



**Clackmannanshire
Council**

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Comhairle Siorrachd
Chlach Mhanann

Kilncraigs, Greenside Street, Alloa, FK10 1EB (Tel.01259-450000)

Audit and Scrutiny Committee

Thursday 11 June 2026 at 9.30 am

**The meeting will be held in
Council Chambers, Kilncraigs, Alloa**



Audit and Scrutiny Committee

The remit of the Audit and Scrutiny Committee is:

Audit & Finance

- a) Receive, review and consider reports on the Council's finance
- b) Receive, review and consider reports on value for money and best value
- c) Consideration and monitoring of the Council's Annual Governance Statement
- d) Consider internal audit reports and results of internal audit investigations
- e) Consider external audit and resultant action plans
- f) Monitor and review actions taken on internal and external audit recommendations
- g) Consider the effectiveness of the Council's risk management procedures and the control environment
- h) Receive and consider reports on countering fraud and corruption.

Scrutiny

- a) Monitor council services, including the Health and Social Care Partnership (HSCP) against agreed outcomes, standards and targets
- b) Monitor the achievement of organisation-wide agreed outcomes, standards and targets
- c) Monitor the achievement of agreed outcomes, standards and targets by the community planning partnership
- d) Monitor Police and Fire performance against Plans approved by the Council
- e) Scrutiny of Council decision-making, with the ability to call in decisions
- f) Initiate or undertake scrutiny reviews
- g) Deal with matters referred by the Council for scrutiny purposes.

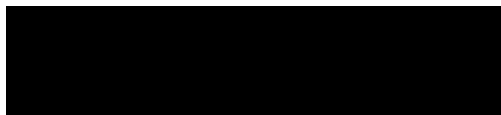
Members of the public are welcome to attend our Council and Committee meetings to see how decisions are made.

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3 June 2026

A MEETING of the AUDIT AND SCRUTINY COMMITTEE will be held in COUNCIL CHAMBERS, KILNCRAIGS, ALLOA on THURSDAY 11 JUNE 2026 at 9.30 am.



**Chris Alliston
Head of Corporate Services**

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Scrutiny

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Audit and Scrutiny Committee – Committee Members (Membership 8 - Quorum 4)

Councillors

Wards

Councillor	Janine Rennie (Chair)	3	Clackmannanshire Central	LABOUR
Councillor	Denis Coyne (Vice Chair)	5	Clackmannanshire East	CONSERVATIVE
Councillor	Phil Fairlie	1	Clackmannanshire West	SNP
Councillor	Martha Benny	2	Clackmannanshire North	CONSERVATIVE
Councillor	William Keogh	2	Clackmannanshire North	LABOUR
Councillor	Kenneth Earle	4	Clackmannanshire South	LABOUR
Councillor	Ellen Forson	4	Clackmannanshire South	SNP
Councillor	Bryan Quinn	4	Clackmannanshire South	SCOTTISH GREEN

Religious Representatives

We must appoint three religious representatives in accordance with Section 124 of the 1973 Act (inserted by Section 31 of the 1994 Act).

Religious representatives only have voting rights on matters relating to the discharge of the authority's function as education authority.

Our representatives are:

Reverend Sang Y Cha – Church of Scotland

Father Michael Carrie – Roman Catholic Church

Pastor Dee Jess – Baptist Church



**MINUTES OF MEETING of the AUDIT AND SCRUTINY COMMITTEE held in Council
Chambers, Kilncraigs, Alloa on THURSDAY 23 APRIL 2026 at 9.30 AM.**

PRESENT

Councillor Denis Coyne (Vice Chair)
Councillor Donald Balsillie (S)
Councillor Martha Benny
Councillor Kenneth Earle (via Teams) from 9.40 am
Councillor Ellen Forson
Councillor William Keogh
Councillor Janine Rennie (via Teams)

IN ATTENDANCE

Chris Alliston, Head of Corporate Services
Lorraine Sanda, Depute Chief Executive/Director of Wellbeing
Kevin Wells, Director of Place and Economy (Council Chambers and via Teams)
Colin Bruce, Head of Wellbeing Service/Chief Education Officer
Sharon Robertson, Head of Wellbeing Service/Chief Social Work Officer
Lindsay Sim, Chief Finance Officer (Corporate Services)
Lee Robertson, Senior Manager, Legal and Governance (Corporate Services)
Sarah Goldberg, Team Leader, Legal and Governance (Corporate Services)
Alastair Hair, Senior Manager HR (Corporate Services)
Cherie Jarvie, Senior Manager, Partnership and Transformation (Corporate Services)
Phil Mason, External Auditor, Deloitte
Stephen Craig, External Auditor, Deloitte
Elizabeth Hutcheon, Management Accountancy Team Leader (Corporate Services) (via Teams)
Veronica Cully, Senior Manager, Inclusion and Partnership (Wellbeing)
Catriona Scott, Improving Outcomes Manager (Wellbeing) (via Teams)
Adrienne Aitken, Senior Manager (Wellbeing) (Council and via Teams)
Robbie Stewart, Senior Manager, Sport and Leisure (Wellbeing)
Margaret Lewis, Senior Manager, Care and Protection (Wellbeing) (via Teams)
Scott McDonald, Senior Manager, Justice Service (Wellbeing)
Johan Roddie, Senior Manager, Permanence (Wellbeing)
Michael Boyle, Improving Outcomes Business Manager (Wellbeing)
Madeleine Muirhead, Strategic Lead, Community, Collaboration and Redesign (Wellbeing)
Kaylee Robshaw-Jones, Fraud Officer (Corporate Services)
Wendy Forrest, Head of Strategic Planning and Health Improvement (HSCP) (via Teams)
Judi Richardson, Performance and Information Adviser (Corporate Services) (Via Teams)
Wendy Robertson, Senior Manager (Transformation & Capital) (Via Teams)
David Small, Station Commander, Alloa Fire Station (Scottish Fire and Rescue Service) (via Teams)
Chief Inspector Garry Smith (Police Scotland)
Lynsey Kidd, Operating Superintendent, Forth Valley (Police Scotland)
Helena Arthur, Solicitor, Legal and Governance (Corporate Services) (Depute Clerk to the Committee)
Melanie Moore, Committee Services, Legal and Governance (Corporate Services) (Minute)
Gillian White, Committee Services, Legal and Governance (Corporate Services)

Councillor Coyne, Vice Chair chaired the committee today in place of Councillor Rennie, who was unable to attend in person but attended on Teams.

AS(26)13 APOLOGIES

Apologies were received from Councillor Fairlie. Councillor Donald Balsillie is in attendance today as substitute for Councillor Fairlie.

AS(26)14 DECLARATIONS OF INTEREST

None.

**AS(26)15 MINUTE OF AUDIT AND SCRUTINY COMMITTEE HELD ON
5 FEBRUARY 2026**

The minutes of the meeting of the Audit and Scrutiny Committee held on Thursday 5 February 2026 were submitted for approval.

Decision

The minutes of the meeting of the Audit and Scrutiny Committee held on Thursday 5 February 2026 were agreed as a correct record by the Committee and signed off by the Vice Chair.

**AS(26)16 POLICE PERFORMANCE REPORT FOR CLACKMANNANSHIRE APRIL
2025 TO SEPTEMBER 2025**

The report, submitted by the Local Police Commander, provided the Committee with information on the performance of Police Scotland in the Clackmannanshire local authority area for the period 1st April 2025 to 30th September 2025.

The report is aligned with the headings of the priorities Clackmannanshire - Police Scotland (i.e. Responsive to the concerns of our communities, Enhancing our collective resilience to emerging threats, Protecting people most at risk from harm and Promoting confidence through our actions Road Safety and Road Crime).

The Clackmannanshire Police Performance Report (at Appendix 1) contained the current information on performance against selected performance indicators. The report provided complementary information to that in the table to present a summary of performance of policing in Clackmannanshire Council area and also identified emerging trends, threats and issues.

Data for the report was sourced from Police Databases that are subject to changes as enquiries progress. They can be best regarded as Point in Time figures. 5-year average figures are not available for all measures. The information in the table should be regarded as provisional.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Denis Coyne. Seconded by Councillor Donald Balsillie.

Decision

Having challenged, scrutinised and commented on the report, the Committee agreed to note the report.

AS(26)17 FIRE PERFORMANCE REPORT – 6 MONTH (Q1 AND Q2 2025/26)

The report, submitted by the Local Senior Officer, Clackmannanshire, Fife and Stirling, Scottish Fire and Rescue Service, provided Committee with an overview of performance of the Scottish Fire and Rescue Service (SFRS) in Clackmannanshire covering the period 1st April 2025 to 30th September 2025. The report (in Appendix One) was based on performance against objectives and targets set out in the Local Fire and Rescue Plan for Clackmannanshire. Performance indicators were detailed in the summary report.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Denis Coyne. Seconded by Councillor Ellen Forson.

Decision

Having scrutinised the report, the Committee agreed to note the report.

AS(26)18 CORPORATE PERFORMANCE 2024/25

The report, submitted by the Senior Manager, Partnership and Transformation, presented a summary of Clackmannanshire Council performance in 2024.25, aligned to the Wellbeing Economy Outcomes Improvement Plan (LOIP). Appendix A forms part of our Public Performance Reporting (PPR) duties and was published by the statutory 31st March deadline. Information is presented for each priority outcome, highlighting significant achievements, challenges, and planned improvements for future reporting.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Denis Coyne. Seconded by Councillor Ellen Forson.

Decision

Having challenged the report, the Committee agreed to note the report.

The Vice Chair adjourned the meeting at 11.53 am for a comfort break. When the meeting resumed at 12.07 pm, 7 members remained present.

AS(26)19 COUNCIL FINANCIAL PERFORMANCE 2025/26 AS AT DECEMBER 2025

The report, submitted by the Chief Finance Officer, provided Committee an update on the financial performance for the Council, as at 31 December 2025, in respect of the General Fund (GF) revenue spend and the achievement of savings for the financial year 2025/26, and the Clackmannanshire element of the Stirling and Clackmannanshire Health and Social Care Partnership (H&SCP) revenue spend.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Denis Coyne. Seconded by Councillor William Keogh.

Decision

Having noted, challenged and comment on the report, the Committee agreed to note:

1. General Fund revenue forecast underspend of £(5.227)m for the year to 31 March 2026;
2. The Clackmannanshire element of the Health and Social Care Partnership (H&SCP) forecast overspend of £6.375m, for the year to 31 March 2026;
3. The balances of earmarked reserves used to date and remaining balances at 31 December 2025;
4. Forecast delivery of £3.270m of the £3.814m approved savings programme, representing a forecasted achievement of 86.4%, as at December 2025: and
5. The General Fund Capital programme forecast underspend of £(7.345)m.

AS(26)20 HRA FINANCIAL PERFORMANCE 2025/26 AS AT DECEMBER 2025

The report, submitted by the Chief Finance Officer, provided an update on the financial performance, as at 31 December 2025, in respect of the Housing Revenue Account (HRA) revenue and capital spend for the financial year 2025/26.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Denis Coyne. Seconded by Councillor Martha Benny.

Decision

Having challenged and commented on the report, the Committee agreed to note:

1. The HRA revenue forecasted surplus of £(6.329)m which is £(1.673)m greater than budgeted for the year to 31 March 2026; and
2. The HRA Capital programme forecast underspend of £(6.785)m;

AS(26)21 TREASURY MANAGEMENT QUARTERLY UPDATE TO 31 DECEMBER 2025

This report, submitted by the Chief Finance Officer, presented an update of Treasury Management activity for the third quarter of the 2025/26 financial year – 1st October to 31st December 2025.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Denis Coyne. Seconded by Councillor Martha Benny.

Decision

Having noted, challenged and comment on the Committee agreed to note the review of the Council's Treasury Management activities report.

AS(26)22 IJB BUDGET 2026/27

The report, submitted by the Chief Finance Officer, IJB, presented to IJB members on 25 March 2026. The report is brought forward for Council Members' information.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Denis Coyne. Seconded by Councillor Martha Benny.

Decision

Committee agreed to note:

1. The IJB forecast deficit for 2026/27 is £19.673m;
2. Of the £19.673m deficit savings of £10.815m have been identified;
3. Further savings of £8.858m require to be found and recovery plan requires to be put in place for this amount to balance the IJB budget for 2026/27; and
4. The 2026/27 IJB budget was agreed by members subject to a budget recovery plan being brought back to the 24 June 2026 meeting.

AS(26)23 INTERNAL AUDIT ACTIONS - PROGRESS REPORT

The report, submitted by the Head of Corporate Services, provided the Committee with an update on the progress against actions arising from Internal Audit reports.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Denis Coyne. Seconded by Councillor Ellen Forson.

Decision

Having challenged and commented, the Committee agreed to note the report.

AS(26)24 ANNUAL FRAUD RISK ASSESSMENT AND ASSURANCE REPORT

The report, submitted by the Senior Manager, Legal and Governance, recognised the Councils responsibility to ensure the public finances it administers are used efficiently, effectively and for the purposes they were intended; and that it is vulnerable to fraud and corruption and, in the current economic climate, acknowledges the increased risk posed by such illegal activities against valuable public funds.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Denis Coyne. Seconded by Councillor Ellen Forson.

Decision

Having challenged and commented, the Committee agreed to note the report.

Ends 13:03 hrs

Report to: Audit & Scrutiny Committee

Date of Meeting: 11 June 2026

Subject: Council Financial Performance 2025/26 as at March 2026

Report by: Chief Finance Officer

1.0 Purpose

1.1 This paper provides an update on the draft financial performance for the Council, as at 31 March 2026, in respect of:

- the General Fund (GF) revenue and capital spend and the achievement of savings for the financial year 2025/26, and
- the Clackmannanshire element of the Stirling & Clackmannanshire Health and Social Care Partnership (H&SCP) revenue spend.

2.0 Recommendations

2.1 Committee is asked to note the report, commenting and challenging as appropriate on:

2.1.1 General Fund revenue underspend of £(3.637)m for the year to 31 March 2026;

2.1.2 the Clackmannanshire element of the Health and Social Care Partnership (H&SCP) overspend of £6.265m, for the year to 31 March 2026;

2.1.3 the balances of earmarked reserves used to date and remaining balances at 31 March 2026;

2.1.4 delivery of £3.231m of the £3.814m approved savings programme, representing an in year achievement of 84.7%, as at 31 March 2026, and

2.1.5 the General Fund Capital Programme underspend of £(9.648)m.

3.0 Background

- 3.1 This report summarises the draft financial position of the Council for the financial year ending 31 March 2026. This report consolidates the detailed financial data to provide a summary position for the Council. The report also provides detail of individual Directorate positions and their service areas within the appendices.
- 3.2 The figures within this report are draft, subject to finalisation through the preparation of the 2025/26 draft annual accounts and the external audit of those accounts.

4.0 General Fund Revenue

- 4.1 As at 31 March 2026 the General Fund is underspent by £(3.637)m after taking account of earmarked reserves of £(3.157)m. This is an adverse movement of £1.590m from the £(5.227)m underspend at quarter 3 reported as at December 2025 mainly due to the level of earmarked reserves not identified until the year end.
- 4.2 The Council Summary at **Appendix 1** provides the financial position and movement by each Directorate and centrally held Corporate Service areas along with the position for Partnerships and Sources of Funding. The overall net underspend is made up as follows:
- People Directorate - £(0.362)m underspend, movement of £0.773m, with £1.671m earmarked for spend in 2026/27.
 - Place Directorate - £(0.998)m underspend, movement of £0.897m, with £1.466m earmarked for spend in 2026/27.
 - Partnership & Performance Directorate - £(1.031)m underspend, movement of £(0.580)m, with £0.020m earmarked for spend in 2026/27.
 - Corporate Services - £(1.246)m underspend, movement of £0.500m.
- 4.3 **Appendices 3 to 6** provide details of individual Directorate financial performance, with variance by Service area and reason for variance.

Earmarked Reserves

- 4.4 At 1 April 2025, the council held Earmarked reserves of £16.192m, on conclusion of the audit of the 2023/24 Annual Accounts this was increased by £0.062m due to late adjustments. These are shown in Column F of the attached appendix (appendix 9).
- 4.5 Earmarked reserves are funds held for specific purposes which can include grant funding or ringfenced income with specific conditions on how it must be spent, funding to cover spend on specific projects that were not completed the previous year, and funding ringfenced internally to take forward work in line with Council priorities. A number of the earmarked reserves shown in the table

below have commitments against them but are only drawn down when spend is incurred.

- 4.6 At its budget meeting in February 2026, Council agreed to earmark an additional £2.824m for H&SCP as a contribution to the partnership overspend. The final reserve will be drawdown when the partnership year end position is confirmed. This was mostly funded by repurposing £2.380m of the previously earmarked general pressure reserve created in 2025/26.
- 4.7 For 2025/26, £(4.518)m has been allocated to cover actual spend incurred up to 31 March. This leaves a draft closing Earmarked Reserves balance of £12.178m Details of balances and drawdowns are shown in **Appendix 9**.

5.0 Clackmannanshire & Stirling Health and Social Care Partnership (H&SCP)

- 5.1 As at 31 March 2026 the Clackmannanshire element of the H&SCP was overspent by £6.265m against the budgeted contribution to the Partnership, a favourable movement of £(0.110)m since reported at December 2025. Details of the variances that make up this overspend and the reasons for movement are shown in **Appendix 7**.
- 5.2 The latest finance report presented to the Integrated Joint Board (IJB) on 25 March 2026 as part of their 2026/27 Budget indicated a projected overspend for the year on the integrated budget across the Partnership of £7.295m before savings and any additional contributions from partners. This is after application of the additional £4.000m contribution from NHS Forth Valley held in reserves and £4.201m proposed release of earmarked reserves. This leaves a balance of £2.052m of earmarked reserves
- 5.3 As part of 2026/27 Budget Setting in February 2026, Council agreed to earmark £2.824m to fund an additional contribution to the 2025/26 projected overspend. This amount equates to risk share on the basis of voting shares on the projected overspend at that time and the actual additional contribution will be confirmed once the final year end position of the partnership is known.
- 5.4 Due to the significant overspend over the past few years and the budget gap of £8.9m for 2026/27 after proposed savings of £10.8m, there is a requirement to continue to collaborate with partners to consider further potential budget recovery options to mitigate the financial risks as far as possible as well as taking all available steps to ensure the agreed savings are delivered.
- 5.5 The formal dispute resolution process continues to progress with the following items remaining under discussion:
- 2025/26 projected outturn;
 - Review of the process around the formation of the updated Integration Scheme, and
 - Review of the Strategic Commissioning Plan.
- 5.6 The dispute resolution process has been moving forward, having agreed the risk share for the 2024/25 year. The 2025/26 risk share is also expected to be

managed through additional contributions from partners using the existing Integration Scheme, however, there is awareness that risk share contributions may be requested of partner organisations in 2026/27, dependent on budget savings delivery.

- 5.7 The review of the Integration Scheme is also progressing and the three Chief Executives have met to review the proposed changes. It is anticipated that the amended scheme will be presented to each partner organisation for approval in the coming months.

6.0 General Fund Capital

- 6.1 For 2025/26, the approved General Fund Capital programme set out significant gross investment in Clackmannanshire amounting to £29.266m. A further £3.926m was added as a result of carry forwards from 2024/25 and £3.332m has been added to reflect additional grant income for various projects and initiatives. These additional amounts have increased the approved gross budget for 2025/26 to £36.524m.

- 6.2 The total spend on the General Fund capital programme for the year is £26.876m. This is a decrease of £2.230m on the forecasted £29.105m reported at December. As a result, the underspend on the programme is £9.648m. The details of this are within **Appendix 8**.

- 6.3 A summary of the projected outturn position for each of the Asset plans with main variances are shown in the table below:

Asset Management Strategy	Revised Budget 2025/26	Actualst to 31 March 2026	Over / (under) Spend	Main Variances
	£m	£m	£m	
Community Investment Strategy	22.528	18.146	(4.382)	Underspends on: - City Region Deal £(1.418)m - Timing of spend has been reprofiled and the £1.4m underspend will be carried forward to 2026/27. - Wellbeing Hub & Resourcing £(1.467)m – Timing of spend has been reprofiled and the £1.4m underspend will be carried forward to 2026/27.
Fleet	0.568	0.563	(0.005)	Spend in line with budget
IT	3.310	2.488	(0.822)	Underspend on:

Asset Management Strategy	Revised Budget 2025/26	Actualst to 31 March 2026	Over / (under) Spend	Main Variances
	£m	£m	£m	
				- Digital Transformation/Working Smarter £(0.331) - carry forward as per project resource model. - Digital and IT Resourcing £(0.200)m, - IT Network Switching £(0.135)m Overspend on: - SW IT System £0.173m due to multi year project delivering in advance of phasing, 26/27 budget to be reduced.
Land	0.717	0.169	(0.548)	Underspends on: - National Play Parks -£(0.134)m carry forward to fulfil 2026/27 orders placed. - Kilncraigs Stone Preservation - £(0.136)m – external support being sought to take this forward. - Renewable Energy Projects £(0.150m) - ongoing work with Net Zero Scotland
Place Based Investment Fund	0.348	0.193	(0.155)	Underspends on: - Place Based Investments - £(0.152)m - Grants awarded to 2 projects, 75% initial award with remaining 25% due to be paid in 2026/27.
Property	4.230	0.953	(3.277)	Underspends on: - Learning Estates Options Appraisals £(2.269)m underspend – has been reprofiled and reallocated as part of 2026/27 budget process. - Cemetery Walls Upgrade £(0.452)m delay due to adverse weather
Roads	4.823	4.364	(0.459)	Underspend on: - Active Travel Infrastructure £(0.375)m grant to be utilised in 2026/27 Overspend on - Carriageways £0.208m due to increased costs not known until year end.
Gross Capital Expenditure	36.524	26.876	(9.648)	

Asset Management Strategy	Revised Budget 2025/26	Actualst to 31 March 2026	Over / (under) Spend	Main Variances
	£m	£m	£m	
Allocation of Capital Funding	(9.482)	(7.281)	2.201	Funding is allocated to projects as it is spent. Any funding that is not utilised in full will be carried forward to 2026/27 (where grant conditions allow) or repaid. Main underspends: - City Region Deal £1.416m - Grant not required in current year due to delayed spend. - Free School Meals £0.257m – delay in spend against grant funding.
Net Capital Programme	27.042	19.595	(7.447)	

7.0 Delivery of 2025/26 Approved Savings

- 7.1 At its budget meeting on 27 February 2025, Council approved savings of £3.814m for the financial year 2025/26. The table below shows the split of these savings across Directorates and the achievement of those savings by 31 March 2026.

General Services Revenue Budget 2025/26 - Progress of Approved Savings by Directorate

Directorate	Total Approved Savings £'000	Achieved £'000	Unachieved £'000
People	1,325	1,221	104
Place	1,655	1,332	323
Partnership & Performance	637	589	48
Corporate	197	89	108
Total Approved Savings	3,814	3,231	583
		84.7%	15.3%

- 7.2 The above table indicates that 84.7% of savings have been achieved and the remaining 15.3% were unachieved in 2025/26. Detail of individual savings within each directorate is provided in **Appendix 2**.

8.0 Conclusions

- 8.1 General Fund Revenue Services are underspent by £(3.637)m for the year to 31 March 2026.
- 8.2 The Clackmannanshire element of the H&SCP is overspent by £6.265m for the year to 31 March 2026.
- 8.3 Of the £3.814m approved savings programme, £3.231m (84.7%) has been achieved at 31 March 2026.
- 8.4 The General Fund Capital programme is underspent by £(9.648)m.

9.0 Sustainability Implications

- 9.1 There are no direct environmental sustainability implications arising from this report.

10.0 Resource Implications

- 10.1 Financial Details
- 10.2 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 ☒
- 10.3 Finance has been consulted and has agreed the financial implications as set out in the report. Yes ☒
- 10.4 Staffing
- 10.5 There are no direct staffing implications arising from this report.

11.0 Exempt Reports

- 11.1 Is this report exempt? (please detail the reasons for exemption below) No ☒

12.0 Declarations

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 (Please detail)

Complies with relevant Council Policies

☒

13.0 Impact Assessments

- 13.1 Have you undertaken the required 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 ☐

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

This report is for noting and there are no direct impacts resulting from the content of this report.

14.0 Legality

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

15.0 Appendices

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

Appendix 1 – Council Summary at March 2026

Appendix 2 – Summary Savings by Directorate at March 2026

Appendix 3 – People Variances at March 2026

Appendix 4 – Place Variances at March 2026

Appendix 5 – P&P Variances at March 2026

Appendix 6 – Corporate Variances at March 2026

Appendix 7 – HSCP Variances at March 2026

Appendix 8 – General Fund Capital at March 2026

Appendix 9 – Earmarked Reserves at March 2026

16.0 Background Papers

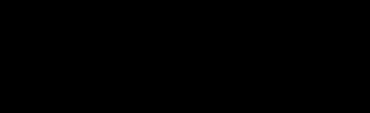
- 16.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes - General Services Revenue and Capital Budget 2025/26

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

As at 31 March 2026

	<i>Annual Budget 26GLBR £'000</i>	<i>Actual to March £'000</i>	<i>Variance Actual to Budget £'000</i>	<i>Earmarked Reserves (EMR) £'000</i>	<i>Variance after EMR £'000</i>	<i>Forecast Variance At Dec £'000</i>	<i>Variance Movement £'000</i>
Directorate							
People	92,764	90,731	(2,033)	1,671	(362)	(1,135)	773
Place	35,489	33,026	(2,464)	1,466	(998)	(1,895)	897
Partnerships & Performance	13,816	12,765	(1,051)	20	(1,031)	(451)	(580)
Directorate Expenditure	142,070	136,521	(5,549)	3,157	(2,392)	(3,481)	1,089
Corporate							
Corporate Centrally Held incl Chief Executive	713	726	13	0	13	(1,039)	1,052
Corporate Services	(602)	(108)	494	0	494	343	151
Misc Services - Non Distributed Costs	1,177	1,177	(0)	0	(0)	0	(0)
	1,289	1,795	506	0	506	(696)	1,202
	143,359	138,317	(5,042)	3,157	(1,885)	(4,177)	2,292
less allocated to non general fund	(1,391)	(1,391)	(0)	0	(0)	0	(0)
	141,968	136,925	(5,042)	3,157	(1,885)	(4,177)	2,292
Add Requisitions from Joint Boards							
Central Scotland Valuation Joint Board	520	520	0	0	0	0	0
Corporate Expenditure	142,488	137,445	(5,042)	3,157	(1,885)	(4,177)	2,292
Add/Deduct							
Interest on Revenue Balances	(205)	(412)	(207)	0	(207)	(70)	(137)
Loans Fund Contribution	7,444	6,440	(1,004)	0	(1,004)	(980)	(24)
Contribution to Bad Debt Provision	100	57	(43)	0	(43)	0	(43)
Total Expenditure	149,827	143,530	(6,296)	3,157	(3,139)	(5,227)	2,088
Sources of Funding							
General Revenue Funding	(123,791)	(123,791)	0	0	0	0	0
Non-Domestic Rates	(19,834)	(19,834)	0	0	0	0	0
Council Tax	(28,868)	(29,366)	(498)	0	(498)	0	(498)
Total Income	(172,493)	(172,991)	(498)	0	(498)	0	(498)
(Surplus) / Shortfall before reserves	7,621	7,091	(6,794)	3,157	(3,637)	(5,227)	1,590
Health & Social Care Partnership	30,287	36,552	6,265	0	6,265	6,375	(110)
Funding from Reserves							
Contribution from Reserves	(2,757)	0	2,757	0	2,757		
Contribution from Earmarked Reserves	(4,518)	0	4,518	0	4,518		
Contribution from Uncommitted Reserves	(346)	0	346	0	346		
Total Funding	(180,114)	(172,991)	7,123	0	7,123		
Net use of reserves					3,984		

Management Efficiency Savings

Saving Reference	Directorate	Department	Description	Cash /Permanent	2025/26	Achieved £	Unachieved £	Total	Budgetholder Comments - March 26
P&PMGT2509	Partnership & Performance	Directorate	Saving associated with the Strategic Director Role	Cash	£ 9,000	£ 9,000		£ 9,000	Achieved in full
P&PMGT2512	Partnership & Performance	Directorate	Removal of all remaining hospitality budgets across the Directorate	Permanent	£ 3,166	£ 3,166		£ 3,166	Achieved in full
P&PMGT2513	Partnership & Performance	Directorate	Reduction of individual stationery budgets and centralisation into 1 managed through P&P administrator	Permanent	£ 3,500	£ 3,500		£ 3,500	Achieved in full
P&PMGT2508	Partnership & Performance	Directorate	Managed reduction of overtime budget	Permanent	£ 4,170	£ 4,170		£ 4,170	Achieved in full
P&PMGT2535	Partnership & Performance	Finance and Revenues	Delay in filling Procurement Assistant Vacant post	Cash	£ 21,450	£ 21,450		£ 21,450	Achieved in full
P&PMGT2519	Partnership & Performance	Finance and Revenues	Income rebate from contracts	Permanent	£ 3,000	£ 3,000		£ 3,000	Achieved in full
P&PMGT2521	Partnership & Performance	Finance and Revenues	Non Domestic Rates efficiency saving	Cash	£ 334,000	£ 334,000		£ 334,000	Achieved in full
P&PMGT2522	Partnership & Performance	Finance and Revenues	Reduction in professional fees budget for asset valuations by exception	Permanent	£ 12,000		£ 12,000	£ 12,000	Not achieved - Saving was dependent on qualified valuer being appointed within Place, this did not happen in 2025/26
P&PMGT2540	Partnership & Performance	Finance and Revenues	Postpone recruitment to 2 Trainee posts within Revenues until September 2025	Cash	£ 28,798	£ 28,798		£ 28,798	Achieved in full
P&PMGT2510	Partnership & Performance	HR & Workforce Development	Partial saving associated with not filling the Senior manager HR&WFD Vacancy	Cash	£ 55,000	£ 55,000		£ 55,000	Achieved in full
P&PMGT2503	Partnership & Performance	HR & Workforce Development	New corporate training funding model	Cash	£ 86,000	£ 86,000		£ 86,000	Achieved in full
P&PMGT2511	Corporate	Corporate	Increase Holiday Buy Back thresholds, promote unpaid leave options such as parental leave	Cash	£ 67,000	£ 67,000		£ 67,000	Achieved in full
P&PMGT2536	Partnership & Performance	Partnership & Transformation	Reduce Multi Functional Device (printers and scanners) fleet by 1/3 and use Royal Mail print driver	Permanent	£ 30,000		£ 30,000	£ 30,000	Device rationalisation to take place following expiry of new contract in 26/27.
P&PMGT2529	Partnership & Performance	Partnership & Transformation	Reduction in IT computer hardware budget	Permanent	£ 10,000	£ 10,000		£ 10,000	Achieved in full
P&PMGT2530	Partnership & Performance	Partnership & Transformation	Vacancy Management in Customer Services	Cash	£ 15,000	£ 15,000		£ 15,000	Achieved in full
P&PMGT2525	Partnership & Performance	Partnership & Transformation	Income from sale of obsolete IT equipment	Cash	£ 5,500		£ 5,500	£ 5,500	Unachieved as quality standard to enable sale has been increased
PEOMGT2506	People	ASN Non Dev	Removal of 3 temporary ASN Outreach Workers	Permanent	£ 124,770	£ 124,770		£ 124,770	Achieved in full
PEOMGT2520, 21, 22, 23	People	Care & Protection	Service redesign through Spend to Save	Permanent	£ 414,000	£ 310,000	£ 104,000	£ 414,000	There has been unprecedented demand on ERG budgets in 25/26 due to numbers of children in need of additional educational support within out of area placements and increasing numbers of children requiring residential care. This is exacerbated by shortage of internal fostering and residential placements. Work is ongoing to review ongoing supports and placements, transferring children into internal placements where capacity arises, and working towards the provision of additional residential beds in Clackmannanshire.
PEOMGT2507	People	Chief Officers	Increased automation of grant payments	Permanent	£ 6,284	£ 6,284		£ 6,284	Achieved in full
PEOMGT2501	People	Customer Services	Library Service Option 1: Budget re-alignment and Operational Savings	Permanent	£ 44,640	£ 44,640		£ 44,640	Achieved in full
PEOMGT2502	People	Primary Devolved	Review of Devolved school management	Permanent	£ 400,000	£ 400,000		£ 400,000	Achieved in full
PEOMGT2505	People	Secondary Non Dev	Ending the contract with Work Placement Services Contract, Gateway Shared Services.	Permanent	£ 14,268	£ 14,268		£ 14,268	Achieved in full
PEOMGT2504	People	Sport & Leisure	Review Of Leisure Budget	Cash	£ 250,000	£ 250,000		£ 250,000	Achieved in full
PEOMGT2524	People	Sport & Leisure	Removal of Sports Apprentice position & Sports Council grant funding	Permanent	£ 32,850	£ 32,850		£ 32,850	Achieved in full
PLMGT2503	Place	DEVELOPMENT	Vacancies Reconciliation, Offset staff costs against external income	Cash	£ 170,000	£ 170,000		£ 170,000	Achieved in full
PLMGT2506	Place	DEVELOPMENT	Redesign: Vocational Training	Permanent	£ 21,500	£ 21,500		£ 21,500	Achieved in full
PLMGT2501	Place	DIRECTORATE	Further alignment of General Fund costs attributed to HRA	Permanent	£ 41,515	£ 29,311	£ 12,204	£ 41,515	Partial achievement of saving as not all costs were rechargable
PLMGT2504	Place	DIRECTORATE	Offset of corporate expenditure supporting Place Delivery from Balances	Cash	£ 200,000	£ 200,000		£ 200,000	Achieved in full
PLMGT2509	Place	ENVIRONMENT	Reduction in Fleet operational budget - offset by income	Cash	£ 75,000	£ 75,000		£ 75,000	Achieved in full
PLMGT2519	Place	ENVIRONMENT	Public Behaviour Change Campaign - Food Waste behaviour	Cash	£ 30,000		£ 30,000	£ 30,000	Actual is an overspend so not achieved
PLMGT2516	Place	ENVIRONMENT	Increase Income via Waste for Paper sales	Cash	£ 80,000	£ 76,331	£ 3,669	£ 80,000	Partially unachieved
PLMGT2514	Place	ENVIRONMENT	Reprofiling mechanical gritting hire	Permanent	£ 15,000	£ 15,000		£ 15,000	Achieved in full
PLMGT2522	Place	PROPERTY	Asset Management - Operational Revenue Savings from Sale of Properties	Permanent	£ 198,733		£ 198,733	£ 198,733	Buildings have not been sold
PLMGT2523	Place	PROPERTY	Asset Management - PPP Contract Insurance Return	Permanent	£ 170,000	£ 110,846	£ 59,154	£ 170,000	Partially achieved and is subject to contract so is variable
PLMGT2524	Place	PROPERTY	Asset Management - Kilncraigs new space model	Permanent	£ 20,000		£ 20,000	£ 20,000	Space has not been reduced and let so saving unachieved
PLMGT2526	Place	PROPERTY	Asset Management - Council behaviour change - utilities	Cash	£ 25,000	£ 25,000		£ 25,000	Achieved in full
PLMGT2528	Place	PROPERTY	Catering - Remove vacant post	Permanent	£ 43,009	£ 43,009		£ 43,009	Achieved in full
PLMGT2533	Place	PROPERTY	Facilities - Remove vacant posts	Permanent	£ 54,202	£ 54,202		£ 54,202	Achieved in full
PLMGT2525	Place	PROPERTY	Asset Management - Reduction in non-essential minor works	Cash	£ 52,500	£ 52,500		£ 52,500	Achieved in full
Total Management Efficiency Savings 2025/26					£ 3,170,855	£ 2,695,595	£ 475,260	£ 3,170,855	

Saving Reference	Directorate	Department	Description	Cash /Permanent	2025/26	Achieved £	Unachieved £	Total	Budgetholder Comments - March 26

Policy Savings 2025/26

P&PPOL2512	Corporate	Corporate	Business Support Review	Permanent	£ 50,000		£ 50,000	£ 50,000	Review ongoing, not achieved in 2025/26
P&PPOL2507	Corporate	Corporate	No payment to leavers for backpay for pay award	Cash	£ 80,000	£ 21,750	£ 58,250	£ 80,000	Partially achieved as reliant on number of leavers, this is the valued achieved by not paying backpay in 2025/26
P&PPOL2513	Partnership & Performance	HR & Workforce Development	Reduction of Corporate Training budget	Permanent	£ 6,170	£ 6,170		£ 6,170	Achieved in full
P&PPOL2503	Partnership & Performance	Partnership & Transformation	Reduce budgets by 50% which support voluntary organisations with training and development. This includes support to Community Councils for training, equipment, venue costs and rental costs.	Permanent	£ 10,000	£ 10,000		£ 10,000	Achieved in full
PEOPOL2515	People	ASN, Primary, Secondary Early Years Devolved	Reduction in school resources in line with fall in pupil numbers	Permanent	£ 38,118	£ 38,118		£ 38,118	Achieved in full
PLPOL2507	Place	DEVELOPMENT	Development Services: New Income	Cash	£ 10,000	£ 10,000		£ 10,000	Achieved in full
PLPOL2510	Place	ENVIRONMENT	Increase income into Land Services	Cash	£ 40,000	£ 40,000		£ 40,000	Achieved in full
PLPOL2520	Place	ENVIRONMENT	Increase Brown Bin charges by £2	Permanent	£ 20,000	£ 20,000		£ 20,000	Achieved in full
PLPOL2534	Place	ENVIRONMENT	Redesign of Land Services	Permanent	£ 90,000	£ 90,000		£ 90,000	Achieved in full
PLPOL2517	Place	ENVIRONMENT	Reduction in the winter service budget	Cash	£ 50,000	£ 50,000		£ 50,000	Achieved in full
PLPOL2531	Place	PROPERTY	Cleaning - Remove Internal Window Cleaning Budget	Permanent	£ 10,000	£ 10,000		£ 10,000	Achieved in full
PLPOL2502	Place	DIRECTORATE	Place Directorate Redesign	Permanent	£ 150,000	£ 150,000		£ 150,000	Achieved in full
PLPOL2518	Place	ENVIRONMENT	Redesign Roads TOM	Permanent	£ 31,795	£ 31,795		£ 31,795	Achieved in full
PLPOL2521	Place	HOUSING	Service Redesign: Housing	Permanent	£ 39,251	£ 39,251		£ 39,251	Achieved in full
PLPOL2530	Place	PROPERTY	Cleaning - Reduce operations	Permanent	£ 18,310	£ 18,310		£ 18,310	Achieved in full

Total Policy Savings 2025/26	£ 643,644	£ 535,394	£ 108,250	£ 643,644

People	1,324,930	1,220,930	104,000	1,324,930
Place	1,655,815	1,332,055	323,760	1,655,815
Partnership & P	636,754	589,254	47,500	636,754
Corporate	197,000	88,750	108,250	197,000
Total	3,814,499	3,230,989	583,510	3,814,499

People	Annual Budget 2025/26	Actuals to March 2026	Variance Actuals to Budget at March 2026	Variance Forecast to Budget at December 2025	Variance Movement Dec to Mar 2026	Narrative
	£'000	£'000	£'000	£'000	£'000	
Strategic Director	1,438	1,507	69	68	1	Overspend of £0.069m. £0.069m balance of historic restructure saving not achieved.
Support & Wellbeing						
Customer Services	525	545	20	15	5	Overspend of £0.020m. Libraries & Customer Services: Staffing underspend of £(0.122)m due to vacancies and reduced hours worked, offset by transfer of budget savings for Libraries from P&P £0.103m which is only partially achieved and overspend of £0.039m in service charges for card machine terminals due to an increase in the the number of terminals. Movement of £0.005m - Increase in Staffing of £0.005m within Customer Service.
Leisure & Sports Development	869	591	(278)	(204)	(74)	Underspend of £(0.278)m. Sports Development: £(0.117)m - an underspend of £(0.068)m is reported within the swimming programme, additional internal recharge income from funded programs CWP £(0.030m) and various other sports programmes forecasting a combined surplus of £(0.019)m. Leisure: £(0.161)m - £(0.106)m underspend in Wellbeing Hub operating costs/subsidy not required partially offset by £0.060m expenditure on Sports equipment replacement program, staffing underspend of £(0.102)m, income exceeding budget by £(0.011)m and Non Staffing costs £(0.001)m. Movement of (£0.074)m - includes £(0.030)m Sports Equipment relacement program previously forecast, higher than previously forecast Income in Sports Programs £(0.044)m
Total Support & Wellbeing	1,394	1,136	(258)	(189)	(69)	
Education & Learning						
Devolved Schools	41,088	40,351	(736)	(691)	(45)	Devolved Schools are reporting an underspend of £(0.736)m. This consists of: £(0.757)m underspend within Primary schools staffing £(0.767)m relating to - staffing turnover, vacancies and shared Headships & £0.010m Per Capita. £0.032m overspend within Secondary schools - staffing £(0.161)m due to vacant posts & staff turnover. Offset by overspends of £0.193m within Per Capita spend. £(0.008)m underspend within ASN - staffing overspend £(0.005)m, Per Capita Underspend £(0.003)m. Early Years Per Capita £(0.004)m underspend. The movement of £(0.045)m is further staff turnover £(0.070)m and an increase in Per Capita £0.010m. Any underspend in Devolved budgets is carried forward at year end into DSM Earmarked Reserves and is available for use in the next financial year. Devolved school budgets were re-aligned in September after Teachers census to reflect schools requirements for the new academic year.
Early Years	11,427	10,922	(505)	(412)	(93)	Early Years are reporting an underspend of £(0.505)m. £0.016m Kidzone out of school care overspend due to a shortfall in income and additional staffing costs relating to Janitors' overtime. £(0.483)m underspend within Mainstream Nursery provision being CWP funding for 2 year olds and 3 to 5 year olds, Out of hours Care £(0.354)m, Staffing £(0.198)m (This includes £(0.160)m funding from CWP for Early Intervention workers), Cleaning & FM recharges £(0.078)m, Insurance costs £0.021m, IT spend (replacement i-pads) £0.026m, and various other small variances totalling £(0.005)m. The movement of £(0.093)m relates to further CWP funding for 2 year olds £(0.077)m. Partner overpayment refund and various minor movements totalling £(0.05)m .
ASN Non Devolved	8,497	8,525	28	41	(13)	ASN Non Devolved is reporting an overspend of £0.028m: Staffing overspend of £0.288m due to ongoing high demand for ASN provision partially offset by £(0.220)m underspend on Scot Gov ASN Additional funding of £0.262m due to recruitment slippage. Speech & Language contract underspend of £(0.037)m due to PEF contribution, Insurance costs are £0.034m above budget provision, Pupil Transport underspend £(0.036)m and balance is minor non staffing variances totaling £(0.008)m The movement of £(0.012)m is Pupil Transport £(0.036)m further staffing £0.010m, Additional insurance charges £0.008m and minor variances £(0.002)m
Primary Non Devolved	2,595	2,620	25	107	(82)	Primary Non Devolved is reporting an overspend of £0.025m. Core Primary Non Devolved areas are reporting an overspend of £0.073m- relating to,overspends in Parent Pay fees £0.006m, Cleaning £0.034m, Seemis £0.022m, equipment & property works £0.028m, Insurance £0.059m , Teachers Supply £0.018m and small overspends of £0.005m.. These are partially offset by staff turnover £(0.053)m underspends, Probationers Waivers underspend £(0.028)m, FSM & Clothing Grants £(0.018)m. Within Teachers Flexibility there is a £(0.048)m favourable variance relating to £(0.048)m unallocated budget after re alignment of AY 25-26 staffing budget requirements, £(0.019)m unallocated funding for teachers pay award above budget provision and £0.019m Unison recharges. The movement of £(0.082)m relates to reduction in Teachers Supply costs £(0.090)m, Staff turnover £(0.003)m and other minor variances £0.011m

People	Annual Budget 2025/26	Actuals to March 2026	Variance Actuals to Budget at March 2026	Variance Forecast to Budget at December 2025	Variance Movement Dec to Mar 2026	Narrative
	£'000	£'000	£'000	£'000	£'000	
Secondary Non Devolved	2,140	2,159	19	16	3	Secondary Non Devolved is reporting an overspend of £0.019m. Gaelic (Pupil Transport) £0.022m overspend, staff turnover and vacant Music Instructor post £(0.046)m , Teachers Supply £(0.036)m Insurance £0.051m Agency Fees & Secondary PPP small works £0.027m. The Movement of £0.003m relates to Teachers supply £(0.036)m previously forecast on budget, Agency & PPP Small works £0.022m , additional Insurance charges £0.013m and various others £0.004m
Pupil Equity Funding	2,271	1,645	(625)	(0)	(625)	Pupil Equity Funding (PEF) is allocated on an Academic Year basis and the underspend of £(0.626)m is carried forward with the requirement that it is fully spent by July of the following year.
Business Management	981	879	(102)	(69)	(33)	Business Management is reporting an underspend of £(0.102)m Staffing underspend of £(0.093)m due to funding for posts from Early Adopter Communities for Business Support function & Planet Youth , Period Products underspend of £(0.015)m , Long Service awards £0.009m & various minor £(0.003)m. The movement of £(0.033)m relates mainly to further CWP funding for Staffing Support £(0.023m) , Period Products £(0.005)m and various other minor variations totalling £(0.005)m
Other Areas	866	792	(74)	(57)	(17)	Other areas combine to reporting an underspend of £(0.075)m: The Psychology Service is overspent by £0.003m within staffing, School Crossing Patrols Officers underspend of £(0.018)m due to staff turnover and CLD underspend due to staffing £(0.059)m maternity leave and recruitment slippage. The movement of £(0.017)m relates to further staff turnover £(0.004)m and previously reported funding gap in post in Psychological now resolved £(0.014)m
Education & Learning Total	69,864	67,894	(1,971)	(1,065)	(906)	
Care & Protection						
Children's Commissioned Services	1,152	790	(361)	0	(361)	Underspend and movement of £(0.361)m Total spend is made up of payments to Voluntary Organisations which totalled £0.790m. Budget currently held here of £0.326m for the real living wage uplift across commissioned services in other departments
Corporate Parenting	7,344	7,482	138	(120)	258	Corporate Parenting is overspent by £0.138m: Children's Unit is overspent by £0.238m , of which £0.190m is due to unbudgeted employee costs for increased contractual payments (weekend working and overnights). The remaining overspends are £0.006m transport, £0.019m due to payments made to individuals and £0.022m due to supplies such as food and other purchases. A demand pressure has been submitted for 2026-27 to mitigate this and the redesign of the service is ongoing. Family Placement Team is overspent by £0.040m . This is made up of overspends in Adoption payments of £0.110m (this has a historic insufficient budget), Respite Care payments of £0.064m and Fostering payments of £0.030m. £0.036m in employee costs and other minor overspends of £0.017m. Underspends are Fostering payments to Other Local Authorities of £(0.062)m; Legal costs of £(0.155)m. External Foster Care is underspent by £(0.036)m . This is due to unbudgeted income of £(0.097)m from the Home Office for Unaccompanied Asylum Seeking Children, partly offset by an overspend in external fostering payments of £0.061m. Throughcare Aftercare is overspent by £0.004m . This consists of £(0.013)m underspend in employee costs due to a maternity leave and small vacancy pot. There was also £(0.174)m unbudgeted income from the Home Office for Unaccompanied Asylum Seeking Children and other minor underspends of £(0.005)m. This is offset by overspends of £0.165m in other agency payments and professional fees and £0.031m within supported accommodation (miscoded from Continuing Care). Performance, Quality & Assurance is underspent by £(0.080)m , due to employee costs of a vacancy and holiday buy-back. Kinship Care is forecast to underspend by £(0.029)m . This is due to unbudgeted income from the Home Office for Unaccompanied Asylum Seeking Children £(0.041)m as well as underspends of: Kinship and Residence Order payments of £(0.002)m; Partly offset by Legal expenses of £0.013m and other minor oversepnds of £0.001m. Movement of £0.258m is predominantly due to a number of costs being forecasted based on trend analysis with costs being received disproportionately higher throughout Q4, mainly seen in fostering and kinship payments - £0.232m
Fieldwork Children And Families	1,847	1,857	10	(3)	13	Fieldwork Childrens and Families overspend of £0.010m: Employee costs are underspent by £(0.022)m , of which includes an £0.194m overspend in agency costs offset by underspend in employee costs £(0.216)m. This is due to vacancies and maternity leave within the department and the agency costs are reviewed every 12 weeks. Other overspends include: Transport costs by £0.037m due to secure transport required, £0.015m for Independent Chair of the Child Protection Committee, and other minor overspends of £0.006m . There is an underspend in transfer payments (Payments to individuals and Section 22 Grants) by £(0.013)m . Movement of £0.013m is due to an overspend in agency costs vs forecast
Residential Placements	3,711	4,546	835	302	533	Residential placements are overspent by £0.835m: The External Resource Group budgets are overspent by £0.858m , this is for 43 individuals. Increase mainly from new costs for Secure care at £228k and demands seen throughout the year. There has been unprecedented demand on ERG budgets in 25/26 due to numbers of children in need of additional educational support within out of area placements and school increasing numbers of children requiring residential care. This is exacerbated by shortage of internal fostering and residential placements. Work is ongoing to review ongoing supports and placements, transferring children into internal placements where capacity arises, and working towards the provision of additional residential beds in Clackmannanshire. Continuing Care placements are overspent by £0.037m and a minor overspend in supported accommodation costs for £0.004m where there were 3 placements. Movement of £0.533m is due to an overspend in the external resource group vs forecast, due to the demand pressures mentioned above

People	Annual Budget 2025/26	Actuals to March 2026	Variance Actuals to Budget at March 2026	Variance Forecast to Budget at December 2025	Variance Movement Dec to Mar 2026	Narrative
	£'000	£'000	£'000	£'000	£'000	
Management and Support	1,230	1,181	(50)	(43)	(6)	Management and Support underspend of £(0.050)m: There are underspends from staff costs of £(0.020)m due to several vacancies, as well as receipt of £(0.015)m higher income received than budgeted due to the management fee recharge amount from a higher 2025/26 S27 grant. Other minor underspends of £(0.015)m include professional fees of £(0.008)m and third party payments £(0.005)m Movement of £(0.006)m is due to minor underspend in the emergency duty team being forecasted based on trend only
Permanence Team	296	370	73	7	67	Permanence Team is overspent by £0.073m: Overspend mainly caused by adoption fee of £0.051m received in Q4. Other overspends consist of £0.031m in client transport, £0.021m in legal expenses (Permanence Orders, Adoptions Fees, Court/Professional Fees) and other minor oversepnds of £0.004m . Staff costs are underspent by £(0.040)m due to vacancies and a maternity leave. Movement of £0.067m is predominantly due to the adoption fee of £0.051m received in Q4 and forecasted in corporate parenting above, and an increase in client transport fees.
Early Interventions	2,253	1,728	(525)	(98)	(427)	Early Interventions are underspent by £(0.525)m: Underspend of £(0.262)m wihtin the Whole Family Wellbeing Fund to be carried forward into 2026/27 and will be used to develop services where unmet need has been identified, i.e. short break respite, support groups for families, development of strategies/training to support children with Neurodevelopmental Differences. Other underspends within early intervention include Employee costs being underspent by £(0.099)m due to savings being made from vacancies. Within the Disabilities Team there are underspends of £(0.199)m spread throughout underspends in respite £(0.045)m, SDS payments £(0.040)m, Equipment £(0.046)m and Home Care £(0.047)m. Early Help hub has minor overspends of £0.010m in insurance and other internal recharges. Movement of £(0.427)m due to mainly being due to forecast for Whole Family Wellbeing Fund being matched to budget but falling £(0.262)m below budgeted costs. Disability Team uderspends were also forecasted predominatly on budget but were favourable as mentioned above
Justice Service	1,954	1,997	43	61	(18)	Justice Service is overspent by £0.043m: S27 Management is overspent by £0.050m due to employee costs being overspent by £0.045m. Glenochil costs in line with budget at only £0.008m as are re-charged to the Scottish Prison Service, other than insurance costs of £8k. Minor variances across MAPPA and CJS Support at £(0.006)m Movement of £(0.018)m is due to £(0.018)m Vol Org payments
Community Justice	280	243	(37)	(56)	19	Community Justice is underspent by £(0.037)m: Underspend caused by unbudgeted income of £(0.013)m for a share of Violence Against Women and Girls funding from Stirling and £(0.032)m from the Improvement Service. This is partly offset by a small oversepnd in staff costs of £0.007m . Movement of £0.019m is due to staff costs
Total Care & Protection	20,068	20,195	127	51	76	
Directorate Total	92,764	90,731	(2,033)	(1,135)	(899)	

Place	Annual Budget 2025/26	Actuals to March 2026	Variance Actual to Budget at March 2026	Variance Forecast to Budget at December 2025	Variance Movement Dec to March 2026	Narrative
	£'000	£'000	£'000	£'000	£'000	
Strategic Director	130	230	101	5	95	£0.101m overall overspend, movement of £0.095m £0.070m overspend and £0.035m movement due to an unachieved saving £0.037m overspend and £0.037m movement due to RAAC payments for Chapelle Crescent, unexpected costs so not budgeted £(0.018)m underspend and £0.013m movement on Chief officers salaries £0.012m overspend and £0.010m movement in various other areas.
Development	2,279	549	(1,730)	(567)	(1,163)	Planning and Building Standards: £(0.427)m underspend, £(0.122)m movement: £(0.222)m underspend on staff costs due to vacancies, this is partially offset by agency spend. £0.164m overspend and £0.051m movement for agency costs to cover vacancies £(0.433)m underspend and £(0.199)m movement in income due to more income received than anticipated regarding two large energy applications. £0.310m has been put forward as an Earmark reserve £0.040m overspend and £0.022m movement on legal and professional fees for Addleshaw Goddard - Garberston House £0.024m overspend and £0.004m movement on various small expenditure Clacks Works: £(0.086)m underspend, £0.053m movement; £(0.094)m underspend and £0.051m movement due to higher income, looking to Earmark to carry forward. £0.008m overspend and £0.002m movement on other various small spends Economic Development: £(0.115)m underspend, £(0.143)m movement due to higher income, looking to Earmark to carry forward. Environmental Health: £(0.109)m underspend and £(0.017)m movement due to staffing as a result of delays in recruitment. Energy & Sustainability: £(0.958)mm underspend and £(0.920)m movement due to additional funding, not yet spent-looking to Earmark and carry forward. Implementation: £(0.019)m underspend and £0.002m movement due to recruitment delays. Trading Standards: £(0.016)m underspend and £0.002m movement due to lower charges from Stirling.

