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**Report to: Audit and Scrutiny Committee**

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**Date of Meeting: 11 June 2026**

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**Subject: Internal Audit Plan 2026/27**

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**Report by: Internal Audit Manager**

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### **1.0 Purpose**

1.1 This report presents the 2026/27 Internal Audit Plan for approval.

### **2.0 Recommendations**

2.1 It is recommended that the Committee:

- notes the resources available to Internal Audit and that the plan is flexible;
- approves the Internal Audit Plan for 2026/27; and
- notes that progress will be reported to the Audit and Scrutiny Committee on an ongoing basis, with any significant changes in-year brought back for approval.

### **3.0 Background**

3.1 As Committee is aware from last year's Internal Audit Plan the Global Internal Audit Standards 2024 apply and require the preparation of a risk based Internal Audit Plan setting out the team's annual work programme. The Global Internal Audit Standards is supplemented by the Application Note: Global Internal Audit Standards in the UK Public Sector issued by relevant standards setters for the UK public sector including CIPFA.

3.2 As part of the Global Internal Audit Standards requirements, the Code of Practice and Local Government Application Note states that the Internal Audit Manager should review and adjust the plan as necessary and in response to changes in the Council's business, risks, operations, and priorities. In agreeing the Plan, Committee should be aware that the priorities and Internal Audit resource could, therefore, change over the course of 2026/27 and so this Plan must be considered flexible. Internal Audit resource will continue to be directed to areas where there is the greatest need.

- 3.3 The Global Internal Audit Standards, the Code of Practice, and Local Government Application Note make provision for the following requirements:
- Chief Audit Executive (CAE, also known as the Internal Audit Manager in Clackmannanshire Council), to prepare a risk-based audit plan which takes into account the Council's strategic objectives, associated risks, and the views of senior management and the Committee.
  - CAE to review and adjust the plan as necessary in response to changes in the Council's business, risks, operations, and priorities.
  - The audit plan to incorporate or be linked to a strategic or high-level statement of how internal audit will be delivered and developed in accordance with the Internal Audit Charter and how it links to the organisational objectives and priorities.
- 3.4 Internal Audit services are provided on the basis of a Joint Working Agreement with Falkirk Council. Work is underway to agree the new Joint Working Agreement for 2026/27. Further updates will be provided at future meetings of this Committee.

#### **4.0 Considerations**

##### **Clackmannanshire Council Internal Audit Plan 2026/27: Risk Approach**

- 4.1 The Council structure as at April 2026 including Services and divisions and the high-level auditable areas which form the basis of the Internal Audit Plan can be seen at **Appendix 1**. In addition to the Council, Internal Audit provides audit services to the Central Scotland Valuation Joint Board.
- 4.2 The preparation of an annual internal audit plan is a requirement under Standard 9.4 of the Global Internal Audit Standards. As required by the Standards, this Plan has been developed taking account of key financial and other risks. This has been done by:
- assigning the most relevant corporate risk(s), however, there are some corporate risks which are considered in all audit assignments, such as the impacts on Financial Resilience, Governance, and Information Management;
  - reviewing the Integrated Assurance Map, which maps sources of internal and external assurance against each corporate risk (it also helps provide an overall view of assurance activity and helps to prevent audit fatigue in the areas and processes being reviewed);
  - reviewing key governance documents (such as the Corporate Performance Report and Committee papers);
  - considering materiality (based on expenditure); sensitivity (management concerns, regulatory compliance, system complexity, etc); time elapsed since it was last reviewed; overall audit assurance level when it was last

subject to review; appropriate coverage across all Council services; as well as relevant corporate fraud work undertaken;

- considering other sources of assurance (where relevant) to understand the extent to which reliance can be placed upon these other sources to avoid duplication. Examples include Audit Scotland as External Auditors, National Fraud Initiative, and Corporate Risk Management; and
- consulting with key stakeholders / senior managers and the Chair and Vice Chair of the Audit and Scrutiny Committee.

4.3 As part of the discussion with the Chair and Vice Chair of the Audit and Scrutiny Committee last year we have again assigned a priority rating to each assignment in the Plan to make it easier to understand why those elements have been included. A 'Key of Priorities' can be found in the Internal Audit Plan for 2026/27 at **Appendix 2** and **Appendix 3**.

