



Draft Governance Statement 2025/26

Agenda Item 13 - Appendix 1

National Park Authority Audit and Risk Committee

Tuesday 2 June 2026

Paper for approval

1. Governance Statement	1
2. Board and Committee Structure.....	2
3. The Operation of the Board and Committees.....	3
4. Internal Audit.....	4
5. External Audit.....	5
6. Fraud, Bribery and Corruption.....	5
7. Best Value.....	5
8. Board Continuity and Development.....	6
9. Risk Management.....	7
10. Data Security	8
11. Conclusion	8

1. Governance Statement

- 1.1. As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of Loch Lomond & The Trossachs National Park Authority's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in the Management Statement for Loch Lomond & The Trossachs National Park Authority. In discharging this responsibility I am held accountable by the Authority's Board, and by Scottish Ministers.
- 1.2. In particular, the Authority's Board has Committees in place to develop policy and strategy, discuss emerging issues in relation to the management of governance and priority issues, maintain the sustainability and security of the organisation and advise the Board on risk, control, audit and governance. Each Committee has remits to ensure elements of the

Authority's corporate governance, financial management, and internal control systems, including risk management systems, are in place and function effectively.

- 1.3. The [Scottish Public Finance Manual \(SPFM\)](#) is issued by the Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling of public funds. It sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for economy, efficiency and effectiveness, and promotes good practice and high standards of propriety.

2. Board and Committee Structure

- 2.1. The National Park Authority Board is made up of seventeen Board members. The Board agree the overall direction of the Authority and oversee the work of the Chief Executive and National Park staff. The Board meet in public at least three times a year and the members are tasked with ensuring effective and proper governance of the organisation.
- 2.2. We have two statutory committees that are required to meet and are held in public:
 - 2.2.1. The Planning & Access Committee which meets approximately 6 times a year, as required, to consider certain planning applications, enforcement actions, policy papers, legal agreements and access matters. The Local Review Body is made up of members of the Planning & Access Committee and meets as required to hear appeals and reviews.
 - 2.2.2. The Audit & Risk Committee which meets up to four times a year to support the Accountable Officer in their responsibilities for issues of risk, control and governance and associated assurance.
- 2.3. 2025/26 saw all our statutory meetings being held in person, with the flexibility of virtual and hybrid meetings when appropriate. Our statutory meetings were webcast live for public viewing. In person attendance was encouraged and advance notice was provided on our website.
- 2.4. In addition, there are two other Committees as of 31 March 2026:
 - 2.4.1. The Chairs and Executive Group is a standing non-statutory group of the Board and is advisory only. Meetings are timed to ensure effective reporting to and advice on decision-making to the full Board and as a non-statutory group, meetings are not held in public. The meeting provides a responsive grouping of Board members and

Executive team staff in order to be able to discuss emerging issues in relation to the management of governance and priority issues or developments; to maintain the sustainability and security of the organisation; and to advise the Board on strategic risk or opportunities.

2.4.2. The Futures Group is a non-statutory group of the Board and is not held in public. The Futures Group provides an opportunity for Board members to contribute to early thinking on strategic topics, utilising external speakers and interactive workshops to engage Members.

3. The Operation of the Board and Committees

3.1. The governance structure allows a balance of Board time between the oversight of the organisation's performance, discussion and development of policy and strategy and in engaging with issues and stakeholders in the National Park. The structure ensures that the Board is well informed on organisation performance, whilst delegating more detailed responsibilities appropriately to statutory and non-statutory Committees.

3.2. The Board and Committees met on the following basis during 2025/26:

- The Board held five formal meetings – four of which were scheduled, and one of which was a special meeting to consider the Local Development Plan Evidence Report. All meetings were accessible to members of the public and were webcast live for wider public viewing as well as being physically accessible to the public. The four scheduled Board meetings took place at National Park Headquarters in Balloch, with the special meeting taking place virtually.
- The Audit & Risk Committee met four times to review corporate risk and governance, fraud risk, the Annual Accounts, Annual Report and accounting policies and the work of Internal and External Auditors. All meetings were livestreamed and physically accessible to the public.
- The Chairs and Executive Group met four times to discuss emerging issues in relation to governance, financial performance and strategies for the organisation.
- The Planning and Access Committee met five times to consider certain planning applications, enforcement actions, policy papers, legal agreements and access matters. All meetings were open and accessible to the public.