Place	Annual Budget 2025/26	Actuals to March 2026	Variance Actual to Budget at March 2026	Variance Forecast to Budget at December 2025	Variance Movement Dec to March 2026	Narrative
	£'000	£'000	£'000	£'000	£'000	
						Fleet: £(0.139)m underspend, £(0.045)m movement £(0.058)m underspend in staffing; £(0.002)m movement due to vacancies £(0.017)m underspend and £0.009m movement due to additional internal income generated from maintenance of fleet vehicles £(0.036)m underspend and £(0.016)m movement due to increase in Income from Avoidable Repairs, Other Recharges; £0.040m overspend and £0.001m movement on Vehicles Insurance, due to inflation £(0.032)m underspend and £(0.012)m movement in External Maintenance; £(0.018)m underspend and £(0.008)m movement on Tyres £(0.018)m underspend and £(0.017)m movement on various small expenditure. Land: £(0.353)m underspend: £(0.082)m movement £(0.279)m underspend and £(0.010)m movement due to staffing, partially offset by agency costs; £0.048m overspend within agency costs; £0.163m overspend and £(0.015)m movement in Payment To Contractors offset by additional income £(0.370)m underspend and £(0.030)m movement due to additional income from HRA; £0.116m overspend and £0.006m movement due to historical income budget-A demand pressure has gone into 26/27 to remove this; £(0.031)m overspends and £(0.033)m movement in various other areas. Roads: £0.695m overspend, £0.068m movement; £(0.145)m underspend, £0.017m movement in staffing due to delay in recruitment to vacancies and retirement; £(0.011)m underspend in agency; £(0.194)m underspend and £0.007m movement in Winter Maintenance due to the expectation of a milder winter; £0.207m overspend and £(0.040)m movement in Street Lighting due to increased electricity costs; £0.767m overspend and £0.021m movement in Roads Operations, budget to be reviewed in 2026/27 £0.076m overspend and £0.039m movement on Roads General Admin £(0.005)m underspend and £0.024m movement on other various expenditure

Place	Annual Budget 2025/26	Actuals to March 2026	Variance Actual to Budget at March 2026	Variance Forecast to Budget at December 2025	Variance Movement Dec to March 2026	Narrative
	£'000	£'000	£'000	£'000	£'000	
						Transportation £(0.318)m underspend, £(0.122)m movement; £(0.056)m underspend , £0.068m movement in staff costs due to delay in recruitment to vacancies; £(0.328)m underspend, £(0.066)m movement due to additional income from electrical vehicle charging points. The electricity costs for this service delivery are captured within property; £0.070m overspend and £(0.122)m movement on payments to contractors, forecast was based on prior year assumptions so was too low for actual costs £(0.004)m underspend and £(0.002)m movement in various small spends. Waste: £(1.429)m underspend: £(0.205)m movement £(1.168)m underspend and £(0.003)m movement due to additional income offsetting waste costs; £(0.525)m underspend, £(0.071)m movement in staffing partially offset by agency costs overspend: £0.280m overspend and £(0.028)m movement in agency costs; £(0.368)m underspend, £(0.011)m movement due to additional income from HRA; £0.262m overspend, £(0.041)m movement in contractors including spend for redevelopment at Forthbank and Gas Explosion at Blackdevon £0.024m overspend and £(0.018)m movement in Waste Treatment Contractors; £0.150m overspend and £0.053m movement in Other Council Accounts Expenditure including works carried out at Forthbank and Polmaise transfer loading station at Stirling for £48k £(0.073)m underspend and £(0.056)m movement in Equipment and Materials costs £(0.011)m overspend and (£0.030)m movement in various small spends. Senior Manager: £(0.021)m underspend, £(0.009)m movement. £(0.011)m underspend and £0.001m movement on staffing due to vacancies £(0.010)m underspend and £(0.010)m movement in payment to contractors, this is a historic demand pressure to be recoded.
Environment	9,952	8,387	(1,565)	(1,170)	(395)	
						ASBO/CSP: £(0.125)m underspend, movement of £(0.024). Underspend mainly relates to employee related costs £(0.176)m and purchase of equipment £(0.016)m offset by an underachievement of income within Government Grants and Other council income £0.085m Homeless & Specialised Accom: £0.929m overspends movement of £0.435m. Overspend due to homelessness crisis and demand in temporary accomodation, partly offset by underspend within P&P. Budget realigned for 2026/27. Housing & Community Safety: £(0.019)m underspend, movement of £(0.010)m Resettlement Programmes: £(0.139)m underspend, movement of £(0.079)m Strategic Housing Authority: £0.046m overspend, movement of £0.047m
Housing	309	1,002	694	290	404	

Place	Annual Budget 2025/26	Actuals to March 2026	Variance Actual to Budget at March 2026	Variance Forecast to Budget at December 2025	Variance Movement Dec to March 2026	Narrative
	£'000	£'000	£'000	£'000	£'000	
						Catering: £(0.473)m overspend; £(0.158)m movement £(0.047)m underspend and £0.016m movement due to staffing; £0.121m overspend and £0.015m movement on food provision due to increase in food costs; £(0.215)m underspend and £(0.080)m movement due to additional income from nursery meals to support the early years 1140 hours expansion; £(0.395)m underspend and £(0.123)m movement on Equipment and payments to contractors due to income for FSM rollout £0.013m overspend and £0.001m movement due to Loomis costs for cash collection at the secondary schools; £0.023m overspend and £(0.011)m movement due to a reduction in school meal income in secondary schools; £0.021m overspend and £0.019m movement on catering disposables; £0.006m overspend and £0.005m movement on various small spends. Building Operations: £(0.412)m underspend; £(0.211)m movement: £(0.342)m underspend and £(0.085)m movement due to decrease in gas cost, more than forecasted; £(0.099)m underspend and £(0.068)m movement due to reduction in the cost of insurance; £(0.068)m underspend and £(0.113)m movement in electricity costs due change in habits at Kilncraig reducing usage; £(0.008)m underspend and £(0.050)m movement in water charges due to reduced usage; £0.076m overspend and £0.076m movement on payments to contactors £0.029m overspend and £0.029m movement due to various small expenditure.
						Facilities: £(0.493)m underspend; £(0.123)m movement £(0.355)m underspend and £(0.078)m movement within staffing due to vacancies / absences £(0.031)m underspend and £(0.006)m movement relating to additional income from cleaning and janitorial supporting the early years 1140 hours expansion; £(0.088)m underspend and £(0.008)m movement on other income due to recharge to HRA and Common Good £(0.019)m overspend and £(0.031)m movement on various small spends. Rental Income: £0.271m overspend and £0.023m movement £0.198m overspend and £0.001m movement due to reduced income across properties £0.116m overspend and £0.034m movement due to reduced charges £(0.043)m underspend and £(0.012)m movement on various small expenditure. Asset Management & Major Works: £1.071m overspend, £0.948m movement. £0.053m overspend in Professional Fees, £0.067m movement due to increase in School Condition Surveys. £0.540 overspend and movement in reactive repairs, due to increased demand within the Public Buildings, particularly School repairs. Also material costs have increased, for example steel fencing has increased in price by 50%. £0.251m unallocated savings not achieved due to Patons and Forthbank Buildings not being sold. £0.199m over budget in Other Council Account as Income not achieved. £0.109m over budget in Capitalisation of Salaries not achieved due to Vacant posts. £(0.207)m underspend and £(0.302)m movement in taffing mainly due to vacant posts within Senior Management. £0.049m overspend in Agency Costs, £0.016m movement due to Agency staff filling Management roles temporarily. £0.142m overspend in Rates, £0.079m movement due to Rates being higher than budgeted for. £(0.036)m underspend and £(0.018)m movement in various small items. Secondary Schools PPP £0.045m overspend and £(0.015)m movement due to lower insurance rebate than budgeted.
Property	22,820	22,858	38	(454)	492	
Directorate Total	35,489	33,026	(2,464)	(1,895)	(566)	

Partnership & Performance	Annual Budget 2025/26	Actuals to March 2026	Variance Actual to Budget at March 2026	Variance Forecast to Budget at December 2025	Variance Movement Dec to Mar 2026	Narrative
	£'000	£'000	£'000	£'000	£'000	
Strategic Director	117	145	28	28	0	Overspend of £0.028m. Staffing costs underspent £(0.018)m due to Chief Officer's post filled at lower scale point. £0.046m overspend due to balance of historic unachieved savings for restructure.
Finance & Revenues	4,980	4,393	(587)	(165)	(422)	Underspend of £(0.587)m. Finance: underspend of £(0.089)m; Staffing costs underspent by £(0.056)m due to vacancies within Accountancy and Procurement, Techone support funded from Systems Developer vacancy £0.033m and overspend in Audit fees of £0.055m relating to 2022/23, underspends in computer software not yet required £(0.018)m and procurement rebates £(0.100)m. Misc underspends of £(0.003)m. Revenues: underspend of £(0.498)m, Staffing costs underspent by £(0.146)m due to vacancies, supplies and services overspent by £0.070m - comprising unachieved savings of £0.049m and further overspends of £0.021m covering various categories including insurance, postage, subscriptions, subsidies, software maintenance and professional fees. Housing Benefit rent allowances and rent rebates net underspend of £(0.336)m and income higher than budgeted for non-domestic rates of £(0.017)m, council tax of £(0.049)m and Welfare Benefits of £(0.020)m. Movement of (£0.422)m Finance - movement of £0.026m. Staff costs of £(0.017)m, Audit fee of £0.055m, Techone support of £(0.006)m and miscellaneous underspends of £(0.006)m. Revenues - movement of £(0.448)m. Staff costs of £(0.054)m, supplies and services of £0.034m and Housing benefit rent allowances and rent rebates of £(0.428)m.
HR & Workforce Development	1,909	1,870	(39)	(23)	(16)	Underspend of £(0.039)m. Corporate Training - underspent by £(0.034)m - £(0.027)m in Social Services Corporate Training - requested to carry forward £(0.020)m of this underspend to 2026/27. £(0.007)m underspend in Corporate training council wide. Health & Safety - overspend of £0.014m. Staffing costs overspent by £0.011m due to unachieved savings. Income under budget by £0.004m and a small miscellaneous saving of £(0.001)m. Payroll - Underspent by £(0.004)m split over staff costs, income and professional fees. HR - underspent by £(0.015)m. Staff costs underspent by £(0.021)m and various overspends of £0.006m including subscriptions, professional fees and insurance. Movement of £(0.016)m. Corporate training - movement of £(0.007)m. Staff costs of £(0.009)m and 3rd party costs of £0.002m. Health & Safety - movement of £0.002m. Staff costs £0.040m offset by income for First Aid recharges of £(0.038)m. Payroll - movement of £(0.009)m. Staff costs of £(0.006)m and Professional fees of £(0.003)m. HR - movement of £(0.002)m. Staff costs of £(0.006)m and miscellaneous movements of £0.004m.

Partnership & Performance	Annual Budget 2025/26	Actuals to March 2026	Variance Actual to Budget at March 2026	Variance Forecast to Budget at December 2025	Variance Movement Dec to Mar 2026	Narrative
	£'000	£'000	£'000	£'000	£'000	
Legal & Governance	2,186	2,031	(155)	15	(170)	Underspend of (£0.155)m. Legal and Democracy - Overspent by £0.017m. Staff costs underspent by £(0.087)m, Income under budget by £0.011m, Professional & legal fees overspent by £0.085m, Postage overspent by £0.005m and Performing rights overspent by £0.005m. Other small underspends of £(0.002)m. Elections - underspent by £(0.087)m - Budget for local elections requested carry forward to 2026/27. Business Support - underspent by £(0.013)m in Children's Services costs. Registrars - underspent by £(0.006)m. Underspend in staff costs of £(0.007)m, Income £(0.004)m over budget, Postage overspent by £0.004m and other small overspends of £0.001m. Audit & Fraud - underspent by £(0.066)m. Underspend in staff costs of £(0.060)m due to delay in recruitment of Audit & Fraud officer until February 2026 and underspend in Professional fees of £(0.006)m. Member Services - on budget. Movement of £(0.170)m. Legal and Democracy - movement of £(0.007)m. Staff costs of £0.014m, income of £0.001m, legal fees of £0.012m, Professional fees of £(0.033)m and other miscellaneous movements of £(0.001)m. Elections - movement of £(0.087)m. Business Support - movement of £(0.024)m. Professional fees £(0.010)m, Children's services cost of £(0.013)m and miscellaneous movements of £(0.001)m. Registrars - movement of £0.046m. Staff costs of £0.002m, income of £0.040m and postage costs of £0.004m. Audit & Fraud - movement of £(0.081)m. Staff costs of £(0.060)m, professional fees of £(0.022)m and miscellaneous movements of £0.001m. Member Services - movement of £(0.017)m. Staff costs of £(0.014)m, income of £0.001m and miscellaneous movements of £(0.004)m.
Partnership & Transformation	4,484	4,186	(298)	(306)	8	Underspend of £(0.298)m. IT - underspent by £(0.262)m. Staffing costs underspent by £(0.173)m due to vacancies pending redesign and capitalisation of salaries. Computer software and hardware maintenance and purchases underspent by £(0.111)m, Telephones and telephone system maintenance underspent by £(0.055)m, Professional/Consultancy fees overspent by £0.018m, Payments to contractors overspent by £0.032m and Printing/Photocopying overbudget by £0.021m. Various other overspends of £0.006m including Insurance and building repairs. Strategy & Performance - underspent by £(0.036)m. Staffing costs are underspent by £(0.200)m due to unfilled vacancies and staffing gaps. There is an overspend of £0.105m relating to a historic income target that was not met in addition to a further overspend due to other income budgets not achieved of £0.019m. There are overspends in printing & photocopying of £0.026m, subscriptions of £0.008m, professional fees of £0.009m, computer hardware purchases of £0.003m, office equipment purchases of £0.003m, insurance of £0.003m and overspend in contact centre out of hours service charges of £0.004m. Additionally, £0.045m reflects two unachieved savings. These are offset by underspends in grants and donations of £(0.014)m, postage of £(0.008)m, voluntary organisation payment underspend of £(0.017)m, purchase of equipment underspend of £(0.004)m, underspend of £(0.017)m in payments to other agencies and other small underspends of £(0.001)m. Movement of £0.008m. IT - movement of £0.001m. Staff costs of £(0.059)m, income of £(0.003)m, computer hardware & software purchases & maintenance of £0.031m, printing & photocopying of £0.021m, payments to contractors of £0.009m, Telephone costs of £0.005m, professional and consultancy fees of £(0.009)m and other small movements of £0.002m. Strategy & Performance - movement of £0.007m. Staff costs of £(0.003)m, income not achieved of £0.019m, Professional & consultancy fees of £(0.005)m, payments to voluntary organisations of £(0.024)m, unachieved saving of £0.015m, contact centre out of hours of £0.004m and miscellaneous movement of £0.001m.
Working Smarter	140	140	0	0	0	Drawdown from Earmarked Reserves for Transformation Projects £0.140m to date.
Directorate Total	13,816	12,765	(1,051)	(451)	(600)	

Corporate Budgets & Sources of Funding
Actual Variances at March 2026

Appendix 6

Corporate	Annual Budget 2025/26	Actuals to March 2026	Actual to Budget at March 2026	Forecast to Budget at December 2025	Variance Movement Dec to Mar 2026	Narrative
	£'000	£'000	£'000	£'000	£'000	
Chief Executive and Corporate Services	112	618	506	(697)	1,203	Overspend of £0.506m due to savings held centrally realised within the services, movement of £1.203m, mostly relates to £1.000m budget allocated to People Directorate for Transformation Space
Misc Services - Non Distributed Costs	1,177	1,177	0	0	0	Actuals in line with budget
Central Support	(1,391)	(1,391)	0	0	0	Actuals in line with budget
Central Scotland Valuation Joint Board	520	520	0	0	0	Actuals in line with budget
Interest on Revenue Balances	(205)	(412)	(207)	(70)	(137)	Income from short term cash deposits exceeded budget
Loans Fund Contribution	7,444	6,440	(1,004)	(980)	(24)	Underspend of £(1.004)m and movement £(0.024)m. Due to lower borrowing costs and discounts achieved through debt rescheduling.
Contribution to Bad Debt Provision	100	57	(43)	0	(43)	Underspend of £(0.043)m and movement of £(0.043)m. This is due to increase in the bad debt provision being lower than budgeted. This can only be calculated at year end.
Total expenditure	7,757	7,009	(748)	(1,747)	999	
Sources of Funding	(172,493)	(172,991)	(498)	0	(498)	Additional income from Council Tax (draft figure)
Total	(164,736)	(165,982)	(1,246)	(1,747)	501	

Place	Annual Budget 2025/26	Actuals to March 2026	Actual to Budget Variance at Mar	Variance Forecast to Budget at December	Movement in Variance Dec to Mar	Narrative
Learning Disabilities						
LD Assessment & Care Management	557	758	200	31	169	Overspend of £0.200m against budget. Underspends in staff costs £(0133)m due to vacancies within the team, £0.092m for Specialist Services and £0.226m of NHS Personal Care Charges. Minor variances of: £0.004m Insurance, £0.007m Legal Expense, £0.002m Equipment, £0.005m Voluntary Organisation payments and £(0.003)m Client Transport. The variance of £0.169m against forecast is due to Staff Training of £0.028m and Agency cost of £0.035m as well as £0.092m fostering & kinship payments not previously forecasted. Legal costs £0.007m and other minor overspends £0.007m from Insurance and Purchase of Equipment.
LD- Residential Care Services	1,701	1,701	()	(27)	27	Actual spend matches budget. Care package costs are £0.049m above budget offset by £(0.049)m client contributions below. Variance of £0.027m: £0.154m in care package costs and £(0.127)m client contributions.
LD- Community Based Care	7,627	9,978	2,351	1,763	588	Overspend of £2.351m against budget. Care package costs are £2.581m over budget. Staff costs are £(0.241)m under budget with 6 positions at Whins currently vacant, not recruited to in 2025/26. Other minor costs £0.010m The movement of £0.588m against previous forecast is due to changes in care packages (per CCIS) - £0.087m relating to costs recharged from Children's Services and forecasted amounts look to be coded differently to actual costs received in ledger, larger investigation needed to understand reasons to be undertaken in 2026/27.
Learning Disabilities Total	9,885	12,437	2,551	1,766	785	
Mental Health						
MH Assessment & Care Management	536	473	(62)	(73)	10	Actual underspend of £(0.062)m against budget. Staff costs are underspent by £(0.025)m due to maternity leave savings and an FTE reduction, £(0.044)m in Voluntary Organisation payments, £0.004m Insurance, £0.002m Staff Mileage and £0.001m Legal Expenses. The variance of £0.010m from previous forecast is due to £0.005m staff costs, being forecasted based on averages, and £0.003m insurance and other minor variances of £0.002m
MH-Residential Care Services	862	1,563	701	(13)	713	Actuals exceed budget by £0.701m. Care package costs are £0.611m over budget and Income from client contribution is £0.090m higher than budget. The variance of £0.713m from previous forecast is due to changes in care packages (per CCIS) - forecasted amounts look to be coded differently to actual costs received in ledger, larger investigation needed to understand reasons to be undertaken in 2026/27.
MH- Community Based Care	1,288	1,624	336	(370)	706	Overspend of £0.336m against budget. Care packages are overspent by £0.341m and £0.003m Legal expenses overspent, partly offset by Staff Costs being underspent by £(0.008)m due to an FTE reduction. The variance of £0.706m from previous forecast is predominantly due to changes in care packages (per CCIS) - forecasted amounts look to be coded differently to actual costs received in ledger, larger investigation needed to understand reasons to be undertaken in 2026/27.
Mental Health Total	2,686	3,660	974	(455)	1,430	
Older People / Physical Disabilities						

Place	Annual Budget 2025/26	Actuals to March 2026	Actual to Budget Variance at Mar	Variance Forecast to Budget at December	Movement in Variance Dec to Mar	Narrative
OP/PD Assessment & Care Management	2,245	2,216	(28)	(93)	64	Underspend of £(0.028)m: Staff Costs of £(0.261)m : CHART is underspent by £(0.080)m and Physical & OP Staffing £(0.198)m due to vacancies within the team. Hospital Discharge Team is overspent by £0.002m due to minor overspends. Older People Assessment & Care Management is overspent by £0.016m due to agency costs. Care Packages £0.125m , Insurance £0.011m , Legal Expenses £0.021m , Minor Adaptations £0.029m , £(0.015)m Staff Mileage, Voluntary Organisation Payments £0.049m , and minor variances £0.012m in Stationery/Postage/Printing. The variance of £0.064m against previous forecast is due to: £0.094m staff costs forecast being previously based on averages. Insurance £0.002m, Legal Expenses £0.020m, Minor Adaptations £0.029m, £0.012m in Stationery/Postage/Printing, £0.038m Voluntary Organisation Payments, Care Packages £(0.023)m, staff recharges income not included in forecast £(0.107)m.
OP/PD Residential Care Services	10,273	11,345	1,072	2,052	(980)	Overspend of £1.072m: Care Packages are £2.578m above budget. Staff costs consists of £(0.560)m Menstrie closure savings, and £0.013m Ludgate Casual Hours. Client Contributions £(0.884)m , Food Provision £(0.063)m , Equipment £(0.020)m , Insurance £0.017m , and Other Minor variances £(0.009)m . Variance of £(0.980)m against previous forecast: Care Packages £(0.851)m - due to changes in care packages (per CCIS) - forecasted amounts look to be coded differently to actual costs received in ledger, larger investigation needed to understand reasons. Staff costs of £(0.015)m in Menstrie Redundancy Costs, £0.006m final pay for leaver, Ludgate £(0.005)m staff movement to another area and £(0.008)m casual hours. Client Contributions £(0.361)m, Premises Expenditure £(0.003)m, Equipment £(0.011)m, Insurance £0.004m, Voluntary Organisation payments £(0.017)m, partly offset by £0.286m severance payments and other minor variances £(0.005)m
OP/PD Community Based Care	10,415	12,548	2,133	2,440	(306)	Overspend of £2.133m: Care Packages are overspent by £2.256m , Staff Costs of £0.031m , predominantly in MECS due to additional hours required. Partly offset by non-staff variances including Clackmannanshire Equipment Store being underspent by £(0.025)m , MECS being underspent by £(0.015)m , Mandatory adaptations being underspent by £(0.101)m due to an unused budget and other minor variance £(0.014)m Variance to forecast of £(0.306)m: Care Packages £(0.241)m as per similar issues as above, £0.002m Staff Costs, Premises expenditure £0.008m, Equipment £(0.077)m,
Older People / Physical Disabilities Total	22,932	26,110	3,177	4,399	(1,222)	
Reablement						
Reablement	1,545	1,469	(76)	(93)	18	Underspend of £(0.076)m: Staff Costs of £(0.113)m due to vacancies within the team. Overspends in Staff Mileage of £0.023m , Insurance £0.011m and other minor overspend £0.002m . Variance to forecast of £0.018m due entirely to staff variances - staff forecast previously based on averages.
Reablement Total	1,545	1,469	(76)	(93)	18	
Management & Others						
Management	1,342	1,256	(85)	759	(844)	Underspend of £(0.085)m: Staff costs of £(0.051)m ; Business Support £(0.064)m , £0.004m Professional Fees, £0.008m Insurance and £0.012m Voluntary Organisation Payments and other minor variances of £0.006m . Variance to forecast of £(0.844)m due primarily to forecasting previously being baed on budget but budget held £(0.853)m pay funding uplifts / real living wage uplift now redistributed within the departments above. The movement of Voluntary Organisation Payments £0.012m, Professional Fees £0.002m, Insurance £0.006m and Mobile Telephones £(0.011)m.
Management & Others Total	1,342	1,256	(85)	759	(844)	
Income						
Resource Transfer	(8,103)	(8,380)	(277)	()	(277)	Underspend of £(0.277)m due to an increased contributions from NHS towards client costs. Variance to forecast £(0.277)m due to forecast remaining on budget through the year.
Income Total	(8,103)	(8,380)	(277)	()	(277)	
Total	30,287	36,552	6,265	6,375	(111)	

Expenditure Ran 29 May										
Project ID	Project Manager	Directorate	Project ID Description	Amended Budget	Total Expenditure at March 2026	Actual Exp V Budget (Under)/ Overspend	C/fwd included in 2026/27 Budget	Additional C/fwd to 2026/27 Budget	Total C/fwd to 2026/27 Budget	Comment Q4
x				£	£	£	£	£	£	
Community Investment Strategy										
10307	KWELLS/A Davidson	PLACE	UK GOV Shared Prosperity Fund UKPF	203,000	162,067	-40,933		40,933	40,933	Originally £197k awarded for capital. Scheme has now allocated £203k in capital grants which are expected by spent by September 2026. The additional 6k will be funded from underspends in the revenue allocation in 2025/26 as allowed under the scheme guidelines.
10334	Lawrence Hunter	PLACE	Forthbank Renewable Energy and Food Growing	112,000	44,698	-67,302		67,302	67,302	Scottish Government grant of £112k for the Forthbank Vertical Growing Facility project is being progressed in 25/26 and 26/27. This project relates to the development of an innovative vertical growing facility in Forthbank/Allos South. Budget to be used to locate containers on site and connections to services. The growing containers have been delivered to Forthbank and the satellite sites. The welfare facility is yet to be delivered to Wimpy Park (satellite site). The delay has resulted in us having to postpone associated facilities e.g. pathway and service connections. Quotes for the Electrical supply are est. £19k and the path works are est. £19.5K. Further costs are being obtained for completion of the origin site at Forthbank.
10272	N HERKES/MBOYLE	PLACE	Free School Meals Equipment	257,000	0	-257,000	257,000	0	257,000	No spend this year as no current use for allocation of money. No significant change to infrastructure was required to meet the increased volume of free school meals resulting from SG phased expansion of FSM to those in receipt of Scottish Child Payment in Primary 6 and 7. All children who are entitled to a FSM via Scottish Child Payment are now receiving a free meal.
10268	Lawrence Hunter	PLACE	Nature Restoration Fund	150,000	118,120	-31,880		31,880	31,880	Carry forward required for Alva Glen and Tillochu Glen Nature Network improvements
10354	Lawrence Hunter	PLACE	Climate Emergency	337,000	0	-337,000		337,000	337,000	Ongoing project work being used to develop and support actions held within the Council's Climate and Emergency Action Plan and development of the Forth Regional Adaptation Plan
10174	AMACKIE		Fitness Suite Replacement	7,695	7,233	-462			0	Project complete for 25/26. Replacement Cross Fit Trainers purchased for 2 secondary schools.
10149	Kevin Wells	PLACE	Clackmannan Regeneration	250,000	51,280	-198,720		198,720	198,720	The £250k projected outturn primarily relates to legal costs for the development works at Clackmannan Main St/North St with project ongoing and expected to complete in 2026. The majority of project works were undertaken during 2023/24 with further works in 2024/25 mainly on affordable housing and commercial units in Main Street.
10164	CJARVIE	PLACE	Clackmannan CAP	93,000	93,000	0		0	0	Community Asset Transfer completed February 2026
10209	KWELLS/Jane Burridge	PLACE	City Deal RPMO	100,000	101,081	1,081		0	0	Annual payment for RPMO to administer CRD - Fully spent
10213	KWELLS/Jane Burridge	PLACE	Innovation Hub Delivery	1,030,000	1,071,770	41,770		0	0	Refurbishment works on Greenfield House - works completed by end of March 26. Overspend due to damp being identified within the property that had to be treated over and above the originally identified items. Not doing this work would have ultimately affected the integrity of works already undertaken and could potentially void contractor warranties on works already undertaken.
10283	KWELLS/Jane Burridge	PLACE	City Region Deal	1,470,000	51,950	-1,418,050	1,178,000	240,050	1,418,050	Underspend to be c/fwd and reprofiling has been undertaken as part of 2026/27 budget process. Budget to be split into 3 projects - CHT, Regional Digital Hub and Active Travel.
10290	KWELLS/Jane Burridge	PLACE	City Region Deal - Resourcing	263,000	160,809	-102,191			0	Underspend due to a delayed start for a CRD Programme Lead and CRD Programme PM
10251	Ross McGuire	Sport and Leisure	Wellbeing Hub - Permanent	17,223,000	16,008,248	-1,214,752	1,386,000	-171,248	1,214,752	Contract in place and construction in progress with total project cost of £76m. Expenditure in January 26 was lower than expected. Frame construction has commenced and expected to extend into 2026/27. Forecast has been reprofiled with estimated £1.4m underspend included in 2026/27 approved capital programme. This will be reduced to £1.2m based on actual spend through 25/26
10292	Ross McGuire	Sport and Leisure	Wellbeing Hub & Lochies - Resourcing	459,832	207,598	-252,234	254,000	-1,766	252,234	Carry forward of £254k has been included in the 2026/27 approved capital programme as reflecting the reprofiled project forecast to complete in 28/25. Slight amendment to carry forward based on actual spend.
10254	LROBERTSON	PLACE	Capital Programme Legal Resource	46,131	46,131	0		0	0	Budget fully spent
10227	John Allan	PLACE	CRB System	40,000	0	-40,000		40,000	40,000	Cashless catering procurement was awarded to ParentPay in Feb 2026 with implementation into 26/27. Carry forward of £40k required
10320	KWELLS/Chris Hargrove	PLACE	Alva Cemetery Extension	486,000	21,905	-464,095	400,000	84,095	484,095	The project has been more complex than originally thought due to the terrain and topography investigations to determine the additional lair capacity as well as combining with the flooding risk assessment. The design for the lair extension has been completed; work continues with the final flooding bund design which is nearly complete before we move to planning and consultation. Aim is to be completed by March 2027 though may go into 2027/28 financial year. Carry forward of full underspend required from 25/26
Fleet Asset Management Strategy				22,627,688	18,145,890	-4,381,798	3,478,000	848,987	4,326,987	
10062	Kghillben	PLACE	Vehicle Replacement	568,065	562,751	-5,314		0	0	Underspend relates to a trailer no longer required
IT Asset Management Strategy				568,065	562,751	-5,314	0	0	0	
10041	JALLAN	IT	Schools ICT Replacement - All Primaries	179,323	167,712	-11,611		11,611	11,611	Small underspend to be carried forward
10031	JALLAN	IT	Schools ICT Replacement - Alva Academy	57,000	47,940	-9,060		9,060	9,060	Budget original held in Project 10230 ICT Replacement Secondary Schools and has been allocated to individual school. C/fwd budget required for new network and Windows 11 Rollout
10011	JALLAN	IT	Schools ICT Replacement - Lornhill Academy	38,000	31,966	-6,034		6,034	6,034	Budget original held in Project 10230 ICT Replacement Secondary Schools and has been allocated to individual school. C/fwd budget required for new network and Windows 11 rollout
10000	JALLAN	IT	Schools ICT Replacement - Allos Academy	42,000	30,321	-11,679		11,679	11,679	Budget original held in Project 10230 ICT Replacement Secondary Schools and has been allocated to individual school. C/fwd budget required for new network and Windows 11 rollout
10064	JALLAN	IT	IT Infrastructure	212,029	174,466	-37,563		37,563	37,563	2025/26 expenditure includes £107k for back up and recovery software and £25k new servers for Kilmorag Server Room. Carry forward of £37k required for outstanding purchase order mainly for security updates.
10187	JALLAN	IT	Digital Infrastructure	10,000	10,000	0		0	0	Project Complete
10202	David Kay/John Allan	IT	Digital Learning Strategy	250,000	234,826	-15,174			0	Small underspend no carry forward required as budget of £250k per annum in approved capital budget programme.
10210	JALLAN	IT	Homeworking	141,247	136,115	-5,132		5,132	5,132	Virement of £99k to Project 10064 IT Infrastructure approved in Q3. Carry forward of 5k required.
10255	ABONNER	IT	Digital Transformation - Work Smarter	476,000	343,891	-132,109	75,000	57,109	132,109	Underspend of £75k previously anticipated which has been carried forward and included within 2026/27 Approved Budget. Additional carry forward of £57k to ensure delivery of project.
10294	ABONNER	IT	Working Smarter (IOT, RPA) - Resourcing	345,000	145,996	-199,004	46,000	153,004	199,004	Underspend of £46k previously anticipated which has been carried forward and included within 2026/27 Approved Budget. Additional carry forward of £153k to ensure delivery of project.
10256	CJARVIE	IT	IT Resourcing - Corporate	159,319	122,269	-37,050		37,050	37,050	Professional support for telephone system rollout is underspent due to staff illness. Carry forward of £37k is required
10257	CJARVIE	IT	IT Resourcing - Digital Rollout	51,000	51,000	0		0	0	Fully spent. Expenditure is capitalisation of staffing budget to support rollout of Chromebook in Education.
10282	CJARVIE	IT	Social Care System MVP	80,000	0	-80,000		80,000	80,000	Expected costs to upgrade domino environment. Carry forward of £80k required
10295	CJARVIE	IT	Future Ways of Working - Resourcing	75,000	0	-75,000		75,000	75,000	Expenditure to support the rollout of new Windows 11 laptops, full carry forward of £75k required
10231	Kevin Wells/R Scobie	IT	Building Energy Management System	16,320	16,320	0			0	Project complete
10065	Ibarker	IT	Social services adaptations	69,304	61,542	-7,762		7,762	7,762	Virement of £30k budget to project 10253 Tech Analogue to Digital which resulted in a reduction to the replacement equipment programme
10253	Ibarker	IT	Tech Analogue to Digital Trans	99,504	99,679	175			0	Project Complete. Virement of £30k budget from project 10065 Social Services adaptations ensured all telecare units have now been replaced with 4g units.
10317	LROBERTSON	IT	Case Management System	8,000	0	-8,000		8,000	8,000	No expenditure in 2025/26 - project delayed
10318	JALLAN	IT	M365 Resourcing Implementation	24,352	0	-24,352		24,352	24,352	No expenditure in 2025/26 - project delayed
10326	CJARVIE	IT	Digital and IT PMRO Resourcing	226,885	26,676	-200,209	50,000		50,000	Expenditure incurred on professional services to manage virtual technology upgrade for datacentre following electrical damage to server room. £50k carry forward as work continues into 2026/27.
10327	CJARVIE	IT	IT Network Switching	300,000	164,943	-135,057		135,057	135,057	In year expenditure was on an upgrade to wireless infrastructure across the Clackmannanshire education estate. Invitation to Tender issued February 2026 for further work with anticipated contract to be awarded Q1-Q2 2026/27. Carry forward of £135k required to cover this contract.
10349	Wrobertson	PEOPLE	Social Work IT System	450,000	622,750	172,750		-172,750	-172,750	The budget was based upon the paper to Council in August 2025, however the Reimagining Social Care project is delivering at pace and more quickly than originally estimated therefore incurring more expenditure in 2025/26 due to milestone payment. Overspend of £173k to be carry forward to reduce budget in 2026/27 to ensure no overspend over the life of projects
Land Asset Management Strategy				3,316,281	2,486,413	-829,868	171,000	464,663	635,663	
10284	KWELLS/Chris Hargrove	PLACE	National play park and open space improvements	234,089	100,000	-134,089		131,000	131,000	Carry forward of full underspend required. Orders to the value of 131k have been placed with Playscapes Scotland to be received in 26/27
10005	KWELLS/Chris Hargrove	PLACE	Park, Play Area & Open Space Improvements - Allos	50,000	26,694	-23,306		21,480	21,480	Carry forward of full underspend required -Orders to the value of 21k have been placed with Playscapes Scotland to be received in 26/27
10061	Kghillben	PLACE	Wheeled Bins	30,000	30,746	746			0	Small overspend in 2025/26
10042	CJARVIE	PLACE	Community Investment Grants		-2,500	-2,500			0	Expenditure is the reversal of an accrual of a final instalment of grant which has not been claimed.
10289	Kghillben	PLACE	Poimaise Waste Transfer Station	77,000	0	-77,000	62,000	15,000	77,000	No capital works have been undertaken to date by Stirling Council.
10258	K Wells	PLACE	Kilmorag - Stone Preservation	150,000	13,800	-136,200		136,200	136,200	External support to be procured to take this project forward.
10096	Lawrence Hunter	PLACE	Gartmorn Dam Country Park	26,000	0	-26,000		26,000	26,000	Budget being utilised to develop and complete projects identified by the Gartmorn Countryside Park Partnership (associated with nature and heritage). Carry forward to 26/27 required to deliver projects

Project ID #	Project Manager	Directorate	Project ID Description	Amended Budget £	Total Expenditure at March 2026 £	Actual Exp V Budget (Under) Overspend £	C/fwd included in 2026/27 Budget £	Additional C/fwd to 2026/27 Budget £	Total C/fwd to 2026/27 Budget £	Comment Q4
10086	Lawrence Hunter	PLACE	Renewable Energy Projects	150,000	0	-150,000	50,000	100,000	150,000	Funding earmarked for renewable energy initiatives. Development of Solar farm to complement Alao South Heat Network to be undertaken in 26/27
Place Based Investment Fund				717,889	168,749	-448,140	112,889	-438,689	841,689	
10302	KWELLS/Neil Ramsay	PLACE	New Cycle Facilities	14,163	10,837	-3,326		0	0	Project is completed, slight underspend
10308	KWELLS/Neil Ramsay	PLACE	Place based Investment	333,847	182,048	-151,800		60,682	60,682	Two grants totalling £243k were awarded under the Place Based Investment Fund 2025/26 Grant Scheme. As per the grant conditions, 75% of the grant awarded has been paid in 2025/26 with the remaining 25% expected to be paid in 26/27 upon completion of the projects.
Property Asset Management Strategy				348,016	192,884	-155,132	0	60,682	60,682	
10303	Lawrence Hunter	PLACE	Vacant & Derelict Land IP	4,167	0	-4,167		4,167	4,167	Budget earmarked for initiatives associated with Forthbank Growing Containers project 10334.
10045	Stuart Graham	PLACE	Statutory Compliance DDA Schools	23,000	19,916	-3,084		3,084	3,084	Underspend to be carried forward for work at Fishcross Primary School
10046	Stuart Graham	PLACE	Compliance - Asbestos Removal (Schools)	10,000	0	-10,000		10,000	10,000	Works carried out in Easter holiday due to access when pupils and staff are not in the properties- budget required to be c/fwd
10221	Stuart Graham	PLACE	Cemetery Walls Upgrade	610,000	157,456	-452,544	200,000	252,544	452,544	Works delayed due to heavy rain and cold weather which affect the viability of the materials being used by the contractor. £200k carry forward included within 2026/27 Approved budget. Further carry forward of £253k required.
10224	Kevin Wells/Neil Herkes	PLACE	Learning Estate Cleaning Equipment	20,000	0	-20,000		20,000	20,000	Carry forward required. Spend committed on shower facilities for larger schools in 26/27
10288	LSANDA	PLACE	Local Care Provision (Woodside)	36,000	2,370	-33,630		33,630	33,630	Minor expenditure in 25/26, carry forward required to enable project to continue.
10293	Kevin Wells	PLACE	Property - Resourcing	42,000	0	-42,000			0	No expenditure in 2025/26 and no carry forward as annual provision of £78k included in capital programme.
10298	KWELLS/W Robertson	PLACE	Capital Programme Support - Resourcing	324,000	157,098	-166,902			0	Resourcing positions not filled in 2025/26. Underspend of funding investment officer £60k & funding investment lead £80k.
10348	Kevin Wells	PLACE	Learning Estate - Development Driven	100,000	0	-100,000		100,000	100,000	Design work on 3 primary schools ongoing
10260	Kwells	PLACE	Learning Estates - Option Appraisals	2,492,089	222,732	-2,269,357	2,492,000	-222,643	2,269,357	Anticipated underspend has been c/fwd and reprofiled as part of the 2026/27 budget process in line with Council decision on 21st August 2025. This carry forward will be reduced by £228k to reflect further spending in 2025/26. Allocated budget to address condition of 18 primary schools.
10321	Stuart Graham	PLACE	Remedial works at The Whins and Ludgate House	78,000	0	-78,000		78,000	78,000	Whins Resource Centre & Ludgate House Resource Centre. An ongoing consultation exercise for Ludgate House is currently underway. A report is due in the coming months detailing required works which would be taken forward in 2026/27.
10328	KWELLS/Chris Hargrove	PLACE	Dolar Changing Facilities	26,000	0	-26,000		26,000	26,000	No spend - Carry forward required
10341	KWELLS	PLACE	Alao Family Centre Investment Programme	100,000	103,688	3,688		-3,688	-3,688	Small overspend in 2025/26, carry forward to reduce budget in 26/27
10342	KWELLS	PLACE	Town Hall Investment Programme	100,000	64,314	-35,686		35,686	35,686	Underspend to be carry forward
10344	LGRAHAM	PLACE	Sauchie ELC Adaptation	50,000	49,185	-815		815	815	100% grant funded from SG Child Wellbeing Partnership. Challenges in confirming internal costs led to delay in ordering other resources for project. Carry forward required.
10345	LGRAHAM	PLACE	Sunnyvale PS	50,000	34,618	-15,382		15,382	15,382	100% grant funded from SG Child Wellbeing Partnership. Challenges in confirming internal costs led to delay in ordering other resources for project. Carry forward required.
10346	LGRAHAM	PLACE	Park ELC	90,030	85,634	-4,396		4,396	4,396	100% grant funded from SG Child Wellbeing Partnership. Challenges in confirming internal costs led to delay in ordering other resources for project. Carry forward required.
10352	LGRAHAM	PLACE	Menstrie ELC	74,826	56,138	-18,688		18,688	18,688	100% grant funded from SG Child Wellbeing Partnership. Challenges in confirming internal costs led to delay in ordering other resources for project. Carry forward required.
Roads Asset Management Strategy				4,236,112	963,147	-3,272,965	2,492,000	376,062	3,068,062	
10051	S KETTERICK	PLACE	Carriageways - Roads	1,800,000	2,007,676	207,676			0	Overspend due to allocation of internal labour costs at year end. Overspend to be offset by underspends in other areas of capital programme.
10054	SCULLEN	PLACE	Bridge Improvements	84,945	59,035	-25,910		25,910	25,910	Carry forward required to undertake work identified as part of programme of inspections to ascertain current asset conditions.
10056	Craig McCARTNEY	PLACE	Lighting Replacement	438,796	421,805	-16,981		16,981	16,981	Budget from projects 10338 LED Street Lighting Conversion £51k and 10440 Street Lighting Column Replacement £233k have been amalgamated into this project. Small underspend to be carried forward
10309	SCULLEN	PLACE	SG Road Safety Improvement Fund	116,345	116,324	-21			0	100% grant funding from Transport Scotland. 116k has been fully claimed
10049	SCULLEN	PLACE	Flood Prevention	86,000	70,010	-15,990			0	Relatively low rain fall year therefore expenditure on flood protection lower than expected
10050	SCULLEN	PLACE	Cycle Routes	55,000	37,100	-17,900		17,900	17,900	Carry forward £17.9k for 2026/27 spend on ORD0095311 and ORD04983
10310	SCULLEN/S Paterson	PLACE	National Cycle Network Accessibility Improvements	30,650	23,555	-7,095		7,095	7,095	Carry forward £6.8k for 2026/27 spend on ORD0004807
10311	SCULLEN	PLACE	Bus Infrastructure Fund	512,225	370,626	-141,599		141,599	141,599	This is funded by General Capital Grant received in August 2025 (£257k) and a Tier 2 grant from Transport Scotland (£255k). Grant to be carry forward and utilised in 26/27
10312	SCULLEN	PLACE	Cycling, Walking and Safer Routes 2023/24 (now Tier 1) -Transport Scotland	670,155	304,670	-365,485		365,485	365,485	100% grant funding from Transport Scotland for Active Travel Infrastructure Funding. Grant to be carried forward and utilised in 26/27
10319	SCULLEN	PLACE	Active Travel Route - Fishcross to Alao	400,000	398,485	-1,515			0	Fully spent - £400k council allocation for 25/26 claimed against CRD Active Travel.
10329	SCULLEN	PLACE	People and Place Project -SESTRANS	120,845	89,339	-31,506			0	Grant funding from Sustrans for 25/26 of £31k. Actual expenditure of £89k which is a small underspend of £2k compare to grant offer. The revised budget included a carry forward of £30k which was not spent in 2025/26.
10335	SCULLEN	PLACE	Encouraging Safe Active Travel - Alao to Tilloutry	398,103	375,168	-22,935			0	Grant of £398k awarded in mid February 2026. Funding is only provided for expenditure incurred in year. Tight timescale to deliver the project resulting in a relatively small underspend of £22k.
10336	SCULLEN/S Paterson	PLACE	Greenways -SUSTRANS	15,096	0	-15,096			0	Budget not required
10337	SCULLEN/S Paterson	PLACE	Local Authority Direct Award- Transport Scotland	29,438	24,815	-4,622			0	100% Grant funding from Transport Scotland Local Authority Direct Award (LADA). Funding is only provided for expenditure incurred in year. Underspend due to expenditure being less than grant offer.
10339	Craig McCARTNEY	PLACE	LED Street Lighting Conversion	0	0	0		0	0	Budget has been amalgamated into 10065 Lighting Replacement
10340	Craig McCARTNEY	PLACE	Street Lighting Column Replacement	0	0	0		0	0	Budget has been amalgamated into 10065 Lighting Replacement
10351	NRMSAY	PLACE	EBIKES -Energy Savings Trust	22,338	22,338	0			0	Project complete
10350	SCULLEN	PLACE	20MPH Speed Limits	42,704	42,586	-118				Project Complete
#				4,822,630	4,363,883	-458,747	0	874,970	874,970	
Total Capital Programme				36,523,847	26,875,379	-9,648,468	6,450,000	2,774,024	9,224,024	

Earmarked Reserves 2025/26-DRAFT
As at 31 March 2026

Appendix 9

YEAR	Directorate	Service	Earmarked	Balance Earmarked Reserves 1 April 2025	Adjustment following update of 24/25 balances (18/05/26)	REVISED - Balance Earmarked Reserves 1 April 2025	Released June outturn	Released September outturn	Released December outturn	Released/ (Increased) in March	Not required - Trf to GF	Total 2025/26
2021/22 an	CORPORATE	Corp	Organisational Change fund	(121.3)	0	(121)						(121.3)
2021/22 an	CORPORATE	Corp	Employment Fund as agreed in Council Budget Paper Mar 2019	(1,222.2)	23	(1,199)				77.0		(1,122.2)
2021/22 an	CORPORATE	Corp	Transformation fund creation from Gen reserves	(3,481.4)	0	(3,481)		532.4	49.1	324.0		(2,575.9)
2021/22 an	P&P	R&G	Corporate Training	(60.0)	0	(60)				13.7		(46.3)
2021/22 an	P&P	P&P	Techone income	(14.3)	0	(14)						(14.3)
2021/22 an	PEOPLE	Care & Protection	Social Services - Foster Care(Spend to save)	(84.4)	0	(84)		7.9				(76.5)
2021/22 an	PEOPLE	Educ	Counsellors in Schools	(49.9)	0	(50)				28.6		(21.2)
2021/22 an	PLACE	Development	Developer Contributions	(962.1)	29.4	(933)						(932.7)
2021/22 an	PLACE	Development	Parental Employability support fund - disabled parents boost	(77.0)	0	(77)						(77.0)
2021/22 an	PLACE	COVID S	Homeless Funding - Covid Specific Funding - Homeless Winter plan R RTP	(72.0)	0	(72)						(72.0)
2022/23	CORPORATE	Corporate Service	Financial Insecurity Flexible funding	(62.2)	0	(62)						(62.2)
2022/23	CORPORATE	Corporate Service	Business Support & Low Income Household (LACER)	(20.4)	0	(20)						(20.4)
2022/23	CORPORATE	Corporate Service	share of 80m & Discretionary Fund Balance	(70.9)	0	(71)		29		21.0		(20.7)
2022/23	TRANSFORM	Transformation	Discretionary fund £115k approved for VAGW coordinator 23/24 24/25	(115.0)	0	(115)						(115.0)
2022/23	PLACE	Development	DCLG levelling up capacity fund cc 1572-50000	(92.4)	0	(92)	10					(82.4)
2022/23	PLACE	Development	PESF (CC 1569) - £137,000 (Redetermination Fund for 22/23)	(32.9)	0	(33)						(32.9)
2022/23	PLACE	Development	YPG (CC 1584) - £594,000 (Redetermination Fund for 22/23)	(146.2)	0	(146)						(146.2)
2022/23	PLACE	Development	Fair Start (CC 1519) - £120,000 (Refer to Jim Livingstone)									
2023/24	PEOPLE	Care & Protection	Whole family wellbeing fund	(426.0)	0	(426)		89.0				(337.0)
2023/24	PLACE	Property	Uniforms	(8.0)	0	(8)						(8.0)
2023/24	PLACE	Development	CEEF Funding	(111.3)	0	(111)	111.3					(0.0)
2023/24	PLACE	Development	Green growth accelerator programme	(26.0)	0	(26)						(26.0)
2023/24	PLACE	Development	Local Heat and Efficiency Strategy (LHAES)	(75.0)	0	(75)				54.0		(21.0)

YEAR	Directorate	Service	Earmarked	Balance Earmarked Reserves 1 April 2025	Adjustment following update of 24/25 balances (18/05/26)	REVISED - Balance Earmarked Reserves 1 April 2025	Released June outturn	Released September outturn	Released December outturn	Released/ (Increased) in March	Not required - Trf to GF	Total 2025/26
2023/24	PLACE	Housing	VPR Syrian Refugee	(209.9)	0	(210)	54.3					(155.6)
2023/24	PLACE	Housing	Ukraine Refugee Programme - Additional grant funding received in the year	(341.5)	0	(341)				274.6		(66.9)
2023/24	PLACE	Housing	Affordable Housing Funding	(157.2)	0	(157)						(157.2)
2023/24	PLACE	Housing	Rapid Rehousing - CFWD 22-23	(268.4)	0	(268)	200.0					(68.4)
2023/24	PLACE	Housing	Rapid Rehousing - Surplus variance from 23/24 to be carried forward	(126.1)	0	(126)						(126.1)
2023/24	PLACE	Housing	Homeless accommodation - surplus	(743.7)	0	(744)	15.6					(728.1)
2023/24	PLACE	Housing	Homeless Accommodation - Cost centre 1360 surplus	(413.8)	0	(414)						(413.8)
2023/24	PLACE	Housing	Homeless accommodation - Homeless Prevention Fund	(200.0)	(118)	(318)				200.0		(118.0)
2023/24	PLACE	Housing	Affordable Housing - Funding from 23/24 to be carried forward	(54.2)	0	(54)						(54.2)
2023/24	P&P	Legal & Governance	Legal underspend	(65.3)	0	(65)						(65.3)
2024/25	CORPORATE	Corporate	Service Concessions	(4.0)	4	0						0.0
2024/25	People	Education & Learning	Trauma/Mental Health 23/24	(65.3)	0	(65)						(65.3)
2024/25	Place	Development	Building Operations - Local Heat and Efficiency Strategy (LHAEEs) year 2	(75.0)	0	(75)						(75.0)
2024/25	Place	Environment	Ipads for Winter Maintenance Team to monitor weather	(5.4)	0	(5)						(5.4)
2024/25	Place	Environment	Transportation - Maintenance of Electrical Vehicle Charging Points	(19.9)	0	(20)						(19.9)
2024/25	Place	Development	ESF funding - to cover audit costs and costs to bring project to a close	(3.1)	0	(3)	1.8					(1.4)
2025/26	P&P	Finance & Revenue	SWF SG Grant funding in 24/25 cfwd unspent	(189.9)	0	(190)				36.0		(153.9)
2025/26	P&P	Finance & Revenue	Procurement Rebate Income for Additional Professional support/ Asset valuations	(81.3)	0	(81)						(81.3)
2025/26	People	Education & Learning	PEF Academic Year Underspend to be made available in 25-26	(611.4)	0	(611)	611.4					0.0
2025/26	People	Education & Learning	DSM Carry forward - Devolved underspends carried forward	(601.0)	0	(601)	400.0		201.0			0.0
2025/26	People	Education & Learning	Trauma Informed Approach 2024-25	(6.1)	0	(6)						(6.1)
2025/26	Place	Development	Local Heat and Efficiency Strategy (LHAEEs) Required for development of LHAEEs and achievement of KPI's. Funding contributes to development of heat networks and renewable energy projects.	(75.0)	0	(75)						(75.0)
2025/26	Place	Development	Child Poverty Coordinator (Rachael McLean)	(30.0)	0	(30)						(30.0)
2025/26	Place	Development	To be EMR for 25/26 (should sit in cc1628)	(87.3)	0	(87)						(87.3)
2025/26	Place	Development	Fair Start	(87.3)	0	(87)						(87.3)
2025/26	Place	Development	Business Loans Fund	(14.5)	0	(15)						(14.5)

YEAR	Directorate	Service	Earmarked	Balance Earmarked Reserves 1 April 2025	Adjustment following update of 24/25 balances (18/05/26)	REVISED - Balance Earmarked Reserves 1 April 2025	Released June outturn	Released September outturn	Released December outturn	Released/ (Increased) in March	Not required - Trf to GF	Total 2025/26
2025/26	Place	Development	Home Energy - Energy Performance Certificate	(44.6)	0	(45)				18.2		(26.4)
2025/26	Place	Development	Home Insulation	(2.0)	0	(2)				2.0		0.0
2025/26	Place	Development	SHDG Multicomms 2122	(5.3)	0	(5)				5.3		0.0
2025/26	Place	Development	EES Decarbonisation Project	(50.0)	0	(50)						(50.0)
2025/26	Place	Development	EES 2018-19	(17.8)	0	(18)						(17.8)
2025/26	Place	Development	HEEPS AB 2021-22	(121.4)	0	(121)						(121.4)
2025/26	Place	Development	HEEPS AB 2022-23	(148.5)	0	(149)				89.0		(59.5)
2025/26	Place	Development	HEEPS AB 2023-24	(7.5)	0	(7)						(7.5)
2025/26	Place	Development	HEEPS AB 2024-25	(131.2)	0	(131)						(131.2)
2025/26	Place	Environment	Blackdevon gas explosion	(138.0)	0	(138)	123.8	14.2				0.0
2025/26	Place	Environment	Fleet	(70.0)	0	(70)						(70.0)
2025/26	Place	Housing	Rapid Rehousing 24/25 underspend	(111.0)	0	(111)						(111.0)
2025/26	Place	Place	Place Business Plan	(265.0)	0	(265)				4.9		(260.1)
2025/26	Corporate	Corporate	Support 2025-26 Budget	(346.0)	0	(346)					346.0	0.0
2025/26	Corporate	Corporate	General Pressure Reserve	(2,954.0)	0	(2,954)		920.1			2,033.9	0.0
2025/26	Corporate	Corporate	Support 26/27 Budget	0.0	0	0						0.0
2025/26	Corporate	HSCP	HSCP overspend 25-26	0.0	0	0				(2,824.0)		(2,824.0)
						0						0.0
			TOTAL	(16,192.1)	(61.6)	(16,253.7)	1,528.1	1,592.9	250.1	(1,675.7)	2,379.9	(12,178.4)

Report to: Audit & Scrutiny Committee

Date of Meeting: 11 June 2026

Subject: HRA Financial Performance 2025/26 as at March 2026

Report by: Chief Finance Officer

1.0 Purpose

- 1.1 This paper provides an update on the financial performance, as at 31 March 2026, in respect of:
- the Housing Revenue Account (HRA) revenue and capital spend for the financial year 2025/26.