4.4 'Topical Requirements' are a mandatory component of the Global Internal Audit Standards which will become effective over the course of 2026/27. They aim to enhance the consistency and quality of Internal Audit services related to specific audit subjects; supporting internal auditors performing engagements by providing a consistent and comprehensive baseline approach to assessing the design and implementation of key governance, risk management, and control processes in that topical area.

4.5 Internal Auditors must assess and record the applicability of the relevant topical requirement across any audits that cover the subject of the Topical Requirement. For example, if the audit is primarily ICT related (or has a significant component that is ICT related) then the Cyber Security Topical Requirement should be included as part of the audit work. The following Topical Requirements have been issued so far:

- Cyber Security which is effective from February 2026;
- Third Party which is effective from September 2026;
- Organisational Behaviour which is effective from December 2026; and
- Organisational Resilience, which is expected early in 2027.

4.6 Internal planning arrangements for the 2026/27 Plan will assess the applicability of the Topical Requirements for each audit from their effective dates.

### **Clackmannanshire Council Internal Audit Plan 2026/27: Internal Audit Resources and Reporting Arrangements**

4.7 The definition of Internal Auditing as per the GIAS is that Internal Auditing is an independent, objective assurance and advisory service designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to

evaluate and improve the effectiveness of governance, risk management, and control processes.

4.8 To do this, the Internal Audit team must be:

- independent;
- objective in performing audit work; and
- adequately resourced, experienced, qualified, and knowledgeable.

4.9 All members of Internal Audit are experienced and professionally qualified in either Internal Audit or Accountancy disciplines, with the necessary knowledge, skills and competencies needed to deliver the Internal Audit Plan.

4.10 The role, authority, and responsibility of the team is formalised within an Internal Audit Charter which is clear that Internal Auditors will have no direct operational responsibility or authority over any of the activities audited, and that they must exhibit the highest level of professional objectivity at all times. All members of the team complete annual declarations on their independence and objectivity. Assurance can, therefore, be given that the team completing the assignments are independent and that objectivity is not compromised.

4.11 The audit approach is aligned to priorities and available resources, with an Internal Audit Plan which includes a mix of assignment types from shorter, focussed reviews to more in-depth assurance reviews, as well as validation type work. As part of the Global Internal Audit Standards, the Internal Audit Manager must highlight to Audit and Scrutiny Committee and senior management the impact of any resource limitations on internal audit coverage. I do not foresee any impact on providing an annual evidence based opinion.

The resource<sup>1</sup> available to deliver the 2026/27 Internal Audit Plan is summarised in the table below:

<b>Activity</b>	<b>Planned Days</b>
<b>Direct Annual Audit Time not on Audits</b>	146
<b>Audits First Six Months of 2026/27</b>	105
<b>Audits Last Six Months of 2026/27</b>	75
<b>Other Client Work</b>	55
<b>Total</b>	<b>381</b>

4.12 This year we have provided more information breaking down the full number of planned direct audit days and have provided an estimate of how long assignments should take in compliance with Global Internal Audit Standards. Key points relating to the breakdown:

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<sup>1</sup> Resource may fluctuate during the year if there are unforeseen changes, such as long term absence, resignation, or recruitment demands.

- **Indirect Annual Audit Time not on Audits:** The breakdown of planned days above does not include 25% of auditor time. This is assigned to indirect time to cover leave, absence, training, development, etc.
- **Direct Annual Audit Time not on Audits:** This is the time required by the Internal Audit section to perform direct tasks relating to audit work and also time allocated to direct management and planning activities, such as work on Global Internal Audit Standards, preparation and attendance at Audit Committee, co-ordination and support for the National Fraud Initiative, and work on recommendations outstanding. A summary of each of these assignments is set out at **Appendix 2**.
- **Audits First Six Months of 2026/27:** It is likely that there will be changes to the Council's risk profile over the course of the year and the Internal Audit Manager will assess progress after six months. On that basis, Internal Audit will commit to undertaking the outstanding audit work and deferred audits from 2025/26 in the first six months before undertaking other assurance work. Details of the first six months reviews are set out at **Appendix 2**.
- **Audits Last Six Months of 2026/27:** If there are no unforeseen changes required the list of audits set out at **Appendix 2** will be undertaken. The list includes an annually recurring assignment which Internal Audit is committed to undertaking at this point in the year to provide independent validation for external agencies at the request of Chief Officers.
- **Other Client Work:** This covers time allocated to the delivery of Internal Audit services to: Clackmannanshire and Stirling Integration Joint Board and Central Scotland Valuation Joint Board. A summary of this work is set out at **Appendix 3**.