- The Local Review Body met three times to hear planning reviews. All meetings were accessible to the public.
 - The Futures Group met three times during the year.
- 3.3. The outcomes from the Board and its Committees during the year included consideration of;
- The Process and Timeline of the Lomond Banks Appeal
 - Updates against delivery of our 2025/26 Annual Operational Plan
 - Our Annual Operational Plan and Budget for 2026/27
 - The Local Development Plan Evidence Report
 - The election of the Convener and Depute Convener of the Board
 - The 2024/25 Annual Report and Accounts
 - The National Park Partnership Plan Measures of Success
 - The Audit and Risk Committee Annual Report
 - Natural Environment Bill updates
 - Landscape Connections Update
 - Risk Appetite Statement
 - Annual updates on Mission Zero, Future Nature, Place Investment Strategy, Sustainable Transport and Health and Safety

4. Internal Audit

- 4.1. Recommendations from independent Internal Auditors form a key and essential element in informing my review of the effectiveness of the systems of internal control within the Authority. The Board's Audit & Risk Committee also plays a vital role in this regard, through its review of audit recommendations arising from reviews of internal control systems and its consideration of proposed management action.
- 4.2. In particular, the Audit & Risk Committee is tasked with overseeing the development of internal audit plans, reviewing the scope, efficiency and effectiveness of the work of Internal Audit, confirming the adequacy of internal control systems, promoting best practice and bringing any material matters to the attention of the full Board. Detailed findings of all audit reviews are made available to both management and the Audit & Risk Committee. The Internal Audit function independently follow up on the implementation of recommendations and report their findings to the Audit & Risk Committee. The Audit & Risk Committee reports to the Board on the adequacy and effectiveness of the Authority's internal controls.

- 4.3. The Internal Audit function is an integral element of the Authority's internal control systems. In 2024/25 Azets Technology Solutions Limited were awarded the internal audit services contract for three years from 1 April 2025 to 31 March 2028, therefore 2025/26 is the first year of their period as our internal audit provider.
- 4.4. The Internal Auditors presented the Internal Audit Annual Plan for 2025/26 and the three-year plan to 2027/28, which details the key areas that are being covered during their appointment. Over the course of the year to 31 March 2026, Internal Audit have reported to the Audit & Risk Committee on their independent reviews on The Trossachs Explorer Pilot, Financial Sustainability, Management Information/Information Security and Stakeholder Engagement. All areas audited resulted in a satisfactory level of assurance being found.
- 4.5. As part of the internal audit process, each member of the Executive team prepares an annual statement of assurance that is presented to myself as CEO and Accountable Officer, and shared with the Audit & Risk Committee. These annual statements indicate that reasonable assurance can be placed on the adequacy, effectiveness, robustness, and proportionality of each of the Services arrangements for control, governance and risk management in the year.

5. External Audit

- 5.1. Forvis Mazars are in the fourth year of their contract as the Authority's External Auditor. This follows a tender exercise conducted by Audit Scotland in 2021/22 on behalf of the Auditor General for Scotland and the Accounts Commission for Scotland, in which Forvis Mazars were appointed auditor for the Authority from 2022/23 until 2026/27.

6. Fraud, Bribery and Corruption

- 6.1. The remit of the Audit & Risk Committee also includes receiving reports and advising the Board of any fraud, bribery or corruption, successful or attempted.

Management is aware of one actual, suspected or alleged fraud during 2025/26.

Reports were received that a retail outlet was selling fake 'West Highland Way Passports'. The matter was referred to Police Scotland and trading standards for investigation. The financial impact of the alleged fraud is deemed to be low and limited to funds held on behalf of the West Highland Way Management Group (now West Highland Way SCIO).

The Chair and Depute Chair of Audit and Risk Committee were notified of the incident.

7. Best Value

- 7.1. The Authority is subject to a duty of Best Value as set out in the SPFM and the Best Value in Public Services, Guidance for Accountable Officers (Best Value Guidance), issued by the Scottish Government in March 2011. The Authority demonstrates compliance with Best Value Guidance by preparing a summary annual report for review by the Audit & Risk Committee. The Audit & Risk Committee received the updated Annual Report on Best Value for 2025/26 in June 2026 confirming our compliance with the Best Value Guidance to Accountable Officers. The main monitoring tool we use to demonstrate continuous improvement is our Annual Operational Plan update which is also reported to the Board.
- 7.2. In 2025-2026, the Accountable Officer (AO) – in line with the SPFM standards of Regularity, Propriety, Value for Money and Feasibility – made the decision under the AO Spend Control Guidance to approve spending on work at Falls of Falloch and Tarbet Café & Toilet Block. Both projects are essential to the delivery of our National Park Partnership Plan 2024-2029, our Annual Operational Plan 2025-26 and our Place Investment Strategy.