2.0 Recommendations

- 2.1 Committee is asked to note the report, commenting and challenging as appropriate on:
- the HRA revenue surplus of £(6.441)m which is £(1.785)m greater than budgeted for the year to 31 March 2026, and
 - the HRA Capital programme underspend of £(6.347)m.

3.0 Background

- 3.1 This report summarises the draft financial position of the Housing Revenue Account (HRA) for the financial year as at 31 March 2026. These figures are draft and will be finalised through the audit of the 2025/26 accounts.

4.0 Revenue

- 4.1 The HRA surplus at 31 March 2026 is £(6.441)m which is £1.785m greater than budgeted. This is a favourable movement of £(0.111)m from that forecasted as at 31 December 2025. Appendix 1 provides a summary of the variances.
- 4.2 The main variances contributing to the forecasted increase in the surplus are:
- £(1.243)m underspend within employee related expenditure and movement of £0.150m since last reported. Employee costs are significantly underspent due to recruitment delays. Most of the underspend relates to vacancies within HRA operations which is underspent by £(1.077)m. Underspends within staffing are partially

offset by overspends within payments to third party contractors and internal recharges from other departments due to limited internal resources being available.

- £0.192m overspend within premises related expenditure, movement of £0.034m. The overspend primarily relates to costs associated with Voids £0.283m, of which £0.151m was carried forward from the previous year to offset these anticipated costs. Additional costs on internal recharges to Land Services £0.051m also contribute to the overspend, with underspends on insurance and utilities of £0.140m partly offsetting these costs.
- £(0.057)m underspend within transport related expenditure, movement of £(0.041)m. The underspend is mainly across Short term vehicle hire £(0.050)m.
- £(0.656)m underspend within supplies and services and movement of £0.440m. The main variances are: underspend of £(0.688)m on professional fees due to several projects being delayed until 2026/27, including the Stock Condition Survey £(0.550)m and the Tenant Participation Survey £(0.050)m and there are also related underspends within Materials £(0.492)m, Scaffolding hire £(0.062)m and purchase of equipment £(0.040)m. These underspends are partly offset by spend of £0.580m on computer software which was to be met from a carryforward of budget from 2024/25 as project was delayed.
- £1.586m overspend within third party payments and movement of £1.083m. This is due to lack of resources mentioned above with vacant posts not filled. Third party contractors have been sourced to maintain a standard level of service to our tenants and is partly offset by additional income from Internal trade contract and staffing underspends.
- Income £(1.126)m underspend, movement of £(1.297)m. The main variances are: £(0.721)m recharge income from internal trades offsetting the overspend on third party payments (noted above), £(0.240)m from treasury activities and £(0.157)m additional income from housing rents.
- £(0.480)m underspend, movement of £(0.480)m relating to Capital Financing costs. This is due to external borrowing being lower than anticipated.

4.3 **Appendix 1** provides a summary of the variances and movement by expenditure category and reasons for the variances.

5.0 Capital

5.1 The HRA Capital Programme for 2025/26 has a net budget of £20.158m. This is made up of the approved budget including carry forwards and an in year additional £1.000m for work on RAAC affected properties under the Roof and Render project as approved by Council in June 2025. A further

£3.100m was brought forward from 2026/27 for Off the Shelf Purchases as approved by Council in October 2025.

5.2 The net expenditure for the year is £13.811m resulting in an underspend of £(6.347)m. This is a movement of £0.438m since last reported.

5.3 The underspend of £(6.347)m reflects underspends on several key projects which are now expected to continue into 2026/27. The main variances include:

- £(1.261)m net underspend on Lochies Road – HRA New Build. Efforts are ongoing to put in place the required procurement and governance necessary to take forward this planned development work. Plans are ongoing to complete the project within 2026/27 however the project is facing additional costs due to the length the project is taking to complete. Additional funds from the Scottish government will be sought in order to complete this project.
- £(1.205)m net underspend on Off the Shelf Purchases. The Council approved the request to bring forward £3.1m budget from 2026/27 into 2025/26. This was to facilitate the purchase of an additional twenty properties bringing the total to forty for 2025/26. The HRA has been successful in concluding the purchase of thirty-six properties with the remaining four to conclude in 2026/27. Additionally, we were only able to refurbish 21 of the 36 properties. Of the underspend a potential £1.155m is being requested to be carried forward into 2026/27. £0.490m for the purchase of the remaining four homes and £0.665m for the refurbishment of the remaining 19 properties.
- £(0.803)m underspend on the Roof and Render upgrade project. Following the budget increase actioned in September 2025, the appointed contractor has since confirmed that they lack the immediate resource capacity to complete the works within 2025/26. As a result, this early draw down was not able to be utilised in full during 2025/26 and the underspend will be carried forward.
- £(0.536)m underspend within Demolitions. This is due to a delay in initiating the procurement process. Work is now progressing with demolitions at Park St Chalet units in Tillicoultry, Carnaughton Place Lock ups in Alva and Chapelle Crescent Pigeon Lofts in Tillicoultry and will continue into 2026/27.
- £(0.379)m underspend within Renewable Central Heating Systems, this is due to a delay in procurement beginning and obtaining an agreement with tenants and owners.
- £(0.300)m underspend within Structural Upgrades due to a delay in initiating the procurement process.
- £(0.255)m underspend within the Window Replacement Programme. Project was completed within scope and underbudget.

- £(0.215)m underspend within Conversions and Upgrades as three large conversions are awaiting planning permission delaying the project into 2026/27.
- £(0.213)m underspend within CCTV Security, this is due to a delay in the project starting. Work commenced in November and the residual budget will be carried forward to 2026/27 to complete the works.
- £(0.198)m underspend within the Kitchen Replacement programme due to delays in initiating the procurement process.
- £(0.193)m underspend on Fencing, Gates & Paths due to internal capacity limitations.
- £(0.188)m underspend on Roads and Footpath Improvements due to internal capacity limitations. These works will continue into the next financial year.
- £(0.173)m underspend on IT Infrastructure due to a delay with the upgrade of the IT system and hardware purchases pushed back to 2026/27.
- £(0.158)m underspend within Safe Electrical Testing due to a delay in work commencing by the third-party contractor.
- £(0.149)m underspend on Landscaping and Communal Environment due to limited capacity of Lands Services. A quotation for an external contractor to carry out the works has been sought and underspend to be carried forward.
- The remaining £(0.120)m underspend consists of 10 projects with variances below £100k.

5.4 Of the £(6.347)m underspend, £(5.748)m relates to projects which will continue in 2026/27, and the underspend is therefore requested to be carried forward. The remaining £(0.599)m underspend relates to budget no longer required.

Appendix 2 provides the actual spend, variance and movement from the previous report for all projects along with comments on their progress and their requested carry forward amounts if appropriate.

6.0 Conclusions

- 6.1 As of 31 March 2026 the HRA revenue achieve an additional surplus of £(1.785)m against its budgeted surplus for the year to 31 March 2026.
- 6.2 As of 31 March 2026 the HRA Capital programme is underspent by £(6.347)m for the year to 31 March 2026.

7.0 Sustainability Implications

- 7.1 There are no direct environmental sustainability implications arising from this report.

8.0 Resource Implications

8.1 Financial Details

- 8.2 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 ☒

- 8.3 Finance has been consulted and has agreed the financial implications as set out in the report. Yes ☒

8.4 Staffing

There are no additional staffing implications arising directly from the recommendations in this report. The forecast reflects existing vacancies and the use of third-party contractors to maintain service levels.

9.0 Exempt Reports

- 9.1 Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☒

10.0 Declarations

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

(1) Our Priorities

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 ☐

11.0 Impact Assessments

- 11.1 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 ☐

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

This report is for noting and there are no direct impacts resulting from the content of this report.

12.0 Legality

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

13.0 Appendices

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

Appendix 1 – HRA Revenue Variances as of 31 March 2026

Appendix 2 – HRA Capital Forecast Variances as of 31 March 2026

14.0 Background Papers

- 14.1 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)

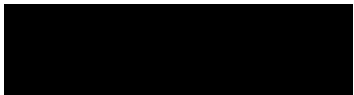
Yes.

Housing Revenue Account Budget 2025/26 and Capital Programme 2025/26

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Jordan McKay	Accountant	
Elizabeth Hutcheon	Management Accountancy Team Leader	6214
Lindsay Sim	Chief Finance Officer	2022

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

HRA	Annual Budget 2025/26 £'000	Actuals to March 2026 £'000	Variance Actual to Budget at March 2026 £'000	Previous Variance - December £'000	Variance Movement Dec to March 2026 £'000	Narrative
Employee related expenditure	10,669	9,426	(1,243)	(1,393)	150	£(1.243)m underspend, movement of £0.150m £(1.077)m underspend within HRA operations, primarily relates to vacancies within repairs. This underspend is offset with the overspend within the HRA third party payments and additional income through the internal trade contract.
Premises related expenditure	1,757	1,948	192	158	34	£0.192m overspend, movement of £(0.034)m Overspend on Void related costs of £0.283m due to additional properties becoming void (some of which to be met from carryforward of £0.151m from 24/25) and internal recharges to Land Services £0.054m. This is offset by underspends within Insurance £(0.089)m, and Utilities £(0.051)m.
Transport related expenditure	543	486	(57)	(16)	(41)	£(0.057)m underspend, movement of £(0.041)m Underspends on short term vehicle hire £(0.050)m and vehicle maintenance recharges £(0.024)m as well as other minor costs underspend £(0.006)m. This is offset by an overspend of £0.023m on insurance repairs.
Supplies and Services	3,980	3,324	(656)	(1,096)	440	£(0.656)m underspend, movement of £0.440m Underspend of £(0.688)m on professional fees due to several projects being delayed until 2026/27, including the Stock Condition Survey £(0.550)m and the Tenant Participation Survey £(0.050)m. There are also related underspends within Materials £(0.492)m and Scaffolding hire £(0.062)m and purchase of equipment £(0.040)m. Underspend partly offset by unbudgeted spend on Computer software maint £0.580m which was planned to come from a carryforward from the previous year.
Third Party Payments	1,937	3,523	1,586	503	1,083	£1.586m overspend, movement of £1.083m £1.587m overspend within Payment to Contractors for spend on subcontractors in light of the inability to recruit sufficient employees within HRA to maintain a standard level of service to our tenants. £(0.001)m underspend in various small variances. Movement of £1.083m due to contractors payments, these are aligned with employee costs underspend
Support Services	1,240	1,240	0	0	0	Spend in line with budget.
Capital financing costs	2,422	1,942	(480)	0	(480)	£(0.480)m underspend, movement of £(0.480)m underspend. £(0.480)m favourable to budget due to new external borrowing being lower than anticipated.
Total Gross Expenditure	22,548	21,890	(659)	(1,844)	1,185	
Income	(27,204)	(28,330)	(1,126)	171	(1,297)	£(1.126)m underspend, movement of £(1.297)m relating to £(0.157)m in housing rents, £(0.721)m within internal trade contract (this is offset by the overspend within Payment to subcontractors), £(0.008)m other income and £(0.240)m income from treasury activities
Total Net Expenditure	(4,656)	(6,441)	(1,784)	(1,673)	(111)	

Place Directorate
HRA Capital Outturn at 31 March 2026

Appendix 2

Housing Revenue Account	Budget Expenditure 2025/26	Actual Expenditure 2025/26	Variance Budget v Actual 2025/26	Proposed 2025/26 Underspend C/FWD	Q3 Outturn Variance 2025/26	Variance movement Dec to Mar 2025/26	Narrative
Vehicle Purchase	40,000	37,985	- 2,015	-	-	- 2,015	£(0.002)m underspend and movement. Spend close to budget
New Build	87,000	-	- 87,000	87,000	- 87,000	-	£(0.087)m underspend, movement of Nil. Budget to be carried forward to facilitate feasibility works in line with Council approved SHIP (Strategic Housing Investment Plan)
Roof & Render Upgrading 2023-27	2,500,000	1,696,721	- 803,279	803,279	- 1,000,000	196,721	£(0.803)m underspend, movement of £0.197m. Additional £1m brought forward from 2026/27 however, due to contractor availability it will not be possible to undertake this additional work fully in 2025/26.
Central Heating Design & Installation 2022-26	1,060,000	1,054,540	- 5,460	-	- 100,000	94,540	£(0.005)m underspend, movement of £0.095m Spend in line with budget - small underspend
Energy Performance Certificates Programme - HRA	50,000	46,350	- 3,650	-	-	- 3,650	£(0.004)m underspend movement of £(0.004)m Spend close to budget.
Renewable Central Heating Systems - HRA	450,000	71,100	- 378,900	378,900	- 375,000	- 3,900	£(0.379)m underspend, movement of £(0.004)m. Delayed procurement and obtaining agreement with Tenants and Owners.
CCTV Security	329,000	115,853	- 213,147	213,147	- 284,000	70,853	£(0.213)m underspend, movement of £0.071m. Delay to Project starting, works commenced in November. Residual budget to be carried forward.
Demolitions	622,500	86,768	- 535,732	535,732	- 350,000	- 185,732	£(0.536)m underspend, movement of £(0.186)m. Underspend due to a delay in the project starting, works will continue into 2026/27. Budget to be carried forward.
Damp Rot Works 19-23	400,000	435,309	35,309	-	-	35,309	£0.035m overspend movement of £0.035m Additional costs rose due to complications with some properties.
Structural Upgrades	300,000	-	- 300,000	300,000	- 150,000	- 150,000	£(0.300)m underspend, movement of £(0.150)m Delayed in procurement phase. Award letter now produced and with Contractor and work is underway.
IT Infrastructure - HRA	174,000	1,333	- 172,667	172,667	- 172,000	- 667	£(0.173)m underspend, £(0.001)m movement. Due to a delay with the upgrade of the IT system, the hardware purchases have also been pushed back to 2026/27.
Lock-up Strategy	94,400	93,872	- 528	-	-	- 528	£(0.001)m underspend and movement. Spend close to budget.
Aids & Adaptations 2017-20	447,000	443,467	- 3,533	-	-	- 3,533	£(0.004)m variance and movement. Spend close to budget.
Kitchen Replacement 2017/20	1,421,000	1,222,653	- 198,347	-	- 400,000	201,653	£(0.198)m underspend, movement of £0.202m Contractor is now in place - Work review is ongoing before additional work is instructed. No underspend required to be carried forward.
Landscaping and Communal Environment	150,000	850	- 149,150	149,150	- 149,000	- 150	£(0.149)m underspend, movement of Nil Limited capacity of Lands Services. Underspend required to be carried forward as an External Contractor is planning to provide quotation for improvement works in the Bowmar area of Alloa.
MCB Tenant Community Imp Fund	229,000	233,062	4,062	-	-	4,062	£0.004m overspend, movement of £0.004m Spend in line with budget - small overspend
Roads & Footpath Improvements	200,000	12,000	- 188,000	188,000	- 169,000	- 19,000	£(0.188)m underspend, movement of £(0.019)m This is due to internal employee capacity limitations. These works will continue into the next financial year and underspend to be carried forward.
Conversions & Upgradings	250,000	34,636	- 215,364	215,364	- 200,000	- 15,364	£(0.215)m underspend, movement of £(0.015)m. Underspend to be carried forward as there are 3 large conversions to be scheduled, awaiting planning permission.

Housing Revenue Account	Budget Expenditure 2025/26	Actual Expenditure 2025/26	Variance Budget v Actual 2025/26	Proposed 2025/26 Underspend C/FWD	Q3 Outturn Variance 2025/26	Variance movement Dec to Mar 2025/26	Narrative
Fencing, Gates & Paths	336,000	142,856	- 193,144	190,000	- 91,000	- 102,144	£(0.193)m underspend, movement of £(0.102)m This is due to limitation of internal staffing and Contractor delays. Underspend to be carried forward.
Safe Electrical Installations 2022-26	1,050,000	892,353	- 157,647	157,647	- 250,000	92,353	£(0.158)m underspend, movement of £0.092m. The underspend relates to external contractor delays, underspend to be carried forward.
Lochies Road - HRA New Build	1,880,749	-	- 1,880,749	1,880,749	- 1,880,749	-	£(1.881)m underspend and nil movement. Significantly reduced opportunity for spend against this project within the current financial year, efforts are ongoing to put in place the required procurement and governance necessary to take forward this planned development work. Works on-site will not likely commence until early in the new financial year with full budget carry forward required.
Window Replacement 2022-26	1,550,000	1,294,561	- 255,439	-	-	- 255,439	£(0.255)m underspend and movement of £(0.255)m. Reallocation of budget from safe electrical installations to this project due to the increased cost of installing windows within the conservation area of Tilllicoultry. No carry forward required
Westhaugh Travelling Site	4,642,443	4,495,068	- 147,375	147,375	-	- 147,375	£(0.147)m underspend movement of £(0.147)m Capital element of the project has mostly concluded, carry forward of underspend to cover estimated retentions to be confirmed.
Off the Shelf Purchase	6,297,000	4,841,515	- 1,455,485	1,155,000	- 1,747,000	291,515	£(1.455)m underspend movement of £0.292m Underspend relates to the purchase of 4 properties and refurbishment on the additional properties not completed within the year due to the limitation of the third party contractor carrying out the refurbishments. The Council approved the request to bring forward £3.1m budget from 2026/27 into 2025/26. This was to facilitate the purchase of an additional 20 properties bringing the total to 40 for 2025/26. HRA have been successful in concluding the purchase of 36 properties with the remaining 4 to conclude in April 2026. As a consequence there is request to carryforward £1.155m, £0.490m for the four remaining purchases and £0.665m the refurbishment of these four additional properties and fifteen properties that have already purchased but awaiting refurbishment. The underspend on the refurbishment is due to availability of external contractors to carry out the work required.
Total Gross Expenditure	24,560,092	17,252,851	- 7,307,241	6,574,011	- 7,404,749	97,508	
Lochies Road - HRA New Build	- 620,000	-	620,000	- 620,000	620,000	-	£0.620m overspend movement of Nil Government grant income relating to the building of new bungalows on Lochies road, to be carried forward to next financial year as no spend in 2025/26.
Westhaugh Travelling Site	- 1,682,097	- 1,591,785	90,312		-	90,312	£0.090m underachievement of grant, £0.090m movement. Part of the grant had been claimed in prior year but budget was not reduced.
Off the Shelf Purchase	- 2,100,000	- 1,850,000	250,000	- 206,000	-	250,000	£0.250m underachievement of grant, movement of £0.250m Due to the nature of the properties the grants given were slightly lower than the income budgeted. An estimated £206k will be carried forward to claim against the purchase of the 4 remaining properties.
Total Income	- 4,402,097	- 3,441,785	960,312	- 826,000	620,000	340,312	
Total Net Expenditure	20,157,995	13,811,067	- 6,346,928	5,748,011	- 6,784,749	437,821	

Report to: Audit and Scrutiny Committee

Date of Meeting: 11 June 2026

Subject: Internal Audit Annual Assurance Report 2025/26

Report by: Internal Audit Manager

1.0 Purpose

- 1.1 This report provides an overall assurance on the Council's arrangements for risk management, governance, and control, based on Internal Audit work undertaken during 2025/26. It also sets out how Internal Audit operates in compliance with the Global Internal Audit Standards and provides an update on performance via Key Performance Indicators.

2.0 Recommendations

2.1 The Committee is asked to note:

- progress with 2025/26 work and that sufficient Internal Audit work was undertaken to support a balanced assurance;
- progress with the National Fraud Initiative 2024/25 Exercise;
- the action taken on duplicate creditor payments;
- progress with overdue recommendations;
- Internal Audit met, and exceeded two of its Key Performance Indicators, however, performance dropped slightly in one of the indicators;
- Internal Audit can provide **LIMITED** assurance on the Council's arrangements for risk management, governance, and control for the year to 31 March 2026; and
- in providing this opinion, Internal Audit operated with no real or apparent impairment or restriction to scope / independence / objectivity of internal audit activity during the year.

3.0 Background

- 3.1 The Global Internal Audit Standards in the UK Public Sector (the Standards) require the Internal Audit Manager to prepare an Annual Assurance Report. This report should include:

- a statement on the overall adequacy of the Council's control environment;
 - a summary of the Internal Audit work undertaken during the year; and
 - a statement on the Internal Audit section's conformance with the Standards.
- 3.2 In order for Internal Audit to operate in compliance with the Standards in the UK Public Sector, the Internal Audit Manager provides an overall conclusion and annual opinion on the adequacy and effectiveness of the Council's arrangements for risk management, governance, and control. The overall adequacy of the Council's control environment is provided in line with the assurance definitions at **Appendix 1**.
- 3.3 No system of internal control can provide absolute assurance that control weaknesses or irregularities do not exist, or that there is no risk of material errors, losses, fraud, or breaches of laws and regulations. Audit and Scrutiny Committee should seek continual improvement in the effectiveness of the Council's system of internal control.
- 3.4 Members are aware that delivery of Internal Audit services to Clackmannanshire Council is via a Joint Working Agreement with Falkirk Council, which was extended to cover the period to 31 March 2026. A new Joint Working Agreement is being developed for 2026/27, with discussions ongoing regarding the resourcing of the service. In addition, the introduction of the Transformation through Collaboration programme between Falkirk, Stirling, and Clackmannanshire Councils is currently focussing on how services could work more closely together in future.

4.0 Overall Adequacy of the Council's Control Environment and Summary of Internal Audit Work undertaken during 2025/26

National Fraud Initiative 2024/25 Exercise

- 4.1 As Committee is aware, the Council participates in the National Fraud Initiative (NFI). This helps detect and prevent fraud and error by matching data sets across public bodies. The initiative runs every two years. Once matches have been released and published on the NFI website it is the responsibility of the allocated individuals in each service to review the matches, and assess and record any outcomes if appropriate. As with previous NFI exercises, priority is given to matches defined as 'high risk'.
- 4.2 The national exercise can only be completed satisfactorily with buy in from services to allocate suitably qualified individuals to assess each match and record the appropriate outcomes; there is a resource commitment required from services and the key contacts (Internal Audit) during this time. Audit Scotland has advised in the report that an appropriate level of resource should be made available to deliver NFI activities, especially during a time of ongoing financial pressure.
- 4.3 The 2024/25 national exercise has now been completed with preparations underway for the 2026/27 exercise. To date 1,722 matches have been processed by Clackmannanshire Council staff, with 1,688 cases cleared.

There are no cases of fraud and 34 cases of error recorded. The 34 errors relate to the following:

- 1 incorrect National Insurance (NI) number recorded on the system resulting in an incorrect match;
- 23 errors relating to Council Tax Reduction (CTR) and Verify Earnings and Pension (VEP) checks highlighted a change in circumstances in pension earnings;
- 1 error relating to CTR being reassessed due to a change in circumstances;
- 1 error relating to CTR and a late VEP check of earnings;
- 3 CTR claims being cancelled due to a change in circumstances (increase in earnings, therefore, no longer eligible for CTR);
- 3 duplicate creditor payments identified with refunds received; and
- 2 duplicate creditor payments identified with requests for refund.

Continuous Auditing

- 4.4 Our work to identify duplicate creditor payments is conducted on a six monthly basis. All payments are reviewed to identify, for example, cancelled payments; credit notes; refunds; and duplicates.
- 4.5 For the period 01 April 2025 to 31 March 2026 we identified 84 potential duplicate payments with a gross value of £592,596. After further investigation, 20 potential duplicate payments with a value of c£18,551 (0.01% of total payments) have been passed to the Corporate Accountancy Team for investigation and appropriate recovery action. 7 duplicates with a value of £3,476 have been recovered so far (at 25 May 2026) via a refund or a credit note.

Overall Adequacy of the Council's Control Environment and Summary of Internal Audit Work undertaken during 2025/26

- 4.6 Internal Audit undertakes an annual programme of work (the Internal Audit Plan) to provide assurance on arrangements for risk management, governance, and control. Internal Audit's Plan for 2025/26 was agreed by Audit Committee on [12 June 2025](#). Members will recall when approving the Internal Audit Plan it was recognised that it had to be flexible, given that priorities, resource, and Directorate capacity could, and continue to, fluctuate and change.
- 4.7 The Plan set out seventeen assignment areas to be completed by the team during the year (it did not include those assignments or reports undertaken and issued to the Clackmannanshire and Stirling Integration Joint Board and the Central Scotland Valuation Joint Board).
- 4.8 Of these seventeen assignments, eight required an audit report to be issued to Clackmannanshire Council. Of these eight audit reports:

- four audit reports have been completed to final report stage (as part of our committed assignment programme of work). These include:
 - Building Security;
 - Climate Change Act Public Body Duties Audit;
 - Council Tax Refunds; and
 - Follow Up of the Review of Purchase Order Arrangements at Clackmannanshire Council for Adult Social Care;
 - one audit review (Medication within Schools) has been issued to draft report stage and will be reported to a future Audit and Scrutiny Committee; and
 - three audit reviews have not been started. These reviews include (Stirling and Clackmannanshire City Region Deal, Stores Management, and Disposal of IT Equipment).
- 4.9 Furthermore, after last year's Annual Assurance report for 2024/25 was presented to this Committee we still had three audit reports in progress from 2024/25. These were Community Benefits; Capital Arrangements; and Follow Up of Grade 1 Recommendations. The details have been included as part of this 2025/26 Annual Assurance report.
- 4.10 For 2025/26 annual assurance purposes there are seven finalised audit reports:
- 2024/25 Capital Arrangements;
 - 2024/25 Community Benefits;
 - 2024/25 Targeted Follow Up of Grade 1 Recommendations;
 - 2025/26 Climate Change Act Public Body Duties Audit;
 - 2025/26 Follow Up of the Review of Purchase Order Arrangements for Clackmannanshire Council Adult Social Care;
 - 2025/26 Building Security; and
 - 2025/26 Council Tax Refunds.
- 4.11 Internal Audit use a set of Assurance Categories to provide an audit opinion. A summary of these is set out at **Appendix 1**. The opinions relating to the seven finalised audit reports are as follows:
- one assignment was substantial assurance (Climate Change Act Public Body Duties Audit);
 - two were a limited assurance (Targeted Follow Up of Grade 1 Recommendations and Council Tax Refunds);
 - one was a split assurance, substantial and limited (Capital Arrangements);
 - one was a split assurance, substantial and no (Building Security);
 - one was a split assurance, limited and no (Community Benefits); and

- one review had a no assurance (Follow Up of the Review of Purchase Order Arrangements at Clackmannanshire Council for Adult Social Care).

4.12 A summary of all work completed over the course of the year is set out at **Appendix 2** with the scope of, and findings arising from, each finalised assignment set out at **Appendix 3**.

4.13 Internal Audit did not perform specific procedures to detect fraud, however, the risk of fraud is considered in all Internal Audit work. We did not find any indicators of fraud, however, it should be noted that the opinion does not imply that Internal Audit has reviewed all risks and assurances.

4.14 As noted at paragraph 4.8 one assignment (Medication within Schools) is at draft report stage and has not been reported to Committee yet, therefore, it will be included as part of next year's annual assurance report.

4.15 The table below provides the number and type of assurance opinions provided in Internal Audit reviews¹ in 2025/26, with comparator data from 2024/25, 2023/24, 2022/23, and 2021/22:

Assurance Levels across completed Internal Audit reviews	2025/26	2024/25	2023/24	2022/23	2021/22
Substantial Assurance: Largely satisfactory risk, control, and governance systems are in place. There is, however, some scope for improvement as current arrangements could undermine the achievement of objectives or leave them vulnerable to error or abuse.	1 (14.3%)	-	-	3 (43%)	8 (80%)
Limited Assurance: Risk, control, and governance systems 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.	2 (28.5%)	4 (80%)	3 (43%)	4 (57%)	-
No Assurance: The systems for risk, control, and governance are ineffectively designed and operated. Objectives are not being achieved and the risk of serious error or abuse is unacceptable. Significant improvements are required.	1 (14.3%)	-	2 (29%)	-	-
Split Assurance: Substantial / Limited	1 (14.3%)	-	1 (14%)	-	1 (10%)
Split Assurance: Substantial / No	1 (14.3%)				
Split Assurance: Limited / No	1 (14.3%)				
No Assurance Level Applicable: Follow up Review	-	1 (20%)	1 (14%)	-	1 (10%)
Total	7	5	7	7	10

4.16 Internal Audit use a classification grading system for recommendations made. A summary of these is also set out at **Appendix 1**. This year, Internal Audit made a total of 46 recommendations in relation to the seven finalised internal

¹ The 'total number of audit reviews' is based on the number of reviews completed at the time of writing this report since the previous year's Annual Assurance Report to ensure that reviews are not counted twice or not at all; the tables includes the number finalised in year at the time of this report. It does not include those reports issued to our 'Other Clients', such as the Clackmannanshire and Stirling Integration Joint Board or the Central Scotland Valuation Joint Board.

audit reports. 100% of recommendations were accepted by management, with Agreed Management Actions, Responsible Owners, and Action Due Dates included within agreed Management Action Plans.

- 4.17 Fewer recommendations have been made since 2022/23 and 2023/24, however, the priority grading of the recommendations (those rated Grade 1 and Grade 2) has remained similar to those years since grading introduction in 2022/23. Details are as follows:

Classification of Recommendations ²	2025/26	2024/25 ³	2023/24	2022/23 ⁴
Grade 1: Management needs to address and seek resolution urgently.	11 (24%)	6 (17%)	20 (31%)	27 (32%)
Grade 2: Require prompt, but not immediate action by management.	30 (65%)	18 (51%)	32 (50%)	47 (55%)
Grade 3: Merit attention, but do not require to be prioritised by management.	5 (11%)	11 (32%)	12 (19%)	11 (13%)
Total Number of Recommendations	46	35	64	85
Total Number of Audits	7	5	7	7

Unfortunately, the number of Grade 3 recommendations has reduced since last year. This does mean that 24% of recommendations in 2025/26 are Grade 1 and require management to address and seek resolution urgently. It also highlights that 89% of recommendations require at the very least, prompt action by management (includes both Grade 1 and Grade 2 recommendations).

Overdue Recommendations

- 4.18 At the meeting of this Committee in April 2026 the then Strategic Director of Partnership and Performance provided Members with progress on current overdue Internal Audit actions / recommendations. Committee noted that extensive efforts were being made to ensure all Internal Audit actions were progressed on the Pentana system. The Strategic Director of Partnership and Performance confirmed as a result of a recent meeting to discuss the findings of the Internal Audit Follow Up of the Review of Purchase Order Arrangements for Adult Social Care, that updates to the Audit and Scrutiny Committee would now be provided three monthly instead of six monthly. This should result in the Council being in a position to limit the number of overdue recommendations.
- 4.19 Internal Audit, therefore, reviewed the data held in the Pentana performance management system as at 22 May 2026. The table below highlights that 59 overdue actions⁵ made up of 52 recommendations (see footnote 5) remain (with a breakdown of the specific audits in **Appendix 4**) from as far back as 2017/18:

² Linked to data held on the Pentana performance management system.

³ This is year to date at the time of this report. There were three audits in progress.

⁴ 2022/23 was the first year of the recommendations grading classification.

⁵ This number represents the number of actions tracked on Pentana and not necessarily the number of recommendations in the Internal Audit reports. This is because single Internal Audit recommendations may require multiple steps to complete, each of which is listed as an action on Pentana to support effective monitoring. There are 59 overdue recommendations which represent 52 actions.

Year of Audit	No. of Overdue Recommendations	Recommendations Grading	No. of Audits
2017/18	4	-	1
2018/19	0	-	0
2019/20	1	-	1
2020/21	1	-	1
2021/22	3	-	2
2022/23	8	2 x Grade 1; 2 x Grade 2; 2 x Grade 3; and 2 ungraded	3
2023/24	17	13 x Grade 1; and 4 x Grade 2	3
2024/25	24	5 x Grade 1; 17 x Grade 2; and 2 x Grade 3	7
2025/26	1	1 X Grade 1	1
Total Number of Recommendations	59	21 x Grade 1; 23 x Grade 2; and 4 x Grade 3 Plus 11 ungraded Internal Audit recommendations from 2017 to 2022.	19

- 4.20 The number of overdue recommendations has decreased from 97 in the year to March 2025, which was reported to this Committee last year, to 59 for this current year. This is a positive step, however, those numbers continue to leave the Council susceptible to significant weaknesses likely to undermine the achievement of objectives and leave the Council vulnerable to an unacceptable risk of error or abuse. For example, 21 of those overdue are Grade 1 recommendations and require management to address and seek resolution urgently.
- 4.21 As highlighted in paragraph 4.9, Internal Audit completed an audit of the Follow Up of Grade 1 Recommendations (closed and overdue recommendations) in 2024/25. This is included in this Annual Assurance opinion since the review was finalised after June 2025 when the Annual Assurance Report was provided. It was envisaged that the findings and related actions from this review would strengthen the usage of Pentana and completion of recommendations as there were issues with updating completion progress on Pentana, and timely closure of recommendations within agreed completion dates (more detail is in the summary of the audit work at **Appendix 3**).
- 4.22 Internal Audit are content to note that once reviews are completed that actions / recommendations are being input to Pentana timeously. It is imperative going forward, however, that Internal Audit recommendations are monitored more closely to allow actions / recommendations to be prioritised and implemented (within the agreed Action Due Dates where possible or as close to that date thereafter). Pentana should be utilised to record updates on the progress of completion of the overdue recommendations / actions. Internal Audit will work with the Head of Corporate Services to ensure that more analysis and housekeeping of the data is undertaken.

Key Performance Indicators

- 4.23 Internal Audit measures performance against the following Key Performance Indicators below:

Key Performance Indicator	2025/26	2024/25	2023/24	2022/23	2021/22	2020/21
Complete 85% of main audit programme	94%	81%	100%	92%	88%	89%
Have 90% of recommendations accepted	100%	100%	98%	100%	100%	100%
Issue 85% of draft reports within 3 weeks of completion of fieldwork	75%	85%	92%	83%	100%	78%

- 4.24 Actual performance exceeded target for two indicators, however, performance dropped slightly in one of the indicators (due to preparing information for Police Scotland in relation to an ongoing investigation).
- 4.25 Internal Audit experienced a delay in receiving requested information as part of one review, while the other reviews experienced delays being undertaken due to Internal Audit's involvement in the preparation of information for Police Scotland for an ongoing investigation.
- 4.26 In overall terms, the programme of work was broadly completed within the agreed time allocation, but it is recognised that there are issues outwith the Internal Audit team's control which impact on the ability to meet or exceed performance.

Overall Opinion

- 4.27 Internal Audit uses a set of assurance categories as the basis for providing an opinion on the adequacy of arrangements for risk management, governance, and control. A summary of these is set out at **Appendix 1**.
- 4.28 Sufficient Internal Audit work has been undertaken in 2025/26 to support a balanced opinion on the overall adequacy of the Council's control environment. On that basis, Internal Audit can provide **LIMITED** assurance in relation to the Council's arrangements for risk management, governance, and control for the year to 31 March 2026.
- 4.29 In providing that opinion, Internal Audit has taken account of the findings arising from reviews of:
- 2024/25 Capital Arrangements;
 - 2024/25 Community Benefits;
 - 2024/25 Targeted Follow Up of Grade 1 Recommendations;
 - 2025/26 Climate Change Act Public Body Duties Audit;
 - 2025/26 Follow Up of the Review of Purchase Order Arrangements for Clackmannanshire Council Adult Social Care;
 - 2025/26 Building Security; and
 - 2025/26 Council Tax Refunds.

The opinion also reflects progress with implementation of recommendation management actions from previously completed audits which contributes to strengthening the overall risk management, governance, and control arrangements.

- 4.30 The annual opinion does not imply that Internal Audit has reviewed all Council risks. Financial Regulations are clear that it is the responsibility of senior management to establish an appropriate and sound system of risk

management, governance, and control, and to monitor the continuing effectiveness of that system. Internal Audit is not an extension of, or substitute for, operational management.

- 4.31 This opinion reflects the fact that 86% (6 out of 7) of reviews undertaken had an element of limited or no assurance (the remaining review was a substantial assurance) during 2025/26. Our audit findings have highlighted weaknesses, which have identified significant risks to the Council, with 7 Grade 1 recommendations made in 2025/26.
- 4.32 In addition, the progress made with implementation (and monitoring) of the recommendations presents a greater challenge when there are Grade 1 (and to a lesser extent Grade 2) rated recommendations remaining unactioned. The table at paragraph 4.19 above demonstrates more recommendations are being implemented within the agreed timescales compared to historic audits, however, there is a significant risk to the control environment if more urgent weaknesses and gaps are not being addressed. It is acknowledged that Clackmannanshire Council has many priorities and challenges, however, significant further improvements are required to strengthen the control environment.
- 4.33 Historically, it has been difficult to get timely replies and engagement with some of our reviews, however, there has been improvement in the majority of our audit work undertaken. During this year we experienced delays in receiving replies in just one audit, while the other audits were delayed due to Internal Audit's involvement in the preparation of information for Police Scotland for an ongoing investigation. In continuing to provide ongoing, robust assurance Internal Audit appreciate the Senior Leadership Group's continued support to ensure that reviews are undertaken as planned, and management responses are prompt and appropriate.

5.0 Compliance with Global Internal Audit Standards

- 5.1 Internal Audit seeks to undertake all work in compliance with the Global Internal Audit Standards (or the Standards). These Standards have four objectives:
- to define the nature of Internal Auditing within the UK public sector;
 - to set basic principles for carrying out Internal Audit in the UK public sector;
 - to establish a framework for providing Internal Audit services, which add value to the organisation, leading to improved organisational processes and operations; and
 - to establish the basis for the evaluation of Internal Audit performance and to drive improvement planning.
- 5.2 The Standards define internal auditing as, “an independent, objective assurance and consulting activity 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 risk management, control and governance processes”.

- 5.3 The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records, and governance arrangements. Internal Audit plays a vital role in advising the Council that these arrangements are in place and operating effectively. There has not been any real or apparent impairment to scope and / or independence or objectivity relating to audit work in 2025/26.
- 5.4 As a prerequisite to providing an assurance opinion on the overall adequacy and effectiveness of the Council's arrangements for risk management, governance, and control, the Internal Audit Manager is required to confirm the effectiveness of the Internal Audit service and its ability to carry out the work that informs the annual assurance opinion. The Standards, therefore, require the Internal Audit Manager to establish a Quality Assurance and Improvement Programme (QAIP) to allow evaluation of compliance with the Standards. This comprises an annual self assessment and a five yearly external assessment.
- 5.5 Part of this annual assessment includes the Internal Audit Manager confirming the organisational independence of the internal audit activity and to confirm that they report to a level within the organisation that allows the internal audit activity to fulfil its responsibilities. The Internal Audit Manager continued to report functionally to Audit and Scrutiny Committee in 2025/26.
- 5.6 The Internal Audit Manager undertook a detailed self assessment against the Standards in 2023. This confirmed continuing compliance with the Standards, and was then subject to independent, external validation as part of a national review process established by the Scottish Local Authorities Chief Internal Auditors' Group. Clackmannanshire Council participates in this national review process and allows Clackmannanshire Council to act as assessor, and to be assessed at no direct financial cost to any participants.
- 5.7 In line with the requirement, the outcome of the five yearly review was reported to Committee in April 2024. The report by the Chief Internal Auditor at Argyll and Bute Council concluded that Clackmannanshire Council's Internal Audit section fully conforms with the Standards. This was a positive outcome and provides the Audit and Scrutiny Committee with independent assurance in line with the requirements of the Scheme of Delegation.
- 5.8 Falkirk Council's Internal Audit section has also recently been subject to independent, external validation during 2024 to 2026. At the time of the review Internal Audit sought to operate in compliance with the requirements of the Public Sector Internal Audit Standards (PSIAS). These Standards were replaced in April 2025 by the Global Internal Audit Standards, however, this assessment did not consider the new Standards as they were not in place at the time this review commenced.
- 5.9 The review was undertaken by Fife Council's Chief Audit Executive (also known as the Service Manager, Audit and Risk Management at Fife Council) and comprised of fourteen separate sections. The reviewer concluded that Falkirk Council's Internal Audit section fully conforms with eleven sections and generally conforms with three sections. This is also a positive outcome and is of interest to this Committee since the internal audit provision for Clackmannanshire Council is provided by way of a joint working agreement with Falkirk Council's Internal Audit section.

- 5.10 A separate Clackmannanshire Council annual assessment was not undertaken in 2025/26 (during the timeframe of the external assessment at Falkirk Council), as it was anticipated that the Falkirk Council assessment and related recommendations being made by the assessor would impact on the improvements that Internal Audit could make to their processes at both Councils. Assurance can be taken for 2025/26 from the Falkirk Council external assessment results since the Clackmannanshire Council internal audit provision is based on those arrangements. Improvement actions will be considered across both Councils as part of the upcoming QAIP annual assessment work.

6.0 Conclusions

- 6.1 Sufficient Internal Audit work was undertaken to support a balanced opinion on the overall adequacy of the Council's control environment. On the basis of work undertaken, Internal Audit can provide **LIMITED** assurance in relation to the Council's arrangements for risk management, governance, and control for the year to 31 March 2026.
- 6.2 In providing this opinion, Internal Audit operated in compliance with the Global Internal Audit Standards with no real or apparent impairment or restriction to scope / independence / objectivity of internal audit activity during the year. The Global Internal Audit Standards require a five yearly independent external quality assessment of compliance.

7.0 Sustainability Implications

- 7.1 None Noted.

8.0 Resource Implications

Financial Details

- 8.1 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 ☐
- 8.2 Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☐

Staffing

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

9.0 Exempt Reports

- 9.1 Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☐

10.0 Declarations

- 10.1 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 ☐

11.0 Impact Assessments

- 11.1 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 ☐

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

An EQIA is not applicable in this context.

12.0 Legality

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

13.0 Appendices

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

- **Appendix 1:** Definition of Internal Audit Assurance Categories and Classification of Recommendations.
- **Appendix 2:** Summary of 2024/25 Internal Audit Programme.
- **Appendix 3:** Final Report Details of 2024/25 Internal Audit Programme (including one assignment that has not been reported to Audit and Scrutiny Committee previously).
- **Appendix 4:** Overdue Recommendations

14.0 Background Papers

- 14.1 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)

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Isabel Wright	Internal Audit Manager	

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

DEFINITION OF INTERNAL AUDIT ASSURANCE CATEGORIES

Level of Assurance	Definition
Substantial assurance	Largely satisfactory risk, control, and governance systems are in place. There is, however, some scope for improvement as current arrangements could undermine the achievement of objectives or leave them vulnerable to error or abuse.
Limited assurance	Risk, control, and governance systems 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.
No assurance	The systems for risk, control, and governance are ineffectively designed and operated. Objectives are not being achieved and the risk of serious error or abuse is unacceptable. Significant improvements are required.

DEFINITION OF INTERNAL AUDIT RECOMMENDATION GRADES

Classification of Recommendations		
Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently, management needs to address and seek resolution urgently.	Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt, but not immediate action by management.	Grade 3: Less significant issues and / or areas for improvement which we consider merit attention, but do not require to be prioritised by management.

SUMMARY OF 2025/26 INTERNAL AUDIT PROGRAMME

Outstanding Assignments not reported as part of the Annual Assurance Report in 2024/25 (as per 2024/25 Internal Audit Plan)			
	Directorate	Assignment	Level of Assurance
10.	Partnership and Performance	Community Benefits	Final Report Issued Limited / No Assurance
13.	All Directorates	Follow Up of Grade 1 Recommendations	Final Report Issued Limited Assurance
14.	Partnership and Performance / All Directorates	Capital Arrangements	Final Report Issued Substantial / Limited Assurance

Planned Assignments (as per 2025/26 Internal Audit Plan)			
	Directorate	Assignment	Level of Assurance
Annual Recurring Assignments			
1.	Internal Audit	Global Internal Audit Standards: Self Assessment	In Progress
2.	Internal Audit	Strategic Annual Planning and Annual Assurance Work	In Progress
3.	Internal Audit	Audit Committee / Working Group preparation and attendance	In Progress
4.	Internal Audit	Team Management and other related tasks	In Progress
5.	All Directorates	Continuous Auditing	Ongoing Assurance
6.	All Directorates	National Fraud Initiative	Ongoing Assurance
7.	All Directorates	Consultancy Work	Ongoing Assurance
8.	All Directorates	Work on Recommendations Outstanding	Ongoing Assurance
9.	Place	Validation Work Requests	Ongoing Assurance
10.	Place	Climate Change Act Public Body Duties Audit	Final Report Issued Substantial Assurance

	Directorate	Assignment	Level of Assurance
Committed Assignments			
11.	Partnership and Performance / Health and Social Care Partnership	Follow Up of the Review of Purchase Order Arrangements at Clackmannanshire Council for Adult Social Care	Final Report Issued No Assurance
12.	All Directorates	Stirling and Clackmannanshire City Region Deal	Deferred into 2026/27
13.	Partnership and Performance	Disposal of IT Equipment	Deferred into 2026/27
14.	All Directorates	Building Security	Final Report Issued Substantial / No Assurance
15.	Place	Stores Management	Deferred into 2026/27
16.	Partnership and Performance	Council Tax Refunds	Final Report Issued Limited Assurance
17.	People	Medication in Schools	Draft Report Issued
Other Client Work			
18.	Central Scotland Valuation Joint Board	The Internal Audit Plan for 2025/26 was presented to the Central Scotland Valuation Joint Board on 27 June 2025.	Ongoing
19.	Clackmannanshire and Stirling IJB	The Internal Audit Plan for 2025/26 was presented to the IJB Audit and Risk Committee on 26 June 2025.	Ongoing

FINAL REPORT SUMMARY DETAILS OF 2025/26 INTERNAL AUDIT PROGRAMME

Concluded from 2024/25 Internal Audit Plan:		
Assignment	Directorate	Assurance
Community Benefits	Partnership and Performance	Limited / No Assurance
Scope	Final Report Executive Summary	
The purpose of this review is to sample check contracts to understand if community benefits were agreed as part of the award of the contract; and if they have been completed, monitored, and reported appropriately. Community benefits are one element of a broader approach to local economic development known as Community Wealth Building (CWB). Clackmannanshire Council is one of five areas that have worked with the Scottish Government to produce a bespoke CWB action plan. This action plan has four recommendations to strengthen the Community Benefits approach within a broader theme of Procurement and Commissioning. One key outcome from the CWB action plan was the introduction of the 'Community Benefits Wishlist' (the Wishlist). This is a list of financial and non-financial supports requested by third-sector organisations within Clackmannanshire that is designed to support commissioners and bidders to easily incorporate community benefits into contracts. The Wishlist was developed by the Council and the Clackmannanshire Third Sector Interface (CTSI), who are responsible for the ongoing hosting and management of the Wishlist. The Procurement Reform (Scotland) Act 2014 (the Act) introduced the requirement to consider including Community	We are content that: • All of the template procurement documentation that we reviewed, with the exception of Form 1, is designed in a way that supports the inclusion of community benefits in all tenders. • Work is ongoing by the Economic Development team to support the effective use of Community Benefits Clauses in some larger contracts. • Engagement with the CTSI has led to the formation of the Wishlist, which lists financial and non-financial supports⁷ requested by third sector organisations within Clackmannanshire. • The Procurement Manager and Economic Development team are aware of the shortcomings in the community benefits process and are keen to improve the process. • The Procurement Manager runs a bi-monthly Procurement Matters meeting to which all Council officers are welcome to attend. The meetings aim to share information and give attendees an avenue to access guidance and support. Members of the Economic Development team also attend and are able to provide community benefits advice. Mandating the inclusion of community benefits in all tenders is an ambitious approach, unless there are explicit reasons why this is not appropriate. We found the following shortcomings that hinder the Council's ability to maximise their potential: • The Procurement Strategy is out of date and does not include a policy statement around the use of community benefits. This impacts on the Council's ability to take a consistent approach to determining where community benefits requirements are not appropriate, or in determining which community benefits to incorporate to support the Council's policy objectives. • There is not a standard training package to educate CROs on the use of community benefits, leading to misunderstandings about what qualifies as a community benefit as per the Act. For example, some CROs stated that the delivery of the contract itself is a community benefit, therefore, no additional asks were required. This means that community benefits are not being requested in contracts where they may have been suitable and / or easy to deliver. • While procurement forms and templates are written to accommodate community benefits as a standard part of any tendering exercise, we noted that Form 1 only requires community benefits to be included in tenders of £4m or over, and that the community benefits elements of paperwork we reviewed had not been fully completed and did not appear to have been subject to review. This means that opportunities for interventions and engagement around community benefit inclusion are missed. The fact that we have seen no evidence of challenge or oversight of incomplete paperwork means that we can give no assurance as to the operation of procurement processes designed to support community benefit uptake. • There is no central system for recording the community benefits agreed, with the only way to review this being to manually access each Form 2. Nor is there any means for tracking their delivery. As a result,	

⁷ Requests include gardening equipment, work experience placements, mock interviews, repairs, training, and financial donations.

Benefits Clauses⁶ in regulated procurements of over £4m. Clackmannanshire Council's approach to community benefits goes further, with their Contract Standing Orders stating that "the use of community benefit and wealth building clauses will be incorporated in tenders as the default position unless there are explicit reasons why this is not appropriate". As tenders are required for all contracts valued at £50k and above, this means that Clackmannanshire Council are committed to include community benefits clauses by default for all contracts valued at or over £50k. There is not a written Community Benefit process (or Procurement Process), rather a series of template documents are provided that contain guidance text. For further guidance, Contract Responsible Officers (CROs) are signposted to 'The Procurement Journey' website.	there is no visibility over what community benefits are being achieved and we cannot give any assurance over the monitoring of delivery. • The Annual Procurement Report (APR) is not compliant with the reporting requirements as per the Act and its statutory guidance. This is because it does not give a summary of the community benefits delivered in the year. This is currently impossible to do given the lack of monitoring discussed above, and we can give no assurance as to the reporting of delivered community benefits. • Opportunities for maximising the impact of community benefits are not being taken, for example: ○ Use of the CTSI Wishlist as the default "ask" means that opportunities to contribute to Clackmannanshire's strategic objectives around promoting local employment are missed. ○ There is no procedure or monitoring of the community benefits being redeemed via Scotland Excel frameworks. ○ Our sample testing found that community benefits are not routinely included in call-offs from national frameworks. We have, therefore, made the following recommendations to address these issues: • Draft a Community Benefits policy statement for inclusion in the Procurement Strategy. • Revise procurement forms and templates to align with the Contract Standing Orders and support improved oversight of the community benefits element of the procurement process. • Identify and consider how to meet training needs to best support CROs in understanding their roles and responsibilities, as well as how to maximise the potential community benefits. • Develop a system for recording agreed community benefits and capture delivery of agreed benefits. • Create a process for utilising community benefit points accrued via Scotland Excel. • Develop and operate a pilot scheme which involves Economic Development in the community benefits process for all high-value contracts. We can provide LIMITED ASSURANCE in relation to the design of procurement processes to support the inclusion of community benefits in all appropriate tenders. We can, however, provide NO ASSURANCE as to the operation of procurement processes to support the inclusion of community benefits in all relevant tenders, particularly in terms of oversight; around the adequacy of the Council's processes for capturing data on the agreed community benefits; around the monitoring of delivery; or the annual reporting process Fourteen recommendations were made and accepted. There were two recommendations at grade 1, nine recommendations at grade 2, and three recommendations at grade 3. Classifications of grading is detailed at Appendix 1. All recommendations to be implemented by Responsible Owners by 31 March 2026 with the earliest recommendations being completed by 31 August 2025.

⁶ Procurement Reform (Scotland) Act 2014, Section 24: "A Community Benefit Clause is a "contractual requirement relating to training or recruitment or the availability of sub-contracting opportunities which is intended to improve the economic, social, or environmental wellbeing of the authority area, additional to the main purpose of the contract."

the responsible Officer must ensure timely implementation of their recommendations and update Pentana with details of progress.