The role of the IJB Chief Internal Auditor rotates on a three yearly basis between Clackmannanshire Council, Stirling Council, and NHS Forth Valley. From 1 April 2025 the role transferred to Stirling Council's Internal Audit Service Manager.

Conclusions and findings arising from this work will be reported to the relevant client Committee.

- 4.13 While the Internal Audit Plan includes a short summary of the areas proposed for review, Internal Auditors will discuss the key risks with key officers prior to commencing each audit to further understand the key risks, and to develop and refine the scope of each review. In line with the Global Internal Audit Standards, Internal Audit is responsible for determining the scope of each audit in assurance audit type reviews. For advisory / requested / consultancy reviews, the scope is agreed jointly with Internal Audit and management.
- 4.14 For each assignment a more detailed Terms of Reference will be agreed with the relevant Strategic Director prior to the commencement of fieldwork. This will be linked to the relevant corporate risk(s) and set out the scope of work to be undertaken.

- 4.15 On completion of each review, Internal Audit will issue a draft report to the Strategic Director. In most instances, this will include an opinion on the adequacy of risk management, governance, and control arrangements in the area under review, and an action plan setting out any recommendations for improvement. The assurance will be provided in line with the definitions set out at **Appendix 4**.
- 4.16 There may be occasions where for some assignments no overall assurance opinion will be provided. This may be the case where, for example, Internal Audit undertake consultancy work in relation to a developing system (although recommendations may still be raised), or where we have been requested to perform ad-hoc work.
- 4.17 Where Internal Audit makes recommendations, the Responsible Owner / Auditee will be required to provide formal responses (including action dates). The report and completed action plan will then form the final record of the assignment. Strategic Directors are responsible for ensuring that all recommendations are implemented by the agreed action date, and the corporate Pentana system is used to monitor and manage this. It should be noted, that if areas are identified during testing that are out with scope, but impact the risk and control framework, findings and recommendations will still be raised and reported on, where appropriate.
- 4.18 Progress with completing the 2026/27 Internal Audit Plan will be reported to Committee throughout the year. Internal Audit will work closely with the Council's appointed External Auditors to ensure that work is co-ordinated and complementary.
- 4.19 Each year, an Internal Audit Annual Assurance Report is presented to Committee. This provides an overall opinion on the Council's risk management, governance, and control arrangements, based on the work Internal Audit has carried out over the course of the year. The 2025/26 Internal Audit Annual Assurance Report will be presented to the Audit and Scrutiny Committee at this meeting.

## **5.0 Sustainability Implications**

- 5.1. None Noted.

## **6.0 Resource Implications**

### *Financial Details*

- 6.1. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes
- 6.2. Finance have been consulted and have agreed the financial implications as set out in the report. Yes

### *Staffing*

- 6.3. No implications other than those set out in the report.

## 7.0 Exempt Reports

7.1. Is this report exempt? Yes  (please detail the reasons for exemption below) No

## 8.0 Declarations

8.1 The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities** (Please double click on the check box )

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all

Our families; children and young people will have the best possible start in life

Women and girls will be confident and aspirational, and achieve their full potential

Our communities will be resilient and empowered so that they can thrive and flourish

(2) **Council Policies**

Complies with relevant Council Policies

## 9.0 Impact Assessments

9.1 Have you attached the combined equalities impact assessment to ensure compliance with the public sector equality duty and fairer Scotland duty? (All EFSIAs also require to be published on the Council's website)

Yes

9.2 If an impact assessment has not been undertaken you should explain why:

An EQIA is not applicable in this context.