8. Board Continuity and Development

- 8.1. 2025/26 saw one change in Board membership as a local authority Member from Argyll and Bute Council stepped down and a replacement was nominated and appointed by Scottish Ministers. Additionally, one Member was suspended following an investigation and hearing by the Ethical Standards Commissioner and Standards Commission for Scotland. The suspension was effective from February 2026 for 6 months. As 2026/27 will bring about a number of known changes to board membership and in order to manage and support continuity during this period, significant work has been undertaken in 2025/26 to ensure the organisation is appropriately prepared:
- Board Induction Planning, factoring in upcoming Board change and organisational priorities
 - Early engagement with Scottish Government to enable early appointment process to take place for Ministerial Appointees (completed in February 2026)
 - Board Training and Development Plan (including Strategy in Action)

- Board Skills Matrix and Succession Planning
- Early engagement with Stirling Council on the returning of the Local Board Member Elections

8.2. The organisation continued in 2025/26 to take part in the UK Government's Boardroom Apprentice programme which and has seen an additional non-voting Member join the Board to help develop skills and opportunities on both sides.

9. Risk Management

- 9.1. All bodies to which the SPFM is directly applicable must operate a risk management strategy in accordance with the relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.
- 9.2. The Board recognises the importance of corporate risk management in the activities of the organisation. The Board has provided leadership on the importance of risk management at the highest level within the organisation through their scrutiny and approval of a revised Risk Appetite Statement at the March 2026 Board Meeting.
- 9.3. The Audit & Risk Committee and Executive Team lead on embedding risk management processes throughout the organisation. Both these groups consider the management of strategic risk and seek to ensure that the required actions to manage risk at a strategic level are appropriately reflected and incorporated in operational delivery plans.
- 9.4. The Executive prepare a Corporate Risk Register, which is reviewed by the Audit & Risk Committee quarterly to provide scrutiny and oversight of the risks throughout the year. This includes scheduled risk deep dives; in 2025/26, Audit & Risk Committee chose to focus their deep dives on the corporate risks related to Board Succession and the organisation's approach to mitigating the risks associated with unacceptable behaviours.
- 9.5. The Authority has also adopted a risk-based approach to the management and monitoring of its Annual Operational Plan, and key aspects of organisational performance and delivery. Any increased risk to achievement of targets is assessed, reported to the Executive Management Team, and, where required, remedial action determined and implemented.

10. Data Security

- 10.1. Measures are in place to ensure that information is managed in accordance with relevant legislation. Business Continuity and Cyber Security is actively managed and closely monitored as key risk on our Corporate Risk Register
- 10.2. The Authority's policy is to maintain the highest level possible of data security in its operations. Over the course of 2025/26 we have taken further steps to include a 24/7 Security Operation Centre and Security Information and Event Management services through a third party. This service provides full 24/7 monitoring of our services and assistance if we are breached.
- 10.3. The Park Authority continues to work with auditors and independent accreditation bodies in order to ensure the continued improvement of our data security.
- 10.4. Cyber Security Training continued to be rolled out monthly to all users in 2025/26. Cyber Essentials (CE) was not renewed in 2025/26 as we required our eplanning service to be migrated to its hosted environment. CE and CE+ will be gained in 2026/27.
- 10.5. Penetration Testing of the Registration Gateway has been carried out and passed with minimal mitigation required.
- 10.6. M365/Azure services were benchmarked against best practise in 25/26 with no major changes requiring to be made.

11. Conclusion

- 11.1. As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by:
 - 11.1.1. The Executive and Managers within the organisation who have responsibility for the development and maintenance of the internal control framework, feedback from whom is obtained through regular meetings of the Executive team, Project Board meetings and discussed, as appropriate, at Operational Managers meetings.
 - 11.1.2. The work of the Internal Auditors, who submit regular reports to the organisation's Audit & Risk Committee which include independent and objective opinion on the adequacy and effectiveness of the organisation's systems of internal control together with recommendations for improvement.

- 11.1.3. Comments made by the External Auditors in their management letter and other reports.
- 11.2. I have also been advised on the effectiveness of the system of internal control by both the Board and the Audit & Risk Committee. Appropriate action is taken to address recommendations made and ensure continuous improvement of our systems. I can confirm that these systems of controls were in place for the year under review and will remain in place up to the date of approval of the annual report and accounts.
- 11.3. The Internal Auditors review for 2025/26 concluded that **the Authority has a system of internal control designed to manage risk to a reasonable level.** Internal controls cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness.
- 11.4. The Internal Auditors, as part of their reviews, have identified improvements to the internal control environment, which have been accepted by management. Internal Audit will monitor the implementation of these improvements through future follow up audits.
- 11.5. **The Internal Auditor's annual report for 2025/26 states that based on the audit work undertaken and the assurances provided by the Executive Management Team, but excluding the issues noted above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the governance and control environment which operated during 2025/26 within Loch Lomond and the Trossachs National Park Authority.**