Table 3: Comparison of all Grade 1 Recommendations Agreed Actions Due Dates and Completed Dates on Pentana

	Outstanding and Not Completed	Completed by Due Date	Completed up to 150 days after Due Date	Completed between 151 and 250 days after Due Date	Completed over 250 days after Due Date
Number (68 recommendations)	11	3	19	10	25
Percentage (%)	16%	4%	28%	15%	37%

Over half of those recommendations (52% / 35 out of 68) were delayed by over 150 days. Grade 1 recommendations (as detailed above) are critical to the achievement of strategic objectives, and failure to complete them within agreed timeframes exposes the Council to additional risks. As part of a sound governance, risk, and control framework, Internal Audit recommendations, especially Grade 1 recommendations, should be prioritised and implemented within the agreed timeframe

This review found that 81% (55) of all Grade 1 recommendations have been implemented which demonstrates a commitment to addressing high risk issues, which will have a positive impact on control across the Council. It was highlighted in the 2022/23 Internal Audit Annual Assurance Report that due to the number of recommendations arising from six finalised audit reports, and given the number of reports where the level of assurance had fallen below substantial assurance, it was imperative that remedial action was taken on these recommendations as a matter of priority. Then in the 2023/24 Internal Audit Annual Assurance Report it was noted that our review of Pentana highlighted that there were several outstanding recommendations from 2022/23. Finally, in the 2024/25 Internal Audit Annual Assurance Report we were content to note that actions / recommendations were being input to Pentana timeously at that time, however, they needed to be input accurately as specified in the Internal Audit reports and that it was imperative going forward that Internal Audit recommendations were monitored more closely to allow actions / recommendations to be prioritised and implemented (within the agreed Action Due Dates where possible or as close to that date thereafter). Internal Audit continue to work with the Strategic Director of Partnership and Performance to ensure that more analysis and housekeeping of the data is undertaken.

We, therefore, acknowledge that this position has improved over the last three years and that the timely implementation of recommendations is deemed to be critical to safeguarding the Council's operations. Given the significance of Grade 1 recommendations, however, and that 19% (13) have not been fully implemented, with 6 of these still remaining from 2022/23 audits, as well as the significant delays identified in completion dates recorded on Pentana, we believe that further action is required. This is via the prioritisation of the completion of the outstanding recommendations (both not implemented and partially implemented). The continued reporting to Committee on recommendation implementation progress by the Strategic Director will strengthen the commitment to ensuring that all Grade 1 recommendations are implemented timeously. We can provide **LIMITED ASSURANCE** in relation to the adequacy of the controls put in place to implement the Grade 1 audit recommendations.

Two recommendations were made and accepted. One recommendation was a grade 1 with the other at grade 2. Grading classification is detailed at **Appendix 1**.

Both recommendations to be implemented by Responsible Owners by 31 December 2025.

Concluded from 2024/25 Internal Audit Plan:		
Assignment	Directorate	Assurance
Capital Arrangements	Partnership and Performance / All Directorates	Substantial / Limited Assurance
Scope	Final Report Executive Summary	
In accordance with the Council's Financial Regulations, revenue and capital budgets¹⁰ are prepared by Chief Officers (in conjunction with the Chief Finance Officer) each year for consideration by full Council. Council first approved a 20-year rolling General Fund programme of capital investment in its budget for 2021/22 (covering the years 2021/22 to 2040/41). This programme is reviewed annually by officers and Elected Members, with new capital bids being submitted each year as part of the budget setting process. The Council's Capital Strategy and General Fund capital programme are approved by Elected Members at the same time as the annual Revenue Budget. The latest capital programme (for 2025/26 to 2044/45) was approved by the Council on 27 February 2025. The total planned investment over the next 20 years is £248 million. The Council also separately approves a five-year rolling Housing Revenue Account (HRA)¹¹ capital investment programme at the same time as the annual HRA revenue budget. The latest HRA capital programme (for 2025/26 to 2029/30) was approved by the Council on 30 January 2025. The total planned investment over these five years is £81.378	The Capital Strategy is a requirement of the CIPFA Prudential Code and Treasury Management Code. It provides a framework for the preparation, implementation, and monitoring of the capital programmes. The Capital Strategy is designed to provide a high-level overview of how capital expenditure, capital financing, and treasury management activity contributes to the provision of services. The latest version of the Capital Strategy is included in the Treasury Management Strategy Statement 2025/26, which was approved by Council on 27 February 2025. The Council's capital programmes (General Fund and HRA) are approved by Elected Members, with responsibility for oversight being delegated to Strategic Directors in conjunction with Finance Services (from the Partnership and Performance Directorate). Service Project Leads and budget holders are responsible for delivering the programmes. In addition to quarterly reporting on the capital programme to the Audit and Scrutiny Committee via Council Financial Performance Reports, there is scrutiny and monitoring by the Capital Operations Group. The group was re-established in September 2023 as part of the 2024/25 budget setting process to monitor the Council's capital expenditure, with an overview included in Budget Strategy Update reports to the Council. We were content that: - the Budgetary Control Framework document (which provides a framework for the effective control of the Council's revenue and capital budgets) includes the responsibilities of the Chief Finance Officer and of budget holders; - the Capital Operations Group has been established to monitor the Council's capital expenditure; - quarterly outturn reports from Technology One¹² are included in the Financial Performance reports that are shared with the Capital Operations Group and are submitted to the Audit and Scrutiny Committee; - an annual review by officers and Elected Members of both the 20-year rolling General Fund (the latest version covers 2025/26 to 2044/45), and the five-year rolling HRA (the latest version is for 2025/26 to 2029/30), capital investment programmes is taking place; - any new capital bids are appropriately reviewed before their inclusion in the revised capital programme is decided by Elected Members; - there is compliance with sections 3.1, 3.3, 4.3, and 5 of the Council's Financial Regulations (these sections relate to the preparation and monitoring of capital budgets, and to virements); - progress has been made to complete the capital programme element of the November 2024 Best Value action plan; - a project board has been established to monitor the Wellbeing Hub and Lochies School project in Alloa. Briefing papers are produced each month and meetings of the project board are due to be held every second month; - there is sufficient budget in the capital programmes for current projects; and - measures are in place that contribute to the reduction of the risks associated with HRA capital programme overspends and assist with preventing and timeously identifying these overspends.	

¹⁰ Revenue expenditure is the day-to-day costs of running the Council services. Capital expenditure is money invested into large-scale, long-term investments such as new schools, infrastructure, and asset improvements. Capital investment is also required for roads, street lighting, school buildings, ICT, Council vehicles, and parks.

¹¹ Income and expenditure in relation to a local authority's own direct provision of housing (Council houses and the provision of services to tenants) must be recorded separately within a Housing Revenue Account (HRA) as laid out in Section 203 of the [Housing \(Scotland\) Act 1987](#). It is a ring-fenced account, which means that the Council must collect sufficient income from rents to cover HRA expenditure. The HRA capital investment programme includes housing improvements, property acquisitions, and new build housing. In addition to tenants' rents, this is funded by borrowing (repaid by the HRA as loan charges) and Scottish Government grant funding.

¹² The Council's finance system.

million. As with the General Fund, the HRA capital programme is reviewed each year by officers and by Elected Members. The purpose of this review was to evaluate and report on the controls established to ensure that planning, approval, monitoring, and reporting arrangements are followed in Capital activity that is undertaken.	We identified some significant weaknesses, however, in the existing framework of control. We have, therefore, made the following recommendations to enhance the risk, control, and governance systems that are currently in place and to enable good practice to be followed: • To ensure that the remit, function, and membership of the Capital Operations Group is documented, a Terms of Reference for the group should be prepared, agreed, and subject to regular review. • To ensure that there is an accurate record of any decisions taken or of any discussion, minutes should be prepared for every meeting of the Capital Operations Group. To ensure that there is appropriate attendance at these meetings, and to mitigate the risk of some projects not being represented, the attendees from each Service should be regularly reviewed (this is important if the group is overseeing projects that relate to these Services). • To ensure that the group evaluates its own effectiveness in carrying out its responsibilities, identifies areas for improvement, and ensures that it is meeting its goals and obligations, the Capital Operations Group should consider completing an annual self-assessment. • To mitigate the risks caused by slippage in the capital programme, consideration should be given to what action can be taken to reduce the significant level of underspending each year. • To help to ensure that any agreed actions are implemented on schedule, details of the quarterly meetings between the Capital Accountant, Capital Project Manager, and Service Project Leads should be appropriately recorded. • To demonstrate the effective management of the capital programme, as well as transparency and accountability, consideration should be given to generating and reporting performance indicators for the capital programme. • To determine how overspends of almost £1.7 million on the 2023/24 HRA capital programme were not stopped or reported as a concern earlier so lessons can be learned for future years, the ongoing review by Senior Management of these overspends should be completed as a priority, with the outcome reported to the Audit and Scrutiny Committee¹³. • To ensure that it includes all completed projects and that post project reviews are being promptly conducted, arrangements should be established for monitoring the Lessons Learned Log. The log should also be regularly reported to the Capital Operations Group to ensure that the necessary action is taken (applying lessons learned to future projects). In addition, to help ensure that lessons learned from past projects are incorporated into future projects, the processes for doing so should be documented. In relation to the adequacy of the arrangements in place for the planning, approval, monitoring, and reporting of Capital activity, we have split the audit assurance level. We can, therefore, provide SUBSTANTIAL ASSURANCE for the frameworks that are in place¹⁴ and LIMITED ASSURANCE for the application of these frameworks. In summary, eight recommendations were made and accepted. There was one recommendation at grade 1 and seven recommendations at grade 2. Grading classification is detailed at Appendix 1. 2 recommendations have already been implemented and of the remaining 6, the dates range from 31 October 2025 to 30 June 2026.

¹³ The Audit and Scrutiny Committee was advised in October 2024 that this review was in progress.

¹⁴ For example, the Budgetary Control Framework, Capital Operations Group, annual reviews of the capital investment programmes, quarterly monitoring of expenditure, and compliance with the Council's Financial Regulations.

FINAL REPORT SUMMARY DETAILS OF 2025/26 INTERNAL AUDIT PROGRAMME

2025/26 Internal Audit Plan:						
Assignment	Directorate		Assurance			
Building Security	All Directorates		Substantial / No Assurance			
Scope	Final Report Executive Summary					
The purpose of this review is to evaluate and report on the adequacy of the controls in place to ensure that Clackmannanshire Council’s operational buildings, and contents, are secure. As at July 2025, Clackmannanshire Council had a total of 55 operational buildings. On 13 and 19 August 2025 we undertook unannounced visits to a sample of fifteen operational buildings and reviewed the physical security measures in place at each building to prevent unauthorised access. Emphasis was placed on buildings in which vulnerable people were located (e.g. pupils and elderly residents) as well as revisiting sites where we have obtained unauthorised access previously.	Table 1 below sets out the sample of buildings visited during this review and the outcomes from attempts to gain unauthorised access to the buildings (and their contents) from previous reviews in 2018/19, 2019/20, and 2022/23.					
	Table 1: Operational Buildings Visited by Internal Audit					
	Building	Directorate	2018/19 Unauthorised Access	2019/20 Unauthorised Access	2022/23 Unauthorised Access	2025/26 Unauthorised Access
	Kilncraigs	Partnership and Performance	Yes	N/A	Yes	No
	Bowmar Community Centre	People	N/A	N/A	N/A	Yes
	Tower Nursery School	People	N/A	N/A	N/A	No
	Forthbank Roads Depot	Place	Yes	N/A	Yes	Yes
	Alloa Town Hall	People	N/A	Yes	No	No
	Ludgate House	People	Yes	N/A	No	No
	Redwell Primary School	People	N/A	N/A	N/A	No
	Alva Primary School	People	N/A	N/A	N/A	No
	Alva Academy	People	Yes	N/A	Yes	Yes
	Whins Resource Centre	People	N/A	Yes	Yes	No
	Sauchie Day Nursery	People	N/A	N/A	N/A	No
	Fishcross Primary School	People	N/A	N/A	N/A	No
	Coalsnaughton Primary School	People	N/A	N/A	N/A	No
	Strathdevon Primary School	People	N/A	N/A	N/A	No
	Muckhart Primary School	People	N/A	N/A	N/A	No
	There were two buildings where unauthorised access was gained in the previous reviews (Forthbank Roads Depot and Alva Academy in 2018/19 and 2022/23) and again during this review. Improvement in security measures were noted for two ¹⁵ buildings where Internal Audit had previously gained unauthorised access in 2022/23 as no unauthorised access was gained during this review. Robust security measures were found to be in place to prevent					

¹⁵ Kilncraigs and Whins Resource Centre.

	and deter unauthorised access to 80% (12) of the sampled buildings. These included, for example, a combination of two or more of the following controls: • perimeter fencing around the building and its grounds; • staff vigilance in providing challenge to visitors; • remote locking entry doors secured by Paxton ID scanners to the main reception areas; • locked and secure external doors (e.g. fire exits); • CCTV cameras; and • intruder alarms. Based on the Partnership and Performance, and People directorates sample of 14 buildings visited, we can provide SUBSTANTIAL ASSURANCE in relation to the adequacy of building security arrangements (see Appendix 4 for assurance category definitions). Whilst we were able to gain unauthorised access to two buildings (Alva Academy and Bowmar Community Centre) we were promptly challenged by a member of staff. Based on the Place sample of one building visited, we can provide NO ASSURANCE in relation to the adequacy of building security arrangements (see Appendix 4 for assurance category definitions). We were able to gain unauthorised access to the Forthbank Roads depot and found there to be a number of significant weaknesses that could result in serious risk to the Council and require to be urgently addressed, including: • unauthorised access to depot buildings containing roads materials, Personal Protective Equipment, tools / machinery, staff personal belongings, and vehicle / depot keys; • unauthorised entry was gained to three unlocked Council vehicles and an unlocked piece of plant resembling a telehandler, with the keys left in the ignition of one of the vehicles; and • no challenge was provided to Internal Audit during the duration of our visit (approx. 15 minutes) as no Council personnel were present at the site. Ten recommendations were made and accepted in total. There were five recommendations at grade 1, four recommendations at grade 2, and one recommendation at grade 3. Grading classification is detailed at Appendix 1. All recommendations to be implemented by Responsible Owners by 31 October 2025.

2025/26 Internal Audit Plan:		
Assignment	Directorate	Assurance
Climate Change Act Public Body Duties Audit)	Place	Substantial Assurance
Scope	Final Report Executive Summary	
The Climate Change (Scotland) Act 2009 (the Act) introduced the requirement for public bodies to report on their climate change duties. The Council submitted its 2024/25 report to the Scottish Government, ahead of the deadline of 30 November 2025. This is in line with the timescales from the Act. In August 2022, the Council set a target for the Council's own operations to reach net zero greenhouse gas emission by 2040 at the latest.	Our work focused on reviewing the reporting arrangements and the accuracy of the information included in the Annual Report. We were content that the report accurately reflects the information submitted. To ensure the consistency of returns to Scottish Government across public bodies, the annual report format is a standard template split into six required areas: • Profile of Reporting Body; • Governance, Management, and Strategy; • Emissions, Targets, and Projects; • Adaptation; • Procurement; and • Validation and Declaration. We were content that the figures recorded and the data reflected in the report was consistent and could be matched to supporting documentation. We did, however, make two recommendations; the Council governance documents noted in the return predate the 2024/25 reporting period; and a calculation of all potential carbon savings are included in each of the Council's carbon reduction projects. The Team Leader Energy and Sustainability has agreed to undertake a review of the identified outdated documents and will explore the potential tools that could assist the Council to capture the relevant carbon data. We can provide SUBSTANTIAL ASSURANCE in relation to the Council's reporting arrangements and the accuracy of the information in the report (see Appendix 3 for assurance category definitions). Two recommendations were made and accepted in total, one at a grade 2 and one at a grade 3. Grading classification is detailed at Appendix 1. Both recommendations to be implemented by Responsible Owners by 30 June 2026.	

2025/26 Internal Audit Plan:		
Assignment	Directorate	Assurance
Council Tax Refunds	Partnership and Performance	Limited Assurance
Scope	Final Report Executive Summary	
Council Tax helps to pay for the services that the Council provides. It funds around £0.17 for every £1 that the Council spends or invests in local services, with the remaining £0.83 in every £1 being funded by Scottish Government grants and business rates contributions. For 2025/26, the total amount needed to be raised from Council Tax (to balance the budget) was £28.868 million¹⁶. The persons liable for paying Council Tax for a property are listed¹⁷ below and are categorised in order of liability: - the owner, if they live in the property; - the tenant (or subtenant) who lives in the property; - anyone else who lives in the property; - the leaseholder; - anyone else with the right to live in the property; or - the owner, if nobody lives in the property or if it is considered in multiple occupancy. The Council Tax charge is based on the value of each property. The value is decided by the Assessor for Central Scotland then placed into a property valuation band (A to H). The band reflects the Assessor's opinion of the property's open market value on 1st April 1991, taking account of its physical state and its locality on 1st April 1993 If a Council Tax account has been overpaid by a resident, then it might be appropriate to issue a refund to them (subject to any amounts being owed to the Council). Council Tax Refunds are also due when the taxpayer is no longer liable for Council Tax in the Clackmannanshire Council area. If the taxpayer moves within the Council boundaries, credits can be transferred to the new property, but this is not an option if they move to another area (or do not	Council taxpayers can have credit balances on their account when they sell their property or give up a tenancy; or if there is a change in liability regarding discounts, reductions, or exemptions (as Council Tax is due in advance). These credits can be transferred to the taxpayer's new property within Clackmannanshire Council or, if this is not applicable, they can be refunded. The Revenues and Treasury sections of the Finance division of the Partnership and Performance Service are responsible for identifying, processing, authorising, and paying Council Tax Refunds. In relation to Council Tax Refunds, we reviewed roles and responsibilities; policies and procedures (including system documentation); arrangements for segregation of duties (including system access); Council Tax system extracts and reconciliations; and monitoring of the refunds. We were content that: - responsibility for identifying, processing, authorising, and paying Council Tax Refunds has been assigned to different employees. In addition, the refunds are processed and paid via two different systems (CTX ORBiS and Technology One), with approval required from an authorised signatory; and - contingency arrangements are in place for the authorisation of Council Tax Refunds in the absence of the Team Leader (Revenues and Benefits). We also reviewed the available Council Tax Refund transaction data (for April 2023 to August 2025), which we found to be insufficient to confirm segregation of duties. Our testing of this data found: 51 duplicate entries (123 refunds with a total value of £45,503.52) based on payee bank details (multiple refunds to the same customer); 8 matches to an employee details file (9 refunds with a total value of £3,168.66); 32 duplicate entries based on the Council Tax account number (comprising 64 refunds with a total value of £20,574.84); and 24 refunds (with a total value of £18,936.48) that had been processed by two of the four employees who have authorisation permission. In addition, we found that there is scope to enhance all of the internal controls, and the implementation of our recommendations should help to demonstrate this. We identified some significant weaknesses in the existing framework of control. We have, therefore, made recommendations to enhance the risk, control, and governance systems that are currently in place and to enable good practice to be followed. These recommendations relate to ensuring that: - roles and responsibilities for identifying, processing, authorising, and paying Council Tax Refunds are documented; a policy and	

¹⁶ Source: Council Tax Leaflet 2025/26.

¹⁷ The Council Tax charges are subject to discounts, exemptions, reductions, and surcharges depending on the circumstances of the property and of the liable persons.

provide a forwarding address). As Council Tax is due in advance, most taxpayers will have a credit balance when they sell properties (or give up tenancies). The obvious exception to this is those who have Council Tax arrears. The CTX ORBiS system is used to monitor Council Tax accounts and to process any refunds. The refund payments are then made via Technology One (the Council's finance system). Between 1 April 2023 and 18 August 2025, a total of 1,156 Council Tax Refunds were issued (with a cumulative value of £377,384.07). As Council Tax was expected to generate income of £28.868 million for 2025/26, this shows that the refunds represent a very small proportion of the income received (around 0.5%). In January 2025, the Chair of the Accounts Commission wrote to all Local Authority Chief Executives in Scotland (copied to Directors of Finance and External Auditors). The purpose of the letter was to share the lessons that Local Government can learn from a significant Council Tax Refund fraud that was perpetrated against Aberdeen City Council. It was found that weaknesses in the Council's internal controls¹⁸ allowed the fraud to continue over a prolonged period (17 years). Failure to implement controls and a lack of monitoring enabled an abuse of authority which, when combined with a detailed operational knowledge, provided the opportunity to withdraw funds inappropriately (with a total value of £1.1 million). This review helps to assess the status of these internal controls that apply to Council Tax Refunds.	also procedures that govern the Council Tax Refund process are developed; and an Anti-Fraud and Corruption Strategy is developed, approved, and clearly communicated to all employees; • a detailed evaluation of the refund processes (for both Council Tax and Non-Domestic Rates) is conducted by the Revenues and Benefits team; • the potential losses are quantified (by determining the number and value of Council Tax credit balances) should the Council be subject to a similar fraud to what was perpetrated against Aberdeen City Council; • action is taken so that extracted files from the Council Tax system cannot be amended prior to them being uploaded to Technology One; and reconciliations are conducted each month (and reviewed by a senior employee) between the ORBiS system and Technology One for the Council Tax Refunds; • action is taken to prevent the same person from identifying a credit balance and then requesting, authorising, and processing the payment of a Council Tax Refund (to ensure a segregation of duties); • consideration is given to removing the permission of Council Tax Refund authorisers to change the refund amounts (as this is not required); and system access permissions of the authorisers (for example, to change amounts or BACS details) are documented in the policy and procedures for Council Tax Refunds; • consideration is given to enhancing the available transaction data to include who has requested, processed, authorised, and paid each Council Tax Refund (the availability of this additional information should be investigated); and a programme to regularly test the transaction data is also established; • the Council Tax Refunds are monitored (this monitoring should be added to the policy and procedures); and • our analysis of the available Council Tax Refund data is reviewed by the Council Tax team. We can provide LIMITED ASSURANCE in relation to the adequacy of the arrangements in place for Council Tax Refund arrangements (see Appendix 3 for assurance category definitions). nine recommendations were made and accepted in total, two at grade 1 and seven at a grade 2. Grading classification is detailed at Appendix 1. Four of the recommendations to be implemented by Responsible Owners by 28 February 2026, three to be implemented by 31 January 2026, and the remaining one by 31 July 2026. One recommendation has already been completed.

¹⁸ A lack of segregation of duties and monitoring enabled the perpetrator (a Council Tax and Recovery Team Leader) to transfer balances between Council Tax accounts, to input bank details, and to process Council Tax Refunds. The Team Leader had unsupervised authority to issue refunds of up to £3,000 and he could also alter payee details which allowed him to transfer money to himself. This embezzlement happened where a resident had left a property but had not claimed for overpayment of their Council Tax. The fraud was identified when a check of an arrears recovery report by another officer highlighted multiple transfers on an account that was in credit, and a satisfactory explanation was not provided by the perpetrator. The Team Leader received a prison sentence of four years in July 2024.

2025/26 Internal Audit Plan:		
Assignment	Directorate	Assurance
Follow Up of the Review of Purchase Order Arrangements for Clackmannanshire Council Adult Social Care	Partnership and Performance / Health and Social Care Partnership	No Assurance
Scope	Final Report Executive Summary	
The purpose of the review was to follow up on the progress with implementing the recommendations from our 2023/24 review and testing a sample of recent Adult Social Care payments made to review purchase order and invoice authorisation to ensure compliance with policies and procedures. In summary, the 2023/24 audit of Adult Social Care Purchase Order Arrangements review provided NO ASSURANCE. The review identified 10 recommendations relating to significant weaknesses involving purchase orders not being raised in advance of payments and examples of non-contract expenditure. Internal Audit also found weaknesses in the care plan approval and payment process including instances of no care plans, no details of specific manager approval, care plans approved by a manager with insufficient Clackmannanshire Council delegated authority, an no evidence of review of care plans and further approval of ongoing care costs.	For the 10 recommendations made in 2023/24 we found that 7 had been partially implemented, and 3 were not implemented. We identified that: • Purchase orders have not been raised on Techone for all Adult Care purchases. • No sample audits / data cleansing exercises have been undertaken to provide assurance on the completion and accuracy of care plans. • Adult Social Care Standard Operational Procedures including processes for compiling, approving, and reviewing care plans have not been finalised. • A review has, however, been undertaken on the Health and Social Care Scheme of Delegation, and work is progressing to update Clackmannanshire Council's authority levels to ensure consistency. A sample of 15 Adult Social Care payments made through Techone in 2024/25 were selected for testing to ensure compliance with Financial Regulations and Contract Standing Orders. This involved checking each transaction had a valid purchase order, invoice, evidence of authorisation, contract, contract rates, and where appropriate care plans were in place. This replicated the test carried out in the 2023/24 review where we found purchase orders had not been raised in advance of payments and weaknesses in the care plan approval and payment process. During this follow up review we found that processes for making payments has not changed since the 2023/24 review. In addition, we were not provided with related supporting evidence of Techone purchase orders, authorisations, and contracts for the sample of payments. We, therefore, conclude that the same weaknesses apply. The prescribed adult care provision and payment process is summarised as follows: • Social Workers complete care plans for service users on the Community Care Information System (CCIS¹⁹) which are approved by a Care Manager. The Business Support Team (BST) access the approved care plans and upload to FINCH²⁰. • The BST update care rates on FINCH and CCIS based on the Planning and Commissioning Manager's spreadsheet of contract rates, and confirm actual costs incurred with the care provider. The BST upload care plan transactions onto Techone which are then approved for payment by a Senior Adult Care Manager. CCIS and FINCH are legacy systems that have limited reporting functionality to support management and due to the lack of IT technical support for the systems there is limited development to allow them to keep up to date with changes to operational and legislative needs. In August 2025, Clackmannanshire Council approved investment in the transformation of the Social Care Target Operating Model (TOM) underpinned by the procurement and implementation of a replacement Social Work IT System (SWITS), which will enable the transformation of social care. Health and Social Care Partnership Senior	

¹⁹ CCIS holds all the information about Social Work clients and the assessment process.

²⁰ The Social Work Finance System holds details about clients and suppliers.

	Management advised that the new system when implemented should assist with the implementation of the outstanding recommendations. This follow up review in 2025/26 identified that 100% (10 out of 10) of the 2023/24 recommendations (this includes eight recommendations at grade 1 that are most significant and are of the highest priority) have not been fully implemented. No evidence was provided to support transactional testing which resulted in Internal Audit being unable to assess whether there were appropriately authorised care plans in place and if contracts were in place for care suppliers. We can, therefore, provide NO ASSURANCE in relation to the adequacy of the controls put in place to implement the recommendations from the 2023/24 review. See Appendix 3 for assurance category definitions. An additional recommendation has also been made regarding the administration of Pentana and maintaining the most up to date responsible owners on the system. This additional recommendation was accepted, with an agreed implementation date of 31 January 2026.

OVERDUE RECOMMENDATIONS

Review	Overdue Recommendations	Grade 1	Grade 2	Grade 3	Not Graded
2017/18					
Sundry Debtors	4				4
2019/20					
Housing Rent Collection and Arrears Management	1				1
2020/21					
Corporate Risk Management Arrangements	1				1
2021/22					
Fleet Management and Monitoring Arrangements	1				1
Use and Control of Social Media	2				2
2022/23					
Building Security	3	1			2
Physical Income Security Arrangements	1		1		
Supplier Set Up & Supplier Bank Account Changes	4	1	1	2	
2023/24					
Leisure Banking Follow Up	1	1			
Adult Social Care Purchase Order Arrangements	14	11	3		
Overtime Arrangements	2	1	1		
2024/25					
Climate Change Act Public Body Duties	1			1	
Adult Social Care Staff Potential Overpayments – Phase 1	1	1			
Community Benefits	2	1	1		
Leisure Banking Follow Up	1	1			
IT and Information Security Governance	9		9		
Follow Up of Grade 1 Recommendations	1	1			
Asbestos Management Arrangements	9	1	7	1	
2025/26					
Adult Social Care Purchase Order Arrangements	1	1			
Total	59	21	23	4	11

Report to: Audit and Scrutiny Committee

Date of Meeting: 11 June 2026

Subject: Internal Audit Plan 2026/27

Report by: Internal Audit Manager

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 resource¹ available to deliver the 2026/27 Internal Audit Plan is summarised in the table below:

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

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:

¹ 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 1: Senior Management Structure - Immediate State

This shows the number of Heads of Service and Senior Manager posts; however, those do not yet have titles because Council only agreed the outline of new structures (an Immediate State) in February 2026 and further consultation etc.

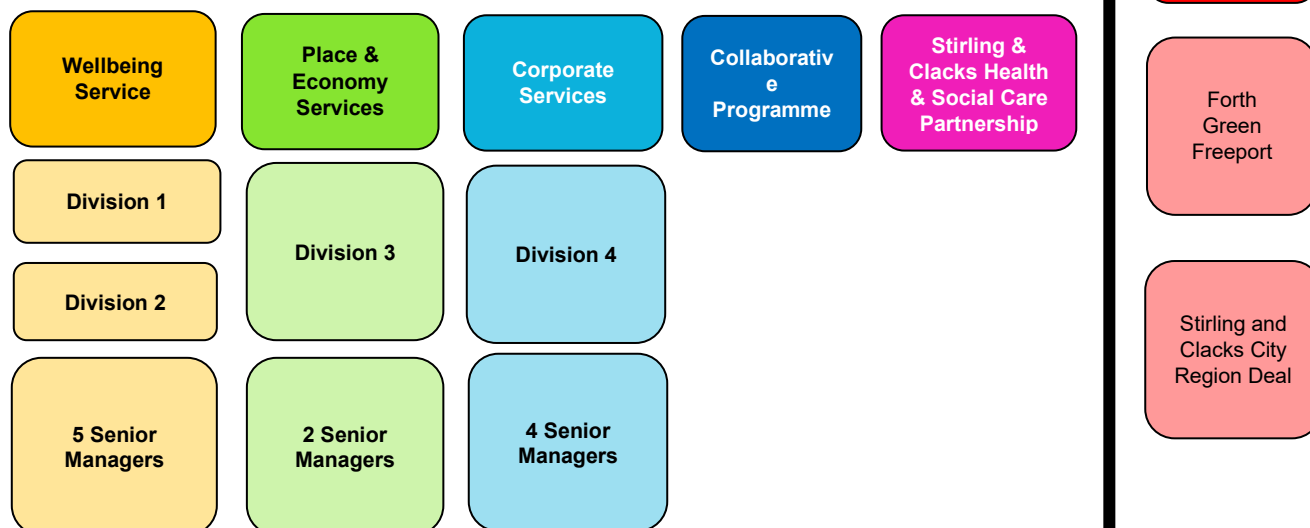
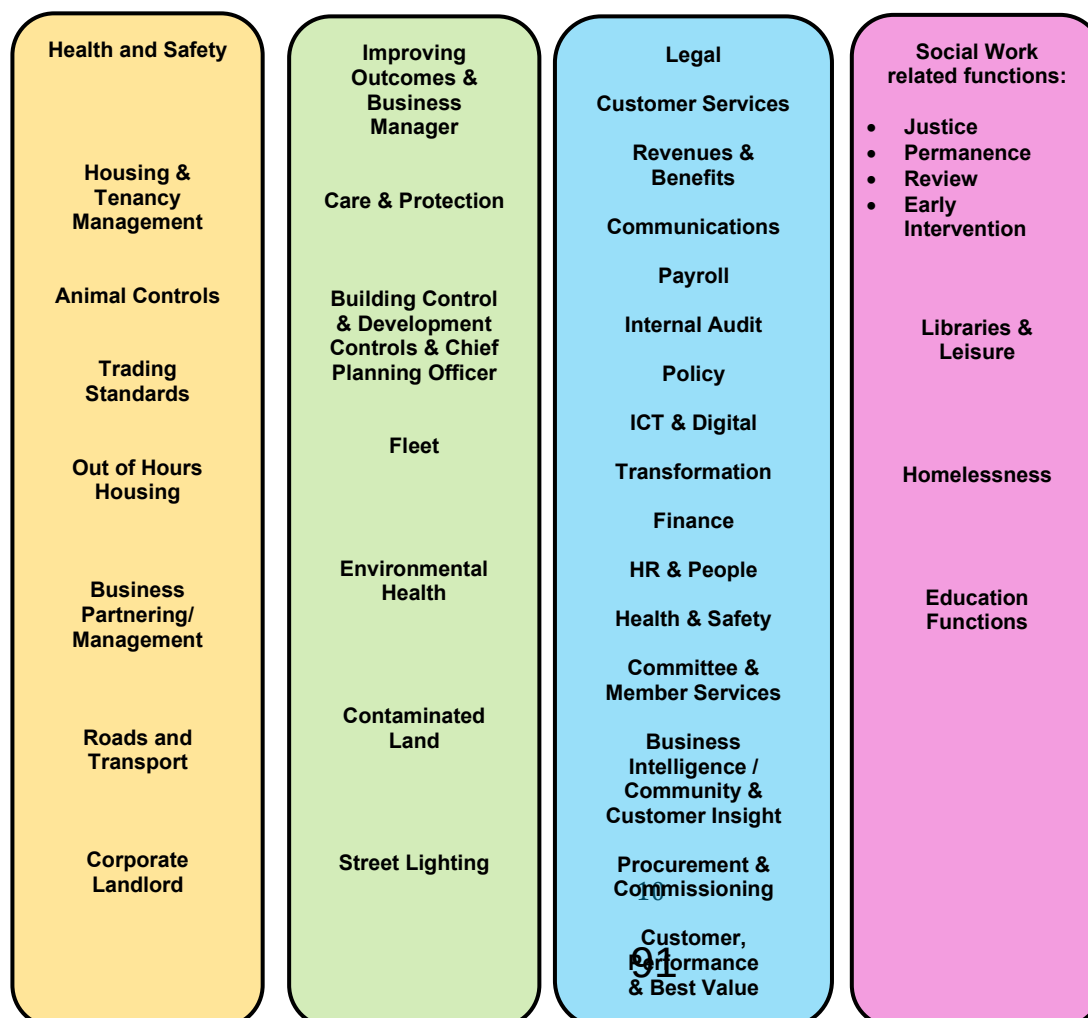


Figure 2: Council's Functional Teams

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 ²
Direct Annual Audit Time not on Audits				
A01	Internal Audit	Global Internal Audit Standards 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. Risk Mitigated: • Insufficient financial resilience; and • Major governance failures.	1	10
A02	Internal Audit	Strategic Audit Planning and Annual Assurance Work 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. An Annual Assurance Report is also prepared, with other related tasks as required. Risk Mitigated: • Insufficient financial resilience; and • Major governance failures.	1	20
A03	Internal Audit	Audit and Scrutiny Committee / Working Group Attendance / Liaison with External Audit 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. Risk Mitigated: • Insufficient financial resilience; and • Major governance failures.	1	16

² 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 ²
Direct Annual Audit Time not on Audits				
A04	Internal Audit	Team Management 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. Regular team meetings also undertaken. Risk Mitigated: • Insufficient financial resilience; and • Major governance failures.	1	22
A05	All Services	Continuous Auditing This will focus on the testing of payments to suppliers of goods and services to identify any potential duplicate amounts paid. Risk Mitigated: • Insufficient financial resilience.	2	40
A06	All Services	National Fraud Initiative 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. 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. Risks Mitigated: • Insufficient financial resilience; and • Failure to address Serious Organised Crime.	1	15

Appendix 2

No.	Service	Purpose and Scope of Assignment	Priority	Estimated Days ²
Direct Annual Audit Time not on Audits				
A07	All Services	Consultancy Work / Contingency The Internal Audit Standards are clear that the provision of consultancy and advice to Services is a key element of Internal Audit's role. 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.	3	10
A08	All Services	Work on Recommendations Outstanding 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. 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. Risk Mitigated: Major governance failures.	1	10
A09	All Services	Validation Work Requests This covers unforeseen annual audit validation work requests. Risks Mitigated: - Major governance failures; and - Insufficient financial resilience.	2	3
Total				146

Key of Priorities:

Priority	Comments
1	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.
2	Risks or potential weaknesses that impact on individual objectives or impact the operation of a single process / service.
3	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 ³
Audits First Six Months of 2026/27				
A10	All Services	2025/26 Carry Forward To complete various tasks outstanding from the Internal Audit Plan for 2025/26.	3	20
A11	Partnership and Performance	Disposal of IT Equipment Deferred from 2025/26: 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. We will also review the disposal agreement to confirm whether it is a formal contract that is being adhered to by both parties. 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. Risk Mitigated: • Information not managed effectively; • IT systems failure; and • Major governance failure.	2	15
A12	Place	Stores Management Deferred from 2025/26: To determine whether adequate stores management procedures are in place around stock management, record keeping, and physical security. Risks Mitigated: • Insufficient financial resilience; • Failure to address serious organised crime; • Health and safety breach; and • Information not managed effectively.	2	35

³ 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 ³
A13	All Directorates	Stirling and Clackmannanshire City Region Deal Deferred from 2025/26: 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. 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. Risks Mitigated: • Insufficient financial resilience; • Information not managed effectively; and • Major governance failures.	1	35
Total				105
Audits Second Half of 2026/27 SUBJECT TO CHANGE MUST REMAIN FLEXIBLE				
A14	Place Services	Climate Change Act Public Bodies Duties Audit 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. Risk Mitigated: • Continued contribution to Climate Change.	3	10
A15	Partnership and Performance / All Directorates	Payroll Transactional Testing 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. Risks Mitigated: • Insufficient financial resilience.	1	25

Appendix 2

No.	Service	Purpose and Scope of Assignment	Priority	Estimated Days ³
A16	Partnership and Performance / HSCP	Clackmannanshire Council Adult Social Care: Care Plan Quality and Governance Arrangements 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. Risks Mitigated: • Inadequate safeguarding arrangements and poor outcomes for individuals supported through Clackmannanshire Council Adult Social Care services; and • Weak Council-level governance, insufficient financial control and exposure to regulatory or statutory non-compliance.		40
Total				75
Overall				326

Key of Priorities:

Priority	Comments
1	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.
2	Risks or potential weaknesses that impact on individual objectives or impact the operation of a single process / service.
3	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 ⁴
A17	Clackmannanshire and Stirling Integration Joint Board	Clackmannanshire and Stirling Integration Joint Board 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	Central Scotland Valuation Joint Board 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
Total				55
Overall				381

Key of Priorities:

Priority	Comments
1	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.
2	Risks or potential weaknesses that impact on individual objectives or impact the operation of a single process / service.
3	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.

⁴ 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
Substantial Assurance	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.
Limited Assurance	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.
No Assurance	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.

Report to: Audit & Scrutiny Committee

Date of Meeting: 11 June 2026

Subject: Internal Audit Progress Report

Report by: Internal Audit Manager

1.0 Purpose

- 1.1 This report provides an update on progress with completion of the 2025/26 Internal Audit Plan.

2.0 Recommendations

- 2.1 It is recommended that the Committee notes:
- progress made with the finalisation of the 2025/26 Internal Audit Plan;
 - the carry forward of three audits into the 2026/27 Internal Audit Plan; and
 - the action taken on duplicate payments.

3.0 Background

- 3.1 The 2025/26 Internal Audit Plan was agreed at Committee on [12 June 2025](#). It set out seventeen assignment areas to be completed by the team during the year. This included eight audit reports to be issued to Clackmannanshire Council (those eight audit reports do not include those assignments or reports undertaken and issued to the Central Scotland Valuation Joint Board¹).
- 3.2 Members are aware that the delivery of Internal Audit services to Clackmannanshire Council is via a Joint Working Agreement with Falkirk Council. Discussions are ongoing regarding the service for 2026/27 onwards.

4.0 Progress with Completion of the 2025/26 Internal Audit Plan

- 4.1 Of these eight audit reports:
- four audit reviews (Building Security, Climate Change, Council Tax Refunds, and Follow Up of the Review of Purchase Order Arrangements at Clackmannanshire Council for Adult Social Care) have been completed

¹ Other client work in 2025/26 only includes the Central Scotland Valuation Joint Board and not the Clackmannanshire and Stirling Integration Joint Board. From 2025/26 (for the next three years), the internal audit provision for Clackmannanshire and Stirling Integration Joint Board has passed to Stirling Council.

to final report stage (as part of our committed assignment programmes of work);

- one audit review (Medication in Schools) is at draft report stage and will be reported to a future Committee; and
- three have not been started. These reviews include Stirling and Clackmannanshire City Region Deal, Stores Management, and Disposal of IT Equipment.

4.2 A summary of progress is set out at **Appendix 1**. The assurance is provided in line with the definitions at **Appendix 2**.

4.3 We have experienced some delays in completion of the Internal Audit Plan. This has included preparing information for Police Scotland in relation to an ongoing investigation, as well as considerable time taken to finalise the audit 'Follow Up of Purchase Order Arrangements for Adult Social Care' due to the delay in responses from management within the Health and Social Care Partnership. There has also been a significant amount of work undertaken by Internal Audit to ensure compliance with the new Global Internal Audit Standards. A current absence in the Falkirk Council team has also impacted on the work plans for both Councils.

4.4 We have, therefore, been unable to finalise our outstanding assignments highlighted in paragraph 4.1. These assignments will be carried forward into the 2026/27 Internal Audit Plan. These delays and the current absence will not impact on the provision of the 2025/26 annual assurance opinion on risk management, governance, and control.

5.0 Continuous Auditing

5.1 Our work to identify duplicate creditor payments is conducted on a six monthly basis. All payments are reviewed to identify, for example, cancelled payments; credit notes; refunds; and duplicates.

5.2 For the period 01 October 2025 to 31 March 2026 we identified 41 potential duplicate payments with a gross value of £530,393 (0.6% of total payments). After further investigation by Internal Audit and the Corporate Accountancy Team 15 transactions have been confirmed as duplicates, with a value c£16,826. Appropriate recovery action is underway.

6.0 Conclusions

6.1 The team have experienced some delays in the completion of the 2025/26 Internal Audit Plan. A current absence in the team has also impacted on the finalisation of outstanding assignments. This will not impact on the provision of the annual assurance opinion on risk management, governance, and control in June 2026.

6.2 The work undertaken in 2025/26 will contribute to a balanced and evidenced based year-end opinion on arrangements for risk management, governance, and control.

7.0 Sustainability Implications

7.1 None Noted.

8.0 Resource Implications

Financial Details

8.1 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 ☐

8.2 Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☐

Staffing

8.3 No implications other than those set out in the report.

9.0 Exempt Reports

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

10.0 Declarations

10.1 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 ☐

11.0 Impact Assessments

11.1 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 ☐

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

Not necessary as this report does not require a decision.

12.0 Legality

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

13.0 Appendices

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

- Appendix 1: Progress with Internal Audit Plan 2025/26
- Appendix 2: Definition of Internal Audit Assurance Categories and Classification of Recommendations

14.0 Background Papers

- 14.1 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	

INTERNAL AUDIT PLAN

Summary of Progress with 2025/26 Internal Audit Plan

Planned Assignments (as per 2025/26 Internal Audit Plan)			
	Directorate	Assignment	Progress Status
Annual Recurring Assignments			
1.	Internal Audit	Global Internal Audit Standards: Self Assessment	In Progress
2.	Internal Audit	Strategic Annual Planning and Annual Assurance Work	Ongoing
3.	Internal Audit	Audit Committee / Working Group preparation and attendance	Ongoing
4.	Internal Audit	Team Management and other related tasks	Ongoing
5.	All Directorates	Continuous Auditing	Ongoing Assurance
6.	All Directorates	National Fraud Initiative	Ongoing Assurance
7.	All Directorates	Consultancy Work	Ongoing Assurance
8.	All Directorates	Work on Recommendations Outstanding	Ongoing Assurance
9.	Place	Validation Work Requests	Ongoing Assurance
10.	Place	Climate Change Act Public Body Duties Audit	Final Report Issued
Committed Assignments			
11.	Partnership and Performance / Health and Social Care Partnership	Follow Up of the Review of Purchase Order Arrangements at Clackmannanshire Council for Adult Social Care	Final Report Issued
12.	All Directorates	Stirling and Clackmannanshire City Region Deal	Not Started
13.	Partnership and Performance	Disposal of IT Equipment	Not Started
14.	All Directorates	Building Security	Final Report Issued
15.	Place	Stores Management	Not Started

Planned Assignments (as per 2025/26 Internal Audit Plan)			
	Directorate	Assignment	Progress Status
16.	Partnership and Performance	Council Tax Refunds	Final Report Issued
17.	People	Medication in Schools	Draft Report Issued
Other Client Work			
18.	Central Scotland Valuation Joint Board	The Internal Audit Plan for 2025/26 was presented to the Central Scotland Valuation Joint Board on 27 June 2025.	In Progress

DEFINITION OF INTERNAL AUDIT ASSURANCE CATEGORIES

Level of Assurance	Definition
Substantial assurance	Largely satisfactory risk, control, and governance systems are in place. There is, however, some scope for improvement as current arrangements could undermine the achievement of objectives or leave them vulnerable to error or abuse.
Limited assurance	Risk, control, and governance systems 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.
No assurance	The systems for risk, control, and governance are ineffectively designed and operated. Objectives are not being achieved and the risk of serious error or abuse is unacceptable. Significant improvements are required.

Report to: Audit & Scrutiny Committee

Date of Meeting: 11 June 2026

Subject: Internal Audit Strategy and Internal Audit Charter

Report by: Internal Audit Manager

1.0 Purpose

- 1.1 This report seeks Audit and Scrutiny Committee's approval of the Internal Audit Strategy and an updated Internal Audit Charter.

2.0 Recommendations

- 2.1 It is recommended that the Committee:
- considers and approves the Internal Audit Strategy attached at **Appendix 1**;
 - considers and approves the Internal Audit Charter attached at **Appendix 2**; and
 - notes that both documents meet the requirements of the Global Internal Audit Standards and their application in the UK Public Sector.

3.0 Background

- 3.1 The Local Authority Accounts (Scotland) Regulations 2014 make provision for Internal Audit to be a statutory service and a local authority must operate a professional and objective internal auditing service in accordance with recognised standards and practices.
- 3.2 The Global Internal Audit Standards (GIAS) are issued by the Institute for Internal Auditors (IIA) and came into effect in April 2025, replacing the Public Sector Internal Audit Standards (PSIAS) 2013 (updated 2017). The GIAS guide the professional practice of internal auditing worldwide and serve as a basis for evaluating and elevating the quality of the Internal Audit function. They include a section on 'Applying the Global Internal Audit Standards in the Public Sector', and recognise that differences in governance structures, regulations, and funding in the public sector may sometimes demand different approaches to maintain appropriate quality, efficiency, and effectiveness in delivering internal audit.

- 3.3 The authority for setting professional standards for internal audit in the UK public sector rests with CIPFA (Chartered Institute of Public Finance and Accountancy) as the Relevant Internal Audit Standard Setters (RIASS). CIPFA have determined that the GIAS are a suitable basis for the practice of internal auditing in the UK public sector, subject to interpretations and requirements with the Application Note: GIAS in the UK Public Sector and supported by the Code of Practice for the Governance of Internal Audit in Local Government (the Code).
- 3.4 The internal audit standards for UK public sector therefore encompasses the GIAS, the Application Note, and the Code. This is expressed as the GIAS (or the Standards) and must be referred to as such when expressing conformance with the Standards.
- 3.5 The GIAS are organised into five domains and include 15 guiding principles and a total of 54 standards which contain requirements and 'essential conditions' for implementation across Internal Audit services. The GIAS (UK Public Sector) sets out interpretations and requirements which need to be applied to the GIAS, to form a suitable basis for Internal Audit practice in the UK Public Sector. In addition, the CIPFA Code of Practice for the Governance of Internal Audit in Local Government aims to support compliance with the principles and standards in Domain III (Governing the Internal Audit Function) of the GIAS (UK Public Sector).

4.0 Considerations

Internal Audit Strategy

- 4.1 Standard 9.2 of the GIAS requires the Chief Audit Executive (CAE), who is Clackmannanshire Council's Internal Audit Manager, to develop a strategy for the Internal Audit function that supports the strategic objectives and success of the Council and aligns with the expectations of the Board (the 'Board' role is undertaken by the Audit Committee), senior management, and other key stakeholders.
- 4.2 The Internal Audit Strategy at **Appendix 1** is a new document which is an essential part of the GIAS and stipulates that the Internal Audit function must be risk focused and strategically aligned with the organisation. A clearly defined strategy ensures Internal Audit activity has a well-articulated mandate that supports organisational objectives / priorities. It also strengthens governance by setting out how Internal Audit will maintain independence, uphold professional competence, and adapt to emerging risks.
- 4.3 The Internal Audit Strategy will be reviewed every three years (unless there are significant changes required, such as changes to the Council's priorities or emerging risks, statutory or regulatory updates, or any other matters identified which need to be addressed) and contains the following sections:
- Introduction and Background;
 - Internal Audit's Purpose, Mission and Vision;
 - Strategic Objectives;
 - Delivering our Strategy;

- Continuous Improvement; and
 - Strategy Review and Reporting.
- 4.4 The Strategy is a future looking time bound plan with improvement actions to help support and deliver the Internal Audit service whereas the Charter is the governance framework that defines what Internal Audit is and what it can do.

Internal Audit Charter

- 4.5 In line with Domain III of the GIAS – Governing the Internal Audit Function: Standard 6.2, the Chief Audit Executive must develop and maintain an Internal Audit Charter which specifies as a minimum:
- the purpose of Internal Auditing;
 - the commitment to adhering to the GIAS;
 - the Internal Audit Function’s mandate, including scope and types of work to be provided, and the Audit Committee’s responsibilities and expectations for management’s support of the Internal Audit Function; and
 - the organisational position and reporting arrangements for Internal Audit.
- 4.6 The Internal Audit Charter at **Appendix 2** is based on the Institute of Internal Auditors model charter and conforms with the GIAS in the UK Public Sector.
- 4.7 The Internal Audit Charter will be reviewed on an annual basis and submitted to Audit Committee for consideration and approval.

5.0 Conclusions

- 5.1 The Internal Audit Strategy has been developed in line with the requirements of GIAS and sets out the vision, objectives, and supporting initiatives for the Council’s Internal Audit function for the period 2026 to 2029.
- 5.2 The Internal Audit Charter sets out the role, authority, and responsibility of the Internal Audit team. It provides the high level framework within which the team operates. It also has been developed in line with GIAS requirements.
- 5.3 This report seeks Audit and Scrutiny Committee’s approval of a new Internal Audit Strategy and an updated Internal Audit Charter.

6.0 Sustainability Implications

- 6.1 None Noted.

7.0 Resource Implications

Financial Details

- 7.1 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 ☐
- 7.2 Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☐

Staffing

7.3 No implications other than those set out in the report.

8.0 Exempt Reports

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

9.0 Declarations

9.1 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 ☐

10.0 Impact Assessments

10.1 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 ☐

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

Not necessary as this report does not require a decision.

11.0 Legality

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

12.0 Appendices

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

- Appendix 1: Internal Audit Strategy
- Appendix 2: Internal Audit Charter

13.0 Background Papers

13.1 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	

Clackmannanshire Council

2026/27 – 2029/30 Internal Audit Strategy

Approved by Senior Leadership Group On:	Insert Date
Approved by Audit and Scrutiny Committee On:	Insert Date
Distribution:	Audit and Scrutiny Committee Senior Leadership Group Internal Audit Team
Next Review Date:	2029/30

IA



**Clackmannanshire
Council**

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1. Introduction and Background

Purpose of the Internal Audit Strategy

- 1.1 The purpose of the Internal Audit Strategy is to outline the direction and focus of Clackmannanshire Council's¹ Internal Audit service, ensuring alignment with the Council's strategy and conformance with Standard 9.2 of the [Global Internal Audit Standards](#) (GIAS). It sets out how Internal Audit supports and promotes improvements in governance, risk management, and control underpinned by the Internal Audit Charter² which describes the mandate, purpose, authority, responsibility, and position of the Council's Internal Audit service.
- 1.2 The Internal Audit Strategy also helps guide the Internal Audit service in developing staff training and competencies, integrating technology to enhance the audit process, and improve the Internal Audit function as a whole. The Strategy also helps to improve the consistency and overall value provided by the Internal Audit activity to the Council and its stakeholders.

Global Internal Audit Standard Requirements

- 1.3 The Global Internal Audit Standards in the UK Public Sector support the development and implementation of a Strategy to guide the Internal Audit function. The Global Internal Audit Standards, therefore, establish the following requirements for an Internal Audit Strategy:
 - The Chief Audit Executive (CAE), who is Clackmannanshire Council's Internal Audit Manager, must develop and implement a strategy for the Internal Audit function that supports the strategic objectives and success of the organisation and aligns with the expectations of the Board³, senior management, and other key stakeholders.
 - An Internal Audit Strategy is a plan of action designed to achieve long-term or overall objectives. The Internal Audit Strategy must include a vision, strategic objectives, and supporting initiatives for the Internal Audit function.
 - An Internal Audit Strategy helps guide the Internal Audit function towards the fulfilment of the Internal Audit mandate⁴. The CAE must review the Internal Audit Strategy with the Board and senior management periodically.

Strategic Context

- 1.4 Clackmannanshire Council's Corporate Performance Report 2024/25 details four outcomes:
 - Wellbeing.
 - Economy and Skills.
 - Places.
 - Best Value.
- 1.5 Supporting these outcomes are the following corporate priorities:
 - Digital and Data Transformation.

¹ This includes the service provision for Clackmannanshire and Stirling Integration Joint Board and Central Scotland Valuation Joint Board.

² The Internal Audit Charter is a separate document that sits alongside the Strategy. The Strategy is a future looking time bound plan with improvement actions to help support and deliver the Internal Audit service whereas the Charter is the governance framework that defines what Internal Audit is and what it can do.