## 10.0 Legality

10.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes

## 11.0 Appendices

11.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

- Appendix 1: Internal Audit Plan 2026/27 Audit Universe
- Appendix 2: Internal Audit Plan 2026/27
- Appendix 3: Internal Audit Plan 2026/27 Other Client Work

- Appendix 4: Definition of Internal Audit Assurance Categories

## 12.0 Background Papers

12.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes  (please list the documents below) No

### Author(s)

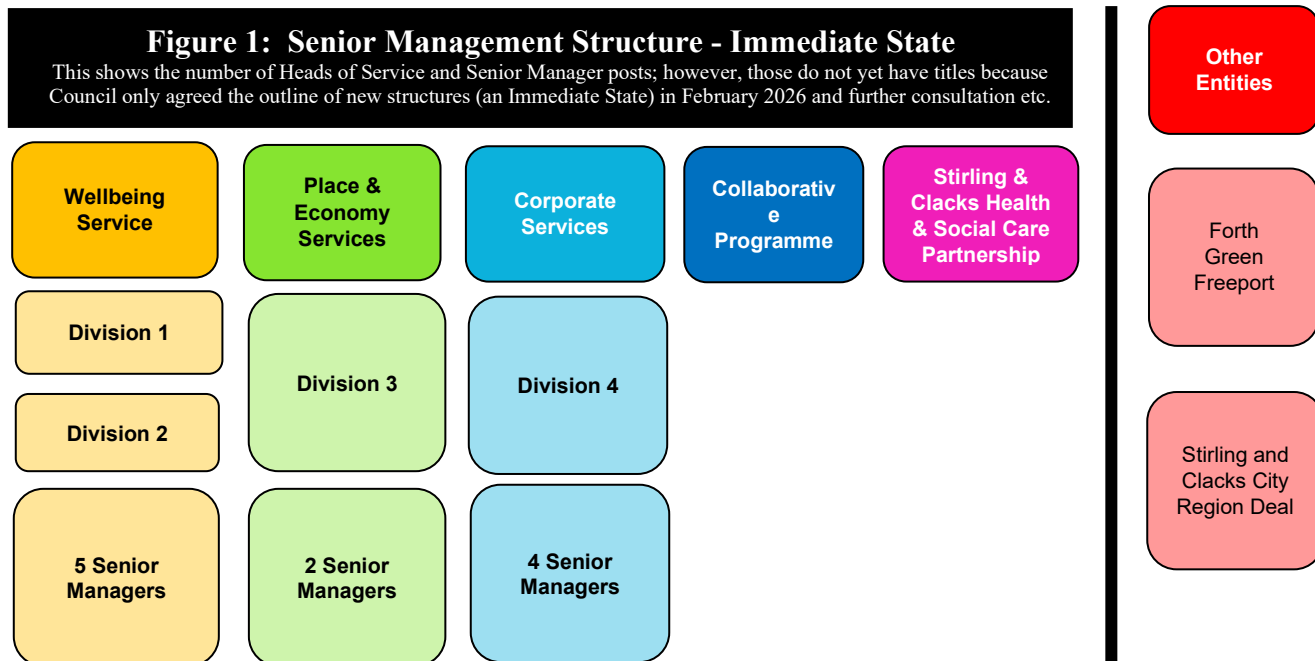
NAME	DESIGNATION	TEL NO / EXTENSION
Isabel Wright	Internal Audit Manager	

