Loch Lomond & The Trossachs National Park Authority

Planning Application Management

Final Report

AUDITGLASGOW

November 2021



Loch Lomond & The Trossachs National Park Authority Planning Application Management

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Loch Lomond & The Trossachs National Park Authority Planning Application Management

1. Introduction

- 1.1 As part of the 2021/22 Internal Audit plan we have carried out a review of the planning application process within Loch Lomond & The Trossachs National Park Authority (the Park Authority).
- 1.2 The Development Management (DM) teams within the Place Directorate are responsible for receiving and processing applications for planning permission which is required where citizens and businesses want to change the use of land or buildings or to carry out building, engineering or other works. Officers in the DM teams review applications to check adherence with relevant legislation and with the Park Authority's Local Development Plan. Applications and the information supporting these are published on the Park Authority's Public Access website (the website) and members of the public and interested parties can view these and submit representations if desired. Planning permission applications are logged on the UNIFORM system and the Document Management System (DMS) is used to upload all corresponding documents to the website.
- 1.3 Applications may be approved, approved with conditions, or refused either by the appointed planning officer under delegated powers, or by the Planning and Access Committee. Decision Notices are then sent to applicants and there is an option to appeal if the applicant does not agree with the decision.
- 1.4 The purpose of the audit was to review the procedures and controls in place for the processing of planning applications,

including the use of the UNIFORM system and the DMS.

The scope of the audit included:

- Reviewing the processes for receiving, assessing and determining planning applications, and ensuring adherence to appropriate statutory guidelines and the Park Authority's policies;
- Ensuring adequate procedural documentation relating to the receipting and processing of these applications is in place;
- Reviewing the arrangements for uploading and recording information on UNIFORM and the DMS;
- Reviewing a sample of recent planning applications and decisions to ensure these were handled as per statutory guidelines and the Park Authority's policies and that all relevant documents in relation to the applications are available on the website;
- Reviewing the arrangements for receiving and reconciling income received through planning fees;
- Verifying the arrangements for the provision of staff training;
- Reviewing the process for ensuring declaration of interest forms are completed for the DM teams; and
- Reviewing any changes to the documented planning application process as a result of the Covid-19 Pandemic.

The audit did not include a review of the planning appeals process.

2. Audit opinion

2.1 Based on the audit work carried out a reasonable level of assurance can be placed upon the control environment. The audit has identified some scope for improvement in the existing arrangements and two recommendations which management should address.

3. Main Findings

- 3.1 We are pleased to report that the key controls are in place and operating effectively. We found that there is sufficient segregation of duties in place for the processing and approval of applications. All relevant documents in relation to planning applications are available on the Park Authority's website and there are arrangements in place to ensure that these are suitably redacted prior to being uploaded.
- 32 There are arrangements in place to ensure that the Park Authority is complying with planning legislation and staff have been given sufficient training to ensure they can carry out their role adequately. We found that statutory consultees are given a sufficient length of time to respond to planning applications and access to the UNIFORM system and DMS is controlled. Furthermore, income generated from planning fees is promptly banked and reconciled to planning applications accordingly. We found that any changes to planning application processes required as a result of the Covid-19 Pandemic have been promptly implemented, communicated to staff and followed as per Scottish Government advice and guidance. Updates were also provided to the public via the National Park website to inform them of any planning application changes.
- 3.3 From reviewing a sample of 15 planning applications processed between March 2020 and April 2021, we found that in most cases the requirements outlined in the procedures had been adhered to. The only exceptions to this were in relation to the agreed timeframes not being achieved. For one application, the two day timescale set by the Park Authority to add an application to UNIFORM was not accomplished. For two applications, the five day deadline to

validate an application was not achieved and for a further two applications the decision was not issued to the applicant within the target timescale of two months. We were advised that these delays were due to limited access to the required systems and the staff's inability to carry out site visits as a result of the Covid-19 pandemic. We noted that the Park Authority's website states that it is taking longer than usual to determine planning applications.

- 3.4 Our audit testing found that there are some areas where controls could be improved. The current Staff Register of Interest Policy only requires staff to complete the Staff Register of Interest (SROI) form when they have an interest to declare. Staff are required to return the completed form to the HR helpdesk and to review and update the form where required on an annual basis. Although through sample testing, we confirmed that the current process is being followed. The current arrangements mean that the organisation cannot easily demonstrate that it has asked staff to declare any potential conflicts of interests on an annual basis.
- 3.5 Although there are detailed procedures in place for the processing of planning applications, some recently updated documents are still in draft and require to be approved.
- 3.6 An action plan is provided at section four outlining our observations, risks and recommendations. We have made two recommendations for improvement. The priority of each recommendation is:

Priority	ty Definition	
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	0
Medium	Less critically important controls absent, not being operated as designed or could be improved.	1
Low	Lower level controls absent, not being operated as designed or could be improved.	1
Service Improvement	Opportunities for business improvement and/or efficiencies have been identified.	0

- 3.7 The audit has been undertaken in accordance with the Public Sector Internal Audit Standards.
- 3.8 We would like to thank officers involved in this audit for their cooperation and assistance.
- 3.9 It is recommended that the Chief Internal Auditor submits a further report to the Audit and Risk Committee on the implementation of the actions contained in the attached Action Plan.

4. Action Plan

Title of the Audit: Loch Lomond & The Trossachs National Park Authority – Planning Application Management

No.	Observation and Risk	Recommendation	Priority	Management Response			
Key C	Key Control: Declaration of interest forms are completed and signed by all relevant staff.						
1	The current Staff Register of Interest (SROI) Policy only requires staff to complete the SROI form when they have an interest to declare. Staff are required to return the completed form to the HR helpdesk and to review and update the form where required on an annual basis. Through sample testing, we confirmed that the current process is being followed. However, the current arrangements mean that staff are not prompted once each year to review and update their register which is considered good practice. It also means the organisation cannot demonstrate that it has asked staff on an annual basis to declare any interests. We were advised that the organisation is considering its SROI Policy, including whether to reflect the requirement for all staff to complete a SROI form on an annual basis, regardless of whether or not they have anything to declare. Therefore there is an increased risk that a record of all potential conflict of interests may not be held.	Policy is updated, approved and communicated to all relevant staff. Thereafter, management should ensure that all planning staff complete and return a SROI form as soon as possible. Thereafter these forms should be reviewed and updated where required throughout the year and then fully completed and resubmitted on an annual basis. Copies of these forms should be retained for	Medium	Response: Accepted. The Staff Register of Interest (SROI) policy is currently under review in line with our Corporate Policy Review Schedule. Once updated and approved, this will be circulated across the business. Within the planned review, we will consider inclusion of the recommendation set out, as well as other best practise in the area. Officer Responsible for Implementation: Corporate Performance Manager Timescale for Implementation: 31 May 2022			

No.	Observation and Risk	Recommendation	Priority	Management Response
Key C	ontrol: Documented planning procedures	are in place.		1
2	Although there are detailed planning procedures in place that outline the internal arrangements for processing planning applications, we noted that some of the documents had recently been updated and are still in a draft version. This increases the risk that staff may not be fully aware of the current and correct processes to follow.	draft procedures as soon as possible. Thereafter these should be communicated to all relevant staff.	Low	Response: Accepted. Due to focussing staff time on maintaining the core planning function during the pandemic, we have not been able to allocate as much resource to updating, testing and approving procedures. A programme for the review and approval of all DM procedures will be prepared, together with a timetable for implementation. Officer Responsible for Implementation: Development and Support Manager Timescale for Implementation: 31 March 2022, with key procedures being approved first, before working through to procedures which are required less frequently.

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