³ The 'Board' role is undertaken by the Audit and Scrutiny Committee.

⁴ The Internal Audit mandate is the formal authorisation that gives the Internal Audit function its purpose, authority, and responsibility within the Council.

- Asset Strategy.
- Workforce Strategy.
- Collaboration Work.

- 1.6 Internal Audit's annual work plan ensures risks associated with the four priorities detailed above are tested for the appropriate controls. The Annual Plan along with the Annual Assurance Report ensure transparency and the adequacy of the Council's arrangements for risk management, governance, and control.

Risk Environment

- 1.7 Clackmannanshire Council area borders with Falkirk, Stirling, Perth and Kinross, and Fife, and has an estimated population of 51,800⁵. Clackmannanshire Council is majority funded by an annual grant settlement from the Scottish Government, with the remainder coming from Council Tax, fees and charges, and general fund reserves.
- 1.8 The Council has a well embedded approach to the management of risk through its risk management strategy and recognises that evaluation and monitoring of corporate and service risks is a key part of its role. The Annual Governance Statement Action Plan and Corporate Risk Register provide more details on those Corporate Risks rated 'high', and links to these can be found within the Annual Governance Statement.

Our Audit Environment

- 1.9 Our audit environment continues to evolve, particularly with the Global Internal Audit Standards in the UK Public Sector and the development of supporting guidance for internal audit teams working in the public sector to support these changes. The Council continues to face a challenging financial environment.
- 1.10 The financial challenges mean that the Council will continue to face difficult decisions around services and significant ongoing pressure to ensure that services are delivered in a cost-effective manner. At the same time, the demands on Council services are increasing and the expectations of the public in terms of the range and quality of services offered by the Council will remain high. The public also increasingly expects services to be provided in a way that is more visibly integrated and joined up for the people who use them.
- 1.11 The Council, therefore, faces significant challenges balancing the day-to-day delivery of services with achieving its wider strategic priorities, whilst delivering efficiencies, driving service improvements, managing expectations and delivering transformational change.

Alignment with Council Objectives

- 1.12 This Strategy aligns Internal Audit activity with the overall mission and priorities of the Council. This is attained by ensuring that allocated resources in the Internal Audit Plan are prioritised to provide assurance over areas of strategic importance and highest risk to assist the Council in achieving its objectives.

Internal Audit Resources

- 1.13 Principle 10 of the Global Internal Audit Standards requires the CAE to effectively manage resources. The CAE should also provide opportunities for the Internal Audit function to develop their experience and competencies to ensure resources are effectively deployed to deliver the Internal Audit Plan and support other stakeholder requests.

⁵ Source: Annual Accounts 2023/24.

- 1.14 The Internal Audit Section provides Internal Audit services to all Clackmannanshire Council Services, Central Scotland Valuation Joint Board, and Clackmannanshire and Stirling Integration Joint Board⁶.
- 1.15 In the Council, the Internal Audit team establishment consists of 1 full-time Internal Auditor. A further 1 full time resource is provided via a Joint Working Agreement with Falkirk Council. The duties performed by this additional resource include management, supervision, audit committee preparation and attendance work, annual planning and assurance, as well as performing audits, therefore, is made up of various members of the Falkirk Council team. Falkirk Council's compliment includes 2 full time Internal Auditors, 1 part time Internal Auditor, 1 full time Senior Internal Auditor, and the full time Internal Audit, Risk, and Corporate Fraud Manager. All members of the team are experienced and professionally qualified in either Internal Audit or Accountancy disciplines. The available resources are detailed in the Annual Internal Audit Plan along with a contingency to address any unplanned work as detailed in the Internal Audit Charter.

2. Internal Audit's Purpose, Mission, and Vision

Purpose

- 2.1 The main objective of Internal Audit is to provide a high quality, independent, and innovative assurance service to strengthen the Council's ability to create, protect, and sustain value by providing the Audit and Scrutiny Committee and management with independent, risk-based, and objective assurance, advice, insight, and foresight.
- 2.2 Internal Audit enhances the Council's:
- governance, risk management, and control processes;
 - reputation and credibility with its stakeholders;
 - ability to serve the public interest;
 - decision making and oversight; and
 - successful achievement of its priorities.
- 2.3 The Council's Internal Audit function is most effective when:
- Internal auditing is performed by competent professionals in conformance with the Global Internal Audit Standards in the UK Public Sector.
 - The Internal Audit function is independently positioned with direct accountability to the Audit and Scrutiny Committee.
 - Internal Auditors are free from undue influence and committed to making objective assessments.
- 2.4 Internal Audit assurance is provided by delivering an annual programme of audit work that independently and objectively assesses the design and effectiveness of the controls established to manage the Council's most significant risks. As mentioned previously, the scope of Internal Audit covers all Council activities and Clackmannanshire and Stirling Integration Joint Board and Central Scotland Valuation Joint Board. For the purposes of this document, the term Clackmannanshire Council relates to the Council and all of its partners.

Mission and Vision

- 2.5 The Council's Internal Audit mission is associated with the global mission for Internal Audit which is aligned to our purpose above; we aim to provide independent and

⁶ Internal Audit services are provided by the Internal Audit teams within the constituent authorities, with responsibility for CAE duties rotating between those authorities' CAEs on a three-yearly basis. The current CAE is the Falkirk Council CAE until March 2028. The CAE for NHS Forth Valley has responsibility in the intervening years.

objective assurance on the overall effectiveness of the Council's governance, risk management, and control framework. We do this by:

- bringing an independent and objective professional approach to evaluating and improving governance, internal control processes, value for money, and compliance with policies and procedures;
- supporting and enhancing efficiencies across operational processes and systems through findings and recommendations in our audit work; and
- identifying risk in the delivery of services and systems and making recommendations to mitigate those risks.

2.6 The Council's Internal Audit function provides value added audit and advisory services and builds expertise to help drive positive change. It focuses on developing skills, knowledge, and experience of the Internal Audit function to ensure there is an effective mix of resources to deliver the Internal Audit Plan and support other assurance initiatives.

2.7 The Internal Audit vision is to be a trusted, independent, advisor to the Council and management, recognised for delivering, risk-based audit solutions that drive continuous improvement and add value. The function focuses on implementing efficient and effective processes including timely audit execution, audit quality, continuous improvement, and stakeholder engagement. Monitoring of the Internal Audit function through stakeholder feedback will be reviewed through sample feedback.

3. Strategic Objectives

3.1 In the complex Local Authority environment, Internal Audit needs to continually reflect and adapt what it does and how it does it in order to ensure that it can continue to operate efficiently and effectively, and to demonstrate relevance and value to the Council.

3.2 To help achieve the mission and vision above, to provide independent and objective assurance, and to improve effectiveness of risk management, governance, and control processes Internal Audit have committed to undertaking the following:

Objective	Committed Action	Outcome / Further Action
Enhancing Council governance, risk management, and control	Conformance with the Global Internal Audit Standards in the UK Public Sector (five yearly external assessments and annual self-assessments). Carrying out independent and objective evaluation and assessment to identify opportunities to improve the effectiveness of governance, risk management, and control processes. Deliver outcomes (by way of improvement actions) from annual self-assessment work and five yearly external assessments.	Improve Council governance, risk management, and control processes through timely implementation of agreed actions.

Objective	Committed Action	Outcome / Further Action
Supporting Council Strategic Initiatives	Provide assurance and advisory services for strategic projects and initiatives, advising on governance, risk management, and control processes to assist achievement of objectives (when resources allow). We will achieve this through early engagement, insight, and review of lessons learned.	Improved governance, risk management, and control processes for strategic projects and initiatives.
Improving Internal Audit processes	Conformance with the Global Internal Audit Standards in the UK Public Sector (five yearly external assessments and annual self-assessments). Identify opportunities for process improvements and operational efficiencies across Internal Audit. Utilising appropriate technology to inform and improve the audit process. The Global Internal Audit Standards requires the Internal Audit function to set out a clear ambition to become a technology enabled team including considering the skills the auditor of the future needs. Through the Council's Digital Strategy, Internal Audit will seek to add value and generate potential cost savings by increasing efficiency through advancing the use of technology such as data analytics tools and Generative Artificial Intelligence. Better use of Pentana⁷ by Services. Improve Internal Audit performance through reporting of annual Key Performance Indicators detailed in section 5 below.	Undertake annual assessments and five yearly external assessments. Greater use of appropriate technology to assist the audit process. Improved use of the AI tools available to the team, through training and development. Improved results of outstanding recommendations reported twice yearly to Audit Committee. Outcomes reported annually.
Develop Internal Audit skill sets	Support and fund appropriate staff training, development, and continuing professional development to increase auditors' digital skills. Introduce Strategy based goals for Audit team members. Link to the Falkirk Council Workforce Plan for the Internal Audit service. The Internal Audit Workforce Plan will include a range of future priorities including an approach to learning and development which is aligned to delivery of the Internal Audit Strategy.	Improve staff knowledge, skills, and experience. Review all team member goals.

⁷ Pentana is used to track the implementation of agreed Internal Audit recommendations.

Objective	Committed Action	Outcome / Further Action
Raise the profile of Internal Audit through stakeholder engagement	Improve awareness of Internal Audit planning, auditing processes, reporting, and action tracking. Improve engagement through stakeholder surveys. Develop opportunities to liaise / take assurance from other assurance providers.	More informed understanding of the value and benefit of Internal Audit across the Council.

4. Delivering our Strategy

- 4.1 We will deliver our strategy through a range of assurance outputs for senior management and the Audit and Scrutiny Committee focused on cyclical coverage of core corporate governance processes, key strategic priorities and programmes of work, corporate risks, and key financial systems.
- 4.2 Our work includes in-depth assessments of how well key risks, priorities, projects, and programmes of work are being managed, and by examining and reporting on the adequacy, efficiency, and effectiveness of relevant management arrangements. We will add value by highlighting scope for improvements and providing those we audit with better insight into how they manage and use public money.
- 4.3 We will continue to work closely with the Audit and Scrutiny Committee which takes assurance from Internal Audit reports, and will continue to help the Committee discharge its responsibilities and to respond to emerging issues.
- 4.4 We want Services to view Internal Audit as a valuable resource that can help them to achieve corporate and service objectives. We will seek, where appropriate and where resources allow, without compromising our primary function and independence, to become involved in relevant emerging issues at an early stage. Our aim is to provide advice and guidance to prevent problems or weaknesses from arising to ensure effective and efficient use of Council resources.

5. Continuous Improvement

- 5.1 The Global Internal Audit Standards in the UK Public Sector set out clear requirements for the CAE to enhance the quality of the Internal Audit function and ensure conformance with the standards through continuous performance improvement. This will be supported through the following key performance indicators:
 - complete 85% of agreed audits;
 - have 90% of recommendations accepted by management; and
 - issue 85% of draft reports within 3 weeks of completion of fieldwork.

6. Strategy Review and Reporting

- 6.1 Formal reviews will be undertaken on a three-yearly basis. The Strategy will only be reviewed more regularly if there are changes to the Council's priorities or emerging risks, statutory or regulatory updates, or any other matters identified which need to be addressed. Review reporting will be included in the Internal Audit Annual Assurance Report when necessary.

Clackmannanshire Council

2026/27 Internal Audit Charter

Approved by Senior Leadership Group On:	Insert Date
Approved by Audit and Scrutiny Committee On:	Insert Date
Distribution:	Audit and Scrutiny Committee Senior Leadership Group Internal Audit Team
Next Review Date:	May 2027

IA



**Clackmannanshire
Council**

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1. Executive Summary

- 1.1 In line with Section 7(1) of [The Local Authority Accounts \(Scotland\) Regulations 2014](#), local authorities must operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing.
- 1.2 Key standards and practices relating to internal auditing include:
- [Global Internal Audit Standards \(GIAS\)](#). These standards, which came into effect in January 2025, guide the worldwide professional practice of internal auditing and serve as a basis for evaluating and elevating the quality of the Internal Audit function.
 - [Application Note: GIAS in the UK Public Sector](#). This document, which is effective from April 2025, provides a framework for the practice of Internal Audit in the UK Public Sector when taken together with the GIAS. The GIAS (UK Public Sector) sets out interpretations and requirements which need to be applied to the GIAS in order to form a suitable basis for Internal Audit practice in the UK Public Sector.
 - CIPFA [Code of Practice for the Governance of IA in UK Local Government](#). This document, which is effective from April 2025, supports compliance with the principles and standards in Domain III (Governing the Internal Audit Function) of the GIAS (UK Public Sector). Compliance with the Code must be included in the Internal Audit function's annual internal quality assessment from 2025/26, and outcomes reported to Audit Committee. In addition, the five-yearly external quality assessment of the Internal Audit function must also take into account the level of compliance with the Code.
- 1.3 Standard 6.2 in Domain III of the GIAS requires the Chief Audit Executive (CAE) to develop and maintain an Internal Audit Charter that sets out the:
- Purpose of Internal Audit.
 - Commitment to adhering to the GIAS.
 - Internal Audit mandate, including: organisational position; reporting relationships; scope and types of services to be provided; and the Audit and Scrutiny Committee's responsibilities with regards to support of the Internal Audit function.
- 1.4 The Internal Audit Charter for Clackmannanshire Council and its partners¹ sets out these requirements and is based on the Institute of Internal Auditor's (IIA) 2024 Model Charter.
- 1.5 The Internal Audit Charter is reviewed and approved annually by the Senior Leadership Group (SLG) and Audit and Scrutiny Committee.

¹ Note: Clackmannanshire Council's partners include: Clackmannanshire and Stirling Integration Joint Board, Central Scotland Valuation Joint Board, and any Clackmannanshire Council related Arm's-Length External Organisation (ALEO). For the purposes of this document, the term Clackmannanshire Council relates to the Council and all of its partners.

2. Purpose of Internal Audit

- 2.1 The purpose of the Internal Audit function is to strengthen the Council's ability to create, protect, and sustain value by providing the Audit and Scrutiny Committee and management with independent, risk-based, and objective assurance, advice, insight, and foresight.
- 2.2 The Internal Audit function enhances the Council's:
- Successful achievement of its objectives.
 - Governance, risk management, and control processes.
 - Decision-making and oversight.
 - Reputation and credibility with its stakeholders.
 - Ability to serve the public interest.
- 2.3 The Council's Internal Audit function is most effective when:
- Internal auditing is performed by competent professionals in conformance with the [Global Internal Audit Standards](#) (GIAS) in the UK Public Sector.
 - The Internal Audit function is independently positioned with direct accountability to the Audit and Scrutiny Committee.
 - Internal Auditors are free from undue influence and committed to making objective assessments.
- 2.4 Internal Audit assurance is provided by delivering an annual programme of audit work that independently and objectively assesses the design and effectiveness of the controls established to manage the Council's most significant risks. The scope of Internal Audit covers all Council activities and the activities of the following external parties: Clackmannanshire and Stirling Integration Joint Board; Central Scotland Valuation Joint Board; and any other Clackmannanshire Council related Arm's-Length External Organisation (ALEO). Further details on the Internal Audit scope and Annual Plan are set out at Sections 9 and 10.

Commitment to Adhering to the GIAS (UK Public Sector)

- 2.5 The Council's Internal Audit function will adhere to the mandatory elements of the [Institute of Internal Auditors' International Professional Practices Framework](#), consisting of the [GIAS](#), [Topical Requirements](#), and the [Application Note: Global Internal Audit Standards in the UK Public Sector](#). When expressing conformance with standards, the Council's Internal Audit function will be clear that they are conforming with [GIAS in the UK Public Sector](#).
- 2.6 The CAE will report annually to the Audit and Scrutiny Committee and senior management on the Internal Audit function's conformance with the [GIAS \(UK Public Sector\)](#), which will be assessed through a quality assurance and improvement programme (see the [Quality Assurance and Improvement Programme](#) section).

3. Internal Audit Mandate

- 3.1 Section 7(1) of [The Local Authority Accounts \(Scotland\) Regulations 2014](#) requires local authorities to operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing. This requirement is recognised in the [Council's Financial Regulations](#).

- 3.2 The Council's Internal Audit function receives its mandate from the Audit and Scrutiny Committee via, for example, the approval of this Charter and the Annual Internal Audit Plan. The mandate sets out the authority, roles and responsibilities, and empowers the Internal Audit function to provide the Audit and Scrutiny Committee and senior management with independent, risk-based, and objective assurance, advice, insight, and foresight.
- 3.3 The Internal Audit function's authority is created by its direct reporting relationship to the Audit and Scrutiny Committee. Such authority allows for unrestricted access to the Audit and Scrutiny Committee.
- 3.4 The Audit and Scrutiny Committee authorises the Internal Audit function to:
- Have full and unrestricted access to all functions, data, records, information, physical property, and personnel pertinent to carrying out Internal Audit responsibilities.
 - Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques, and issue communications to accomplish the function's objectives.
 - Obtain assistance from the necessary personnel of the Council, Clackmannanshire and Stirling Integration Joint Board, Central Scotland Valuation Joint Board, Clackmannanshire Council related ALEOs, and other specialised services from within or outside the Council, to complete Internal Audit services.
- 3.5 The [GIAS \(UK Public Sector\)](#) set out the duty of Internal Auditors to be faithful custodians of the information they gather, sharing only in limited, defined, and controlled ways, and describes the need for awareness of responsibilities in protecting information and demonstrating respect for the confidentiality, privacy, and ownership of information.
- 3.6 In line with the [GIAS \(UK Public Sector\)](#), Internal Auditors must also be aware of circumstances under which sharing or publication of information will be required. They must be aware of their organisation's policies and procedures for routine publication of certain information and where there are statutory obligations to share or publish information, for example [Freedom of Information](#) requirements.

4. Definitions

- 4.1 The Council has adopted the following definitions set out in the [GIAS 2024 Glossary](#):

Internal Auditing	<i>An independent, objective assurance and advisory service designed to add value and improve an organisation's operations. It helps an organisation establish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.</i>
Assurance Services	<i>Services through which internal auditors perform objective assessments to provide assurance. The nature and scope of assurance services are determined by Internal Audit.</i>
Advisory Services	<i>Services through which internal auditors provide advice to an organisation's stakeholders without providing assurance or taking on management responsibilities. The nature and scope of advisory services are subject to agreement with relevant stakeholders.</i>

Independence	<i>Freedom from conditions that threaten the ability of the internal audit function to carry out internal audit responsibilities in an unbiased manner.</i>

4.2 In addition, key roles within the Council are fulfilled as follows:

- The CAE is fulfilled by the Internal Audit Manager (IAM).
- Senior management is fulfilled by the Council's SLG.
- The 'Board' role is undertaken by the Audit and Scrutiny Committee.

5. Independence, Position, and Reporting Relationships

- 5.1 The [GIAS \(UK Public Sector\)](#) state that the CAE should be positioned at a level in the Council that enables Internal Audit services and responsibilities to be performed without interference from management, thereby establishing the independence of the Internal Audit function (see [Internal Audit Mandate](#) section).
- 5.2 The CAE reports functionally to the Audit and Scrutiny Committee and administratively (for example, day-to-day operations) to the Chief Governance Officer (CGO), SLG, and, if deemed necessary, the Chief Executive². This positioning provides the organisational authority and status to bring matters directly to senior management and escalate matters to the Audit and Scrutiny Committee, when necessary, without interference and supports the Internal Auditors' ability to maintain objectivity.
- 5.3 The CAE will confirm to the Audit and Scrutiny Committee, at least annually, the organisational independence of the Internal Audit function.
- 5.4 The CAE will disclose to the Audit and Scrutiny Committee any interference Internal Auditors encounter related to the scope, performance, or communication of Internal Audit work and results. The disclosure will include communicating the implications of such interference on the Internal Audit function's effectiveness and ability to fulfil its mandate.
- 5.5 The CAE provides an annual conclusion on governance, risk management, and control as part of internal audit standards which helps inform the Annual Governance Statement (AGS).
- 5.6 For advisory / 'critical friend' services, the Internal Audit role will be specifically restricted to providing guidance, views, and opinions. To comply with independence requirements, Internal Audit will not be involved in any aspects of operational decisions subsequently taken by management.

6. Internal Audit Authority and Oversight

- 6.1 To establish, maintain, and ensure that the Council's Internal Audit function has sufficient authority to fulfil its duties, the Audit and Scrutiny Committee will:
- Discuss with the CAE and senior management the appropriate authority, role, responsibilities, scope, staffing, budget resources and services (assurance and / or advisory) of the Internal Audit function.

² Note: The CAE has the right to report directly to full Council if they deem it inappropriate to report to the SLG, Chief Executive, or Audit and Scrutiny Committee.

- Ensure the CAE has unrestricted access to, and communicates and interacts directly with, the Audit and Scrutiny Committee, including in private meetings without senior management present.
- Discuss with the CAE and senior management topics that should be included in the Internal Audit Charter.
- Discuss with the CAE and senior management the ‘essential conditions’ described in the [GIAS \(UK Public Sector\)](#), which establish the foundation that enables an effective Internal Audit function.
- Review and approve the Internal Audit Charter annually. This will include consideration of: the Internal Audit mandate; the scope and types of Internal Audit services; and any changes affecting the organisation, such as changes in the type, severity, and interdependencies of risks to the organisation.
- Approve the risk-based Annual Internal Audit Plan (see [Internal Audit Plan](#) section).
- Provide a view, if sought, to the relevant Chief Officer on the appointment, removal, and performance of the CAE. Overall responsibility for these actions does, however, remain with the relevant Chief Officer.
- Receive communications from the CAE about the Internal Audit function, including its performance relative to its Annual Internal Audit Plan.
- Ensure a Quality Assurance and Improvement Programme (QAIP) has been established to review the Internal Audit functions compliance with all responsibilities, performance objectives, and regulatory requirements, and review the associated results annually (see [QAIP](#) section).

7. Internal Audit Conformance

Ethics and Professionalism

7.1 The CAE will ensure that Internal Auditors:

- Conform with the [GIAS \(UK Public Sector\)](#), including the principles of Ethics and Professionalism: integrity; objectivity; competency; due professional care; confidentiality; and the Seven Principles of Public Life (as set out in the Council’s Code of Conduct for Members and Officers).
- Encourage and promote an ethics-based culture in the Council.
- Report organisational behaviour that is inconsistent with the Council’s ethical expectations, as described in applicable policies and procedures (e.g. Code of Conduct for Members and Officers).

Objectivity

7.2 The CAE will ensure that the Internal Audit function remains free from all conditions that threaten the ability of Internal Auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication. If the CAE determines that objectivity may be impaired in fact or appearance, the details of the impairment will be disclosed to appropriate parties as mentioned in paragraph 5.4.

7.3 In line with the [GIAS \(UK Public Sector\)](#), Internal Auditors will maintain an unbiased approach that allows them to perform engagements objectively such that they believe in their work product, do not compromise quality, and do not subordinate their judgement / allow others to override their professional, ethical, or technical conclusions on audit matters to others, either in fact or appearance.

7.4 Internal Auditors will have no direct operational responsibility or authority over any of the activities they review. Accordingly, Internal Auditors will not implement internal controls, develop procedures, install systems, or engage in other activities that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous year.

- Performing operational duties for the Council or its affiliates.
- Initiating or approving transactions external to the Internal Audit function.
- Directing the activities of any employee that is not employed by the Internal Audit function, except to the extent that such employees have been appropriately assigned to the Internal Audit team or to assist Internal Auditors.

7.5 Internal Auditors will:

- Disclose impairments of independence or objectivity, in fact or appearance, at least annually to the CAE via the completion of a 'Confirmation of Independence' Form.
- Exhibit professional objectivity in gathering, evaluating, and communicating information.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid conflicts of interest, bias, and undue influence.

8. Management Responsibilities

- 8.1 In line with the [Council's Financial Regulations](#), it is senior management's (not Internal Audit's) responsibility to: identify and manage the risk of fraud and corruption; ensure that appropriate risk management, internal control, and governance arrangements are in place; and ensure that best value is achieved. Internal Audit will assist senior management through the audit of such arrangements.
- 8.2 Management will co-operate with Internal Audit on audits and provide access to records, systems, and personnel as required within a reasonable timeframe following the request.
- 8.3 Assurance engagements will be subject to a written terms of reference and report. Advisory and agile engagements will be agreed in writing (for example via email or written terms of reference) and a relevant output agreed (for example full report / summary findings, focused feedback, or an action plan). Management will nominate a senior point of contact for each engagement.
- 8.4 Draft reports will be shared with management for agreement as to the factual accuracy of draft findings raised, and awareness of Internal Audit recommendations designed to address the control weaknesses identified. All Internal Audit recommendations will be graded in accordance with the definitions set out at [Appendix 1](#). Each draft report will include an assurance opinion based on the definitions at [Appendix 1](#).
- 8.5 When a draft audit report is delivered, it is management's responsibility to: accept and fully implement all Internal Audit recommendations; agree to address the risks identified by adopting an alternative approach to that recommended by Internal Audit; or accept the risk associated with not implementing Internal Audit recommendations with supporting rationale. Management are required to provide a written response to all Internal Audit findings / recommendations raised, including specifying responsible Officers and anticipated dates for the implementation of agreed recommendations. Internal Audit will consider the timeliness of implementation dates according to the associated risk level identified.
- 8.6 All Internal Audit recommendations are logged on the Council's Pentana system, with responsibility for ensuring that agreed management actions are implemented and effectively sustained allocated to the relevant Officer. This allows Officers to close recommendations as they are implemented and allows Internal Audit to monitor real time progress on an ongoing basis.
- 8.7 The [GIAS \(UK Public Sector\)](#) also requires the CAE to report to both senior management and the Audit and Scrutiny Committee details of management's response to risk³ that (based on the CAE's

³ Examples include not accepting recommendations or not allowing access to data / people as part of the audit.

judgement) may be unacceptable to the Council. Consequently, any Internal Audit findings where management has accepted this risk will be highlighted in Internal Audit reports.

9. Scope and Types of Internal Audit Services

- 9.1 The scope of Internal Audit services covers the entire breadth of the Council, Clackmannanshire and Stirling Integration Joint Board, Central Scotland Valuation Joint Board, and any other Clackmannanshire Council related ALEO. This includes all functions, activities, assets, data, and personnel therein. The complete Audit Universe is set out at [Appendix 2](#).
- 9.2 The scope of Internal Audit activities also encompasses, but is not limited to, objective examinations of evidence to provide independent assurance and advisory services to the Audit and Scrutiny Committee and management on the adequacy and effectiveness of governance, risk management, and control processes for the Council.
- 9.3 The nature and scope of advisory services may be agreed with the party requesting the service, provided the Internal Audit function does not assume management responsibility. Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during advisory engagements. These opportunities will be communicated as appropriate to management.
- 9.4 Internal Audit engagements may include evaluating whether:
- Risks relating to the achievement of the Council's strategic objectives are appropriately identified and managed.
 - The actions of Council officers, directors, management, employees, and contractors or other relevant parties comply with the Council's policies, procedures, and applicable laws, regulations, and governance standards.
 - Operations and projects / programmes are being carried out effectively, efficiently, and equitably, and the associated outcomes are consistent with established goals and objectives.
 - Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact the Council.
 - The integrity of information and the means used to identify, measure, analyse, classify, and report such information is reliable.
 - Resources and assets are acquired economically, used efficiently and sustainably, and protected adequately.

10. Internal Audit Plan

- 10.1 The CAE will submit an Annual Internal Audit Plan to the Audit and Scrutiny Committee for review and approval which is designed to support the provision of an evidence-based annual opinion. Details of the opinion definitions applied by Internal Audit are included at [Appendix 1](#). This Plan will be developed in accordance with a risk-based prioritisation of the audit universe (as per [Appendix 2](#)) and include input from a range of key stakeholders such as Elected Members, the Chief Executive, senior management, and Risk and Governance functions.
- 10.2 The approved Annual Internal Audit Plan must be considered flexible, however, and will be subject to regular review by the CAE throughout the year and adjusted where necessary in response to changes in Internal Audit resource and the Council's business, risk, operations, and priorities. Internal Audit resource will be directed to areas where there is the greatest need, with any proposed changes to the approved Annual Internal Audit Plan (due to emerging risks and issues) submitted to both senior management and the Audit and Scrutiny Committee for approval. Progress against the Annual Internal Audit Plan will be reported to Audit and Scrutiny Committee on a regular basis during the year as per paragraph 16.1.

- 10.3 Internal Audit also reserves the right to raise findings on areas that have not been specifically included in the Annual Internal Audit Plan where significant or systemic control gaps are evident.

Other Sources of Assurance – Co-ordination and Reliance

- 10.4 The [GIAS \(UK Public Sector\)](#) requires the CAE to coordinate with internal and external assurance providers to consider relying on their work and minimise duplication of effort. This may include, for example, specialist internal teams such as the Health and Safety Team, and external parties such as External Audit and the Care Inspectorate.
- 10.5 The [GIAS \(UK Public sector\)](#) recognises that there are various outside assurance providers whose authority flows from separate legal or regulatory sources beyond the control or influence of the CAE, and they may not have any ability to access the work of those assurance providers or gain insight into the scope and timing of their work. Under these circumstances, the CAE must consider whether it is possible or practical to co-ordinate. Where they do not co-ordinate, they must set out to the Audit and Scrutiny Committee the barriers which prevent effective co-ordination.
- 10.6 Where adopted, a consistent process for the basis of reliance should be established as, where reliance is placed on the work of others, the CAE remains accountable and responsible for ensuring that there is adequate support for conclusions and opinions reached. Therefore, when dealing with an external party, Internal Audit will clearly define the respective roles, responsibilities, and other expectations (including restrictions on distribution of results of the engagement and access to engagement records) via, for example, formal written agreements or minutes of meetings.

11. Resourcing

- 11.1 The [GIAS \(UK Public Sector\)](#) requires the CAE to effectively deploy and manage financial, human, and technological resources to implement the Internal Audit Strategy and achieve its Annual Internal Audit Plan and Mandate. The [Application Note: Global Internal Audit Standards in the UK Public Sector](#) notes that funding processes for Internal Audit functions in the public sector vary and may prevent the CAE from being able to seek or obtain additional funding due to other budget priorities within the organisation. This may impact the way in which the CAE uses resources.
- 11.2 In line with the [GIAS \(UK Public Sector\)](#), the basis for conformance is as follows:
- Where there are constraints on resources, the CAE must develop a resource strategy which suggests practical approaches for consideration by the relevant Committee.
 - The CAE must inform the Committee of the impact of insufficient resources and any options available to mitigate that impact.
 - Where there are constraints, the CAE must set out in the Charter what alternative approaches apply to the Internal Audit service, and then seek to manage financial, workforce, and IT resources within those constraints.
- 11.3 The Council's Internal Audit Strategy and Annual Internal Audit Plan will include the budgeted resource requirements required to deliver proposed audit engagements. It will also include a contingency to address unplanned work. Should circumstances arise during the year that suggests that available resource levels will fall or appear to be falling below the level required to deliver the Annual Internal Audit Plan, the CAE will communicate the impact of resource limitations to senior management and the Audit Committee.

12. Prevention and Detection of Fraud and Corruption

- 12.1 In line with the [Council's Financial Regulations](#), senior management are primarily responsible for the prevention and detection of fraud or corruption. Internal Audit will assist management in the discharge of this responsibility. Audit procedures alone cannot guarantee that all fraud or

corruption will be detected. Internal Audit will, however, exercise an appropriate level of professional scepticism during audit work and be alert to risks and exposures that could allow the opportunity for fraud or corruption to occur.

- 12.2 Discovery of any suspected or actual fraud or irregularity that affects the Council should be reported immediately to the Corporate Fraud Officer, the Senior Manager Legal and Governance and Monitoring Officer, and the Internal Audit Manager. Information on suspected or actual fraud may inform the annual audit opinion and the risk-based Annual Internal Audit Plan.

13. Follow-Up of Agreed Audit Recommendations

- 13.1 All Internal Audit recommendations are logged on the Council's Pentana system. It is management's responsibility to implement agreed Internal Audit recommendations and to subsequently close recommendations on the Pentana system.
- 13.2 Internal Audit will monitor the Pentana system on an ongoing basis to identify progress with the implementation of the agreed recommendations and report the outcomes from these reviews to Audit and Scrutiny Committee on a twice-yearly basis.
- 13.3 Additionally, Internal Audit will request evidence from management, and where necessary re-perform testing, on a periodic basis to support the closure of high risk (Grade 1) recommendations on the Pentana system.
- 13.4 Further, follow-up reviews of those audit areas for which 'no' or 'limited' assurance has been provided by Internal Audit (see [Appendix 1](#) for assurance category definitions) may also be undertaken at ad hoc intervals to confirm whether all agreed recommendations have been completed, appropriately sustained, and continue to be effective in mitigating risks.
- 13.5 If management subsequently decide to accept the full or partial risks associated with an Internal Audit finding following an initial agreement to implement the Internal Audit recommendation, details of any mitigating actions and residual risks must be recorded in the Pentana system by management. Thereafter, Internal Audit will report all risk acceptances to the Audit and Scrutiny Committee for information.

14. Quality Assurance and Improvement Programme (QAIP)

- 14.1 The CAE is responsible for ensuring the quality of audit work and that the Internal Audit function is continuously seeking improvement. The [GIAS \(UK Public Sector\)](#) defines quality as a combined measure of conformance with the GIAS and achievement of the Internal Audit functions performance objectives.
- 14.2 The CAE will develop, implement, and maintain a QAIP that covers all aspects of the Internal Audit function. The QAIP will include:
- Internal and external assessments of the Internal Audit function's conformance with the [GIAS \(UK Public Sector\)](#).
 - Performance measurement to assess the Internal Audit function's progress towards the achievement of its objectives and promotion of continuous improvement.
- If applicable, the assessment will include plans to address the Internal Audit function's deficiencies and opportunities for improvement.
- 14.3 The CAE will report annually to the Audit and Scrutiny Committee and senior management on progress with the Internal Audit function's QAIP, including the results of internal assessments (ongoing monitoring and periodic self-assessments) and external assessments.

- 14.4 External assessments will be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the Council, whose qualifications must meet the requirements set out in the [GIAS \(UK Public Sector\)](#).
- 14.5 Compliance with the [CIPFA Code of Practice for the Governance of Internal Audit in UK Local Government](#) must also be reflected in internal and external quality assessments.

15. Overall Conclusion of CAE Responsibilities

- 15.1 Building on the previous sections the CAE's responsibilities are summarised below:

Internal Audit Strategic Work and Planning

- Develop the Internal Audit function's mandate.
- At least annually, develop a risk-based Internal Audit Plan.
- Review and adjust the Annual Internal Audit Plan, as necessary, in response to changes in the Council's business, risks, operations, programmes, systems, controls, and available audit resource implications.

Delivery of Internal Audit work

- Ensure Internal Audit engagements are performed, documented, and communicated in accordance with the [GIAS \(UK Public Sector\)](#).
- Follow up on audit findings and confirm the implementation of recommendations or action plans.

Skills and Competence

- Ensure the Internal Audit function collectively possesses or obtains the knowledge, skills, and other competencies and qualifications⁴ needed to meet the requirements of the [GIAS \(UK Public Sector\)](#) and fulfil the Internal Audit mandate.
- Identify and consider trends and emerging issues that could impact the Council. That includes emerging trends and successful practices in internal auditing.
- Establish and ensure adherence to methodologies designed to guide the Internal Audit function (for example, the Internal Audit Manual).
- Ensure adherence to the Council's relevant policies and procedures unless such policies and procedures conflict with the Internal Audit Charter or [GIAS \(UK Public Sector\)](#).
- Co-ordinate activities and consider relying upon the work of other internal and external providers of assurance and advisory services.
- Ensure compliance with the QAIP, which includes undertaking assessments of compliance ensuring that the Internal Audit function conforms with the [GIAS \(UK Public Sector\)](#) and any action plans to address any deficiencies and opportunities for improvement.

Communication with the Audit and Scrutiny Committee and Senior Management

- Engage with and report on the above responsibilities. Key points include:
 - The Annual Internal Audit Plan and performance relative to the Plan. This includes discussing the Plan with Audit and Scrutiny Committee and senior management prior to submission of the Annual Internal Audit Plan to the Audit and Scrutiny Committee for review and approval. It also includes discussing resources available and reporting significant revisions to the Plan and resources.
 - Reporting potential impairments to independence, including relevant disclosures as applicable.

⁴ Note: All Internal Audit staff hold a relevant professional qualification (i.e. part or fully qualified member of the Chartered Institute of Internal Auditors or a Consultative Committee of Accountancy Body such as CIPFA, ACCA, or ICAS) and participate in the Continuous Professional Development (CPD) requirements of both the relevant Chartered Institute and the Council's own CPD scheme.

- Results from the QAIP, which include the Internal Audit function's conformance with the [GIAS \(UK Public Sector\)](#) and report progress relating to action plans to address any deficiencies and opportunities for improvement.
- Significant risk exposures and control issues, including fraud risks, governance issues, and other areas of focus for the Audit and Scrutiny Committee that could interfere with the achievement of the Council's strategic objectives.
- Management's responses to risk that the Internal Audit function determines may be unacceptable or acceptance of a risk that is beyond the Council's risk appetite.

- 15.2 In addition, and in line with the [GIAS \(UK Public Sector\)](#), the CAE must, at least annually:
- Conclude on the overall adequacy and effectiveness of the Council's framework of risk management, governance, and control (annual opinion). See [Appendix 1](#) for assurance category definitions.
 - Include a statement on conformance with the [GIAS \(UK Public Sector\)](#) and the QAIP results.

- 15.3 The annual opinion for the Council is based on:
- The outcomes of the audits included in the Annual Internal Audit Plan.
 - Progress with the implementation of agreed audit recommendations.
 - The results of any other Internal Audit activities that have identified control gaps that are exposing the Council to risk.
 - The professional judgement of the CAE.

16. Communication and Reporting

- 16.1 The CAE is accountable to the Audit and Scrutiny Committee for Internal Audit performance and will report regularly to the Committee on the progress with, and results of, the Internal Audit function's work as noted in section 15 above. This enables review and scrutiny of the following areas as required by the [GIAS \(UK Public Sector\)](#):

Report	Frequency
1. Internal Audit Strategy	Three-Yearly
2. Internal Audit Charter	Annually
3. Annual Internal Audit Plan	Annually
4. Internal Audit Progress against the Annual Internal Audit Plan and the key outcomes from any completed audits not previously reported to Committee	Quarterly
5. Proposed material changes to the Annual Internal Audit Plan	Quarterly
6. Overdue Internal Audit Report Recommendations	Six-Monthly
7. Internal Audit Annual Assurance (Opinion) Report, including: • Effectiveness of the risk management, governance, and control framework. • Confirmation of Internal Audit independence. • Conformance with the GIAS (UK Public Sector), including ethics and professionalism requirements. • Achievement of Key Performance Indicators by Internal Audit.	Annually

Report	Frequency
8. Internal Quality Assessments, including: - Results of Internal Assessments. - Progress on Corrective Action Plans. - Compliance with the CIPFA Code of Practice for the Governance of Internal Audit in UK Local Government.	Annually
9. External Quality Assessments	Five-Yearly

17. Approval and Changes to the Internal Audit Mandate and Charter

- 17.1 The Internal Audit Charter is subject to approval by senior management and the Audit and Scrutiny Committee on an annual basis. Approval is evidenced through SLG and Audit and Scrutiny Committee meeting papers and minutes.
- 17.2 A variety of circumstances may justify changes to the Internal Audit Charter. Such circumstances may include, but are not limited to:
- A significant change in the [GIAS \(UK Public Sector\)](#).
 - A significant re-organisation within the Council.
 - Significant changes in the CAE, the Audit and Scrutiny Committee, and / or senior management.
 - Significant changes to the Council's strategies, objectives, risk profile, or the environment in which the Council operates.
 - Changes to laws or regulations that may affect the nature and / or scope of Internal Audit services.

1.1: DEFINITION OF INTERNAL AUDIT RECOMMENDATION GRADES

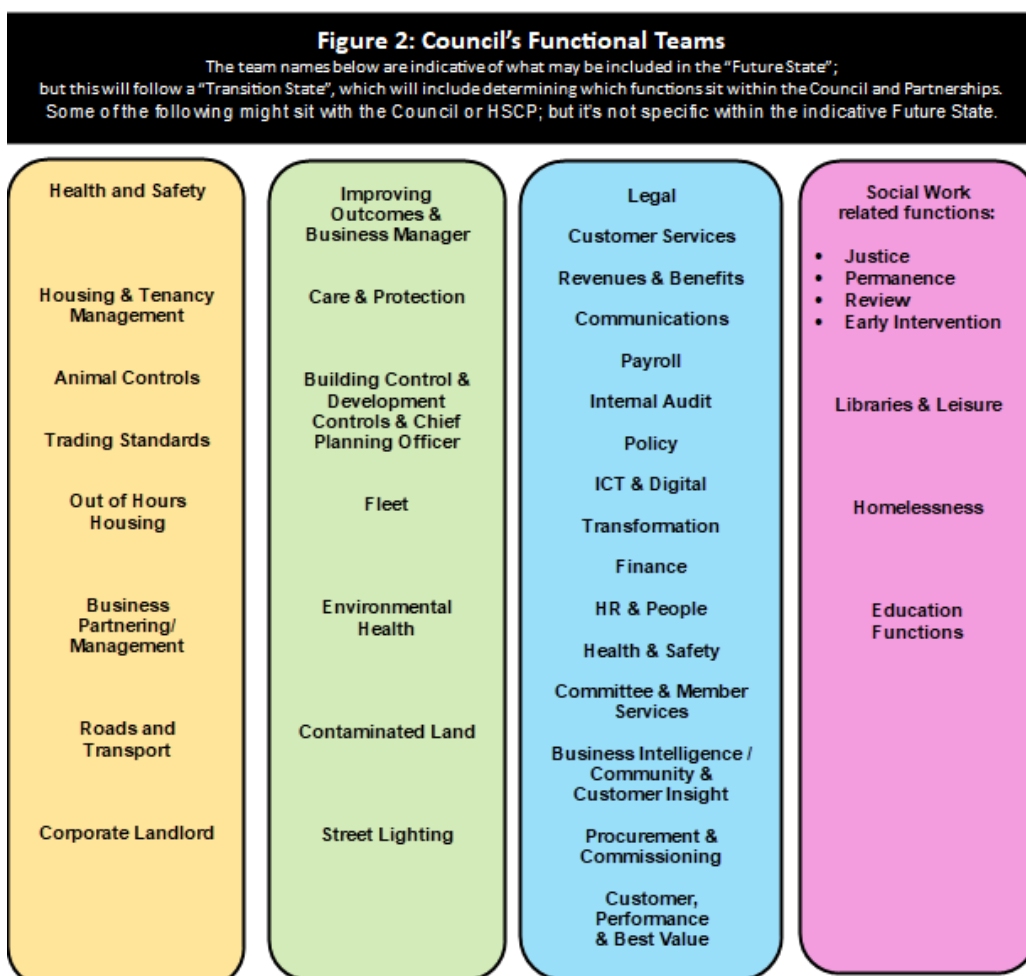
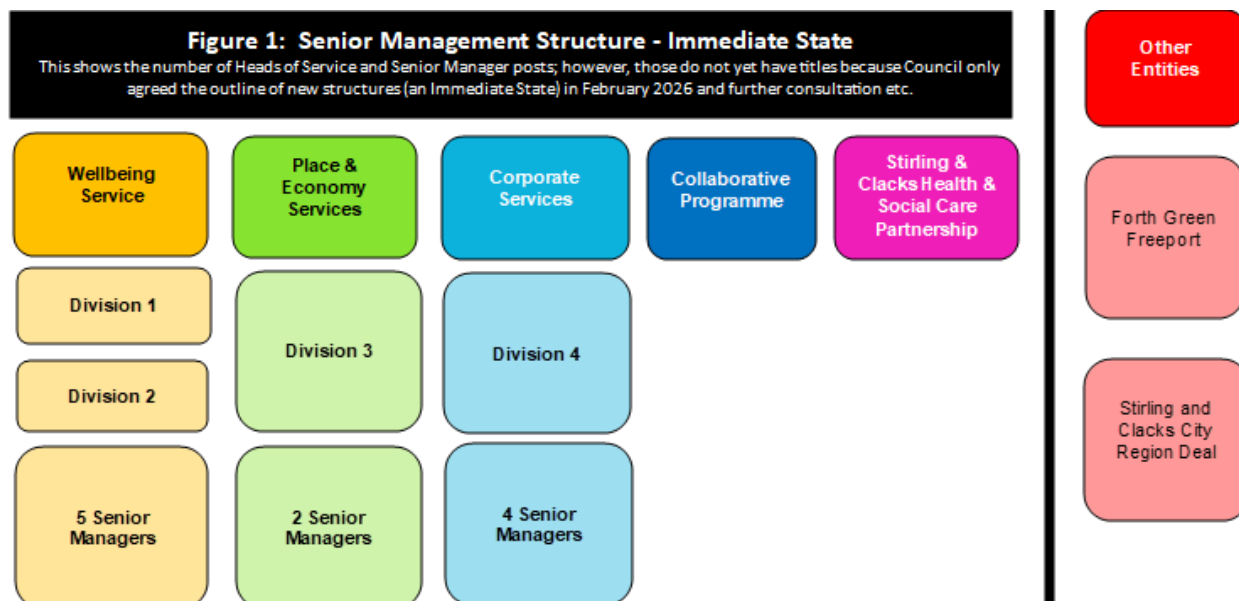
Grade of Recommendation	Definition
Grade 1	Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently, management needs to address and seek resolution urgently.
Grade 2	Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt, but not immediate action by management.
Grade 3	Less significant issues and / or areas for improvement which we consider merit attention, but do not require to be prioritised by management.

1.2: DEFINITION OF INTERNAL AUDIT ASSURANCE CATEGORIES

Level of Assurance	Definition
Substantial assurance	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.
Limited assurance	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.
No assurance	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.

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 high level audit universe below:



Report to: Audit & Scrutiny Committee

Date of Meeting: 11th June 2026

Subject: Internal Audit Actions – Progress Report

Report by: Head of Corporate Services

1.0 Purpose

- 1.1. The purpose of this report is to provide the Audit & Scrutiny Committee with update on progress against actions arising from Internal Audit reports.

2.0 Recommendations

Committee is asked to:

- 2.1. Note, comment on and challenge the report.

3.0 Considerations

- 3.1. This report provides a consolidated overview of the status of Internal Audit recommendations, following the Committee's agreement to move to a quarterly reporting schedule.
- 3.2. Directorates continue to engage actively in reviewing, updating, and delivering agreed actions. Progress against outstanding recommendations remains a standing item at the Strategic Leadership Group, and Directors are required to ensure that Internal Audit actions are regularly monitored at Senior Management Team meetings.
- 3.3. A summary of progress is provided in Appendix 2, highlighting areas of improvement, slippage, or continuing risk exposure. Appendix 1 provides a detailed extract from Pentana, including management commentary on each recommendation. These assessments are management-led; any variances identified by Internal Audit during follow-up or verification work will be reported to Committee.
- 3.4. The Committee's continued scrutiny plays an essential role in supporting improvement and ensuring that appropriate control frameworks are embedded across the Council.

4.0 Sustainability Implications

4.1. None.

5.0 Resource Implications

5.1. *Financial Details*

5.2. 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 ☒

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☒

5.4. *Staffing*

6.0 Exempt Reports

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

7.0 Declarations

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

(1) Our Priorities

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 ☒

8.0 Impact Assessments

- 8.1 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)

No ☒

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

There are no direct impacts resulting from the contents of this report.

9.0 Legality

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

10.0 Appendices

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

Appendix 1 – Internal Audit Actions – Progress Summary

Appendix 2 - Full List of Internal Audit Actions – Pentana Extract

11.0 Background Papers

- 11.1 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
Chris Alliston	Head of Corporate Services	2184

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

Internal Audit and Fraud Summary of Outstanding Actions (as at 27th May 2026)

Key to Symbols	Assurance Level		Current Status		Expected Outcome	
		Substantial Assurance		Completed		Already Complete
		Substantial/Limited Assurance		In Progress, On Track		Will Complete Within Target
		Limited Assurance		Check Progress/Unassigned		Will Complete Outwith Target
		No Assurance		Overdue		Will Fail to Complete
		Assurance Not Applicable		Cancelled		Cancelled

2017/18 Internal Audit & Fraud Plan

Audit			Expected Outcome	Due By	Completed	Progress
	IAF A04 SDB	Sundry Debtors		31-Mar-2021		50%

2019/20 Internal Audit & Fraud Plan

Audit			Expected Outcome	Due By	Completed	Progress
	IAF A16 HRC	Housing Rent Collection & Arrears Management		31-Aug-2020		83%

2020/21 Internal Audit & Fraud Plan

Audit			Expected Outcome	Due By	Completed	Progress
	IAF A07 CRM	Corporate Risk Management Arrangements		30-Sep-2023		90%

2021/22 Internal Audit & Fraud Plan

Audit			Expected Outcome	Due By	Completed	Progress
	IAF A06 FMM	Fleet Management & Monitoring Arrangements		31-Mar-2023		98%
	IAF A10 SMD	Use & Control of Social Media		31-Dec-2022		78%

2022/23 Internal Audit & Fraud Plan

Audit			Expected Outcome	Due By	Completed	Progress
	IAF A09 BSC	Building Security		30-Sep-2023		98%

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	IAF A13 PSA	Physical Income Security Arrangements		30-Nov-2023		98%
	IAF A16 SSB	Supplier Set Up & Supplier Bank Account Changes		31-Dec-2023		93%
2023/24 Internal Audit & Fraud Plan						
Audit		Expected Outcome		Due By	Completed	Progress
	IAF A09 LBF	Leisure Banking Follow Up		31-Jan-2024		92%
	IAF A10 APO	Adult Social Care Purchase Order Arrangements		31-Jul-2024		41%
2024/25 Internal Audit & Fraud Plan						
Audit		Expected Outcome		Due By	Completed	Progress
	IAF A03 CCD	Climate Change Act Public Body Duties		31-Oct-2025		93%
	IAF A10 COB	Community Benefits		31-Mar-2026		90%
	IAF A11 LBF	Leisure Banking Follow-up		31-Oct-2025		80%
	IAF A12 ISG	IT & Information Security Governance		31-Jul-2025		71%
	IAF A13 FG1	Follow Up of Grade 1 Recommendations		31-Dec-2025		83%
	IAF A15 AMA	Asbestos Management Arrangements		31-Dec-2025		91%
2025/26 Internal Audit & Fraud Plan						
Audit		Expected Outcome		Due By	Completed	Progress
	IAF A10 OPF	Follow Up of 2023/24 Adult Social Care Purchase Order Arrangements 2025/26		31-Jul-2026		0%
	IAF A16 CTR	Council Tax Refunds 2025/26		31-Jul-2026		92%

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IAF A04 SDB

Sundry Debtors

Assurance Not Applicable

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF SDB 002	Written procedures should be prepared setting out the process for: • the creation or amendment of debtor accounts; • the raising of a debtor invoice; • cancelling a debtor invoice; and • identifying accounts for write off.	Pending outcome of Recommendation 1. Develop procedures and processes identified.			31-Mar-2018	Review underway – target completion end of June 2026	Revenues Team Leader
IAF SDB 003	The authorisation arrangements when creating or amending debtor accounts, and raising or cancelling a debtor invoice, should be reviewed.	Pending outcome of Recommendation 1. Revenue will consider as part of ongoing engagement work with Services.			31-Mar-2018	Review underway – target completion end of June 2026	Revenues Team Leader
IAF SDB 005	An Authorised Signatory List should be established for requests to cancel sundry debtor invoices	Pending outcome of Recommendation 1. Engage with Procurement Manager to review current authorised signatory process to accommodate			31-Dec-2018	Review underway – target completion end of June 2026	Revenues Team Leader
IAF SDB 006	Services should be reminded to provide adequate supporting documentation when creating or amending debtor accounts, and raising or cancelling debtor invoices. The functionality within Tech One should be utilised to enable supporting documentation to be stored electronically.	Pending outcome of Recommendation 1. Revenue will consider as part of ongoing engagement work with Services and Tech One team.			31-Mar-2018	Review underway – target completion end of June 2026	Revenues Team Leader

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IAF A16 HRC

Housing Rent Collection & Arrears Management

Substantial Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF HRC 003	The Corporate Debt Recovery and Write Off Policy records that Revenues have the 'authority to write-off debts up to the value of £20 "if all avenues for recovery have been exhausted and the debt is more than 2 financial years old'. There are a number of accounts that fall into this category and these should be actioned. In addition, accounts with arrears less than £50 are not passed to the Sheriff Officers for collection. This de minimis level should be included in the Policy (when it is next reviewed) and the procedural instructions	In accordance with the Corporate Debt Recovery and Write Off Policy Revenues will write off debts up to the value of £20. The minimum level of debt on accounts that will be passed to the Sheriff Officers will be included in the next annual update of the Corporate Debt Recovery and Write Off Policy			31-Aug-2020	Work ongoing - target completion end of June 2026	Revenues Team Leader

IAF A07 CRM

Corporate Risk Management Arrangements

Substantial Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF CRM 005	The Strategic Director - Partnership and Performance should complete a Training Needs Analysis to identify the level and type of risk management training required by each category of staff (and elected Members). Thereafter, a Training Programme should be developed and implemented to satisfy all	The review of the risk analysis training module on Clacks Academy will take place after the approval of the revised risk strategy.			30-Sep-2023	General risk training is not appropriate for all staff (though corporate risks are reflected in mandatory programme). Content is defined for target groups (theme leads, managers, etc.) and progress will be made as part of the Corporate Risk Strategy Delivery Plan agreed by Council. This action has been	Performance and Information Adviser

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	identified needs. In addition, the content of the online 'Risk Analysis' training module should be reviewed and updated to ensure that there is greater alignment with the Risk Management Strategy (and associated guidance). Thereafter, all staff should be required to complete the module on an annual basis. Finally, the format of the corporate Induction Programme checklist should be amended to mandate the issue of the Risk Management Strategy to, and completion of the 'Risk Analysis' training module by, new starts.					delayed as a result of limited capacity and resource and competing pressures, although this action has been reflected in the Risk delivery plan.	