### Approved by

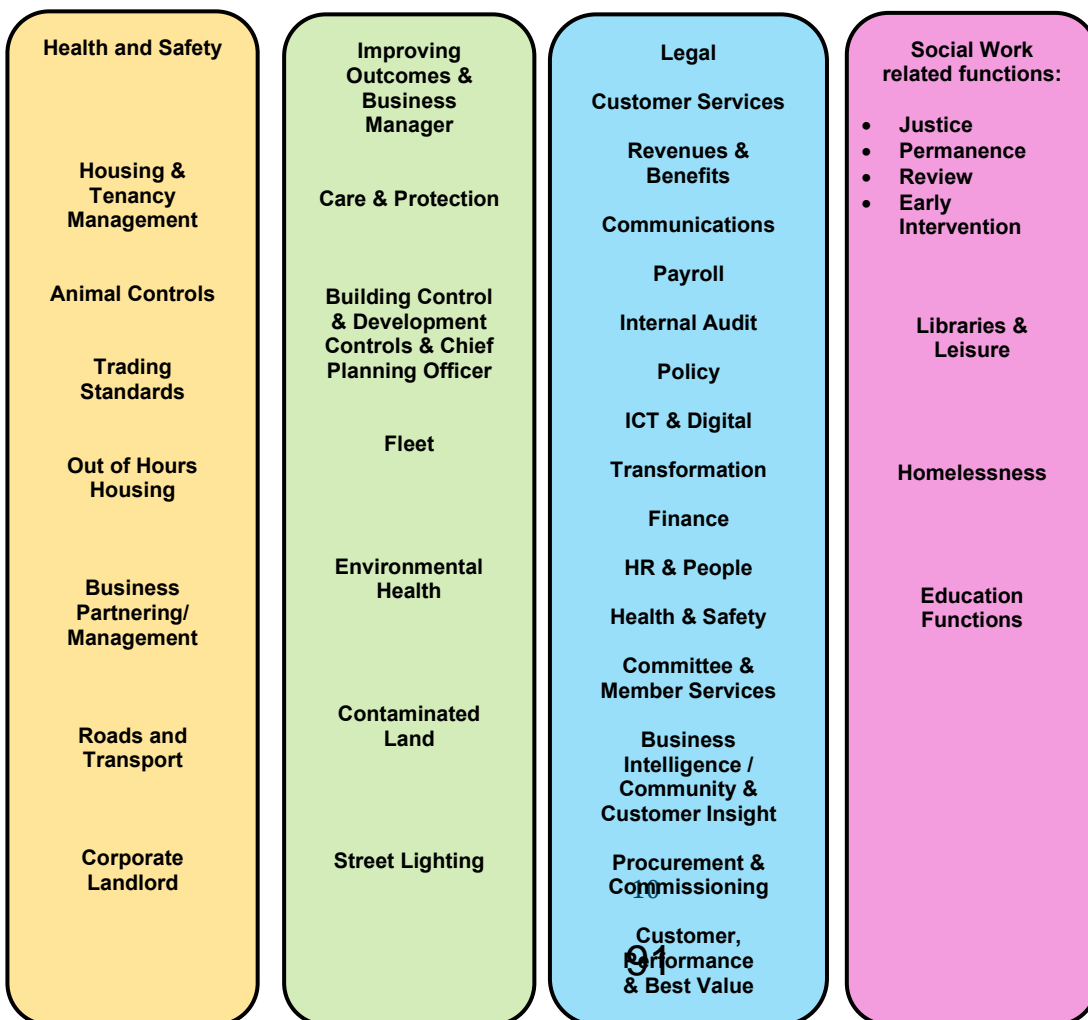
NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

### Scope and Types of Internal Audit Services

The scope of Internal Audit services covers the entire breadth of the Council Services and Partnerships, Programmes, and Other Entities, and it includes all activities, assets, and personnel as set out in the audit universe illustrations below.



**Figure 2: Council’s Functional Teams**  
 The team names below are indicative of what may be included in the “Future State”; but this will follow a “Transition State”, which will include determining which functions sit within the Council and Partnerships.  
 Some of the following might sit with the Council or HSCP; but it’s not specific within the indicative Future State.



