

1 Introduction

- 1.1 As part of the agreed 2022/23 Internal Audit plan, we have carried out a review of the Climate Change Report figures submitted to the Sustainable Scotland Network (SSN) by the Loch Lomond & The Trossachs National Park Authority (the Park Authority).
- 1.2 In response to the global climate emergency and Scotland's net zero by 2045 target, the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 set out additional annual reporting requirements for public bodies with effect for reporting periods commencing on or after 1st April 2021. This means that the Park Authority must submit figures for carbon management related indicators each year to the SSN.
- 1.3 The purpose of the audit was to gain assurance that adequate arrangements are in place to ensure that the Climate Change Report (CCR) figures submitted by the Park Authority are accurate. The scope of the audit included:
 - Reviewing the procedures in place for calculating the CCR figures.
 - Confirming the arrangements for the collection of the information and the calculation of the figures, including who carries out the various tasks and any systems/reports used.
 - Verifying that the figures are reviewed and approved by a second officer before being submitted.
 - Reviewing the supporting evidence available to confirm accuracy of the figures submitted.
 - · Comparing the current year's figures with those for the

- previous year to identify any unexplained significant variances, and
- Confirming if the figures are reported elsewhere and if so, verifying that the figures being reported are consistent in all returns.

2 Audit Opinion

2.1 Based on the 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 three recommendations which management should address.

3 Main Findings

- 3.1 We found that some key controls are in place and generally operating effectively. Reasonable explanations have been provided for any significant variances between current year CCR figures and the prior year's figures. Additionally, the figures reported in the CCR are consistent with the figures reported in the Park Authority Mission Zero Report.
- 3.2 Staff involved in collating and submitting the CCR figures are aware of their roles and responsibilities and there is appropriate management oversight, including second officer checks.
- 3.3 However, we also identified some opportunities for improvement. A task list is in place that details all tasks that are required to be completed in order to submit the CCR return, including the responsible officers and expected completion dates. The task list is required to be updated once a task is complete. However, from review of the 21/22 task list we found that the document was incomplete and that some responsible officers were not reflective of current practice.
- 3.4 From review of the internal procedures in place for each indicator, we found that for seventeen of the eighteen indicators, the procedure does not include all relevant information on how to collate the necessary information and calculate the figure. A recent lessons learned exercise was undertaken by the Park Authority in relation to the CCR reporting process. This resulted in an action to produce 'How To' documents that outlines the process for gathering and calculating the figures and completing the CCR report. This is currently ongoing therefore no recommendation will be made in relation to this.
- 3.5 We reviewed a sample of ten CCR figures for 21/22 to confirm the figures reported were accurate. For seven indicators we were able to verify that the figures submitted were accurate as per the source data. For one indicator we found small inconsistencies in the source data used. For the remaining two indicators the source data was unavailable therefore we were unable to verify the figures.
- 3.6 We found that the electronic systems used to collate the figures used in the CCR calculations are accessed via generic log ins, therefore access is not appropriately restricted.

3.7 An action plan is provided at section four outlining our observations, risks and recommendations. We have made three recommendations for improvement. The priority of each recommendation is:

Priority	Priority 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.	2	
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	

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

3 Action Plan

No.	Observation and Risk	Recommendation	Priority	Management Response
Key C	Control: Adequate arrangements for the coll	accurate.		
1	password protected and could be accessed or altered by unauthorised individuals as the file is held in a widely available shared drive. The Research & Performance Officer,	log is password protected and that the password is only shared with relevant staff. Management should explore the possibility of staff having individual log ins for all electronic systems used in carbon management calculations. If this is not possible, the passwords for the generic log ins should be changed and the new password only communicated to relevant staff. Regular reviews of the users of the systems should be	Low	Response: Accepted. Facilities Log will be password protected. We will investigate whether individual log ins for electronic systems is possible. If not, an alternative approach will be developed. Officer Responsible for Implementation: Estates Manager Timescales for Implementation: 31 December 2023

Where generic log ins are used, this means that an audit trail of system access and input is not robust.

There is an internal task list in place that outlines the key tasks required to complete the CCR return. For each task. responsible officers, support contacts and deadlines are recorded. However. through discussions it was found that the incorrect and different officers undertook for future reference. this task in practice.

We were advised that regular meetings are scheduled to review deadlines and checkpoints with responsible officers to ensure everyone is held accountable for However, the task list their section. provided for 2021/22 was incomplete, as it did not record completion dates for each task including the final sign off, therefore we were unable to verify that all expected tasks were completed.

Failing to keep an up-to-date and complete task list, makes monitoring of the deadlines more difficult. This could result in tasks or deadlines being missed.

Management should ensure that the CCR task list is updated to reflect the correct responsible officers.

The task list should be reviewed and updated throughout the CCR compiling process to officers recorded in the task list as being ensure that all tasks have been completed on responsible for the final sign off were time and that a sufficient audit trail is maintained Medium

Response: Accepted.

This will be implemented.

Officer Responsible for Implementation:

Climate Action Manager / Public Body Climate Change Report (PBCCR) Lead

Timescales for Implementation:

15 December 2023

No.	Observation and Risk	Recommendation	Priority	Management Response		
Key	Key Control: Supporting evidence is available to confirm accuracy of the figures submitted.					
	 Control: Supporting evidence is available to We reviewed a sample of ten reported CCR figures for 21/22 to verify that the figures submitted were accurate. We found: For seven indicators, the source data reviewed confirmed the accuracy of the figures reported. For two indicators, we could not confirm the accuracy of the figures reported as the source data could not be provided due to the reports used not being retained. We were advised that a process has now been established to extract the data monthly and these reports will be retained. For one indicator, we found discrepancies in two of the figures used to calculate the figure submitted. This related to two 	o confirm accuracy of the figures submitted. Management should ensure that all back-up information for CCR figures is retained for all	Medium	Response: Accepted. Back up information to be retained. Spot checks to be considered. Officer Responsible for Implementation: PBCCR Lead / Estates Manager Timescales for Implementation: 15 December 2023		
	invoice figures being recorded incorrectly on the facilities log. This had minimal impact on the overall figure reported. Where there are errors in the calculation					
	of figures and/or source data is not retained, there is an increased risk that figures may be misleading and that the					

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No.	Observation and Risk	Recommendation	Priority	Management Response
	Park Authority cannot demonstrate that			
	the figures being reported are accurate.			