IAF A06 FMM

Fleet Management & Monitoring Arrangements

Substantial/Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF FMM 001	The Fleet Asset Management Plan should be reviewed and updated by the Fleet Services Team Leader. Thereafter, the revised plan should be submitted to Committee for approval.	The Fleet Asset Management Plan will be reviewed and updated, and thereafter submitted to Committee for approval. Further discussions are required with senior Officers.			31-Dec-2022	The asset management plan is in progress and will be submitted to the Committee for approval once complete. Uncertainty on the future direction of alternate fuelled vehicles and associated budget requirement has delayed the completion of the document. The document will be complete and submitted 2025.	Roads and Transportation (Team Leader)

IAF A10 SMD

Use & Control of Social Media

Substantial Assurance

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF SMD 001	The points relating to the content of the Social Media Policy and Guidelines should be considered when it is next updated.	Policy and Guidelines recognised as requiring revision during review of Communications Strategy. These points will be considered as part of these projects and incorporated if appropriate. Action Due date is as per new Communications Strategy Action Plan.			31-Dec-2022	Whilst a draft social media policy has been developed, finalization of this policy is on hold pending the outcome of the communication and engagement transformation work being undertaken over the Summer 2025. A full review of social media and recommendations is expected to be contained within the final report which will shape the final social media policy.	Communication s (Team Leader)
IAF SMD 002	The content of the social media training module should be revised and updated to reflect the updated Policy and Guidelines.	Need for training to be updated recognised during review of Communications Strategy. Update to be included within new Communications Strategy Action Plan. Action Due date is as per new Communications Strategy Action Plan.			31-Dec-2022	See IAF SMD 001 – A training programme will be identified for employees following the finalisation of the Social Media Policy. Consideration will be given to the development of an in-house Clacks Academy module.	Communication s (Team Leader)

IAF A09 BSC

Building Security

Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF BSC 002	Giving the findings arising from our visits to a sample of operational premises, consideration should be given to the adequacy of current security guidance. This should include the potential need for	Corporate Policy, Guidance and Training matters will be addressed by the Strategic Director for Partnership and Performance by September 2023.			30-Sep-2023	The Corporate Building Security Policy was presented and approved by Council on 21st May 2026.	Emergency Planning Officer

APPENDIX ONE

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	professional expertise to assist with the development of robust security standards (including the preparation of a Security Risk Assessment and Action Plan for key operational buildings).						
IAF BSC 003	A formal and comprehensive Building Security Incident Policy should be prepared. Once finalised, the Policy should be disseminated to relevant staff, with training provided if required.	A New system has been implemented and staff are being encouraged to log near miss incidents and non compliance issues. A draft Strategy was prepared immediately prior to the Covid-19 pandemic, however, this has not been completed due to staff abstraction. Police Scotland have agreed to assist with a security review, which will input to the draft strategy, which will be considered at the Risk and Integrity Forum in early 2023. It is anticipated that the strategy should be finalised by June 2023. Building Security Risk Assessments are being reviewed by Emergency Planning as part of a larger Scottish Government Initiative			30-Jun-2023	The Corporate Building Security Policy was presented and approved by Council on 21st May 2026, the policy will be cascaded through the normal channels to staff.	Emergency Planning Officer
IAF BSC 044	Action is taken to implement the building security corporate recommendations which have been outstanding since 2019.	Action is taken to implement the building security corporate recommendations which have been outstanding since 2019.	1		31-May-2023	This action has been completed in conjunction with the finalization of the Corporate Security Policy as above.	Emergency Planning Officer

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IAF A13 PSA

Physical Income Security Arrangements

Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF PSA 001	Written Cash Handling and Banking procedures should be developed and distributed to all cash handling sites within the Council. These procedures should consider the findings and recommendations made within this report and include arrangements for: • Cash Security. • Segregation of duties and management checks. • Cashing up and banking. Written Imprest Procedures should be developed and distributed to all Imprest holders. These Procedures should include: • Roles and responsibilities of Imprest Holders and deposes; • Purpose of Imprest fund and acceptable transaction; • Arrangements for distribution of funds; • Recording Imprest transactions; and • Imprest reconciliation, management checks, replenishment and process for collecting funds. All written premises specific cash handling and Imprest written procedures should be based on the Corporate Procedures and should incorporate the findings and recommendations made in this report. For example, regular checking of cash floats,	Cash handling procedures will be issued at a corporate level.	2		30-Sep-2023	Review underway – target completion end of June 2026	Revenues Team Leader

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	developing and maintenance of safe logs, and defining Imprest holders and responsible Officers.						

IAF A16 SSB

Supplier Set Up & Supplier Bank Account Changes

Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF SSB 002	An Access Control Policy should be developed for TechOne.	Consideration will be given to developing an Access Control Policy.	1		31-Dec-2023	On the engagement of the new Systems Administrator this will be taken forward. Time is required for the person to embed into the post before writing policies. Responsible Officer: Team Leader Corporate Accountancy / Systems Administrator Implementation Date: December 2026	Corporate Accountancy (Team Leader)

IAF A09 LBF

Leisure Banking Follow Up

Assurance Not Applicable

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF LBF 006	The Accountancy Team should consider what action (including formal write off) may be required to clear the long standing balance on the Leisure Suspense Account.	Measures will be put in place to reconcile the income monthly immediately.	1		31-Jan-2024	Monthly reconciliations are taking place. Action to clear the balance can only be taken forward once the police investigation has concluded. Update from Police Scotland as at February	Corporate Accountancy (Team Leader); Chief Finance Officer

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
						2026 is that the case is still being progressed.	

IAF A10 APO

Adult Social Care Purchase Order Arrangements

No Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF APO 001	All Adult Care purchases should have an appropriately authorised Purchase Order raised on Techone by an officer with sufficient delegated authority and sent to the supplier in advance of payment. The Purchase Order should include the financial commitment as detailed in the care plans. Prior to payment, invoices should be received and matched to the Purchase Order.	Clackmannanshire Council Senior Management agreed that: • Adult Care Purchase Orders should be issued / approved on Techone at the beginning of the year, with a 'call off' arrangement in place for ongoing spend once invoices are received with actual hours. The value of Purchase Orders should be based on: previous annual cost or the actual budget for the type of care; or the care plan annual value; and • Purchase Orders should be raised before any invoices are received and if there is a contract the contract reference should also be noted.	1		31-May-2024	To raise purchase orders for each service user in Techone, match to Care Plans via service user reference. Purchase order being matched to care plan requirement – 4weekly/annual costs on PO.	HSCP
IAF APO 002	All Adult Care purchases should have an appropriately authorised Purchase Order raised on Techone by an officer with sufficient delegated authority and sent to the supplier in advance of payment. The Purchase Order should include the financial commitment as detailed in the care plans. Prior to payment, invoices should be	The Health and Social Care Partnership Senior Management stated that: • The approved process within Clackmannanshire Council is to use Techone, however, it is acknowledged that social care purchasing within an integrated partnership involving Stirling Council and NHS Forth Valley requires consideration of a	1		31-May-2024	Ensure delegated authorities are correctly exercised and invoices matched to PO prior to payment. Establish if matching can be run through excel macro if system matching cannot take place.	HSCP

APPENDIX ONE

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	received and matched to the Purchase Order.	more flexible approach ensuring effective governance and control; and • Consideration be given to the 'pro-forma' process in place which is aligned to industry standard practice based on actual hours delivered on a 4 weekly programme of payments.					
IAF APO 003	All Adult Care purchases should have an appropriately authorised Purchase Order raised on Techone by an officer with sufficient delegated authority and sent to the supplier in advance of payment. The Purchase Order should include the financial commitment as detailed in the care plans. Prior to payment, invoices should be received and matched to the Purchase Order.	An improvement plan will be agreed by the Health and Social Care Partnership and Clackmannanshire Council Senior Management. The improvement plan will have measurable actions to address the adult social care commissioning and payment processes including the best use of current IT systems and assess further system development requirements to align with process requirements.	1		31-May-2024	Ensure IT process of matching invoice to order is enabled even if this is through an excel macro.	HSCP
IAF APO 004	All Adult Care purchases should have an appropriately authorised Purchase Order raised on Techone by an officer with sufficient delegated authority and sent to the supplier in advance of payment. The Purchase Order should include the financial commitment as detailed in the care plans. Prior to payment, invoices should be received and matched to the Purchase Order.	An improvement plan will be agreed by the Health and Social Care Partnership and Clackmannanshire Council Senior Management. The improvement plan will have measurable actions to address the adult social care commissioning and payment processes including the best use of current IT systems and assess further system development requirements to align with process requirements.	1		31-May-2024	Ensure IT process of matching invoice to order is enabled even if this is through an excel macro.	HSCP

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF APO 005	Care Plans should be in place for all adult care packages and should be retained in line with the Council's Retention Policy.	Health and Social Care Partnership Management advised that they are reasonably assured that care plans are routinely implemented on the basis that current systems ought not to permit progression to payment without this. However, a sample audit / data cleanse will be undertaken for assurance purposes. This will be repeated annually. Annual checking will be introduced to ensure that all care plans are in place. Health and Social Care Partnership Management advised that a modernised and fit for purpose Social Work recording system would streamline this process and ensure effective financial management based on individual care packages. A focus on this issue will be built into induction training to ensure processes and systems are understood and implemented properly from the outset of a member of staff's career within the Partnership. Quality Assurance (QA) processes and Key Performance Indicators (KPIs) to be developed and implemented to allow for routine reporting on performance in relation to care plans, work underway to devise KPIs dashboard. This will include "One	2		31-May-2024	Understood document retention not responsibility of the HSCP. However necessary document retention periods need to be confirmed and ensure they are part of the Clacks document retention policy. If queries, confirm with CSWO and review Stirling Council document retention policy. Documentation retained by the Council should have a process in place to enable this.	HSCP

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		Sheet" commissioning information.					
IAF APO 006	All care plans should be regularly reviewed, and this should include approval of any ongoing financial commitments in line with the approving manager's delegated authority.	Health and Social Care Partnership Management advised that there needs to be a review of the levels of approval across systems as current arrangements do not align with delegated authority. Discussion required regarding the Council's Scheme of Delegation to ensure a transparent recognition of the role and function of across-Partners HSCP management team. A review will be undertaken of the Council's Scheme of Delegation to ensure that it includes the role and function of Health and Social Care Partnership Management Team and Officers. Thereafter the levels of approval on Adult Care Systems will be fully aligned to delegated authorities. Health and Social Care Partnership Management advised that following agreement on the process of ordering of packages of care going forward, a written standard operating procedure (SOP) for care managers and line managers would be developed. This will be disseminated accordingly with a requirement for a signed confirmation that each relevant staff member has read the procedure. The SOP will clarify the	1		31-May-2024	Identify a way of recording management approval of care plans and documenting this within Finch – identify a field where this can be evidenced. Review of the levels of delegated authority also to be undertaken in line with Clacks Council scheme of delegation for grades of staff to ensure appropriate authorisation levels.	HSCP

APPENDIX ONE

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		appropriate process for evidence of approval, e.g. amendment to the care plan or system to note approvals.					
IAF APO 007	A review and transformation of Adult Social Care processes is underway and will clarify statutory arrangements for reviews and case file audit, including financial commitments of care plans with the aim of implementing a compliant care plan reviewing process.	All care plans should be regularly reviewed, and this should include approval of any ongoing financial commitments in line with the approving manager's delegated authority.	1		31-Jul-2024	Is part of Budget Savings plan delivery for 2026/27. For those packages of care not reviewed as part of the budget savings work which have not been reviewed in the last 12 months a plan of action will be required to address outstanding assessment review.	HSCP
IAF APO 008	The manager approval and review of care plans should be defined in written procedures.	Adult Social Care Standard Operating Procedures will be developed and include processes for compiling, approving, and reviewing Care Plans.	2		30-Jun-2024	Care plan review process to be written. Review same process in Stirling and adopt accordingly if appropriate to do so.	HSCP
IAF APO 011	Officers responsible for approving payments on Techone should have sufficient information in order to ensure only valid payments are made. For example, the service or goods have been provided and where appropriate these reconcile to a current contract.	Health and Social Care Partnership Management advised that a Resource Allocation Group (RAG) process for approval of Long Term Care is under development and expected to be implemented by the end of January 2024. This will include the process for budgetary and commissioning consideration. It would not be feasible nor practical to implement a similar process for Care at Home delivery	1		31-May-2024	Payments on Techone should be reviewed against planned care to ensure amounts paid do not exceed approved levels of care.	HSCP

APPENDIX ONE

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		given the volume of work and turnover of clients indicated in this area. Explore ways of getting Manager assurance that appropriate checks had been undertaken. E.g. approval of care plan and actual costs incurred. Health and Social Care Partnership Management advised that there needs to agreement on an appropriate process for evidence of approval. Business Matching Unit (BMU) will develop a Quality Assurance process for reconciliation purposes.					
IAF APO 012	Officers responsible for approving payments on Techone should have sufficient information in order to ensure only valid payments are made. For example, the service or goods have been provided and where appropriate these reconcile to a current contract.	Health and Social Care Partnership Management advised that a Resource Allocation Group (RAG) process for approval of Long Term Care is under development and expected to be implemented by the end of January 2024. This will include the process for budgetary and commissioning consideration. It would not be feasible nor practical to implement a similar process for Care at Home delivery given the volume of work and turnover of clients indicated in this area. Explore ways of getting Manager assurance that appropriate checks had been undertaken. E.g. approval of care plan and actual costs incurred.	1		31-May-2024	SDS care plan listing and value to be reviewed against actual payments being made to ensure payments are not made in excess of purchase order value.	HSCP

APPENDIX ONE

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		Health and Social Care Partnership Management advised that there needs to agreement on an appropriate process for evidence of approval. Business Matching Unit (BMU) will develop a Quality Assurance process for reconciliation purposes.					
IAF APO 013	Health and Social Care Partnership Management advised that Finance / budget meetings have now been implemented with Locality Managers, however, the finance information available needs to be reviewed to ensure it has appropriate meaning at team level. Evidence of sufficient budget to enable care commitment will be built into the centralised HSCP resource allocation group (RAG) which is being put in place from January 2024.	Consideration should be given to Adult Care Team Managers having access to real time budget information when approving care plans. Prior to approval of care plans budgets should be checked to ensure they are sufficient to cover the projected financial costs	2		31-May-2024	Budget reviewed by locality managers on a monthly basis with clear explanation required on reasons for overspend/ underspend of budget. To be reported to the HSCP CFO and monitored by Clacks HSCP accountant.	
IAF APO 016	Adult Care Management should review non contract care and support expenditure to ensure compliance with the Care and Support Contract Standing Orders Exception Report.	These will be reviewed and action taken as appropriate.	1		31-May-2024	Report required of all non-contracted spend and an action plan created on how this will be addressed.	HSCP
IAF APO 017	Contracts should be put in place for care provider expenditure that meets Contract Standing Order thresholds.	A review of historical Adult Social Care spend will be undertaken to identify suppliers where no contracts are in place. Where no contracts were identified then	1		30-Jun-2024	Contracts are being put in place systematically across spend areas (prioritised on spend / risk basis) to ensure coverage is increased over time, with annual review based on	HSCP

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		procurement processes will be followed and contracts awarded. This review of supplier spend and contracts will be undertaken annually.				cleansed supplier spend data. So far National Home Care, Tier 3 Adult Disability Provision Delivery Contract, Independent Advocacy, have been awarded and Implementation of Scotland Excel Care and Support Framework planning is underway with expectation that it will go to Council for final approval given the value. Revised Implementation Date: 01 August 2026	
IAF APO 018	Contracts should be put in place for care provider expenditure that meets Contract Standing Order thresholds.	A review of historical Adult Social Care spend will be undertaken to identify suppliers where no contracts are in place. Where no contracts were identified then procurement processes will be followed and contracts awarded. This review of supplier spend and contracts will be undertaken annually.	1		30-Jun-2024	Contracts are being put in place systematically across spend areas (prioritised on spend / risk basis) to ensure coverage is increased over time, with annual review based on cleansed supplier spend data. So far National Home Care, Tier 3 Adult Disability Provision Delivery Contract, Independent Advocacy, have been awarded and Implementation of Scotland Excel Care and Support Framework planning is underway with expectation that it will go to Council for final approval given the value. Revised Implementation Date: 01	HSCP

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
						August 2026	

IAF A03 CCD Climate Change Act Public Body Duties

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF CCD 003	The Council Travel Plan should be reviewed and updated as required. It should be approved by Council within an appropriate timeframe.	An appropriate timeframe will be agreed by the service.	3		31-Oct-2025	Staff survey completed and results being used to inform draft Staff Travel Plan. Draft will be available late April 2026.	Transportation Team Leader

IAF A10 COB Community Benefits Limited / No Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF COB 001	Finalise and publish the new Procurement Strategy by year-end, incorporating a comprehensive Community Benefits policy statement as outlined. Contract Standing Orders will also be revised to support consistency in this approach.	The new Procurement Strategy should be completed by the end of the financial year and include a policy statement on the use of community benefits requirements, covering: •What the policy is. •When it is applicable. •The aims and objectives of using Community Benefit requirements. •How the policy will be implemented and monitored. •The approach and circumstances where it would not	1		31-Mar-2026	In draft	Procurement Manager

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		be appropriate to include Community Benefits.					
IAF COB 003	Develop and roll out training for Contract Responsible Officers on Community Benefits, either standalone or signpost to existing sessions by third parties.	Training should be introduced to educate Contract Responsible Officers on the use of Community Benefits. This could be standalone training or incorporated into pre-existing sessions.	1		31-Mar-2026	Template for training and agenda for session are under development. Rollout may be early in the financial year 2026/27.	Policy Officer
IAF COB 011	Develop a procedure for using Community Benefit points in Scotland Excel contracts, including record-keeping and reporting. Scotland Excel inform the Council when points have been accrued re their community benefit system and identify the route to redeem these with the suppliers.	A procedure should be written for the use of Community Benefit points in Scotland Excel contracts, including record-keeping around their application and reporting of benefits redeemed to senior management.	2		31-Mar-2026	Being explored	Procurement Manager

IAF A11 LBF

Leisure Banking Follow-up

Assurance Not Applicable

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF LBF 005	The Finance team should investigate the Leisure Suspense Account to determine the makeup of the persistent debit balance. This exercise would identify: 1. The balance relating to the 2019 potential discrepancy, to be left in the Leisure Suspense account until the conclusion of the Police Scotland investigation; and 2. Any	During 2024/25 year-end proceedings, a comprehensive reconciliation will be performed to identify any balances associated with historical/2019 activity, with any remaining recent discrepancies to be further investigated; said discrepancies to be investigated on a monthly basis.	1		31-Oct-2025	Monthly reconciliations are now being carried out by the accountant as of financial year 25/26. Any issues will be raised with the team leader if they occur. Cannot clear long-standing balance until the police investigation has concluded. A new reconciliation account has been created to separate the long-standing balance and ongoing movements in the account to	Chief Finance Officer

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	remaining balance, which should be investigated as a reconciling balance each month, and appropriate action taken (which may include write off). Once this has taken place, the Management Accountant responsible for the monthly account reconciliation should be informed of the balance to be held in the Leisure Suspense account. This will enable an effective account reconciliation to be undertaken as discussed at Action 6b.					allow clearer identification of current variances. Ongoing	

IAF A12 ISG

IT & Information Security Governance

Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF ISG 001	IT and Information Governance roles and inter relationships should be defined in an overarching IT and Information Security Policy.	Whilst a number of related policies on IT Security and Information Security are in place, they require to be updated and refreshed to ensure that they are fit for purpose. An overarching Information Security Policy, however, is required to provide a solid framework for other policies and approaches in place. This has also been identified as an action in the Annual Governance Assurance Statement and will be taken forward in 2024/25.	2		31-Mar-2025	Work is underway to refresh the suite of ICT policies, with an early priority focussed on a refresh of the security policy. In doing so, officers are benchmarking across other Councils and key partners including the DWP to ensure alignment and cohesion. Whilst this remains a key priority for the service, progress has been delayed due to capacity, workload pressures and staff deployed onto significant ICT projects. Work is underway to identify additional resources and capacity to undertake policy development which includes	Senior Manager (Partnership and Transformation)

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
						the IT and Information Security Policy.	
IAF ISG 002	IT and Information Governance roles and inter relationships should be defined in an overarching IT and Information Security Policy.	Whilst a number of related policies on IT Security and Information Security are in place, they require to be updated and refreshed to ensure that they are fit for purpose. An overarching Information Security Policy, however, is required to provide a solid framework for other policies and approaches in place. This has also been identified as an action in the Annual Governance Assurance Statement and will be taken forward in 2024/25.	2		31-Mar-2025	See latest note at ISG 001. Roles and responsibilities including policy owners, alignment with other key information security policies and schedule for monitoring and review will be considered when finalising the ICT Security Policy.	Senior Manager (Legal and Governance)
IAF ISG 003	The Council's governance of cyber security should be formally agreed and documented. A Cyber Security Incident Response Team should be formed, with roles and responsibilities documented. The team remit should also be defined with responsibilities included in a finalised Cyber Security Incident Response Plan.	A draft Cyber Incident Response Plan is in place which follows best practice guidance shared by Scottish Government. This plan also aligns with the Council's Major Emergencies Operational Procedures and Incident Management approaches. An exercise held in April 2024 will be repeated again in late 2024, which will enable local plans to be tested, updated, and then approved. Approval will be sought for the Cyber Incident Response Plan in the Spring of 2025 to allow for exercising and testing to take place.	2		31-Mar-2025	A Cyber Incident Response Plan has been developed and engagement has taken place. Formal sign off will be completed through the IT and Digital Programme Board in December 2025.	Senior Manager (Partnership and Transformation)

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF ISG 004	The feasibility of Cyber Essentials Certification is formally considered and thereafter a plan for achieving certification is developed.	Following PSN accreditation being completed in 2024, a feasibility exercise will be undertaken to assess the benefits of Cyber Essentials Accreditation. This action is set against a context of likely changes to PSN approaches over the next 12 months, the requirements of which will be kept under review.	2		31-Mar-2025	A feasibility study on cyber essentials accreditation including resources required and costs will be undertaken following PSN accreditation which remains a key priority in 2025.	Senior Manager (Partnership and Transformation)
IAF ISG 005	IT and Information Security policies and standards should be reviewed and made available to employees via the Council's intranet site. Thereafter, operational procedures are developed to ensure implementation and compliance, and these are available to all relevant staff.	A programme of IT policy refresh will commence in 2024 which will also review associated protocols and guidance. Communications plans will be developed to ensure that the policies are effectively shared and communicated to all Council employees. A programme of policy refresh takes cognisance of the number of policies which is in excess of 20.	2		31-Dec-2024	See latest note at ISG 001. Operational procedures, guidance and communications materials will be developed as part of the full programme of policy refresh.	Senior Manager (Partnership and Transformation)
IAF ISG 006	Corporate and Service Business Continuity Plan (BCP) reviews are completed and include loss of IT in the finalised plans.	Whilst work is underway to ensure all BCPs are updated and include complete loss of IT, a formal programme of development will be established and reported to Extended Senior Leadership Group to ensure this work is completed in 2024	2		31-Dec-2024	A full review of Council Business Continuity Plans has been undertaken through the emergency planning team with oversight provided by SLG and the Chief Executive. Guidance and support has been provided to services with this programme of work almost complete. This work was subject to delay due to turnover of key staff within the emergency planning team.	Senior Manager (Partnership and Transformation)

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF ISG 013	The additional cyber security actions that we have listed should be undertaken.	The actions listed will be taken forward under a programme of PSN requirements (including any successive arrangements) and other IT security improvement activity informed by our programme of annual IT health checks, detailed as follows: • Testing /restoration from backups – Complete and ongoing;	2		31-Oct-2024	A programme of PSN priority actions are being implemented, following the IT health check completed in 2024 with progress managed through the IT and Digital Programme Board. This work remains a high priority for the service with weekly progress meetings ongoing. An ITT has been issued with engagement underway with suppliers to provide network infrastructure improvements required to achieve PSN. In addition scoping work to purchase backup solutions is also being taken forward by the team.	Senior Manager (Partnership and Transformation)
IAF ISG 015	The additional cyber security actions that we have listed should be undertaken.	The actions listed will be taken forward under a programme of PSN requirements (including any successive arrangements) and other IT security improvement activity informed by our programme of annual IT health checks, detailed as follows: • Enhanced network segmentation controls will be considered for feasibility;	2		31-Jul-2025	An ITT has been issued with engagement underway with suppliers to provide network infrastructure improvements required to achieve PSN; this work will deliver network segregation.	Senior Manager (Partnership and Transformation)
IAF ISG 016	The additional cyber security actions that we have listed should be undertaken.	The actions listed will be taken forward under a programme of PSN requirements (including any successive arrangements) and other IT security improvement activity informed by our programme of annual IT health	2		31-Jul-2025	A programme of PSN priority actions is being implemented, following the IT health check completed in 2024Options will be considered on a Security Operation Centre following conclusion of PSN programme of work.	Senior Manager (Partnership and Transformation)

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		checks, detailed as follows: • Explore options for a Security Operation Centre – ongoing discussions with Scotland Excel and Digital Office;					

IAF A13 FG1

Follow Up of Grade 1 Recommendations

Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF FG1 001	Management should review actions taken and ensure that all Grade 1 recommendations are implemented as a matter of priority.	The Strategic Director Partnership and Performance will ensure grade 1 recommendations are prioritised and closed in line with the timescales outlined above.	1		31-Dec-2025	Action has been taken to implement Grade 1 recommendations as a matter of priority, as of April 62/68 have been implemented. Work is ongoing to complete the remaining actions.	Head of Corporate Services

IAF A15 AMA

Asbestos Management Arrangements

Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF AMA 004	An overarching Asbestos Management Plan should be developed that sets out how the risks identified from asbestos will be managed across the Council.	An overarching Asbestos Management Plan will be developed by the Asbestos Duty Holder / Health and Safety Manager and formally approved by the Executive Health and Safety Committee.	2		31-Mar-2025	Currently in progress to be completed by end of July 2025	Project Co-ordinator
IAF AMA 005	An overarching Asbestos Management Plan should be developed that sets out how the risks identified from asbestos will	An overarching Asbestos Management Plan will be developed by the Asbestos Duty Holder / Health and Safety	2		31-Mar-2025	Overarching Asbestos Management Plan is nearing completion and should be able to be tabled at the August Executive Health & Safety	H&S Manager

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	be managed across the Council.	Manager and formally approved by the Executive Health and Safety Committee.				Committee meeting.	
IAF AMA 006	Premises which have been identified as having asbestos containing materials should have condition surveys carried out every 12 months and this should include where appropriate updates of Premises Asbestos Management Plans.	Annual Inspection of all council owned public properties to be carried out in line with Control of Asbestos Regulations 2012 & L143. 2024 annual inspections were completed by the end of January 2025. Inspections for 2025 have already commenced and will be completed for all buildings identified as having asbestos containing materials by the end of 2025.	1		31-Dec-2025	Inspections have been fully completed.	Project Co-ordinator
IAF AMA 007	An Asbestos Incident Operational Contingency Plan should be developed and be included within the Council's emergency planning arrangements.	The risk of asbestos impacting on business operations will be included in existing Business Continuity Plans.	2		31-Mar-2025	Annual business continuity plan reviews have been commenced with a completion date of the end of September. As part of the training for Senior Managers Asbestos will be discussed as part of the Building Loss Actions.	Emergency Planning Officer
IAF AMA 009	An Asbestos Incident Operational Contingency Plan should be developed and be included within the Council's emergency planning arrangements.	The risk of asbestos impacting on business operations will be included in existing Business Continuity Plans.	2		31-Mar-2025	Currently in progress.. To be finalised with H&S.	Project Co-ordinator
IAF AMA 014	Ensuring records relating to nominated Premises Duty Holders are up to date and accurate. All Premises Duty Holders should	A process will be put in place to chase up formal acceptance of Premises Duty Holders and ensure that the list is maintained and	2		31-Mar-2025	More updates completed and another reminder sent, but still some people to accept the role formally.	H&S Manager

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	formally accept the role.	reviewed regularly.					
IAF AMA 015	Ensuring records relating to nominated Premises Duty Holders are up to date and accurate. All Premises Duty Holders should formally accept the role.	A process will be put in place to chase up formal acceptance of Premises Duty Holders and ensure that the list is maintained and reviewed regularly.	2		31-Mar-2025		Chief Executive
IAF AMA 027	The Premises Duty Holder Guidance (2018) should be reviewed and updated. This update should include removal of the responsibility for carrying out Asbestos Condition Surveys which is being undertaken by the Asbestos Duty Holder.	The Premise Duty Holder Guidance will be included in a review calendar for all Health and Safety documentation.	3		31-Mar-2025	PDH guidance is currently sitting with H&S for document update. I have added a number of comments for addition or removal and await the final draft.	Project Co-ordinator

IAF A10 OPF

Follow Up of 2023/24 Adult Social Care Purchase Order Arrangements 2025/26

No Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF OPF 001	We recommend that a review be undertaken on Pentana users to ensure that the recommendation's responsible officers are included and are in post. In addition, to ensure accountability of progress of actions the responsible officers are recorded as providing updates with progress notes.	A review has been undertaken and, while Council leavers are de-activated on a monthly basis, the current issue relates to a lack of visibility of Health and Social Care Partnership (HSCP) leavers and post changes, and Council post changes. The Pentana site administrator will agree a process for the Health and Social Care Partnership and Council superusers to update user information monthly, and will email	2		31-Jan-2026	Actions relating to the Health and Social Care Partnership have been reviewed and leads updated where necessary. A process is yet to be established to ensure this can be undertaken on a monthly basis.	Performance and Information Adviser

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Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		Senior Officers to remind them of the need to maintain continuity in action ownership alongside staffing changes. Due to licensing restrictions the Pentana update process will be amended to imports instead of direct updates by the superuser. To ensure accountability the correct owner and date will be recorded in a robust audit trail.					

IAF A16 CTR

Council Tax Refunds 2025/26

Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF CTR 002	An Anti-Fraud and Corruption Strategy should be developed, approved, and shared with all employees	The Senior Manager (Legal and Governance) has recently appointed a Corporate Fraud Officer who will be taking forward this action in 2026 (after they start in their post).	2		31-Jul-2026	This action is progressing with the Corporate Fraud Officer for the Council now in post.	Senior Manager (Legal and Governance)

APPENDIX TWO

Internal Audit Outstanding Actions – Progress on Internal Audit Actions Closed

Code	Internal Audit Title	Total Actions Identified	Actions Complete 11/12/25	Actions Complete 09/04/26	Actions Complete 11/06/26	Difference in Completed Actions	Performance Complete
IAF A04 SDB	Sundry Debtors	6	2/6	2/6	2/6	0	33.3%
IAF A16 HRC	Housing Rent Collection & Arrears Management	3	2/3	2/3	2/3	0	66.7%
IAF A07 CRM	Corporate Risk Management Arrangements	8	7/8	7/8	7/8	0	87.5%
IAF A06 FMM	Fleet Management & Monitoring Arrangements	13	11/13	12/13	12/13	0	92.3%
IAF A10 SMD	Use & Control of Social Media	3	1/3	1/3	1/3	0	33.3%
IAF A09 BSC	Building Security	45	38/45	42/45	44/45	+2	97.8%
IAF A13 PSA	Physical Income Security Arrangements	36	35/36	35/36	35/36	0	97.2%
IAF A16 SSB	Supplier Set Up & Supplier Bank Account Changes	14	10/14	13/14	13/14	0	92.8%
IAF A09 LBF	Leisure Banking Follow Up	10	9/10	9/10	9/10	0	90%
IAF A10 APO	Adult Social Care Purchase Order Arrangements 23/24	18	7/18	4/18	4/18	0	22.2%
IAF A03 CCD	Climate Change Act Public Duties	6	4/6	5/6	5/6	0	83.3%
IAF A10 COB	Community Benefits 24/25	14	11/14	11/14	11/14	0	78.6%
IAF A11 LBF	Leisure Banking Follow Up	5	4/5	4/5	4/5	0	80%
IAF A12 ISG	IT & Information Security Governance	16	6/16	7/16	7/16	0	43.7%
IAF A13 FG1	Follow Up of Grade 1 Recommendations	6	2/6	5/6	5/6	0	83.3%
IAF A15 AMA	Asbestos Management Arrangements	27	17/27	19/27	20/27	+1	74.1%
IAF A10 OPF	Follow Up of 2023/24 Adult Social Care Purchase Order Arrangements 25/26	1	-	0/1	0/1	0	0%
IAF A16 CTR	Council Tax Refunds 25/26	10	-	9/10	9/10	0	90%

Report to Audit & Scrutiny Committee

Date of Meeting: 11th June 2026

Subject: Annual Governance Statement 2024-25: End of Year Progress

Report by: Strategy & Performance Adviser

1.0 Purpose

- 1.1. The purpose of this report is to provide an end-of-year update on progress of actions agreed to address areas for improvement previously identified from the Council's Annual Governance Statement (AGS) self-assessment activity. Progress reflects activity completed or underway up to 31st March 2026.

2.0 Recommendations

- 2.1. Committee is asked to note, comment on, and challenge the report.

3.0 Considerations

Background

- 3.1. The Council is required to undertake an annual review of the effectiveness of its governance framework, including systems of internal control. This review is articulated through the Annual Governance Statement (AGS), which accompanies the Council's Annual Accounts.
- 3.2. The AGS is a self-assessment that involves team leaders, service managers and senior leaders. It incorporates:
- independent Internal and External Audit findings;
 - independent inspection and regulatory reports;
 - other corporate self-assessment activity; and
 - Certificates of Assurance provided by Senior Leaders.

Context

- 3.3. The 2024/25 AGS self-assessment took place against a backdrop of continued organisational pressure, including:
- sustained financial constraint;

- workforce capacity challenges; and
 - the need to embed significant organisational change, including the Target Operating Model.
- 3.4. Within this context, the Council remains committed to continuous improvement and has focused on strengthening core governance, financial resilience, performance management and organisational foundations, while recognising the need to manage improvement workload proportionately.
- 3.5. The 2023/24 Financial Statement of Accounts were approved by Council on 24 April 2026, with Deloitte LLP confirming they present a true and fair view and comply with all accounting and legal requirements. Work is now underway on the 2024/25 accounts; however, due to this timing lag, the improvement actions due by 31 March 2026 have not yet received final External Audit sign-off. However, the Council remains committed to continuous improvement and Best Value, and it is therefore appropriate to report year-end progress against the agreed actions.

Internal Audit Assurance

- 3.6. Internal Audit provides an Annual Assurance report and regular progress reports to the Audit and Scrutiny Committee, which gives overall assurance on the Council's arrangements for risk management, governance and control, based on Internal Audit work undertaken during the previous year.
- 3.7. The Annual Assurance Report 2024/25 by Internal Audit is expected to be presented to this same Audit & Scrutiny Committee on 12 June 2026. The report states that sufficient Internal Audit work has been undertaken in 2025/26 to support a balanced opinion on the overall adequacy of the Council's control environment. On that basis, Internal Audit can provide LIMITED assurance in relation to the Council's arrangements for risk management, governance, and control for the year to 31 March 2026.
- 3.8. In providing that opinion:
- Internal Audit has taken account of the findings arising from 7 Internal Audit Reviews from 2024/25 and from 2025/26;
 - The opinion reflects progress with implementation of recommendation management actions from previously completed audits which contributes to strengthening the overall risk management, governance, and control arrangements;
 - The opinion reflects the fact that 86% of reviews undertaken (6 out of 7) had an element of limited or no assurance (the remaining review was a substantial assurance) during 2025/26. Internal Audit findings have highlighted weaknesses, which have identified significant risks to the Council, with 7 Grade 1 recommendations made in 2025/26;
 - The progress made with implementation (and monitoring) of the recommendations presents a greater challenge when there are Grade 1 (and to a lesser extent Grade 2) rated recommendations remaining unactioned; and

- There is a significant risk to the control environment if more urgent weaknesses and gaps are not being addressed.
- 3.9. As Internal Audit also provided LIMITED assurance for the year to 31 March 2025, this will be a key consideration in the 2025/26 AGS self-assessment and resulting improvement plan.
- 3.10. The Internal Audit service continues to work with the Chief Executive, Section 95 Officer and the Head of Corporate Services to advise on key improvements required. Any issues arising are escalated and discussed accordingly with Senior Leadership Group (SLG) and Extended Senior Leadership Group (ESLG).

External Audit Assurance

- 3.11. At the Audit and Scrutiny Committee of 5th February 2026 a report was presented on the progress of External Audit recommendations from previous audits of the Council's Financial Statements, and from a Best Value themed audit in 2022/23 on leadership of the development of new local strategic priorities. The resulting External Audit recommendations still to be completed were included within the AGS 2024/25 improvement action plan, thus are included within the scope of this report.

Improvement Plan

- 3.12. AGS improvement actions are consolidated with other corporate improvement actions to provide a co-ordinated approach to managing change. Across six categories, each sponsored by a Senior Manager or Strategic Director (as was), they are managed via the Corporate Risk and Integrity Forum, providing leadership oversight to strategic performance and risk management.

Overall Position 2024/25

- 3.13. Table 1 below summarises the progress of the 42 improvement actions, broken down by category, in both number and equivalent percentage progress.
- 3.14. By 31 March 2026, the majority of AGS improvement actions due during the 2025/26 financial year were either completed or substantially progressed (33 or 78.5%). Delivery is evident across governance foundations, performance management, financial sustainability, organisational resilience, and partnership working.
- 3.15. Where actions remain open, this reflects planned sequencing, capacity pressures, or dependency on wider organisational or partner activity, rather than absence of ownership or intent.

Completed Actions

3.16. A significant number of actions were fully completed during the year (14 or 33.3%), particularly those that:

- required formal approval or decision-making;
- established foundational governance arrangements; or
- embedded revised frameworks or approaches into day-to-day practice.

Notable completed activity includes:

- approval and implementation of the Target Operating Model;
- strengthened Internal Audit follow-up and assurance processes;
- improvements to complaints handling systems and transparency;
- completion of key financial planning and budgeting actions; and
- advancement of regional collaboration and partner working arrangements.

This reflects strong delivery where actions were clearly defined, time-limited, and sponsor-led.

Actions Progressing but Not Yet Complete

3.17. The majority of remaining actions (19 or 45.2%) show clear and substantive progress, typically in the range of 60–95% complete. These actions are predominantly:

- complex or multi-stage, requiring cultural or behavioural change;
- intentionally aligned to the embedding of the Target Operating Model; or
- dependent on consultation, system development, or partner engagement.

Examples include embedding performance management, workforce and capacity planning, digital and information governance improvements, and longer-term asset planning activity. In these cases, revised timescales reflect appropriate governance discipline, ensuring that change is embedded sustainably rather than delivered at pace without longevity.

Actions Showing Limited Progress

3.18. Only a small number of actions show limited movement at year-end (9 or 21.4%). In almost all cases, this reflects:

- deliberate pauses during statutory reporting peaks (e.g. annual accounts); or
- reliance on external partners, procurement routes or national guidance.

These actions remain under active oversight, with delivery planned when capacity and dependencies allow. Each action has a responsible owner and an identified senior sponsor and remains subject to oversight through the Corporate Risk and Integrity Forum.

Table 1: Summary of AGS 2024/25 End of Year Progress on 31 March 2026.

		AGS 2024/25 Action Plan Baseline	End of Year Progress to 31 March 2026		
Category & Title		Number of Actions	Number of Actions Completed	Number of Actions Progressing but Not Yet Complete	Number of Actions Not Yet Progressed
A	Strengthen Governance and Strategic Foundations	11	3	5	3
B	Enhance Performance, Improvement and Risk Management	3	2	1	0
C	Accelerate Financial Resilience	8	3	2	3
D	Streamline Operations and Strategic Planning	7	2	4	1
E	Advance Asset and Infrastructure Planning	9	3	5	1
F	Strengthen Workforce and Collaboration	4	1	2	1
		42	14	19	9
		100%	33.3%	45.2%	21.4%

KEY:

Shaded green 100% completed and implemented.

Shaded amber Progress on baseline with ongoing work required.

Shaded pink No progress on baseline with ongoing work required.

Key Themes and Challenges

3.19. Across all actions, several common themes emerge:

- A strong dependency on workforce capacity, particularly in specialist finance roles and roles supporting transformation;
- The importance of sequencing change to avoid duplication or re-work as we embed the TOM; and
- A shift from establishing frameworks to embedding and sustaining improvement.

These challenges are consistent with wider local government experience and are being actively managed.

Management of Actions into 2026/27

3.20. Entering 2026/27, the AGS Action Plan will include:

- 29 actions ongoing;
- new actions agreed from the recently approved Annual Accounts 2023/24; and
- further actions to emerge from the 2025/26 AGS self-assessment process (currently underway)

3.21. This represents a managed transition rather than under-delivery, with actions rolling forward where longer-term embedding is required.

3.22. To manage this workload, all actions will be considered according to those that provide the greatest governance assurance. Sponsorship, leadership oversight and corporate governance will continue via the Corporate Risk and Integrity Forum in the first instance.

3.23. Appendix A provides further detail and commentary against all individual AGS improvement actions at the 2025/26 year-end mark.

4.0 Sustainability Implications

4.1. There are no sustainability implications associated with this report.

5.0 Resource Implications

5.1. *Financial Details*

5.2. 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 ☒

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☒

There are no direct financial implications arising from this report. AGS actions continue to be delivered within existing resources, recognising ongoing financial constraints.

5.4. *Staffing*

5.5. Staff involved will represent a cross-section of all Council portfolios. Yes ☒

AGS actions continue to be delivered within existing staffing resources, recognising ongoing work demands and capacity constraints.

6.0 Exempt Reports

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

7.0 Declarations

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

(1) Our Priorities

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 ☒

8.0 Impact Assessments

8.1 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 ☐

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

There are no direct equality or Fairer Scotland implications associated with this report. The AGS improvement actions support equitable, accountable and inclusive service delivery.

9.0 Legality

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

10.0 Appendices

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

Appendix A: Performance report on the end of year progress made against AGS improvement actions for progress by 31st March 2026, grouped by category.

11.0 Background Papers

- 11.1 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 ☐

- Clackmannanshire Council, 23rd April 2025: Annual report to those charged with Governance and the Controller of Audit for Financial Year 2023/24 prepared by Chief Finance Officer.
(<https://www.clacks.gov.uk/document/meeting/127/1366/8423.pdf>)
- Audit and Scrutiny Committee, 12th June 2026: Internal Audit Assurance Report 2025-26

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Fi Grinly	Strategy and Performance Adviser	2391

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

Appendix A

Performance report on the end of year progress made against AGS improvement actions for progress by 31 March 2026, grouped by category.

Key:

Shaded green = 100% completed and implemented.

Shaded amber = Progress on baseline with ongoing work required.

Shaded pink = No progress on baseline with ongoing work required.

Best Value Improvement Action Plan 2025/26	Baseline as of 31 August 2025	Progress to 31 March 2026	Delivery Date	Assigned To:
AGS 024 100 Category A. Strengthen Governance and Strategic Foundations. Sponsor: Monitoring Officer, Legal and Governance				
(NEW) AGS 024 101 Conclude the Target Operating Model review to define structure and direction.	35%	100%	31 March 2026	Chief Executive
NOTE: TOM now finalised and approved by Council on 26 th February 2026, following engagement with key stakeholders.				
(REVISED ACTION) AGS 021 019 Explore options to update and rationalise strategic approaches then improve their accessibility.	51%	100%	31 March 2026	Monitoring Officer, Legal and Governance
NOTE: Action complete and part of day-to-day operations. There is now an up-to-date, centralised list of all policies, plans and strategies that will require ongoing maintenance. This list will transfer to Share Point in early 2026/27 for increased access across all services, and public information will be made available on the updated Clacks web, in due course. To complement this a national portal defining the powers and duties for all Scottish local authorities has also been created and published by the Improvement Service.				
AGS 024 102 (NEW) Create standard guidance, process maps, and templates for creating new or revising existing strategic approaches, starting with Equalities and Fairer Scotland impact assessments.	30%	60%	31 March 2026	Senior Manager, Partnership & Transformation
NOTE: Whilst the action for Equality and Fairer Scotland Impact Assessments is complete, additional work is being taken forward on similar processes relating to Council and Committee reports and ensuring that all declarations and legal duties				

are complete. A review of all Council strategic approaches is being taken forward as part of a significant programme or work on transforming performance management approaches aligned with the TOM paper approved in February 2026.				
AGS 024 103 (NEW) Strengthen business continuity governance	35%	85%	31 March 2026	Senior Manager, Partnership & Transformation
NOTE: Significant progress has been made to the Council's strategic and operational business continuity planning processes. This work, led through the emergency resilience team, has resulted in the review of the corporate strategic business continuity plan for the Council, review of the full suite of service plans, engagement with particular business-critical service delivery areas, engagement with the senior management team on the Councils MEOPS plan and robust use of debriefing, exercising and lessons learned to strengthen plans following incidents or changes. Business continuity planning is also included in scope for the transformation through collaboration project with Falkirk and Stirling Council.				
(REVISED WORDING) AGS 021 002a Revise the Scheme of Delegation then provide training for staff and elected members.	60%	60%	31 March 2026	Monitoring Officer, Legal and Governance
NOTE: A significant amount of work has been done; however, now that the TOM has been approved, this work requires to be reviewed against it. This will take some time to complete.				
(REVISED WORDING) AGS 021 002b Review Council Standing Orders then provide training for staff and elected members.	40%	60%	31 March 2026	Monitoring Officer, Legal and Governance
NOTE: Reviewing Council Standing Orders remains underway but completion is not expected until 2026/27. A Working Group between Legal and Governance staff and elected members is in place. Final drafts will then need formal approval by Senior Leadership Group (SLF) then Council.				
(NO CHANGE) AGS 021 007 Refresh Clackmannanshire Alliance operating arrangements	80%	85%	31 March 2026	Senior Manager, Partnership & Transformation
NOTE: A development day was held in mid-November 2025 to reset the CPP priorities and operating arrangements. Following presentation of the CPP self-assessment in February an action has been agreed to set up a short life working group to develop an improvement plan for the CPP which will include the finalisation of operating arrangements and the MOU. A draft report setting out				

the operating arrangements has been circulated, and it is anticipated this will be submitted to the May Alliance Board.				
(NO CHANGE) AGS 022 002 Review Contract Standing Orders NOTE: Audit and Scrutiny Committee approved on 5 th February 2026 a clear and concise summary of the proposed substantive changes made to the council's Contract Standing Orders, comparing the previous version effective from June 2015 (revised October 2021) with the relevant version effective from 19 March 2026.	50%	100%	31 March 2026	Chief Finance Officer
(NO CHANGE) AGS 023 001 Contribute to the review and seek approval of the governance for the Integration Joint Board (IJB) (NHS FV, Clacks and Stirling) Integration Scheme led by the IJB. NOTE: Review of integration scheme complete, however, financial risk share remains unresolved across partners. Chief Executives and Chief Finance Officers of partner bodies are working together to agree finalised wording by end of April 2026. The revised integration schemes will thereafter need to be approved by individual partner bodies. Action expected to be completed by Q2 2026/27.	95%	95%	31 March 2026	Monitoring Officer, Legal and Governance
(NO CHANGE) AGS 023 008 Review the Council's Complaints Policy and procedure and implement training accordingly. NOTE: A review of the Council's complaints policy and procedure has been undertaken reflecting on the existing best practice model published by the SPSO. This work has reflected the latest practice and guidance relating to the UNCRC requirements on managing complaints which involve children and young people. A review of the Council's internal guidance documents has also taken place, alongside the information available to our residents to ensure that our complaints process is well communicated and easy to access. This work has identified improvements to how we communicate our complaints process and work is underway to implement those improvements. No changes are required to our policy or procedures following the review.	0%	80%	31 March 2026	Senior Manager, Partnership & Transformation

A significant programme of training on complaints has been implemented as part of the deployment of the Council's new comments and complaints handling system.				
(SUPERSEDE, SO NEW) AGS 021 005 Strengthen fraud risk management arrangements	20%	60%	31 March 2026	Monitoring Officer, Legal and Governance
NOTE: A corporate Fraud Officer is now in post meaning the key foundations for strengthening fraud risk management have been implemented and completed. The next stage for taking into 2026/27 is developing and seeking approval for an Anti-Fraud and Corruption Strategy (to sit alongside the Whistleblowing Policy), and to create a Register of Interests for Senior Managers, aligned with the new TOM, with training requirements to be developed accordingly.				

AGS 024 200 Category B. Enhance Performance, Improvement and Risk Management. Sponsor: Senior Manager, Partnership & Transformation				
	Baseline as of 31 August 2025	Progress to 31 March 2026	Delivery Date	Assigned To:
(REWORDING) AGS 023 004 Mitigate corporate governance risk by progressing all outstanding Internal Audit Actions. NOTE: Internal Audit actions are subject to robust governance through quarterly reporting to the Audit & Scrutiny Committee and routine oversight within Service Management Teams. A follow-up review of high-priority recommendations confirmed that the majority have been implemented, with the remainder in progress, reflecting improving responses to audit findings while acknowledging ongoing capacity and resource pressures. As internal audit activity is continuous and will continue to generate new actions, and with governance and monitoring arrangements now embedded, this action is now complete. Ongoing management of audit recommendations will continue as part of normal operational arrangements.	80%	100%	31 March 2026	Head of Corporate Services
(NEW) AGS 024 201 Strengthen self-assessment and continuous improvement practices and reporting to continue to meet PPR and Best Value statutory requirements. NOTE: All recommendations from corporate, strategic self-assessment and external audit work is now collated as the Council's Improvement Plan, which is aligned directly to our Corporate Risk and Integrity approach. ESLG approved a streamlined approach to reporting Best Value, External Audit and AGS recommendations / improvement actions to one annual report and one mid-year update report to Audit and Scrutiny from 2026/27. A new national self-assessment approach will set the baseline for future self-assessment and governance assurance activity, which is expected in April 2026.	60%	100%	31 March 2026	Head of Corporate Services
(NEW) AGS 024 202 Explore corporate outcomes-based business plans and reporting via revised and Council-approved business planning process and documentation.	20%	60%	31 March 2026	Head of Corporate Services

NOTE: A high-level Performance Management Framework which aligns with the ambitions set out in the Target Operating Model was approved by Council in February. This includes a focus on a shift to strengthened outcomes focussed performance management and the 'one plan' approach. The next stage of scoping the service, function, capacity and resource is underway which reflects the 'transitional' phases of the TOM.				

AGS 024 300 Category C. Accelerate Financial Resilience. Sponsor: Chief Finance Officer				
	Baseline as of 31 August 2025	Progress to 31 March 2026	Delivery Date	Assigned To:
(REWORDING) AGS 023 017 A Medium-Term Financial Strategy be developed, with clear actions on how financial sustainability is to be achieved. NOTE: The Council's Medium-Term Financial Strategy 2025 was approved by Council on 26 th June 2025.	100%	100%	30 June 2025	Chief Finance Officer
(NEW) AGS 024 301 Create a Financial Resilience Framework to support the medium-term strategy, once approved. NOTE: Work has been paused to prioritise annual accounts completion.	10%	10%	31 March 2026	Chief Finance Officer
(NEW) AGS 024 302 Review Local Finance Returns process to maximise funding access NOTE: Work has been paused to prioritise annual accounts completion.	5%	5%	31 March 2026	Chief Finance Officer
(SUPERSEDE, SO NEW) AGS 024 303 Strengthen collaboration and joint working between Finance and Services to optimise budget management and financial monitoring. NOTE: Finance held Financial Management SLF and TLF sessions in August, allowing services to raise concerns and areas where additional support from Finance would enable them to better perform. A list of suggested improvements and requirements has been collated. Members of the Finance team now attend service area SLT meetings. Extensive recruitment process has been undertaken to fill vacancies, which has supported efforts to strengthen relationships and enhance support to services. The team is now embedding this as business as usual.	50%	100%	31 March 2026	Chief Accountant
(NEW) AGS 024 304 Explore options for income generation across the Council and assess the feasibility of such options. NOTE: To take this forward the Investment Funding and Strategy Officer post has been re-advertised. The Strategy will not be looked at in isolation with a view to align with other investment work ongoing, e.g. City Region Deal and Transformation Space. As the Investment Strategy is a strategy for	10%	20%	31 March 2026	Senior Manager, Capital and Transformation

Clackmannanshire it will also align with the Regional Economic Strategy, which is in development.				
(NO CHANGE) AGS 022 003 Review Procurement Strategy	25%	60%	31 March 2026	Chief Finance Officer
NOTE: Initial work has taken place to review and update. Ongoing due to lack of capacity and conflicting work demand. This will be completed out with target during 2026-27.				
(REWORDING) AGS 023 015 Refine and enhance Budget Papers to include risk mitigation.	100%	100%	31 March 2026	Chief Finance Officer
NOTE: A budget context and outlook report was presented alongside the 2025/26 Budget, that included detail of risks facing the Council and the mitigations currently being undertaken. The medium-term financial strategy (MTFS) approved by Council in June 2025 also contained detail of current risks and mitigations. Budget Strategy reports to Council will provide updates on the MTFS, including updates on risks and mitigations.				
(NO CHANGE) AGS 023 018 More work is required to build the detail behind each transformation project and fully align this to the financial strategy by: a) Adding greater detail about individual projects. b) Setting clear timelines for each project. c) Assessing the resources and support required to deliver these projects (taking into account the resources that are already identified); and d) Developing a benefits realisation tracker to assess whether the Council has achieved its aims.	95%	95%	31 March 2026	Senior Manager, Capital and Transformation
NOTE: Ongoing and nearly complete. A – Complete; B – Complete, for those in delivery stage; C – Complete; D – Ongoing and nearly complete. Project details are now captured on a standard template which includes timelines, project budgets, key risks/issues and interdependencies and transformation. This is working well and gives officers and Elected Members a clear picture of the status of each project. These updates link back to the agreed corporate priorities and are reported to the Strategic Oversight Group and Be the Future Board. A benefits realisation framework and approach for the benefits plan were agreed by Council. Key measures (both qualitative and quantitative data) have been agreed at a project level. Work is underway on the KPIs for the outcomes of the programme overall. This benefits realisation tracker will be key to measuring the				

outcomes of the investment the Council has made and the impact this investment has delivered. Following sessions at SLG it has been identified that there is a high degree of crossover between the BTF Benefits Realisation, the wider corporate performance framework, and the Data and AI end state discussion. To minimise duplicated effort, it was agreed to run a single session with directors covering all three themes in early May.				