## INTERNAL AUDIT PLAN 2026/27 Direct Annual Audit Time not on Audits

No.	Service	Purpose and Scope of Assignment	Priority	Estimated Days <sup>2</sup>
<b>Direct Annual Audit Time not on Audits</b>				
A01	Internal Audit	<p><b>Global Internal Audit Standards</b> The Internal Audit Manager must establish a quality assurance and improvement programme comprising annual self-assessment and five yearly independent external assessment. This year we will action recommendations from the independent external assessment and carry out a self-assessment.</p> <p><b>Risk Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Insufficient financial resilience; and</li> <li>• Major governance failures.</li> </ul>	1	10
A02	Internal Audit	<p><b>Strategic Audit Planning and Annual Assurance Work</b> The Internal Audit Manager is required to prepare an annual risk-based audit plan. This involves assessing audit priorities. It also includes engagement with the Internal Audit team and stakeholders including the Corporate Management Team, Elected Members, and External Audit.</p> <p>An Annual Assurance Report is also prepared, with other related tasks as required.</p> <p><b>Risk Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Insufficient financial resilience; and</li> <li>• Major governance failures.</li> </ul>	1	20
A03	Internal Audit	<p><b>Audit and Scrutiny Committee / Working Group Attendance / Liaison with External Audit</b> Regular attendance and presentation at pre agendas, briefings, meetings with the Audit and Scrutiny Convener, etc. Production of progress reports, and review of key documents such as the Audit Charter and the Strategy, and other reports as required. Attendance at various internal and external working groups are also undertaken. As well as regular engagement with External Audit.</p> <p><b>Risk Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Insufficient financial resilience; and</li> <li>• Major governance failures.</li> </ul>	1	16

<sup>2</sup> The number of audit days are an estimate and need to remain flexible. Audits will be further scoped out at the planning stage of the assignment to refine timescales in discussion with the auditee.

No.	Service	Purpose and Scope of Assignment	Priority	Estimated Days <sup>2</sup>
<b>Direct Annual Audit Time not on Audits</b>				
A04	Internal Audit	<p><b>Team Management</b> The running of the team including the review of all Terms of References; draft report iterations; final reports; as well as audit timetabling; reviews of all working papers and related documents; and meetings with auditees.</p> <p>Regular team meetings also undertaken.</p> <p><b>Risk Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Insufficient financial resilience; and</li> <li>• Major governance failures.</li> </ul>	1	22
A05	All Services	<p><b>Continuous Auditing</b> This will focus on the testing of payments to suppliers of goods and services to identify any potential duplicate amounts paid.</p> <p><b>Risk Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Insufficient financial resilience.</li> </ul>	2	40
A06	All Services	<p><b>National Fraud Initiative</b> The National Fraud Initiative (NFI) is a bi-ennial counter fraud exercise using data matching to identify potential fraud and error. In Scotland, the NFI is administered by Audit Scotland, with results of the data matching exercise made available to individual Councils via a secure website. Data matches relate to areas such as Housing Benefit, Council Tax Reduction, Payroll, Pensions, and creditors.</p> <p>The Internal Audit Manager and the Senior Internal Auditor are 'key contacts' for Clackmannanshire Council. The role of the 'key contact' is to co-ordinate the gathering of data from Services and to upload that data to the secure NFI web portal. The request for data will most likely take place in July 2026 with data uploads being required by the end of September / beginning of October 2026. It is anticipated that the data matches will be released in December 2026.</p> <p><b>Risks Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Insufficient financial resilience; and</li> <li>• Failure to address Serious Organised Crime.</li> </ul>	1	15

## Appendix 2

No.	Service	Purpose and Scope of Assignment	Priority	Estimated Days <sup>2</sup>
<b>Direct Annual Audit Time not on Audits</b>				
A07	All Services	<p><b>Consultancy Work / Contingency</b> The Internal Audit Standards are clear that the provision of consultancy and advice to Services is a key element of Internal Audit's role.</p> <p>This time will be used to work closely with Services on, for example: involvement in corporate projects and working groups; the provision of advice and guidance and controls; and short term or high-level assignments requested by Services. Contingency may be required for additional requests and ad-hoc advisory work.</p>	3	10
A08	All Services	<p><b>Work on Recommendations Outstanding</b> All recommendations made by Internal Audit are uploaded to the Pentana performance management system, with accountability and responsibility for implementing each recommendation allocated to the relevant manager.</p> <p>While Internal Audit will not follow up on the implementation of all recommendations, we have allocated time to the targeted follow up of a sample of these. This includes twice yearly reporting to Audit Committee.</p> <p><b>Risk Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Major governance failures.</li> </ul>	1	10
A09	All Services	<p><b>Validation Work Requests</b> This covers unforeseen annual audit validation work requests.</p> <p><b>Risks Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Major governance failures; and</li> <li>• Insufficient financial resilience.</li> </ul>	2	3
<b>Total</b>				<b>146</b>

### Key of Priorities:

Priority	Comments
<b>1</b>	Potential significant key risk and / or significant deficiencies which are critical to the achievement of strategic objectives. Requirements outwith our control such as from external stakeholders or legislative / statutory requirements.
<b>2</b>	Risks or potential weaknesses that impact on individual objectives or impact the operation of a single process / service.
<b>3</b>	Less potential significant issues and / or areas for improvement that we consider merit attention or that are required by other bodies, for example review of annual returns or assurance statements.

