-type: none"> <li>Do we need to negotiate a shift in the balance between different accountability relationships?</li> </ul>	No
<ul style="list-style-type: none"> <li>How do we deal with competing demands and priorities from different sections of the community? Are the processes we use effective?</li> </ul>	4 - LDP and NPMP set out how competing demands are resolved or managed. Consultation, surveys, community meetings.
<ul style="list-style-type: none"> <li>What is our policy on how the Organisation should consult the public and service users?</li> </ul>	2 - Statutory guidance on LDP, NPMP etc. Other topics depend on topic under consideration and stakeholders – need to have formal guidance
<ul style="list-style-type: none"> <li>Does it explain clearly the sorts of issues on which it will consult which groups and how it will use the information it receives?</li> </ul>	2 - See above
<ul style="list-style-type: none"> <li>Do we need to review this policy and its implementation?</li> </ul>	2 - See above
<ul style="list-style-type: none"> <li>What is our policy on consulting and involving staff and their representatives in decision making?</li> </ul>	5 - Staff reps group, staff forum with members, union reps when relevant and Staff meetings, team meetings, Health & Safety Group.
<ul style="list-style-type: none"> <li>Is this communicated clearly to staff?</li> </ul>	5 - Yes
<ul style="list-style-type: none"> <li>How well do we follow this in practice?</li> </ul>	5 – Various staff groups in place, twice yearly all staff meetings etc.
<ul style="list-style-type: none"> <li>How effective are systems within the Organisation for protecting the rights of staff?</li> </ul>	5 - clear personnel procedures
<ul style="list-style-type: none"> <li>Who are the institutional stakeholders that we need to have good relationships with?</li> </ul>	WG, PCC, NT, Cadw, NRW
<ul style="list-style-type: none"> <li>How do we organise ourselves to take the lead in developing relationships with other Organisations at the most senior level?</li> </ul>	At CEO/Director level, and with member if appropriate
<ul style="list-style-type: none"> <li>How well do we exercise ‘leadership’ for the community?</li> </ul>	3 We only have a limited range of areas where we are the community lead?
<ul style="list-style-type: none"> <li>Are we upholding and demonstrating the spirit and ethos of good governance that the Framework sets out to capture?</li> </ul>	5 – Very low level of complaints, no Ombudsman investigations, good relationship between Members and with officers
<ul style="list-style-type: none"> <li>Do we have a process for regularly reviewing our governance arrangements and practice against the Framework?</li> </ul>	4 –reviewed annually with Members and officers.
<ul style="list-style-type: none"> <li>What further improvements do we need to make?</li> </ul>	To be identified following review
<ul style="list-style-type: none"> <li>Are we making public the results of our reviews and our plans for future improvements? Are we inviting feedback from stakeholders and service users?</li> </ul>	Will be included in corporate assessment and reported to members. Improvement Plan will be published for consultation.