Category D. Streamline Operations and Strategic Planning. Sponsor: Senior Manager, Partnership & Transformation				
	Baseline as of 31 August 2025	Progress to 31 March 2026	Delivery Date	Assigned To:
(NEW) AGS 024 401 Explore options to streamline and coordinate consultation activity . NOTE: The Communication and Engagement transformation project is complete with a review of the final reports underway. This work has included a significant level of engagement across the workforce, with Elected Members, with external stakeholders and with residents. Consultation and engagement to improve participation is included in this work and recommendations on strengthening our approaches will be included in the final report.	30%	80%	31 March 2026	Senior Manager, Partnership & Transformation
(NEW) AGS 024 402 Initiate work to document key workflows , starting with induction. NOTE: Induction process concluded and SOP in place. Recruitment process underway, with current workflow documented (also included in the agreed recruitment and selection procedure). All other HR workflows documented through agreed policies and processes, recorded on the Council's intranet and accessible to all staff.				
(NEW) AGS 024 403 Review how we manage Freedom of Information Requests NOTE: FOI responses, both in quality and timeliness, are improving – still work to be done in some services to allow the Council to be fully compliant. New investigating officer training is being rolled out. Policies, guidance and helpful advice is prepared and being shared.	55%	60%	31 March 2026	Data Protection Officer
(SUPERSEDE, SO NEW) AGS 021 009 Refresh Communications Strategy and Social Media Policy & Guidelines NOTE: See update at AGS 024 401. This work will deliver a communications and engagement strategy for the Council which will include recommendations on how we optimise our use of social media. Work to finalise the social media strategy will follow the completion of the communications strategy to ensure alignment.				
	40%	80%	31 March 2027	Senior Manager, Partnership & Transformation

(NO CHANGE) AGS 022 005 Information and knowledge management programme of work will be scoped and capacity, resources and roles and responsibilities identified.	75%	75%	31 March 2026	Senior Manager, Legal & Governance
NOTE: This action has two elements. The first is to review the Records Management Plan, which is still in progress. A draft policy will be considered by the policy group in early 2026/27 and formal approval thereafter will be required by Council. The Records Retention Schedule has also been reviewed and in its final draft with the roll out of the plan still to be agreed and implemented. Digital and Data technologies are being explored to potentially assist with this. The second element is complete. The Data Insights Programme has finished its discovery phase. Implementation is underway, with plans over the next two years to introduce service reporting in Power Bi and launch a strategic, open-source data portal for visualising Clackmannanshire data.	Previously completed	Previously completed	N/A	Senior Manager, Capital and Transformation
(NO CHANGE) AGS 023 021 Refresh the Digital Strategy	50%	95%	30 June 2026*	Senior Manager, Capital and Transformation
NOTE: The 5-year Digital and Data Transformation roadmap has been approved and is progressing as planned. A draft Digital Strategy is being updated to align digital initiatives with organisational goals and to leverage new technologies and data driven approaches. The draft is now in consultation with various stakeholders, and an action plan is being produced.				
(NO CHANGE) AGS 023 023 Develop and implement a new automated system around complaints, comments, concerns and compliments that includes online forms, case management and performance reporting.	60%	100%	31 March 2026	Senior Manager, Capital and Transformation
NOTE: A new comments and complaints system has been developed and replaces the existing Lotus Notes application, which went live on Monday 16 February 2026.				

AGS 024 500 Category E. Advance Asset and Infrastructure Planning. Sponsor: Director, Place & Economy				
	Baseline as of 31 August 2025	Progress to 31 March 2026	Delivery Date	Assigned To:
(NEW) AGS 024 501 Procure and plan a Housing Stock and Assets Condition Survey NOTE: The stock condition survey project is progressing well, with pricing now received from the supplier and confirmation that approximately 750 properties can be surveyed within the available budget. The DPIA has been completed and signed off, the privacy notice has been updated and published on the website and Legal Services drafting the Data Processing Agreement. An initial list of properties has been extracted from Pegasus and is being refined to ensure an appropriate survey sample. The survey work is scheduled to begin in April/May 2026. This project is being monitored by the Future Homes Board chaired by the Director of Place & Economy.	33%	50%	31 March 2026	Team Leader, Business Improvement, Housing Director, Place & Economy
(NO CHANGE) AGS 021 017 Review ICT Strategy and Asset Management Plans NOTE: Work continues to progress this action as part of a full programme of ICT policy refresh with oversight provided by the Technical Design Authority and IT and Digital Programme Board. The new Digital Transformation Strategy (AGS 023 021 Refresh the Digital Strategy) will set the strategic direction for IT and Digital for the Council and engagement on the strategy is well underway.	20%	60%	31 March 2026	Senior Manager, Partnership & Transformation
(NO CHANGE) AGS 023 002 Procure and initiate implementation for a new legal case management / document management system. NOTE: This is a shared procurement exercise with partner local authorities that has not yet completed. Based on current indications, it is anticipated that procurement and implementation will take place into the second half of 2026/27.	10%	10%	31 March 2026	Team Leader, Legal and Governance
(NO CHANGE) AGS 023 009 To review the Learning Estate Strategy (LES) with Education colleagues (Phase 1) NOTE: Now have external support in place who are pulling together works in support of the development of a learning estate strategy. This includes stock condition surveys and there has been commencement in stakeholder	15%	35%	31 March 2026	Director, Place & Economy

discussions. It is anticipated that a progress update will be given to Council later in 2026.				
(NO CHANGE) AGS 023 010 Seek Council approval for and implement the new Climate Change Strategy to replace the Interim Climate Change Strategy.	95%	100%	31 December 2025	Director, Place & Economy
NOTE: Completed and approved by Council in October 2025.				
(NO CHANGE) AGS 023 011 Undertake the Housing Needs and Demand Assessment (HNDA).	85%	100%	31 March 2026	Team Leader, Business Improvement, Housing
NOTE: HNDA approved at Council meeting on 19th March 2026.				
(NO CHANGE) AGS 023 012 Prepare Alloa Town Centre Masterplan	15%	70%	31 March 2026	Director, Place & Economy
NOTE: Consultants appointed and undertaking stakeholder engagement. Master plan is within the development stages. Timeline will be extended to later in 2026 as a result of a request to extend the scope of the stakeholder engagement. Revised target date of 31st December 2026.				
(NO CHANGE) AGS 023 013 Develop a Corporate Asset Strategy	85%	100%	31 March 2026	Director, Place & Economy
NOTE: Corporate Asset Management Strategy and associated policy and action plan approved by Council in November 2025.				
(NEW) AGS 024 502 Following approval of the Asset Strategy, roll out asset plans across portfolios and finalise decisions for the Westhaugh Gypsy/Traveller Site and RAAC -related housing stock.	30%	85%	31 March 2027	Director, Place & Economy
NOTE: Good progress has been made in each of these risk areas. With regards to Asset Plans, the corporate Asset Management Board has been established and progressing. Work associated with the Asset Management Strategy with asset workstream plans is being developed - as part of that work two of the four workstreams are well under way.				
Westhaugh is nearing completion - anticipated by mid-May 2026. Engagement is under way with the travelling community, and housing staff are currently in the process of progressing allocations.				
Significant progress has been made in addressing the three affected blocks with RAAC. A solution is agreed and is being progressed to remediate the RAAC issue in these three blocks working with owners, which includes buybacks and				

works agreements. Housing staff are currently working with owners on the final legals. The seven other blocks containing RAAC, but deemed safe, are being monitored on an ongoing basis.				

AGS 024 600 Category F. Strengthen Workforce and Collaboration. Sponsor: Senior Manager, HR & Workforce Development				
	Baseline as of 31 August 2025	Progress to 31 March 2026	Delivery Date	Assigned To:
(NEW) AGS 024 601 Deliver outputs from regional collaboration on workforce management	0%	100%	31 March 2026	Chief Executive
NOTE: As part of the regional collaboration work, colleagues from 'workforce management' areas across Councils (e.g. HR & Workforce Development) continue to meet regularly, with support from programme office colleagues where required, so as to identify the requirements of ongoing tranches of work. This will include standardised HR operational support, as well as more targeted interventions in the organisational development, organisational culture, job evaluation, and learning and development spaces. With these supports now in place, this will ensure that all areas of regional collaboration have an aspect of oversight when considering our workforce, and their support and development requirements.				
(NEW) AGS 024 602 Review strategic approach to recruitment approvals amidst budget challenges	25%	75%	31 March 2026	Senior Manager, HR & Workforce Development
NOTE: Progress with the recruitment review has continued, with recommendations for change being brought forward by the project team, as well as definition of current workflows (see AGS 024 402). Whilst the intention had been to move to implementation, capacity challenges due to staff absence has delayed development whilst the HR & WFD team focuses on operational priorities. As such, this work continues to be reviewed as part of operational management arrangements and will be progressed once capacity is identified.			Revised date 31 August 2026	
(NEW) AGS 024 603 Review Workforce Strategy	15%	30%		

NOTE: Following approval of the Council's TOM in February 2026, development of the Council's new Strategic Workforce Plan will be taken forward as part of wider implementation, with a revised date for delivery of Q3 of 2026/27. Whilst this delays the initial deadline, it is important to ensure that the workforce plan is reflective of current collaboration efforts, the development of the TOM, and ongoing work with the Be the Future programme, instead of rolling out a plan which is not fully reflective of the Council's priority outcomes.			31 March 2026 Revised date 30 September 2026	Senior Manager, HR & Workforce Development
(NO CHANGE) AGS 023 024 The council should ensure that the finance team is adequately resourced to prepare a comprehensive set of unaudited accounts and provide the necessary working papers in a timely manner to support the audit process.	50%	50%	31 March 2026	Chief Finance Officer
NOTE: Remains in progress. Key finance posts (Chief Accountant, Capital Accountant) were filled in 2024, and Phase 1 of the Finance Redesign approved an additional Accountant post. However, recruitment remains challenging due to market conditions and turnover, exacerbated by increasing audit queries and new IFRS 16 requirements.				

Report to **Audit & Scrutiny Committee**

Date of Meeting: **11th June 2026**

Subject: **Corporate Risk Register**

Report by: **Senior Manager, Partnership & Transformation**

1.0 Purpose

- 1.1. This report provides Committee with the 2025/26 Quarter 4 update on Clackmannanshire Council's Corporate Risk Register (Appendix A).

2.0 Recommendations

- 2.1. That Committee notes the report, commenting and challenging as appropriate.

3.0 Considerations

3.1. Purpose of Risk Management

- 3.1.1. The Clackmannanshire Community Partnership has set out key priorities in the Wellbeing Economy Local Outcomes Improvement Plan (LOIP) 2024-34. These are reflected in the Council's annual budget, Be the Future programme and suite of strategies and policies. Plans will only be achievable if, in addition to the aspirational outcomes we want to achieve with and for local communities, they also pragmatically consider the challenges that may hinder progress.
- 3.1.2. On a daily basis, Council officers deal with a wide variety of operational risks to individuals, groups, localities and internal processes. The hierarchy of registers for functions, cross-cutting themes and partnerships up to the corporate register should ensure holistic oversight of the issues managed at each level. This must be complemented by a strategic view that assesses wider implications and complex interdependencies, embedding flexibility to manage uncertainty in planning and implementation.
- 3.1.3. An effective risk management approach ensures we are aware of such factors and, where appropriate, take mitigative action to secure the success of our initiatives. It should also enable measured risk-taking to deliver benefits, provided the implications are understood and acceptable, with clear accountabilities. The ongoing impact of national and global issues on local services and communities has been significant, and risk management

remains a critical tool for preventing and reducing harms, ensuring the best possible outcomes are achieved for the area and its people.

3.2. Corporate Risk Management Process

- 3.2.1. The corporate risk register is owned by the Senior Leadership Group, with the Head of Corporate Services responsible for the risk management approach. All employees have responsibilities for managing risk, as do Elected Members in their remit of strategic planning, decision-making, resource allocation, scrutiny and challenge. The Council follows a systematic process, reporting corporate and service risks to Committee on a regular basis. The process is assessed via internal and external governance mechanisms, and peer-reviewed by other authorities and partners.
- 3.2.2. Each quarterly review involves 'environmental scanning' of information from internal and external sources to inform discussions with a range of individuals and groups. Issues are considered by the Corporate Risk & Integrity Forum (including risk owners and/or delegated officers) to:
- Review developments in existing corporate and service risks;
 - Assess emerging external risks for potential local relevance;
 - Evaluate emerging internal risks (Internal Audit/self-assessment);
 - Consider escalating significant service risks to the corporate level, or demoting to other registers if severity reduces; and
 - Drive forward mitigations and improvement opportunities.
- 3.2.3. It is impossible to remove all risk from our operations as most functions have inherent risks, as do most changes. Moreover, not making changes would expose us to other risks, such as failing to comply with new legislation, develop our workforce/practices, or take advantage of new collaborations and innovations. The aim, therefore, is not to be 'risk averse' but 'risk aware'.

3.3. Current Risk Profile & Development Activity

- 3.3.1. Mitigation efforts continue across the range of risks, either to reduce the likelihood of them occurring or potential impacts. Smaller actions may not directly reduce the score, but their cumulative impact strengthens controls over time. In some cases, internal improvements are countered by worsening external factors, resulting in no overall change. In this report, the only score to have changed is Severe Weather Events, reflecting seasonal changes that reduce the likelihood of occurrence but increase potential impact.
- 3.3.2. The Risk Management Strategy delivery plan will be presented to Committee in August and continues to be rolled out to enhance governance assurance and risk maturity. This includes actions around training, engagement, and the recording and development of registers. Work is also ongoing to improve integration with other corporate mechanisms, including Internal Audit and Annual Governance Statement (AGS) Best Value self-assessments.
- 3.3.3. Ongoing iterative improvements are also made to the presentation, substance and accessibility of risk information in response to internal and external feedback. Recent enhancements include revised mapping to AGS actions, performance indicators and outcomes/categories, use of artificial intelligence and a visual summary of groupings to emphasise focus on mitigation. Further

process alignment via the Corporate Risk & Integrity Forum is driving focus on evidence-based assessments and completion of targeted actions.

4.0 Sustainability Implications

4.1. *There are no direct sustainability implications arising from this report.*

5.0 Resource Implications

5.1. *Financial Details – No direct financial implications arising from this report.*

5.2. 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 ☒

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☒

5.4. *Staffing – No direct staffing implications arising from this report.*

6.0 Exempt Reports

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

7.0 Declarations

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

(1) Our Priorities

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 ☒

8.0 Impact Assessments

8.1 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 ☐

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

There are no direct equalities implications arising from this report.

9.0 Legality

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

10.0 Appendices

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

Appendix A – Corporate Risk Register (Quarter 4, 2025/26)

11.0 Background Papers

11.1 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 ☒

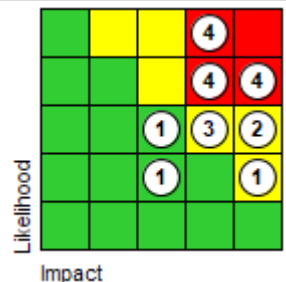
Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Judi Richardson	Performance & Information Adviser	2105

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

Appendix A - Corporate Risk Register

Summary of Changes	Score Distribution
At the end of quarter 4, 2025/26 there are 20 risks on the corporate register. Status • 12 risks are red (same as previous report - quarter 3, 2025/26) • 6 risks are amber (same as previous) • 2 risks are green (same as previous - fewer green on corporate register as these are often demoted for scrutiny via other registers) Approach • 15 risks are being Treated (same as previous) • 5 risks must be Tolerated (same as previous) Change in Scores Since Last Review • 1 risk has reduced, and 19 remain the same • No risks have increased or been added to or removed from the register	 (Abbreviations below are expanded in risk details later in the report. 'Code' shading shows category group, explained in the following pages.)

Code	Risk Title	Score	Status	Approach	Change
COU CRR 008	Insufficient Financial Resilience	20		Treat	
COU CRR 033	Major Governance Failure	20		Treat	
COU CRR 055	Lack of Affordable & Suitable Housing Supply	20		Treat	
COU CRR 057	Worsening Health Inequalities	20		Treat	
COU CRR 012	Health & Safety Breach	20		Treat	
COU CRR 059	Harm to Staff Through Violence & Aggression	20		Treat	
COU CRR 046	IT System/Cyber Security Failure	20		Treat	
COU CRR 050	Supply Chain & Labour Market Disruption	20		Tolerate	
COU CRR 056	Increasing Levels of Poverty	16		Treat	
COU CRR 047	Inadequate Workforce Planning	16		Treat	
COU CRR 053	School Estate Condition Disrupts Education Provision	16		Treat	
COU CRR 009	Information Not Managed Effectively	16		Treat	
COU CRR 049	Continued Contribution to Climate Change	15		Treat	
COU CRR 040	Failure of Public Utility Supply	15		Tolerate	
COU CRR 054	Limited Assurance Around Management of RAAC	12		Treat	
COU CRR 052	Failure to Comply with UNCRC	12		Treat	
COU CRR 022	Public Health Emergency	12		Tolerate	
COU CRR 031	Failure to Prepare for Severe Weather Events	10		Tolerate	
COU CRR 034	Insufficient Pace & Scale of Organisational Transformation	9		Treat	
COU CRR 023	Industrial Unrest	6		Tolerate	

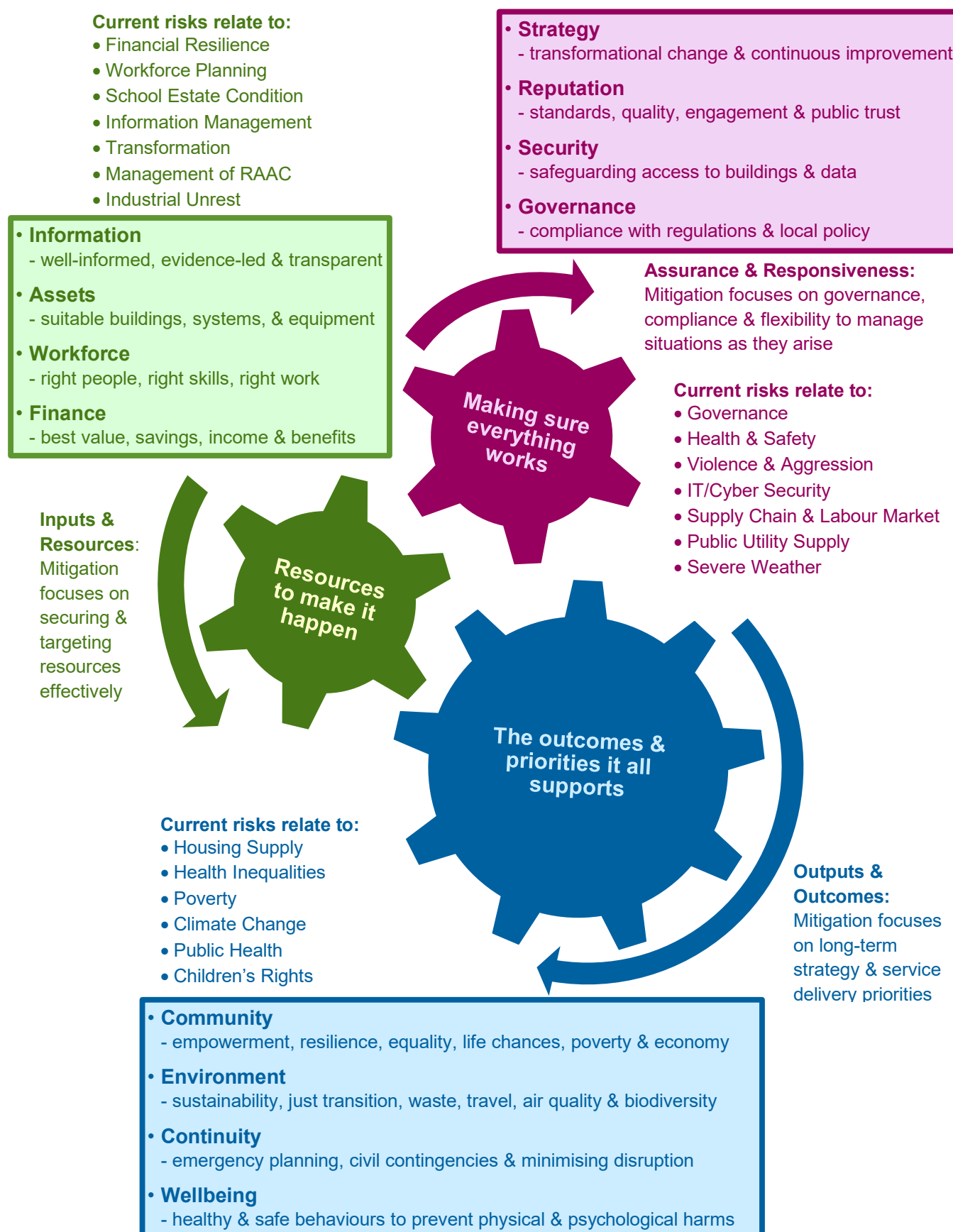
Risk Register Guidance

Purpose	Risk is key to planning and involves thinking about what might get in our way and stop us achieving our goals. We all do this every day, probably without thinking about it – checking for cars to cross a road safely, or watching the weather forecast and taking an umbrella.
Aims	We must consider what's likely, but also the worst possible results. We think about how to prevent them or how we'll react if they do happen. Predicting the future can't be exact, but we need to show that we've thought it through, checked the facts, and are aware of the current situation.
Summary	What's changed since the last report and totals for key factors below (the current profile).
Scores	We use guidance to score (on a scale of 1 to 5) how likely the risk is to occur and possible impacts. These are multiplied to give overall severity. If it's very likely, with serious impacts, it's 5 x 5 = 25.
Status	Scores then determine the status:  green, low risk (9 or less),  amber, medium risk (10-15), or  red, high risk (16 or more). This highlights major issues that need dealt with as a priority.
Change	Whether the score's gone up  , down  , or stayed the same  since last time. Ideally, they'll go down, but there's often issues we can't control so, even if we've taken action, it might still increase.
Approach	If we're doing something to prevent the risk or plan how we'll react, the approach is 'Treat'. If we can't prevent it or already have plans, it's 'Tolerate' (though there may be actions to strengthen controls). 'Transfer' (pass to someone else) and 'Terminate' (stop the risky activity), are less common due to laws about Council responsibilities and services we must provide.
Lead Officer	The person with overall responsibility for dealing with the risk and providing updates.
Title	The issue we're worried about – very negative but may never occur because of actions we'll take.
Risk	More detail about what might cause the risk, and the event we need to prevent or react to.
Impact	The worst possible results on the Council or local communities, considering the categories below.
Notes	An update on the current situation, progress with actions, and any data that tells us how likely the risk is to occur, the timing, or the impacts (so that assessments are based on facts, not guesswork).
Controls	Things already in place to prevent the risk, or plans for how we'll respond. These make the risk less likely or the impact less severe, so we think about these when setting the current score.
Actions	Things we're doing just now, or in the future, to reduce the risk more. We think about these when setting the target score to show how the actions will improve our position once complete.
Categories	Areas the Council must manage to ensure things go smoothly (shaded by grouping on next page). Assets Buildings, computer systems and other equipment needed to run our services. Community Helping people to stay strong and happy, and looking after them in difficult times. Continuity Making sure the services people rely on keep running without disruption. Environment Looking after the planet, animals and plants, and reducing pollution and waste. Finance The money we have to run services and keep doing all the other things on this list. Governance Obeying the law and other rules about behaving responsibly and fairly. Information Learning from facts and data we trust, and being honest about how things are going. Reputation How other people see us, and how happy they are with how we do things. Security Making sure only the right people get into buildings/systems, and use them properly. Strategy What we'll do and changes we'll make so that services work better for everyone. Wellbeing Keeping people safe and healthy so they're not hurt in accidents or by other people. Workforce The staff and skills we need to do all of the above to a high standard.
Outcomes	The Council's key priorities, duties and areas where we want to improve things for local people.

Local Outcomes Improvement Plan	Transformation plan (Be the Future)	Best Value Duties
Wellbeing	i Digital & Data Transformation	1 Balancing the quality of services with cost
1.1 Physical & Mental Health	ii Asset Strategy	2 Ensuring services are sustainable
1.2 Outcomes for Young People	iii Sustainable Transport	3 Promoting equality & diversity
1.3 Poverty	iv Communication & Engagement Model	4 Being accountable & transparent
Economy & Skills	v Tackling Poverty	5 Engaging with local communities
2.1 Labour Market & Fair Work	vi Investment Strategy	
2.2 Economic Opportunities	vii Workforce Strategy	
Places	viii Value-based Leadership/Culture Change	
3.1 Sustainable Places	ix Collaborative Community Models	
3.2 Environmental Sustainability	x Place Redesign	

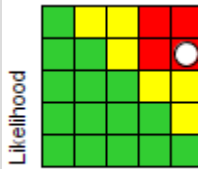
Summary of Corporate Risks by Category Grouping

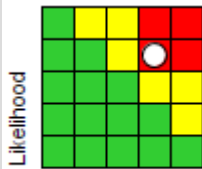
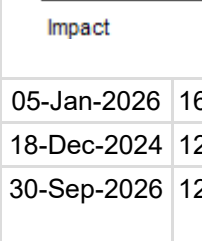
While risks may originate in one category, the focus here is not on causes but solutions, which may lie elsewhere. Please also note that the shading here does not indicate the status of risks.

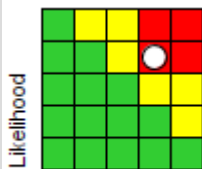
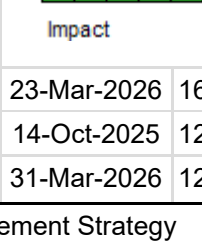


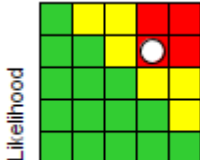
1. Inputs & Resources

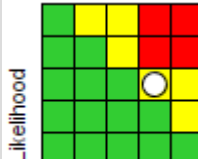
Mitigation focuses on securing & targeting resources effectively

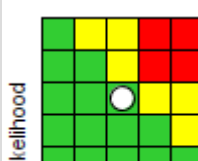
		Insufficient Financial Resilience	Outcome	BV 1.	Balancing the Quality of Services with Cost				
Lead	Senior Manager Finance & Revenues/Chief Finance Officer		Categories	Finance, Assets, Strategic		Approach	Treat		Likelihood Impact
Risk	The Council does not have a balanced budget to meet essential service demands, customer needs, or external agendas, or sufficient resilience to reduce the budget gap for future years.								
Potential Impact	Reputational and legal implications and severe, extended loss of service provision. Possibility of Alliance, Health & Social Care and other partners also experiencing budget pressures contributes to potential impact, given the interdependencies.								
Note	The budget for 2025/26 was approved in February reflecting a balanced position and including savings to be achieved during the year. Due to the use of reserves and cash savings to balance the 25/26 budget, the budget gap for 26/27 has been estimated at £7m. The budget gap is also subject to the settlement funding from Scottish Government which will be known towards the end of the year. Target is set based on gap projections for next 5 years.						Last Review	09-Dec-2025	
							Last Change	26-Jul-2024	25
							Target	31-Mar-2029	15
Related Actions	Procurement Strategy Review				AGS 022 003	Existing Controls	Budget Strategy & Monitoring		
	Refine and enhance Budget Papers to include risk mitigation. The Council should set out within its budget papers any other specific risks that impact on the achievement of a balanced financial position and what mitigating action the Council has planned to manage these risks.				AGS 023 015		Financial Regulations		
	External audit recommendation: A medium-term Financial Strategy be developed, with clear actions on how financial sustainability is to be achieved.				AGS 023 017		Contract Standing Orders		
	More work is required to build the detail behind each project and fully align this to the development of a medium-term financial strategy by: a. Adding greater detail about individual projects; b. Setting clear timescales for each project; c. Assessing the resources and support required to deliver these projects (taking into account the resources that are already identified); and d. Developing a benefits realisation tracker to assess whether the Council has achieved its aims.				AGS 023 018	Relevant Indicators	5-year Budget Gap Projections		
							Achievement of Approved Savings - All Services		
							Useable Reserves (% of Budget)		
	The council should ensure that the finance team is adequately resourced to prepare a comprehensive set of unaudited accounts and working papers in a timely manner to support the audit process.				AGS 023 024		Use of Reserves (%)		
							Uncommitted Balance (% of Budget)		
	Create a financial resilience framework to support the medium-term strategy, once approved.				AGS 024 301		Cost/Revenue Ratio (General Fund)		
	Review Local Finance Returns process to maximise funding access for the Council.				AGS 024 302		Cost/Revenue Ratio (Housing Revenue Account)		
	Strengthen collaboration and joint working between Finance and other Council services to optimise budget management and financial monitoring.				AGS 024 303		Outturn Expenditure (% of Budgeted)		
	Explore options for income generation across the Council and assess the feasibility of such options.				AGS 024 304		Council Tax Collected Within Year (%)		
	Review capital budget setting and monitoring arrangements to set realistic budgets with clear timelines and a clear linkage to Council priorities.				AGS 024 305				

		Inadequate Workforce Planning	Outcome	BtF vii.	Workforce Strategy				
Lead	Head of Corporate Services		Categories	Workforce, Strategic		Approach	Treat		
Risk	Due to lack of workforce planning the Council fails to ensure sufficient capacity/resource to deliver key Council service or fails to adequately develop its workforce to ensure that skills, knowledge and structures are appropriate, sustainable financially viable and compatible with our corporate vision.						Likelihood  Impact		
Potential Impact	Reduction in sustainable staffing levels and loss of knowledge (such as those identified as single points of dependency, including statutory officers), leading to inability to delivery key functions and lack of adequate professional advice to Council Officers/Elected Members.								
Note	Failure to implement sufficient or proper workforce planning controls (at both service and strategic level) risks loss of key staff from posts identified as single points of dependency, failure to address wider workforce challenges, and failure to upskill current staff to meet current / future demands. Development of a new Strategic Workforce Plan is linked to the Council's Target Operating Model (essential to providing a consistent and clear strategic thread for workforce development / planning - as such, this workforce plan cannot be drafted in full until further developments with the TOM are made), thereby highlighting the risks noted above.					Last Review			
Related Actions	The council should ensure that the finance team is adequately resourced to prepare a comprehensive set of unaudited accounts and working papers in a timely manner to support the audit process.				AGS 023 024	Existing Controls	Strategic Workforce Plan		
	Deliver outputs from regional collaboration on workforce management.				AGS 024 601	Relevant Indicators	Existing suite (e.g. recruitment, retention, training, staff survey, etc.) to be reviewed and included in revised strategy		
	Review strategic approach to recruitment approvals amidst budget challenges.				AGS 024 602				
	Review Workforce Strategy.				AGS 024 603				

		School Estate Condition Disrupts Education Provision	Outcome	WELOIP 1.2	Wellbeing - Outcomes for Young People				
Lead	Director of Place & Economy		Categories	Assets, Finance, Wellbeing		Approach	Treat		
Risk	Failure to adequately invest in the school estate results in degradation in the condition of establishments below acceptable standards for continuation of service delivery, requiring displacement into alternative accommodation						Likelihood  Impact		
Potential Impact	Health & Safety implications, unusable assets, disruption to learning & attainment, workforce & financial capacity to manage transport & temporary accommodation, reputational & legal implications relating to provision of statutory function								
Note	Five priority primary schools to be refurbished. To minimise disruption works will be scheduled for out of hours/weekends/holidays. We anticipate works starting in the first half of 2026. Project management resource within Property is limited and external support has been procured to manage these works, which are extensive. A review of structural and condition reports across the whole estate is underway. This will likely identify further potential works to be addressed. Until this is received the risk remains high.					Last Review			
Related Actions	Procure and initiate implementation for a new case management / document management system within Legal Services, in partnership with Falkirk Council.				AGS 023 002	Existing Controls	Asset Management Strategy		
	Seek Council approval to focus investment on the identified schools (graded as “Poor”)				CRR PLC PT1	Relevant Indicators	Buildings Suitable for Current Use		
	Carry out options appraisal on the full learning estate				CRR PLC PT2		Floor Area Satisfactory Condition		

		Information Not Managed Effectively	Outcome	BV 4.	Being Accountable & Transparent				
Lead	Senior Manager - Legal & Governance/Monitoring Officer		Categories	Information, Security, Strategic		Approach	Treat		
Risk	Information is not protected, managed or used effectively due to lack of compliance with information sharing, data protection, records management or IT principles/protocols, potentially leading to data breaches, inefficiency/duplication and strategic/performance management decisions based on poor quality/inaccurate business intelligence.								
Potential Impact	Legal/reputational/financial implications from breaches (regulators being the ICO and SIC can impose monetary penalties and enforcement notices), inefficiencies costing time/money, non-completion of (possibly statutory) duties. Loss of productivity, impacting morale, or misinformed decision-making if information not available/used.								
Note	Records management plan accepted by Keeper of Records for Scotland – final update due mid 2026. New retention plan is still in planning. Scottish Information Commissioner has extended intervention until June 26. Target date is based on estimated implementation of action plan by a small team (who will also need to deliver an election within that period), and success is dependent on engagement by all staff. FOI handling and completion of mandatory training has improved but continued effort is still required by all directorates. Guidance documents continue to be updated and policies for FOI and EIR being prepared. Continual review of data sharing / processing agreements will be required.						Last Review	02-Mar-2026	16
							Last Change	09-Jun-2022	12
							Target	31-Dec-2026	12
Related Actions	Refresh Communications Strategy and Social Media Policy and Guidelines				AGS 021 009	Existing Controls	Data Sharing Agreements (& Continual Review)		
	Information and knowledge management programme of work will be scoped and capacity, resources and roles and responsibilities identified. Action includes work to review how the Council collects, manages and analyses data to ensure officers and members have the information they require to make decisions - Data Insights Programme (Transformation) and work underway within the Data Governance Team (Legal and Governance).				AGS 022 005		General Data Protection Regulations Guidance & Training		
	To review the Council's Complaints Policy and Procedure and implement training accordingly.				AGS 023 008	Relevant Indicators	Employees Completing Mandatory Training		
	Refresh the Digital Strategy.				AGS 023 021		No. of data breaches reportable to Information Commissioner		
	Develop and implement a new automated system around complaints, comments, concerns and compliments that includes online forms, case management and performance reporting.				AGS 023 023		% Complaints Closed Within Timescale - All Services		
	Explore options to streamline and coordinate consultation activity.				AGS 024 401		% Complaints Upheld/Partially - All Services		
	Initiate work to document key work flows, starting with induction.				AGS 024 402		% Freedom of Information Requests Responded to Within Timescale		
	Review how we manage Freedom of Information requests.				AGS 024 403		Others to be developed & included in revised strategies		
Actions from Scottish Information Commissioner letter on 06-Dec-24 regarding Freedom of Information intervention				P&P L&G SIC					

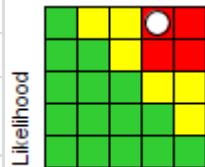
		Limited Assurance Around Management of RAAC	Outcome	WELOIP 3.1	Places - Sustainable Places	Likelihood Impact 				
Lead	Director of Place & Economy	Categories	Assets, Community, Reputation		Approach					Treat
Risk	Potential deterioration of buildings with RAAC (Reinforced Autoclaved Aerated Concrete) into unsafe structures, requiring options appraisal that addresses both strategic implications (financial, assets and duty of care for residents), and the needs of individuals directly affected by uncertainty and other personal impacts, including financial									
Potential Impact	Domestic properties become uninhabitable, increasing voids & pressure demand on housing/homelessness services, with affordable housing already in high demand & short supply (see separate Housing Supply risk). Unbudgeted financial cost to housing services, community impacts and reputational damage through activism & negative media publicity.									
Note	We continue the 'maintain and monitor' regime where Structural Engineers carry out 6 monthly surveys of the closes in occupied blocks. Staff also check these blocks and perimeters of vacant blocks on a week to 10 day basis. We have instructed for valuations be carried out of private properties in vacant blocks and have obtained costs from the contractor and provided to owners. This has allowed owners to seek advice and we await a formal decision from a few remaining owners. We now have information from the Structural Engineer in reference to extensive assessments in tenanted blocks and discussions are ongoing to move this forward.				Last Review	23-Mar-2026	12			
					Last Change	20-Nov-2023	N			
					Target	31-Mar-2026	8			
Related Actions	Following approval of the Asset Strategy, roll out asset plans across portfolios and finalise decisions for the Westhaugh Gypsy Traveller Site and RAAC-related housing stock			AGS 024 502	Existing Controls	Scottish Government RAAC Cross-sector Working Group				
	Focused resource to manage the RAAC survey programme, communications and resident support actions			PLC DRR 003		Housing Needs & Demand Assessment				
	Housing service leads part of Scottish Government RAAC Cross Sector Working Group			PLC DRR 004	Indicators	To be identified (if of value)				

		Insufficient Pace & Scale of Organisational Transformation	Outcome	BV 2.	Ensuring Services are Sustainable	Likelihood Impact 				
Lead	Chief Executive	Categories	Strategic		Approach					Treat
Risk	The Council fails to proactively drive the fundamental redesign of services and organisational planning/development with the speed required to address the funding gap due to ineffective change management.									
Potential Impact	Failure to maintain the required level of provision for statutory services. The corporate business improvement programme does not establish sustainable service delivery and a sustainable cost base for the future.									
Note	Organisational change is progressing. For the benefits realisation plan, key measures for outcomes at a programme level have been proposed and will be presented to the Directors for approval. The Digital and Data programme have agreed a new 5-year roadmap and is moving at pace. The Communication and Engagement strategy and implementation plan is due to be submitted to the Council by early January. Transformation through Collaboration report was approved at Council in November with Tranche 1 activities agreed. The first meeting of the programme board will take place in mid-January.				Last Review	22-Dec-2025	9			
					Last Change	22-Dec-2025	12			
					Target	31-Mar-2026	8			
Related Actions	More work is required to build the detail behind each project and fully align this to the development of a medium-term financial strategy by: a. Adding greater detail about individual projects; b. Setting clear timescales for each project; c. Assessing the resources and support required to deliver these projects (taking into account the resources that are already identified); and d. Developing a benefits realisation tracker to assess whether the Council has achieved its aims.			AGS 023 018	Existing Controls	Be the Future Board				
					Indicators	To be identified (part of action)				

		Industrial Unrest	Outcome	BtF vii.	Workforce Strategy				
Lead		Chief Executive	Categories	Workforce, Continuity		Approach	Tolerate		
Risk		Industrial action by Council staff, partners or suppliers arises, normally in relation to local or national budget-related changes to terms and conditions, or restructuring.							
Potential Impact		Immediate effects on service delivery & those dependent on services, with financial and reputational damage, and residual impact on staff morale & productivity. In case of partners/suppliers may have to support or reduce activity/service delivery.							
Note		A 2 year pay settlement has been agreed and ballots withdrawn by Trade Unions. With no need for pay negotiations for 25/26 this also decreases the risk of imminent industrial unrest. This risk will be reviewed in line with any budget discussions for 26/27. May need to revisit both risk and controls as legislative changes are implemented from Apr-2026 onwards.					Last Review	08-Jan-2026	6
							Last Change	23-Jul-2025	9
							Target	31-Mar-2026	3
Related Actions		Ongoing strengthening of relationships and consultation with trade unions			CRR P&P HR9	Existing Controls	Business Continuity Plans		
							Trade Union Communications Protocol		
						Indicators	'Working Together' Group & Agreement		
						To be identified (if of value)			

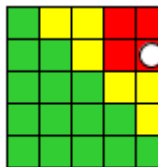
2. Assurance & Responsiveness

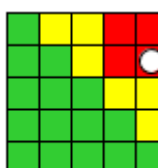
Mitigation focuses on governance, compliance & flexibility to manage situations as they arise

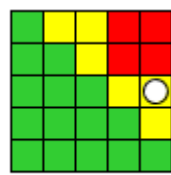
		Major Governance Failure	Outcome	BV 4.	Being Accountable & Transparent		 Likelihood Impact	
Lead	Head of Corporate Services		Categories	Governance, Reputation		Approach		Treat
Risk	A significant failure of compliance with statutory duties through non-adherence to and/or lack of awareness or understanding of law, contract standing orders, scheme of delegation or financial regulations.							
Potential Impact	Significant reputational damage, injury or loss of life, legal action, financial loss or disruption to service delivery and challenge by third parties. Staffing changes and re-design reaffirm need to closely monitor & manage compliance with statutory requirements & good practice.							
Note	The Corporate Risk & Integrity Forum continues to review governance and compliance mitigations on a quarterly basis, ensuring alignment with statutory duties and best practice. The agreed Internal Audit plan provides a structured mechanism to identify and escalate risks relating to legal, financial, and procedural requirements arising from audit review. Given current capacity constraints and workforce challenges within key Council services, particularly vacancies in strategic management roles and reduced supervisory oversight, the risk of governance breaches and non-compliance remains elevated and no change is proposed. This reinforces the need for enhanced monitoring, prioritisation of critical controls, and timely escalation of issues to senior leadership.					Last Review	04-Mar-2026	20
						Last Change	30-Sep-2025	16
						Target	31-Mar-2026	16
Related Actions	Review the Scheme of Delegation then provide training for staff and elected members.				AGS 021 002a	Existing Controls	Scheme of Delegation	
	Review Council Standing Orders then provide training for staff and elected members.				AGS 021 002b		Committee Structures & Remits	
	Strengthen fraud risk management arrangements.				AGS 021 005		Governance & Audit Processes	
	Clackmannanshire Alliance operating arrangements and structures, including the Memorandum of Understanding, will be refreshed.				AGS 021 007			
	Update and rationalise strategic approaches (policies, plans, strategies & procedures).				AGS 021 019	Relevant Indicators	Overall Internal Audit Opinion	
	Contract Standing Orders Review				AGS 022 002		IA Reports Issued <3 Weeks	
	Contribute to the review and seek approval of the governance for the Integration Joint Board (NHS FV, Clacks and Stirling) Integration Scheme led by the IJB.				AGS 023 001		IA Recommendations Accepted	
	Implement all outstanding Internal Audit recommendations as a matter of priority to address a decreasing number of substantial assurance reports and increasing limited and no assurance opinions.				AGS 023 004		IA Programme Completion	
	Conclude the Target Operating Model review to define structure and direction				AGS 024 101		Instances of Fraud Detected	
	Create standard guidance, process maps and templates for developing or revising strategic approaches, starting with Equalities and Fairer Scotland impact assessments.				AGS 024 102		Insurance Claims With Payment	
	Strengthen business continuity governance and processes corporately and across Council services.				AGS 024 103		No. of Insurance Claims	
	Strengthen self-assessment and continuous improvement practices and reporting to continue to meet PPR and Best Value statutory requirements.				AGS 024 201		Value of Insurance Claims Paid	
	Explore corporate outcomes-based business plans and reporting via revised and Council-approved business planning process and documentation.				AGS 024 202		Inspection Gradings (in applicable services)	
	Annual Internal Audit & Fraud Programme				COU IAF		Self-assessment Results	

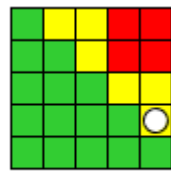
		Health & Safety Breach	Outcome	WELOIP 1.1	Wellbeing - Physical & Mental Health	Likelihood <table><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Impact																						
Lead	Chief Executive	Categories	Wellbeing, Workforce, Community	Approach	Treat																							
Risk	Incident or statutory breach results in injury or death of staff member or customer due to lack of awareness or non-compliance with policies and procedures. Incidents may also arise from third parties actions, outwith Council control.																											
Potential Impact	The effects on individuals and their families, financial penalties (including Health & Safety Executive intervention fees), criminal proceedings, adverse publicity, increased insurance or damage to Council assets.																											
Note	Progress is being made on ensuring that the basic foundations are in place, but we are still experiencing pockets where there is a fundamental lack of understanding of manager responsibilities which leaves the risk as high. Health, Safety & Wellbeing Strategy 2025-28 agreed at Council in November 2025 and sessions held with SLF/TLF in January 2026				Last Review	16-Mar-2026	20																					
					Last Change	24-May-2022	16																					
					Target	31-Dec-2026	16																					
Related Actions	Revised Health & Safety Strategy & Actions Plan			CRR P&P HR1	Existing Controls	H&S Management System																						
	Governance improvement actions across all services			CRR P&P LG1	Relevant Indicators	H&S Training Programme Strategy includes extensive suite (training, incidents, type, etc.), regular reports & review																						

		Harm to Staff Through Violence & Aggression	Outcome	WELOIP 1.1	Wellbeing - Physical & Mental Health	Likelihood <table><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Impact																						
Lead	Chief Executive	Categories	Workforce, Wellbeing, Governance	Approach	Treat																							
Risk	Incidents of violence and aggression towards Council staff result in serious injury and high levels of mental ill-health. Incidents come from a variety of service users and general members of the public.																											
Potential Impact	Potential for fatalities and significant ongoing psychological harm, affecting individuals and families. High levels of staff absence, affecting minimum staffing, potential continuity disruption and achievement of service and corporate objectives. Potential for property damage and/or legal action, with associated financial and reputational impacts.																											
Note	Training for staff has continued to rollout and work on procuring a lone worker solution is also underway, but these have yet to filter through to lowering the risk. Greater awareness is increasing the reporting in some areas.				Last Review	16-Mar-2026	20																					
					Last Change	30-Sep-2025	N																					
					Target	31-Mar-2027	16																					
Related Actions	Review compliance with newly published Scottish Government guidance on violence & aggression			CRR P&P HR6	Existing Controls	Mental Health & Wellbeing Policy																						
	Roll out violence & aggression training programme, initially targeting the most vulnerable services			CRR P&P HR7		Personal Safety Policy																						
	Ensure measures in place to protect staff via lone working and PVP processes			CRR P&P HR8	Relevant Indicators	Potentially Violent Persons Register Instances & Near Misses (by service & incident type)																						

		IT System/Cyber Security Failure	Outcome	BtF i.	Digital & Data Transformation			Likelihood Impact 		
Lead	Senior Manager Partnership & Transformation		Categories	Information, Security		Approach	Treat			
Risk	Full or partial loss of network/hardware/software/telecoms (temporary or prolonged) due to cyber attack/other emergency, failure to manage maintenance/contracts, or lack of investment in systems/staff/training (i.e. failure to uphold priorities of Confidentiality, Integrity & Availability).									
Potential Impact	Financial impact from loss of productivity, service disruption (inc. statutory/vulnerable groups), inability to communicate, harm to staff/customers (access to records/Potentially Violent Persons register) & legal/regulatory/reputational implications.									
Note	Recent global issues & incidents means this remains high risk and work is ongoing to raise awareness of mitigations. The Council is also investing in infrastructure, security & resilience through Digital Transformation. This will introduce security policies, monitoring tools, cloud hosted services, retire/replace legacy systems, invest in modern technology including telephony to support delivery, future ways of working & Digital Transformation ambitions. Initial implementation of MS365 complete and already improving resilience, stability and security of systems. Regular IT health checks provide external assurance of controls.						Last Review	17-Dec-2025	20	
							Last Change	11-Sep-2023	15	
							Target	31-Mar-2026	15	
Related Actions	The Information and Communication Technology (ICT) Strategy and ICT Asset Management Plans will be finalised.				AGS 021 017	Existing Controls	Incident Response Plans			
Relevant Indicators	Existing suite (e.g. incidents, health checks & compliance, mandatory training completion, asset registers, contract monitoring, etc.) to be developed and included in revised strategy				Business Continuity Plans					
					Service Level Agreements & Contracts					

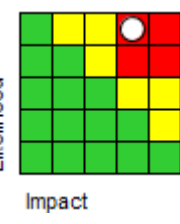
		Supply Chain & Labour Market Disruption	Outcome	WELOIP 2.1	Economy & Skills - Labour Market & Fair Work			Likelihood Impact 		
Lead	Chief Executive		Categories	Continuity, Finance, Workforce		Approach	Tolerate			
Risk	Disruption to UK supply chains & labour markets as a result of EU withdrawal, increasing costs & delays in sourcing goods (particularly in construction), already materialising and could continue for an extended period or escalate									
Potential Impact	The Council could fail to recruit or retain staff with the required knowledge & experience, and/or be subject to direct or third-party impacts if suppliers are unable to source goods/materials or staff to fulfil contractual obligations									
Note	Impact and Likelihood remain unchanged but trend is potentially upward given the structural nature of IT component shortages and ongoing fiscal/workforce constraints. Due to structural supply constraints in global IT components (especially memory/storage), ongoing inflationary and fiscal pressures on councils and suppliers, regulatory changes in procurement, and persistent shortages in critical local-authority skills, the Council may face extended lead times, price volatility, reduced supplier availability, and delivery slippage across key contracts and digital transformation programmes, resulting in service disruption, higher total cost of ownership, and elevated risk of supplier distress or failure. Global AI-driven memory tightness and 9-month lead times/price spikes; Scottish local government budgets under sustained pressure; consultation on procurement thresholds; persistent workforce shortages in councils and Trading Standards; legacy IT and digital skills gaps constraining transformation.						Last Review	23-Feb-2026	20	
							Last Change	20-Oct-2021	N	
							Target	31-Mar-2026	15	
Related Actions	Procurement Strategy Review				AGS 022 003	Existing Controls	Recruitment/Retention Policy			
	Respond to market intelligence as it arises				CRR P&P FR1		Procurement Processes & Procedures			
Relevant Indicators	Procurement strategy includes extensive suite (spend (inc. local & SME), savings, type, etc.), regular reports & review						Service Level Agreements & Contracts			
	Existing Workforce suite (recruitment, retention, training, survey, etc.) to be reviewed and included in revised strategy									

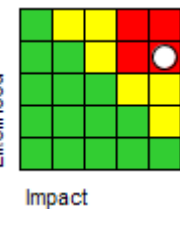
		Failure of Public Utility Supply	Outcome	BtF 2.	Empowering Families & Communities			Likelihood Impact 
Lead	Head of Corporate Services		Categories	Continuity, Community, Wellbeing		Approach	Tolerate	
Risk	Sustained loss of gas, electricity, water and communications over a significant area due to failure of a provider's infrastructure as a result of a local or national event.							
Potential Impact	Fatality, injury or health risk, requirement to evacuate & find alternative accommodation, including for vulnerable people. Disruption to businesses, with potentially large costs, and impact on contact with health, care and emergency services.							
Note	National NPO working group forming led by Scottish Government					Last Review	20-Apr-2026	15
						Last Change	14-Mar-2023	20
						Target	31-Mar-2026	12
Related Actions	Meet SLG to review Major Incident Procedures				CRR P&P BC1	Existing Controls	Business Continuity Plans	
	Meet Local Resilience Partnership to review alignment of structures and governance, to trigger reviews of detailed plans				CRR P&P BC2		Emergency Response Plan	
							Major Incident Procedures	
	Participate in national power outage working group and implement recommendations				CRR P&P BC4	Indicators	To be identified (if of value)	

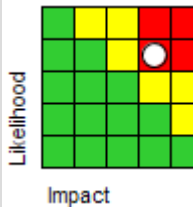
		Failure to Prepare for Severe Weather Events	Outcome	WELOIP 3.1	Places - Sustainable Places			Likelihood Impact 
Lead	Director of Place & Economy		Categories	Environment, Continuity, Wellbeing		Approach	Tolerate	
Risk	Inability to respond to severe weather events due to lack of appropriate planning & equipment (e.g. 4x4 vehicles). Most likely flooding from rain/coastal surge, winter weather or heatwave (increasing frequency & severity due to climate change).							
Potential Impact	Widespread community dislocation (including possible risk to life), damage to property, businesses, roads & utility infrastructure (inc. telecoms & power), or inability of staff to get to workplace. Impact on delivery, reputation & finances, and increased workload in numerous services to support communities, including clearing roads and core paths (e.g. from fallen trees & other debris).							
Note	Reduced Likelihood but increased impact to reflect change in season. As we move out of winter the chances of Severe Weather reduce however the impact increases: Leaves on trees mean strong winds more likely to have branches fall; Dryer weather leads to increase risk of flood impact as land dries; Increased temp leads to dry conditions and increased risk of wildfires etc					Last Review	20-Apr-2026	10
						Last Change	20-Apr-2026	12
						Target	31-Mar-2026	9
Related Actions	Meet SLG to review Major Incident Procedures				CRR P&P BC1	Existing Controls	Business Continuity Plans	
							Winter & Flood Management Plan	
	Meet Local Resilience Partnership to review alignment of structures and governance, to trigger reviews of detailed plans				CRR P&P BC2		Forth Valley Local Resilience Partnership	
						Indicators	To be Identified (if of value)	

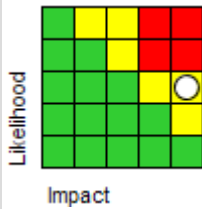
3. Outputs & Outcomes

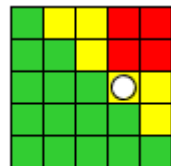
Mitigation focuses on long-term strategy & service delivery priorities