## INTERNAL AUDIT PLAN 2026/27 COMMITTED ASSIGNMENTS

No.	Service	Purpose and Scope of Assignment	Priority	Estimated Days <sup>3</sup>
<b>Audits First Six Months of 2026/27</b>				
A10	All Services	<p><b>2025/26 Carry Forward</b> To complete various tasks outstanding from the Internal Audit Plan for 2025/26.</p>	3	20
A11	Partnership and Performance	<p><b>Disposal of IT Equipment Deferred from 2025/26:</b> This review is to ensure all IT equipment is disposed of properly. This should include ensuring laptop data is returned to factory settings; that all data unique to Clackmannanshire Council is removed; and that serial numbers are documented to provide an audit trail.</p> <p>We will also review the disposal agreement to confirm whether it is a formal contract that is being adhered to by both parties.</p> <p>Potentially covers the IT topical requirement element of GIAS. The Institute of Internal Auditors (IIA) has introduced Topical Requirements as part of the Global Internal Audit Standards (GIAS) to provide specific guidance on audit areas that are complex or pose significant risks.</p> <p><b>Risk Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Information not managed effectively;</li> <li>• IT systems failure; and</li> <li>• Major governance failure.</li> </ul>	2	15
A12	Place	<p><b>Stores Management</b> <b>Deferred from 2025/26:</b> To determine whether adequate stores management procedures are in place around stock management, record keeping, and physical security.</p> <p><b>Risks Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Insufficient financial resilience;</li> <li>• Failure to address serious organised crime;</li> <li>• Health and safety breach; and</li> <li>• Information not managed effectively.</li> </ul>	2	35

<sup>3</sup> The number of audit days are an estimate and need to remain flexible. Audits will be further scoped out at the planning stage of the assignment to refine timescales in discussion with the auditee.

## Appendix 2

No.	Service	Purpose and Scope of Assignment	Priority	Estimated Days <sup>3</sup>
A13	All Directorates	<p><b>Stirling and Clackmannanshire City Region Deal</b>  <b>Deferred from 2025/26:</b> The Stirling and Clackmannanshire City Region Deal (CRD) aims to deliver a total investment of £241m over ten years to support the economic development of the Stirling and Clackmannanshire City Region.</p> <p>The Terms of Reference of the CRD Joint Committee (‘the Joint Committee’) require the Committee to make suitable arrangements for the review and audit of its activities. Each CRD partner is responsible for making its own arrangements for Internal Audit of its activities and for providing assurance to their organisation’s Audit Committee on their organisation’s arrangements for risk management, governance and control. This will be a high-level review to provide assurance to this committee.</p> <p><b>Risks Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Insufficient financial resilience;</li> <li>• Information not managed effectively; and</li> <li>• Major governance failures.</li> </ul>	1	35
<b>Total</b>				<b>105</b>
<b>Audits Second Half of 2026/27</b>				
<b>SUBJECT TO CHANGE MUST REMAIN FLEXIBLE</b>				
A14	Place Services	<p><b>Climate Change Act Public Bodies Duties Audit</b>  The Climate Change (Scotland) Act introduced the requirement for public bodies to report on their climate change duties. The Council must submit an Annual Report to the Sustainable Scotland Network (SSN). This report must cover areas such as climate change governance, management and strategy, emissions, targets, and projects. Internal Audit will review reporting arrangements, and the accuracy of the information included in the report, prior to submission to the SSN.</p> <p><b>Risk Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Continued contribution to Climate Change.</li> </ul>	3	10
A15	Partnership and Performance / All Directorates	<p><b>Payroll Transactional Testing</b>  We will focus on a sample of new starts, leavers, and payroll related change transactions to ensure that they are properly authorised, actioned in a timely manner, and accurately processed.</p> <p><b>Risks Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Insufficient financial resilience.</li> </ul>	1	25

## Appendix 2

No.	Service	Purpose and Scope of Assignment	Priority	Estimated Days <sup>3</sup>
A16	Partnership and Performance / HSCP	<p><b>Clackmannanshire Council Adult Social Care: Care Plan Quality and Governance Arrangements</b></p> <p>Review the arrangements operated by Clackmannanshire Council's Adult Social Care for the creation, approval, review, and recording of care plans. The audit will not review Health and Social Care Partnership wide governance arrangements except where they directly impact Clackmannanshire Council responsibilities.</p> <p><b>Risks Mitigated:</b></p> <ul style="list-style-type: none"> <li>• Inadequate safeguarding arrangements and poor outcomes for individuals supported through Clackmannanshire Council Adult Social Care services; and</li> <li>• Weak Council-level governance, insufficient financial control and exposure to regulatory or statutory non-compliance.</li> </ul>		40
<b>Total</b>				<b>75</b>
<b>Overall</b>				<b>326</b>

**Key of Priorities:**

Priority	Comments
<b>1</b>	Potential significant key risk and / or significant deficiencies which are critical to the achievement of strategic objectives. Requirements outwith our control such as from external stakeholders or legislative / statutory requirements.
<b>2</b>	Risks or potential weaknesses that impact on individual objectives or impact the operation of a single process / service.
<b>3</b>	Less potential significant issues and / or areas for improvement that we consider merit attention or that are required by other bodies, for example review of annual returns or assurance statements.

## INTERNAL AUDIT PLAN 2026/27 OTHER CLIENT WORK

No.	Service	Purpose and Scope of Assignment	Priority	Estimated Days <sup>4</sup>
A17	Clackmannanshire and Stirling Integration Joint Board	<b>Clackmannanshire and Stirling Integration Joint Board</b> As of 2025/26, the role has been transferred to Stirling Council's Internal Audit Service Manager.  Clackmannanshire Council's Internal Audit service may still need to provide an audit resource to the annual programme of work.	1	15
A18	Central Scotland Valuation Joint Board	<b>Central Scotland Valuation Joint Board</b> The Internal Audit Plan for 2026/27 will be presented to the Central Scotland Valuation Joint Board Audit Committee on 26 June 2026.	1	40
<b>Total</b>				<b>55</b>
<b>Overall</b>				<b>381</b>

## Key of Priorities:

Priority	Comments
<b>1</b>	Potential significant key risk and / or significant deficiencies which are critical to the achievement of strategic objectives. Requirements outwith our control such as from external stakeholders or legislative / statutory requirements.
<b>2</b>	Risks or potential weaknesses that impact on individual objectives or impact the operation of a single process / service.
<b>3</b>	Less potential significant issues and / or areas for improvement that we consider merit attention or that are required by other bodies, for example review of annual returns or assurance statements.

<sup>4</sup> The number of audit days are an estimate and need to remain flexible. Audits will be further scoped out at the planning stage of the assignment to refine timescales in discussion with the auditee.

## DEFINITION OF INTERNAL AUDIT ASSURANCE CATEGORIES

Level of Assurance	Definition
<b>Substantial Assurance</b>	Largely satisfactory system of risk management, governance, and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited. There may be some scope for improvement as current arrangements may undermine the achievement of objectives or leave them vulnerable to error or abuse.
<b>Limited Assurance</b>	The arrangements for risk, governance, and control have some satisfactory aspects. There are, however, some significant weaknesses likely to undermine the achievement of objectives and leave them vulnerable to an unacceptable risk of error or abuse. Improvement is required to effectively manage risks to the achievement of objectives in the area audited.
<b>No Assurance</b>	Immediate action is required to address fundamental gaps, weaknesses, or non-compliance identified. The system of risk management, governance, and control is ineffective to manage risks to the achievement of objectives in the area audited. The risk of serious error or abuse is unacceptable and significant improvements are required.