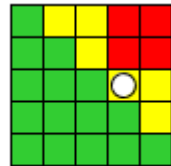
		Lack of Affordable & Suitable Housing Supply	Outcome	WELOIP 3.1	Places - Sustainable Places			
Lead	Director of Place & Economy		Categories	Community, Finance, Governance		Approach		Treat
Risk	Increasing demand for mainstream, homeless and care leaver accommodation and decelerating new build programmes mean demand is outstripping supply, resulting in unmet housing need, alongside challenges around cost of living & home energy costs.							
Potential Impact	Diminished capacity to comply with the Housing (Scotland) Act and “The Promise” aspirations, to support applicants into sustainable tenancies, implications for wellbeing (particularly mental health), lack of stability, inclusion and adapted properties, reputational and regulatory impacts.							
Note	Similar issues are being experienced across Scotland, Clackmannanshire Council’s caseload has increased since 2020, despite existing mitigation of increased proportion of lets going to homeless applicants. The service is currently in breach of the Unsuitable Accommodation Order due to utilisation of stock outwith area for extended durations. Global issues creating ongoing uncertainty around markets. There are additional obligations on local authorities as part of the newly passed Scottish Government Housing Bill, with detail on guidance still expected. The Future Homes Board is exploring various interventions to support supply and address some of the pressure points indicated here, such as social bites, Westhough and other structural works within our estate.					Last Review		23-Mar-2026
						Last Change	06-Aug-2025	N
						Target	30-Jun-2026	16
Related Actions	Housing champion for The Promise – this is included within new housing role in HBMT structure				HSG SRM 08a	Existing Controls	Allocations Policy	
	Focused & targeted approach to reducing void property turnaround time and associated void rent loss				HSG SRM 08b		Local Housing Strategy	
Indicators	Extensive suite (e.g. stock, needs & demands, voids, homelessness, etc.) reported regularly with ongoing development				Housing Investment Plan			

		Worsening Health Inequalities	Outcome	WELOIP 1.1	Wellbeing - Physical & Mental Health			
Lead	Chief Executive		Categories	Wellbeing, Community, Strategic		Approach		Treat
Risk	Failure to improve health & wellbeing, particularly in financial/social determinants of physical & mental health, such as community safety, substance use, and domestic abuse results in exacerbation of pre-existing health inequalities.							
Potential Impact	Widened gap in health outcomes, life expectancy, prevalence of chronic conditions, suicides and social isolation, particularly in vulnerable groups, with worsening impacts on economic/employment opportunities and lowered resilience/increased dependence on services & support.							
Note	This theme is central to the Wellbeing Economy Local Outcomes Improvement Plan. This is closely linked to other outcomes on poverty or lack of economic/employment opportunities, and evidence demonstrates that these can be positively influenced by improving physical and mental health & wellbeing. This is, being taken forward with key community planning partners, with actions in progress around promoting mental health and wellbeing supports and services, including preventative resources. Equalities and Fairer Scotland Impact Assessments are integral to decision-making, with templates and guidance recently revised and activities continue around active travel, access to green spaces, safe spaces for women & girls, nutrition and affordable housing & heating.					Last Review		14-Nov-2025
						Last Change	05-Aug-2025	N
						Target	31-Mar-2026	15
Related Actions	Improve the health and wellbeing of women and girls in Clackmannanshire				WEL 244 102	Existing Controls	Sport & Active Living Framework	
	Improve access to whole systems community based mental health support, resources and services				WEL 244 103		Violence Against Women & Girls Partnership	
	Simplify and integrate plans and partnerships in place around the theme of wellbeing.				WEL 244 107			
Indicators	Extensive suite (including those listed in note) reported regularly with ongoing development, in partnership with NHS				Alcohol & Drugs Partnership			

		Increasing Levels of Poverty	Outcome	WELOIP 1.3	Wellbeing - Poverty				
Lead	Depute Chief Executive/Director of Wellbeing		Categories	Community, Wellbeing, Strategic		Approach		Treat	
Risk	A lack of suitable supports around employment & financial advice, and barriers to economic activity results in failure to alleviate the increasing cost of living and deprivation in the area, pushing more people, including children, into poverty.								
Potential Impact	Increasingly poor outcomes for individuals, associated with educational, employment & economic potential, health & wellbeing, and other socio-economic factors, with cycles and behaviours continuing and worsening in future generations								
Note	Poverty remains a significant and growing risk, driven by cost of living pressures, worklessness, and barriers to employment and income maximisation. Wider global factors, including economic instability, conflict, and pressures on energy, food supply, and prices, continue to exacerbate local hardship. Although 252 fewer children are living in relative poverty since 2019/20, rates remain above the Scottish average and progress toward 2030 targets is insufficient. Employment levels remain below national figures, while health inequalities persist. Whole Family Support, Family Hubs and multi agency interventions are mitigating impacts, but risks remain high.						Last Review	13-Mar-2026	16
							Last Change	05-Aug-2025	N
							Target	31-Mar-2026	12
Related Actions	Undertake the Housing Needs and Demand Assessment (HNDA).				AGS 023 011	Existing Controls	Family Wellbeing Partnership		
	Prepare Alloa Town Centre Masterplan				AGS 023 012		Safeguarding Through Rapid Intervention (STRIVE)		
	People Directorate Community Wellbeing Plan 2025-26				PPL CWP 256		Tackling Poverty Partnership		
	Support children, young people, and families early through integrated services				CWP 256 103	Relevant Indicators	Child Poverty Rate		
	Deliver local accommodation and support for care experienced young people in partnership				CWP 256 104		Gross rent arrears (all tenants) as a % of gross		
	Poverty in our communities is reduced by improving outcomes for all				CWP 256 400		Crisis Grant Timeliness		
	Encourage voice-led transformation across services supporting families in or at risk of poverty				CWP 256 401		Community Care Grant Timeliness		
	Develop Whole Family Support (WFS) approaches tailored to community needs				CWP 256 402		Fuel Poverty (CPP Profile)		
	Optimise income maximisation opportunities and referral pathways				CWP 256 403		Young People in Most Income Deprived Quintile (0-25)		
	Establish specialist employability support for those with criminal justice experience, including employer engagement				CWP 256 404		Food Insecurity		
	Increase opportunities for healthier behaviours, focusing on those facing inequality				CWP 256 503				
	Develop shared measures and targets to improve community health and wellbeing				CWP 256 504				

		Continued Contribution to Climate Change	Outcome	WELOIP 3.2	Places - Environmental Sustainability				
Lead	Director of Place & Economy		Categories	Environment, Wellbeing		Approach	Treat		
Risk	The Council fails to play its part in addressing the climate emergency, such as by not adapting to climate change, reducing waste and travel, making available resources, using/promoting sustainable practices, materials & technologies or failing to act as an ambassador for national & international good practice as it emerges.								
Potential Impact	Worsening environmental impacts including flooding (see Severe Weather risk), impact on health/social well being, increased fuel poverty, missed efficiency savings/economic opportunities and poorer air quality. Reputational impacts of not supporting national/international policy, and legal implications of not meeting targets or demonstrating progress.								
Note	Situation continues. Ongoing challenges. Services are making inroads, however, there is a substantial amount of work to be carried out involving various stakeholders (internal and external).						Last Review	16-Mar-2026	15
							Last Change	16-Dec-2024	10
							Target	31-Mar-2026	10
Related Actions	Seek Council approval for and implement the new Climate Change Strategy to replace the Interim Climate Change Strategy.				AGS 023 010	Existing Controls	Local Biodiversity Action Plan		
							Regional Energy Masterplan		
							Sustainable Food Growing Strategy		
	Develop a corporate Asset Strategy.				AGS 023 013	Relevant Indicators	CO2 Emissions per Capita		
							CO2 Emissions - Within Scope		
							CO2 Emissions - Transport		
							CO2 Emissions - Electricity		
	To procure and plan a Housing Stock and Assets Condition Survey				AGS 024 501		CO2 Emissions - Gas		
							Maximum Highest Daily Temperature		
							Mean Summer Temperature		
							Air Quality		
	Following approval of the Asset Strategy, roll out asset plans across portfolios and finalise decisions for the Westhaugh Gypsy Traveller Site and RAAC-related housing stock				AGS 024 502		% Household Waste Recycled/Composted		
							Active Travel to School		
							Active Travel to Work		

		Failure to Comply with UNCRC	Outcome	WELOIP 1.2	Wellbeing - Outcomes for Young People		 Likelihood Impact		
Lead	Chief Executive	Categories	Community		Approach	Treat			
Risk	Lack of cross-service action to implement requirements of the UN Convention on the Rights of the Child results in poor staff awareness and/or lack of process review to ensure children's rights are upheld across all aspects of service delivery								
Potential Impact	Failure to act in a child's best interests, possibly exacerbating inequalities for vulnerable individuals/groups, or failure to demonstrate corporate commitment, with associated legal, financial & reputational implications of a regulatory breach								
Note	The UNCRC cross Directorate working group has continued the development of child friendly complaints to ensure that we comply with the most up to date SPSO complaints model for local authorities and take cognisance of any additional guidance/principles around child friendly complaints and the UNCRC. Council web pages are being updated to reflect this with colleagues in Comms, including links to the existing Children's Rights page on the website. All leads in the UNCRC Group are capturing data on the agreed template for each department and Directorate by 02.04.26 to ensure we have everything recorded as part of our reporting duty, covering the period from 16.07.24 to 31.03.26. Clacks Youth Forum showcasing UNCRC work on 13.05.26 in Alloa Town Hall. Two Staff from the Working Group attended the UNCRC Local Government Conference and shared their feedback.					Last Review	17-Dec-2025	12	
						Last Change	15-Sep-2025	8	
						Target	31-Mar-2026	8	
Related Actions	Carry out 'How Ready are You?' audit to check compliance & identify priority actions				CRR COU CR1	Existing Controls	Team Leader/Senior Manager Forum		
	Implement Child Friendly Complaints process (no later than 31-Mar-25)				CRR COU CR2		Youth Voice Forum		
	Communicate UNCRC duties to staff, customers & partners to raise awareness of implications				CRR PPL ED1	Indicators	Equalities Impact Assessment Self-assessment Results		

		Public Health Emergency	Outcome	WELOIP 1.1	Wellbeing - Physical & Mental Health		 Likelihood Impact		
Lead	Chief Executive	Categories	Wellbeing, Continuity		Approach	Tolerate			
Risk	Significant numbers of Council staff and customers become ill due to the occurrence of a public health emergency, such as a flu pandemic, with spread potentially exacerbated through failure to vaccinate or follow hygiene protocols.								
Potential Impact	Short- & long-term health implications for public & staff (inc. absence if ill or caring for others). Disruption to support & front-line services, inc. to already vulnerable groups. Consideration required of minimal service provision requirements.								
Note	No change, on going Public COVID Inquiry continuing with lessons being incorporated.					Last Review	20-Apr-2026	12	
						Last Change	26-Jul-2024	20	
						Target	31-Jan-2027	8	
Related Actions	Meet SLG to review Major Incident Procedures				CRR P&P BC1	Existing Controls	Business Continuity Plans		
	Meet Local Resilience Partnership to review alignment of structures and governance, to trigger reviews of detailed plans				CRR P&P BC2		Major Incident Procedures Pandemic Flu Plan		
	Review outputs and learning from national Covid Enquiry and implement recommendations				CRR P&P BC3	Indicators	Extensive Health & Wellbeing suite, regular reports & review		

Report to: Audit and Scrutiny Committee

Date of Meeting: 11 June 2026

Subject: Exceptions from the Application of Contract Standing Orders

Report by: Head of Corporate Services

1.0 Purpose

- 1.1. It is a requirement of Contract Standing Orders that exceptions should be reported to the next available Audit & Scrutiny Committee. The purpose of this paper therefore is to provide detail on any Exceptions to Contract Standing Orders submitted in the previous quarter.

2.0 Recommendations

- 2.1. The Committee is asked to note the report, commenting and challenging as appropriate.

3.0 Considerations

- 3.1. Contract Standing Orders (CSO's) apply to all contracts entered into by Council officers. In some circumstances however, exceptions may be granted.
- 3.2. The appropriate senior manager must record their reasons in writing in the form of an exception report for a decision, which must be submitted to the Head of Corporate Services, for consideration.

The Head of Corporate Services is required to consult with the Chief Finance Officer (S95) and Procurement Manager before taking any action that binds the Council. It is a requirement that any such exception shall be reported retrospectively in full to the next Audit & Scrutiny Committee, including the reasons that fully justify the exception. A summary of CSO exemptions will also be provided as part of the Annual Procurement report to the Audit & Scrutiny Committee.

- 3.3. **One (1)** exception has been considered since the last report in August 2025:
- 3.3.1. To permit the extension of the existing contract with MHR International UK Ltd for the provision of the iTrent HR Management System.
- Contract Period: 22 April 2026 to 21 April 2029 (3 years)
 - Total Contract Value: £526,388.75

- CSO Exemption Applied: Contract Standing Orders Section 6(3) – there is a genuinely justifiable case to use an existing contractor/supplier to maintain continuity of supply or site experience.
- Reference: 2/6/2346
- Decision: Granted based on the Council has used the iTrent HR Management System since 2013 and has made significant financial and operational investment in developing a tailored solution supporting payroll, workforce management, absence management and HR reporting across the organisation.

Procuring a replacement system would introduce substantial operational, financial and service continuity risks, particularly in relation to payroll delivery and collaboration arrangements. The extension represents best value for money and ensures continuity of critical HR and payroll services.

Conditions Attached to Approval

- Procurement Form 2 to be completed and authorised
- Order documentation to be signed by the appropriate Head of Service
- Purchase Order to be raised covering the full contract period
- Contract Award Notice without competition to be published on Public Contracts Scotland
- Exception to be reported to Audit & Scrutiny Committee for scrutiny

4.0 Sustainability Implications

- 4.1. There are no direct sustainability implications arising from the recommendations in this report.

5.0 Resource Implications

5.1. Financial Details

- 5.2. 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 ☒

- 5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☒

- 5.4. *Staffing – there are no staffing implications arising from this report.*

6.0 Exempt Reports

- 6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☒

7.0 Declarations

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

(1) Our Priorities

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 ☒

8.0 Impact Assessments

8.1 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 ☐

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

There are no direct impacts resulting from the contents of this report.

9.0 Legality

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

10.0 Appendices

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

None

11.0 Background Papers

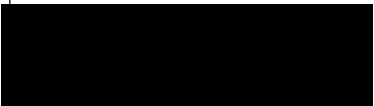
11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☒

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Derek Barr	Procurement Manager	45 2017

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

Report to: Audit and Scrutiny Committee

Date of Meeting: 11 June 2026

Subject: Audit and Scrutiny Committee Forward Plan 2026/27

Report by: Head of Corporate Services

1.0 Purpose

- 1.1. The purpose of this report is to enable members to review and approve the Audit and Scrutiny Committees forward plan for 2026-2027, agree on the process for completing the Committee's self-evaluation to inform its Annual Report, and note the progress of the Committee's agreed training plan.

2.0 Recommendations

- 2.1. It is recommended that Committee:

2.1.1. **Approves** the draft forward plan as set out in **Appendix 1**:

2.1.2. **Agree** that all Committee members will convene informally immediately following the conclusion of the June Audit and Scrutiny Committee to complete the online self-evaluation questionnaire, **Appendix 2**

2.1.3. **Agree** that all Committee members will meet informally during September 2026 to review the results of the self-evaluation exercise. This will support the preparation of the Committee's Annual Report for consideration at the October 2026 meeting and subsequent submission to Council.

2.1.4. **Note** the progress made in relation to the 2025/26 training plan (as detailed in paragraph 3.6)

3.0 Considerations

- 3.1. This paper presents a proposed schedule of reports for the Audit and Scrutiny Committee through to June 2027.
- 3.2. The draft Forward Plan reflects the remit of Audit & Scrutiny Committee as approved by Council in May 2022 (**Appendix 3**).
- 3.3. While the Forward Plan outlines the Committee's core responsibilities, it may be subject to revision to accommodate unforeseen developments during the year.
- 3.4. The Chartered Institute of Professional Finance and Accountancy (CIPFA) recommends that all local authorities should make their best efforts to adopt the principles of the "CIPFA Position Statement: Audit Committees in Local Authorities and Police".
- 3.5. In 2023, the Committee agreed that an Annual Report, aligned with the CIPFA Position Statement, should be produced as part of its planning and review cycle. The 2025/26 Annual Report is scheduled for presentation to the Committee in October 2026, with Council approval to follow.
- 3.6. Committee previously agreed the undernoted areas for development.

Table 1: Agreed Training Plan + Status

Training Subject	Target	Internal/External	Status
Annual Governance Statement / Control Environment	Q4 24/25	Internal	
Cyber Security	Q3 24/25	Both	
Performance and Risk (Phase 2)	Q4 24/25	Internal	
Principles of Best Value & VFM	Q3 24/25	Internal	
Fraud and Corruption	Q4 24/25	Both	
Financial Monitoring / Scrutiny	Q3 24/25	Internal	
"Mock Committee"	Q3 24/25	Internal	

- 3.11. It is recognised that a number of training sessions are still outstanding. Planning is underway to ensure delivery of sessions, as noted below:

Table 2: Agreed Training Plan - Updates

Training Subject	Update
Annual Governance Statement / Control Environment	Sessions will be combined into an all-member session on AGS and Best Value, undertaken in house by Strategy & Performance. This will be delivered as part of a new package of training post summer recess.
Principles of Best Value & VFM	
Fraud and Corruption	Following appointment of the Council's new Fraud Officer, appropriate training will be provided to all members on their role regarding fraud and corruption. This will be delivered as part of a new package of training post summer recess.
Financial Monitoring / Scrutiny	Following the next A&S Committee, and via the Committee wash up function, specific feedback from members on financial scrutiny (challenges, observations, areas for improvement) will be sought. Following this an appropriate training session will be led by the Finance and Revenues team.
"Mock Committee"	Feedback from members of the A&S Committee will be sought as part of Committee wash up function, to identify areas of development, ahead of the delivery of a mock committee, post recess.

4.0 Sustainability Implications

- 4.1. There are no sustainability implications arising from this report.

5.0 Resource Implications

5.1. *Financial Details*

- 5.2. 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 ☒

- 5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☒

- 5.4. *Staffing – there are no staffing implications arising from this report.*

6.0 Exempt Reports

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

7.0 Declarations

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

(1) Our Priorities

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 ☒

8.0 Impact Assessments

8.1 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 ☐

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

There are no direct impacts resulting from this report.

9.0 Legality

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

10.0 Appendices

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

Appendix 1 – Draft Audit Committee Forward Plan 2025/2026

Appendix 2 – Self Evaluation Questionnaire

Appendix 3 – Audit and Scrutiny Committee Remit

11.0 Background Papers

- 11.1 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 ☐

CIPFA's Position Statement: Audit Committees in Local Authorities and Police

https://www.psaa.co.uk/wp-content/uploads/2023/11/audit-committee-roles_app1.pdf

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Chris Alliston	Head of Corporate Services	2184

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

APPENDIX ONE

Audit and Scrutiny Committee Draft Forward Plan for 25/26 Cycle

*Reports marked with * are standing items for each agenda but may not be presented every cycle depending on work undertaken between meetings.*

AUGUST 2026	
TITLE OF REPORT	LEAD OFFICER
A U D I T	
Exceptions from the Application of Contract Standing Orders*	Head of Corporate Services
Internal Audit Update Report*	Internal Audit Manager
Corporate Risk Register Update Report*	Senior Manager – P&T
Council Financial Performance 26/27 Q1	Chief Finance Officer
HRA Financial Performance 26/27 Q1	Chief Finance Officer
Treasury Report 26/27 Q1	Chief Finance Officer
IJB Financial Performance 26/27 Q1	HSCP Chief Finance Officer
Annual Treasury Report 2025-26	Chief Finance Officer
S C R U T I N Y	
Outstanding Internal Audit Actions Progress Report*	Head of Corporate Services
Risk Strategy Annual Report 25/26	Senior Manager – P&T
Community Wellbeing Report 25/26 (Year End)	Director – Wellbeing
HSCP Approach to Inequalities	HSCP Chief Officer
Health and Care (Staffing) (Scotland) Act 2019 return for Clackmannanshire Council	Chief Social Work Officer
Joint Inspection Report – Action Plan	HSCP Chief Officer
HSCP Clackmannanshire Locality Performance 26/27 Q1	HSCP Chief Officer

OCTOBER 2026	
TITLE OF REPORT	LEAD OFFICER
A U D I T	
Exceptions from the Application of Contract Standing Orders*	Head of Corporate Services
Internal Audit Update Report*	Internal Audit Manager
Corporate Risk Register Update Report*	Senior Manager – P&T
S C R U T I N Y	
Outstanding Internal Audit Actions Progress Report*	Head of Corporate Services
Police Performance Report for Clackmannanshire – Year End	Chief Inspector
Fire Annual Performance Report for Clackmannanshire – Year End	Local Senior Officer
Regulation of Investigatory Powers (Scotland) Act 2000	Senior Manager – Legal
Health and Safety Annual Report 2025-26	H&S Manager

Procurement Annual Report 2025-26	Procurement Manager
Alcohol and Drugs Partnership Update	HSCP Chief Officer
Annual Report of the Chief Social Work Officer	Chief Social Work Officer
Audit and Scrutiny Committee Annual Performance Report	Head of Corporate Services

DECEMBER 2026	
TITLE OF REPORT	LEAD OFFICER
AUDIT	
Exceptions from the Application of Contract Standing Orders*	Head of Corporate Services
Internal Audit Update Report*	Internal Audit Manager
Corporate Risk Register Update Report*	Senior Manager – P&T
Council Financial Performance 26/27 Q2	Chief Finance Officer
HRA Financial Performance 26/27 Q2	Chief Finance Officer
Treasury Report 26/27 Q2	Chief Finance Officer
IJB Financial Performance 26/27 Q2	IJB Chief Finance Officer
Council (AGS) Improvement Plan Update	Head of Corporate Services
SCRUTINY	
Outstanding Internal Audit Actions Progress Report*	Head of Corporate Services
HSCP Clackmannanshire Locality Performance 26/27 Q2	HSCP Chief Officer
HSCP Clackmannanshire Locality Half Year Update 26/27	HSCP Chief Officer
Place and Economy Directorate 25/26 Year End Report	Director – P&E
Public Bodies Climate Change Report Duty (PBCCRD): Annual Report 2024/25 Internal Audit	Director – P&E
Management Information: Voluntary Severance, Early Retirement, and Flexible Retirement Packages	HR Senior Manager
Absence Compliance Update	HR Senior Manager

MARCH 2027	
TITLE OF REPORT	LEAD OFFICER
AUDIT	
Exceptions from the Application of Contract Standing Orders*	Head of Corporate Services
Internal Audit Update Report*	Internal Audit Manager
Corporate Risk Register Update Report*	Senior Manager – P&T
Council Financial Performance Q3	Chief Finance Officer
HRA Financial Performance Q3	Chief Finance Officer
Treasury Management Quarterly Update Q3	Chief Finance Officer
IJB Financial Performance Q3	HSCP Chief Finance Officer
SCRUTINY	
Outstanding Internal Audit Actions Progress Report*	Head of Corporate Services

Staff Engagement Survey Responses	HR Senior Manager
Environmental Health Official Food Control Progress Report	Director – P&E
Interim Report - People Community Wellbeing Plan	Director - Wellbeing
HSCP Clackmannanshire Locality Performance Report 2026-27 (October - December 2026)	HSCP Chief Officer

APRIL 2027	
TITLE OF REPORT	LEAD OFFICER
A U D I T	
Exceptions from the Application of Contract Standing Orders*	Head of Corporate Services
Internal Audit Update Report*	Internal Audit Manager
Corporate Risk Register Update Report*	Senior Manager – P&T
Integrated Joint Board Budget Report	HSCP Chief Officer
Annual Fraud Risk Assessment and Assurance Report	Senior Manager – Legal
S C R U T I N Y	
Outstanding Internal Audit Actions Progress Report*	Head of Corporate Services
Police Performance Half Year Report 2026/27	Local Commander
Fire Performance Half Year Report 2026/27	Local Senior Officer
Annual Performance Report 2026/27	Senior Manager – P&T
Annual Complaints Report 2026-27	Head of Corporate Services

JUNE 2027	
TITLE OF REPORT	LEAD OFFICER
A U D I T	
Exceptions from the Application of Contract Standing Orders*	Head of Corporate Services
Corporate Risk Register Update Report	Senior Manager – P&T
Internal Audit Update Report*	Internal Audit Manager
Internal Audit Assurance Report	Internal Audit Manager
Internal Audit Plan Report 2027/28	Internal Audit Manager
Council Financial Performance 26/27 Q4	Chief Finance Officer
HRA Financial Performance 26/27 Q4	Chief Finance Officer
Treasury Report 26/27 Q4	Chief Finance Officer
IJB Financial Performance 26/27 Q4	Chief Finance Officer
Annual Governance Statement – Year End Progress Report	Senior Manager – P&T
S C R U T I N Y	
Internal Audit Outstanding Actions Progress Report*	Head of Corporate Services
Housing Charter Report	Senior Manager – Housing
Wellbeing Economy Local Outcomes Improvement Plan Progress Report	Senior Manager – P&T
HSCP - Clackmannanshire Locality Performance Report 26-27	HSCP Chief Officer
HSCP - Clackmannanshire and Stirling Year End Update 26-27	HSCP Chief Officer

Self-Assessment of the Effectiveness of the Audit and

2026-27

The survey should take no longer than 10 minutes to complete and all results/analysis will be anonymised.

* Required

CIPFA's Position Statement: Audit Committees in Local Authorities and Police 2022

Scope

This position statement includes all principal local authorities in the UK, corporate joint committees in Wales, the audit committees for PCCs and chief constables in England and Wales, PCCFRAs and the audit committees of fire and rescue authorities in England and Wales.

The statement sets out the purpose, model, core functions and membership of the audit committee. Where specific legislation exists (the Local Government & Elections (Wales) Act 2021 and the Cities and Local Government Devolution Act 2016), it should supplement the requirements of that legislation.

Status of the Position Statement

The statement represents CIPFA's view on the audit committee practice and principles that local government bodies in the UK should adopt. It has been prepared in consultation with sector representatives. CIPFA expects that all local government bodies should make their best efforts to adopt the principles, aiming for effective audit committee arrangements. This will enable those bodies to meet their statutory responsibilities for governance and internal control arrangements, financial management, financial reporting and internal audit.

The full position statement can be found online at <https://www.cipfa.org/services/support-for-audit-committees>

Independent and Effective Model

The audit committee should be established so that it is independent of executive decision making and able to provide objective oversight. It is an advisory committee that has sufficient importance in the authority so that its recommendations and opinions carry weight and have influence with the leadership team and those charged with governance.

1. Do you feel that the Committee is directly accountable to the authority's governing body? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

2. Do you feel that the Committee is independent of both the executive and the scrutiny functions? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

3. Do you feel that the Committee have rights of access to and constructive engagement with other committees/functions, for example scrutiny and service committees, corporate risk management boards and other strategic groups? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

4. Do you feel that the Committee have rights to request reports and seek assurances from relevant officers? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

5. Do you feel that the Committee is of an appropriate size to operate as a cadre of experienced, trained committee members? (large committees should be avoided) *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

Core Functions

The core functions of the audit committee are to provide oversight of a range of core governance and accountability arrangements, responses to the recommendations of assurance providers and helping to ensure robust arrangements are maintained.

Maintenance of Governance, Risk and Control Arrangements

6. Do you feel that the Committee support a comprehensive understanding of governance across the organisation and among all those charged with governance, fulfilling the principles of good governance? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

7. Do you feel that the Committee consider the effectiveness of the authority's risk management arrangements?

The Committee should understand the risk profile of the organisation and seek assurances that active arrangements are in place on risk-related issues, for both the body and its collaborative arrangements. *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

8. Do you feel that the Committee monitor the effectiveness of the system of internal control, including arrangements for financial management, ensuring value for money, supporting standards and ethics and managing the authority's exposure to the risks of fraud and corruption? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

Financial and Governance Reporting

9. Are the Committee satisfied that the authority's accountability statements, including the annual governance statement, properly reflect the risk environment, and any actions required to improve it, and demonstrate how governance supports the achievement of the authority's objectives? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

10. Do you feel the Committee support the maintenance of effective arrangements for financial reporting and review the statutory statements of account and any reports that accompany them? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

Establishing Appropriate and Effective Arrangements for Audit and Assurance

11. Do you feel the Committee consider the arrangements in place to secure adequate assurance across the body's full range of operations and collaborations with other entities? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree Strongly Agree

12. In relation to the Council's Internal Audit Functions, do you feel that the Committee: *

	0 - Strongly Disagree	1	2	3	4	5 - Strongly Agree
Oversee Internal Audit's independence, objectivity, performance and conformance to professional standards	☐	☐	☐	☐	☐	☐
Support effective arrangements for Internal Audit	☐	☐	☐	☐	☐	☐
Promote the effective use of Internal Audit within the assurance framework	☐	☐	☐	☐	☐	☐
Consider the opinion, reports and recommendations of External Audit and inspection agencies and their implications for governance, risk management or control, and monitor management action in response to the issues raised by External Audit.	☐	☐	☐	☐	☐	☐
Contribute to the operation of efficient and effective External Audit arrangements, supporting the independence of auditors and promoting audit quality.	☐	☐	☐	☐	☐	☐
Support effective relationships between all providers of assurance, audits and inspections, and the organisation, encouraging openness to challenge, review and accountability.	☐	☐	☐	☐	☐	☐

Audit Committee Membership

To provide the level of expertise and understanding required of the committee, and to have an appropriate level of influence within the authority, the members of the committee will need to be of high calibre. When selecting elected representatives to be on the committee or when co-opting independent members, aptitude should be considered alongside relevant knowledge, skills and experience.

While expertise in the areas within the remit of the committee is very helpful, the attitude of committee members and willingness to have appropriate training are of equal importance. The appointment of co-opted independent members on the committee should consider the overall knowledge and expertise of the existing members.

...

13. Do you feel that the Committees membership is trained to fulfil their role so that members are objective, have an inquiring and independent approach, and are knowledgeable? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

14. Do you feel that the Committees membership promotes good governance principles, identifying ways that better governance arrangement can help achieve the organisation's objectives? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

15. Do you feel that the Committee has a strong, independently minded chair, displaying a depth of knowledge, skills, and interest. There are many personal skills needed to be an effective chair, but key to these are promoting apolitical open discussion, managing meetings to cover all business and encouraging a candid approach from all participants, maintaining the focus of the committee on matters of greatest priority. *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

16. Do you feel that the Committee are willing to operate in an apolitical manner? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

17. Do you feel that the Committee have unbiased attitudes – treating auditors, the executive and management fairly? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

18. Do you feel that the Committee have the ability to challenge the executive and senior managers when required? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

19. Do you feel that the Committee have knowledge, expertise and interest in the work of the committee? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

Engagement and Outputs

The audit committee should be established and supported to enable it to address the full range of responsibilities within its terms of reference and to generate planned outputs.

20. Does the Committee meet regularly, at least four times a year, and have a clear policy on those items to be considered in private and those to be considered in public? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

21. Does the Committee have the ability to meet privately and separately with the external auditor and with the head of internal audit? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

22. Does the Committee include, as regular attendees, the chief finance officer(s), the chief executive, the head of internal audit and the appointed external auditor; other attendees may include the monitoring officer and the head of resources (where such a post exists). These officers should also be able to access the committee members, or the chair, as required *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

23. Does the Committee have the right to call on any other officers or agencies of the authority as required? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

24. Does the Committee support transparency, reporting regularly on its work to those charged with governance? *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

25. Does the Committee report annually on how they have complied with the position statement, discharged its responsibilities, and include an assessment of its performance? The report should be available to the public. *

0	1	2	3	4	5	6	7	8	9	10

Strongly Disagree

Strongly Agree

Committee Member Feedback

26. Members of the Audit and Scrutiny Committee are welcome to provide any further comments on the workings of the Committee in line with the CIPFA statement.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

Appendix 3 – Audit and Scrutiny Remit

The remit of the Audit and Scrutiny Committee is:

Audit & Finance

- a) Receive, review and consider reports on the Council's finance
- b) Receive, review and consider reports on value for money and best value
- c) Consideration and monitoring of the Council's Annual Governance Statement
- d) Consider internal audit reports and results of internal audit investigations
- e) Consider external audit and resultant action plans
- f) Monitor and review actions taken on internal and external audit recommendations
- g) Consider the effectiveness of the Council's risk management procedures and the control environment
- h) Receive and consider reports on countering fraud and corruption.

Scrutiny

- a) Monitor council services, including the Health and Social Care Partnership (HSCP) against agreed outcomes, standards and targets
- b) Monitor the achievement of organisation-wide agreed outcomes, standards and targets
- c) Monitor the achievement of agreed outcomes, standards and targets by the community planning partnership
- d) Monitor Police and Fire performance against Plans approved by the Council
- e) Scrutiny of Council decision-making, with the ability to call in decisions
- f) Initiate or undertake scrutiny reviews
- g) Deal with matters referred by the Council for scrutiny purposes.

Report to: Audit & Scrutiny Committee

Date of Meeting: 11 June 2026

Subject: Partnership & Performance: 2025/2026 Year End Business Plan Update

Report by: Strategic Director, Partnership & Performance

1.0 Purpose

- 1.1. This report provides a year-end update on the 2025/26 Partnership and Performance Business Plan. While a detailed summary is available in Appendix 1, key highlights and considerations are presented below.

2.0 Recommendations

- 2.1. Committee is asked to note, comment on and challenge the report.

3.0 Considerations

- 3.1. During 2025/2026 the Partnership & Performance Directorate continued to deliver a diverse range of services, including a number of statutory and essential support functions. This report provides the Committee with an update on performance, risks and achievements, relating to the Business Plan 2025/26 agreed by Council on 21st August 2025. (link <https://www.clacks.gov.uk/document/meeting/1/1288/8208.pdf>)
- 3.2. The Partnership and Performance Directorate has continued to play a pivotal role in enabling the Council to deliver high-quality services, ensure robust governance, and achieve its corporate priorities.
- 3.3. The 2025/26 Business Plan set out a clear and ambitious programme of work aligned to the Council's *Be the Future* vision and transformation roadmap. The key themes of the 2025/26 Business Plan included:
- **Digital and Data Transformation:** Continued delivery of the 5-year roadmap, including new digital solutions for customers, strengthened data and governance foundations, wider adoption of the data platform, and preparation for Copilot to support future transformation.
 - **Governance and Assurance:** Targeted improvements to strengthen internal controls and compliance to shift the internal audit assurance rating from "limited" to "substantial."

- **Workforce Resilience:** Delivery of the Strategic Workforce Plan, leadership development programmes, and succession planning to address demographic and capacity risks.
- **Collaboration and Innovation:** Expansion of joint working with Falkirk Council, supported by PwC, to explore shared service models beyond audit, unlocking efficiencies and building critical mass.
- **Performance and Risk Management:** Strengthening the “golden thread” between strategic plans and operational delivery, with a focus on continuous improvement and evidence-based decision-making.
- **Customer and Stakeholder Engagement:** Implementation of refreshed communications and engagement strategies, including a new staff intranet and refreshed and accessible complaints system and supporting policies and procedures.

3.4. Appendix 1 provides a more detailed description of performance, risks and actions within our Business Plan. As part of the implementation of phase one of the new Targeted Operating Model, the work of the Partnership and Performance Directorate will now fall under Corporate Services. Corporate Services will continue to ensure the delivery of core services, actively support the Council's transformation agenda and work collaboratively in partnership, with the Wellbeing and Place and Economy Directorates to deliver the Council's agreed outcomes. Key achievements and highlights are as follows:

HR and Workforce Development

- 3.5. The HR & Workforce Development team continues to provide a cross-service support function across HR, payroll, health and safety and workforce development functions. In addition to day-to-day support, the Service works collaboratively with other teams and areas, to both develop the service it provides and identify new ways of working that support our Directorates and the communities they serve.
- 3.6. In operational HR, the HR Business Partner team continue to support all Council services with a range of topics including maximising attendance, Disciplinary, Capability, Grievance and other policy areas. In addition, the team provides a revolving schedule of policy development and training delivery, ensuring that not only are the policies which the Council operates upon relevant and up to date, but that our staff and managers understand them, and are supported appropriately.
- 3.7. The HR admin team support all areas of the Council with all aspects of operational HR functions from recruitment and selection stage right through the employee life cycle. The team also support service design, and any targeted voluntary redundancies are carefully managed with a view to deploying employees wherever possible.
- 3.8. The Workforce Development team over the past six months has continued to develop supports for staff, despite a new Strategic Workforce Plan being placed on hold whilst work with the TOM is finalised (so as to ensure a relevant 'Clacks context' this work). In anticipation of the new financial year a new corporate training calendar, and mandatory approach was developed,

and work was finalised to ensure that in 2026/27 a new approach to leadership development will be rolled out in conjunction with an external delivery partner.

- 3.9. The team has also progressed work with its council wide Skills Matrix Project, bringing to a conclusion a pilot phase within the Workforce Development team prior to roll out across Council services. This sets the baseline for an important project moving forward, and one which will help ensure that we support and develop our workforce (particularly under the new TOM) to effectively deliver services to our communities.
- 3.10. As part of their standard offering, the Workforce Development team continues to deliver a range of learning and development opportunities for staff. Team members deliver a range of soft skills and policy focussed courses both hybrid (online) and face to face as part of the annual corporate training calendar, and on request (i.e. bespoke course requirements) from across Council service areas.
- 3.11. The Health & Safety team remains committed to ensuring a safe working environment. Over the period, the team has continued to deliver a significant programme of thematic audits across Council services and has continued to bolster and deliver the range of training courses being delivered in-house with a view to upskilling staff and ensuring best value for the Council in training delivery.

Finance and Revenues

- 3.12. Following recommendations from the Best Value Report, a Medium-Term Financial Strategy was developed and approved by Council in June. The annual Budget Strategy for 2026/27 was subsequently approved in May, setting out the key dates and activities for the budget process. This involved, three officer Budget Challenge sessions being held with Directors and Senior Managers to identify and review savings proposals. The outputs from these sessions were shared through briefing sessions with Elected Members and Trade Union representatives, with officer proposals provided on a confidential basis. Savings proposals were refined and updated throughout the year with Council ultimately approving a balanced budget in February 2026.
- 3.13. Quarterly outturn reports for 2025/26 were presented to the Audit and Scrutiny Committee throughout the year with the most recent in April 2026 for the outturn as of December. This showed a positive forecasted underspend position on the Councils General Fund by the end of 31 March 2026. Good progress was also reported on the achievement of savings with 86% of the £3.8m approved savings achieved or expected to be achieved.
- 3.14. In August, the Finance Team held a session with Senior Managers and Team Leaders on Financial Management. The objective of the session was to provide an overview of the Finance and Revenues Service, and to raise awareness of the governance supporting the Council's financial management responsibilities, including the Annual Accounts activity, and introducing the new medium-term Financial Strategy. The session was well attended and prompted discussion and questions.

- 3.15 Work continued through the year to conclude the audit of the 2023/24 annual accounts, with the audited accounts approved by Council in April 2026. This has been challenging due to the volume of audit scrutiny and competing priorities and turnover and recruitment within the Finance Team. The capacity of the External Auditors has also added to the delay. The delay in the 2023/24 audited accounts has also impacted on the preparation of the 2024/25 draft accounts with audit planning due to start in June 2026.
- 3.16 Throughout March, the Finance Team were also preparing for the closedown of the 2025/26 financial year.
- 3.17 Annual billing for both Council Tax and Non-Domestic rates was completed in advance of the start of the 2025/26 financial year. Further developments have been carried out within the Revenues Citizen Access Portal which is an online platform that provides access to Council Tax information. The Portal allows taxpayers to view their bills, update their details and apply for exemptions. E-billing has been rolled out which also allows electronic mailing of Council tax Bills reducing paper bills and postage costs.
- 3.18 An exercise was also undertaken to review those taxpayers receiving Single Persons Discount. This has resulted in the updating of Council Tax accounts and additional income being due. This has impacted slightly on Council Tax Collection rates with a drop of 0.1% on the previous years figure.
- 3.19 The Councils Contract Orders have been reviewed with the support of an external legal resource and were approved by Council in March in line with target.
- 3.20 Developments have been made within the Financial System – Technology One. This includes: a new dashboard module which has been added to the financial system to enhance management information available to budget holders and managers and work has also progressed to implement a new Procurement Module which is anticipated to be rolled out in the next few months. An AI agent for Finance has also been created, and data is being uploaded to assist with financial data trends and insights which will be used as part of the 2027/28 budget process.
- 3.21 Recruitment and retention challenges remain within the Finance Team, and work continues to recruit to both qualified and non-qualified staff.

Partnership and Transformation

- 3.22 The service continues to improve strategic and operational service delivery across a range of service delivery areas and transformational activities. Our work supporting civil contingencies response and preparedness continues with a focus on planning, exercising, training, and debrief activity as well as supporting response and recovery during significant and varied incidents that the Council responds to. Developments in the reporting period has included a full review of corporate and service business continuity plans, accredited workforce development and training for senior managers and team leaders; delivery of a major statutory multi-agency COMAH exercise at Blackgrange and participation in a national flu pandemic exercise (Pegasus) and coordination of Covid 19 UK and Scottish Covid Enquiry submissions.

- 3.23 Work has also continued to prepare for the Protect Duty (Martyns Law) as well as wider security preparedness for the Council and Council premises with the development of a corporate Building Security Policy. Work also continues through the multi-agency Local Resilience Partnership on joint planning and coordinated incident response with the Major Emergencies Operational Plan reviewed in the reporting period. Work has also progressed on the emergency planning and resilience workstream of the Transformation through Collaboration programme with Falkirk and Stirling Councils.
- 3.24 The communications and customer services team continue to support customers through the contact centre and at Kilncraigs reception. The Councils customer team continue to provide high levels of service delivery responding to on average of over 5000 telephone calls and 2500 emails weekly with an average call waiting time of 55 seconds. Work has progressed on the communications and engagement transformation project with stakeholder engagement and mapping work complete and draft strategy being reviewed.
- 3.25 Good progress has been made on IT and Digital Transformation over the reporting period with a continued focus on security and network infrastructure programme of works as part of our Public Sector Network reaccreditation. The IT and Digital programme board and Technical Design Authority continue to provide oversight of the programme which has included the implementation of a new telephony system for the Council, ongoing technical work supporting the digital transformation agenda and implementation of new systems including the housing management system and social work system. In addition, progress continues to be made on Mobile Device Management (security) implementation; Windows 11 implementation; VMware replacement programme and the tender evaluation for the network replacement programme.
- 3.26 The service also continues to lead on the development of a revised performance management framework which will enable the effective delivery of the Target Operating Model and agreed outcomes. This approach will integrate and bring together planning and reporting on corporate and service planning, risks, statutory performance reporting, continuous improvement and self-assessment activity and ensuring alignment with national approaches too. Optimising digital and data solutions including power BI and AI tools is also part of this ongoing programme of work. Over the reporting period the service has continued to provide detailed analysis and reporting of both the Councils risk management approaches, statutory performance reporting and integrated improvement reporting (Annual Governance Statement, internal audit actions and external audit actions).
- 3.27 Over the reporting period work progressed on several key corporate strategies including the Mainstreaming Equalities, Diversity and Human Rights Outcomes 2025/29, and review and implementation of a refreshed Equality and Fairer Scotland Impact Assessment process and guidance; development and stakeholder engagement on the Councils British Sign Language Plan; development and engagement on the Councils Gaelic Language Plan and work in preparedness of the first UNCRC progress report.
- 3.28 Good progress has also made on community planning partnership approaches and delivery of the Local Outcomes Improvement Plan 2024/34.

Following a development day with partners in November 2025, two priority areas of work have been agreed: Whole Family Support – working together to support families earlier and prevent crisis and Employability – creating new jobs and developing future skills and pathways. A revised structure and operating model for the Community Planning Partnership (CPP) has been considered by partners which strengthens integration, clarifies expectations of all partnerships and aligns with national learning that CPPs are most effective where governance is simplified and implementation is organised around clearly defined outcome focussed delivery arrangements.

Legal & Governance

- 3.29 Legal & Governance continues to play a key role in supporting the Council's strategic and operational delivery, responding to sustained high demand across a wide range of service areas. The service is also continuing to embed a culture of accountability, compliance, and continuous improvement through focused initiatives and collaborative working.
- 3.30 Progress has been made in strengthening internal controls and assurance. With our new Corporate Fraud Officer commencing in February 2026. Since starting work has progressed drafting our Fraud Strategy, updating the Council's Whistleblowing Policy and developing training for officers on Fraud.
- 3.31 Work on the Ceremony Room at the Speirs Centre is now complete, and the Senior Registrar is actively marketing the room for use. The Registrars continue to review increasing capacity of wedding ceremonies as well as the Scottish Certificate provision.
- 3.32 The Legal Team has supported several major Council projects over the reporting period, including:
- Capital receipts
 - SoS EV Project
 - Partnership Agreements with Falkirk & Stirling Councils for provision of services
 - Integrated Joint Board clerking and legal advice
 - Learning Estate – works required
 - Sale and Leaseback of Grant Street (Vardy)
 - Community Asset Transfers
 - Off Shelf Purchases
- 3.33 Demand for legal services remains high, particularly in support of the Council's Transformation Programme. A litigation support resource has been appointed and is progressing towards completion of a Paralegal Certificate. A trainee solicitor has also been appointed, with a traineeship spanning two years. Arrangements have been put in place with one of the Council's external legal advisors to support aspects of this traineeship, including a proposed six-

month secondment to develop specialist experience in procurement. As part of this arrangement, the Council will also host a trainee solicitor from the external firm for a six-month period to provide exposure to local government practice. Recruitment is currently underway to fill a recently vacated team post as well as a licensing paralegal role.

- 3.34 Officers in both Legal and Licensing teams continue work with the Digital Transformation Team to streamline processes for our customers/clients. Unfortunately, there have been continued delays in procuring the case management system. Fife Council had an internal issue with migration of existing, high-volume files onto the new platform and sought further clarifications from the suppliers. They are now actively working through reviewing the proposals and progressing any clarification requirements as they arise. It is anticipated that the initial review will be concluded imminently, with materials ready to share soon.
- 3.35 Significant progress has been made in Information Governance, with the Scottish Information Commissioner noting improvements in recent correspondence. The team has implemented enhanced procedures for managing Freedom of Information and Subject Access Requests, alongside rolling out training across services. A dedicated officer has been recruited to support data protection requirements within the Place and Economy service area, further strengthening the Council's compliance framework.

Transformation

- 3.36 The Council's Be the Future Transformation Programme has made significant progress in the last 6 months. In terms of governance regular updates are provided to the Be the Future Board and Council, with a benefits realisation plan now in place.
- 3.37 Work is progressing to establish a robust approach to measuring and realising the benefits of programme, ensuring that outcomes can be clearly demonstrated and reported. KPI's have been produced at a project level and also at a programme level that are outcome focussed. To avoid duplication and to maximise the value we gain from data, we are now working with the performance team to align with the new performance management framework.
- 3.38 The highlights for the top three priority themes are as follows:

Digital and Data Transformation

- 3.39 A 5-year roadmap is underway to make the Council more connected and efficient. The roadmap is structured across short, medium, and long-term phases, allowing flexibility to adapt to rapid technological advancements, particularly in generative AI and automation.
- 3.40 During 2025–26, the Digital and Data Transformation Programme successfully delivered a range of live digital services, including multiple Customer Service Hub solutions – digital licensing, a new complaints management system, online Roads applications, and fuel vouchers. Deployment of the first automated reminder bots and the successful Social

Housing sensor pilot is supporting improved outcomes in areas such as housing and environmental monitoring.

- 3.41 At the same time, the Council strengthened its foundations for future transformation through improved data governance frameworks and the integration of 623 data sets into the Clacks Data Model. Five teams have been onboarded on the Data Platform and are using dashboards to support operational and strategic decision making. Additionally, the structured preparation for AI and Copilot adoption through governance, assessment and policy development is positioning the organisation to scale digital, data and AI benefits in future years.
- 3.42 Procurement is progressing on a new social care case management system with the tender published in March 26. which will transform service delivery,

Workforce Strategy

- 3.43 The Council's primary workforce priority is developing a Strategic Workforce Plan to support its Target Operating Model (TOM). Supporting this are key organisational development initiatives, including the rollout of the Skills Matrix project, new leadership programmes, and ongoing improvement of learning, engagement, and staff communication. (further detail in the HR and Workforce Development section of the report above)

Asset Management Strategy

- 3.44 A New Corporate Asset Management Strategy was approved and is now in delivery. The strategy aims to align physical assets with Council priorities, maximise financial investment and community benefit and to enhance sustainability, resilience, and risk management. An Asset Management Board is now set up for oversight of this work.
- 3.45 Work on our TOM continues in parallel with the Collaboration work with Falkirk council. This Discovery work is complete which assessed the opportunities for collaboration, exploring the scope, potential benefits and financial sustainability of potential opportunities of working together

4.0 Conclusion

- 4.1 The Partnership and Performance Directorate continued to deliver a broad spectrum of essential services that underpin the Council's operational resilience and strategic ambitions. Over 2025/26, the Directorate has demonstrated tangible progress across key areas including workforce development, digital transformation, governance, and customer service.
- 4.2 Overall, the Directorate not only maintained core service delivery but actively enabled and supported the Council's transformation agenda.

5.0 Sustainability Implications

- 5.1 There are no direct sustainability implications arising from this report.

6.0 Resource Implications

6.1 Financial Details

6.2 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 ☒

6.3 Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☒

6.4 Staffing

There are no staffing implications arising from this report.

7.0 Exempt Reports

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

7.0 Declarations

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 ☒

8.0 Impact Assessments

8.1 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 ☐

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

An Equality Impact Assessment (EQIA) and Fairer Scotland Duty Assessment have not been undertaken specifically for the Partnership and Performance Business Plan 2025–2026 update as it is a progress report.

9.0 Legality

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

10.0 Appendices

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

Appendix A – 2025/26 Performance Report

11.0 Background Papers

- 11.1 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)

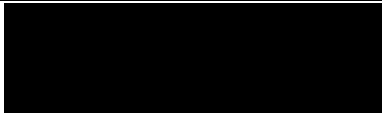
Yes ☒ (please list the documents below) No ☐

Business Plan 2025/26 (link can be found at <https://www.clacks.gov.uk/document/meeting/1/1288/8208.pdf>)

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Chris Alliston	Strategic Director	2184

Approved by

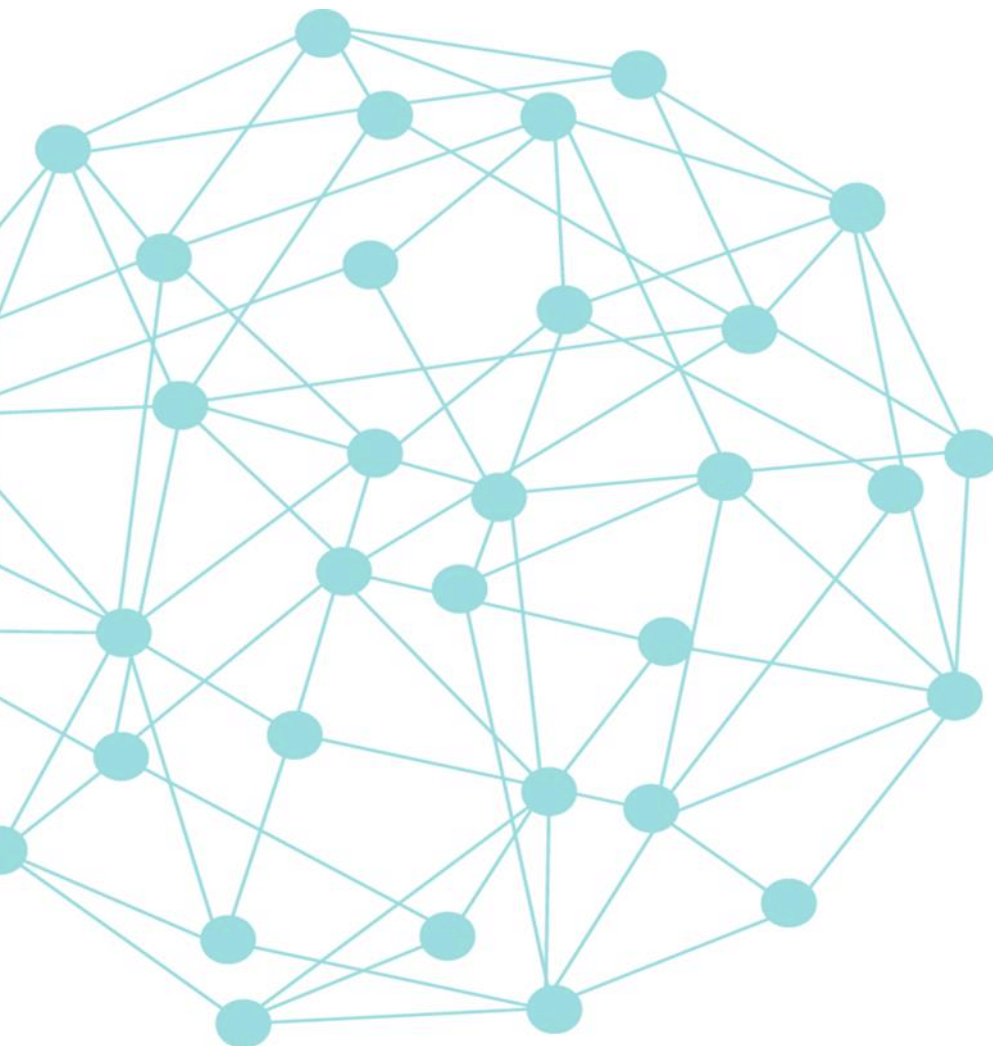
NAME	DESIGNATION	SIGNATURE
Chris Alliston	Strategic Director	



Partnership & Performance

Business Plan 2025-26

(Annual Review)

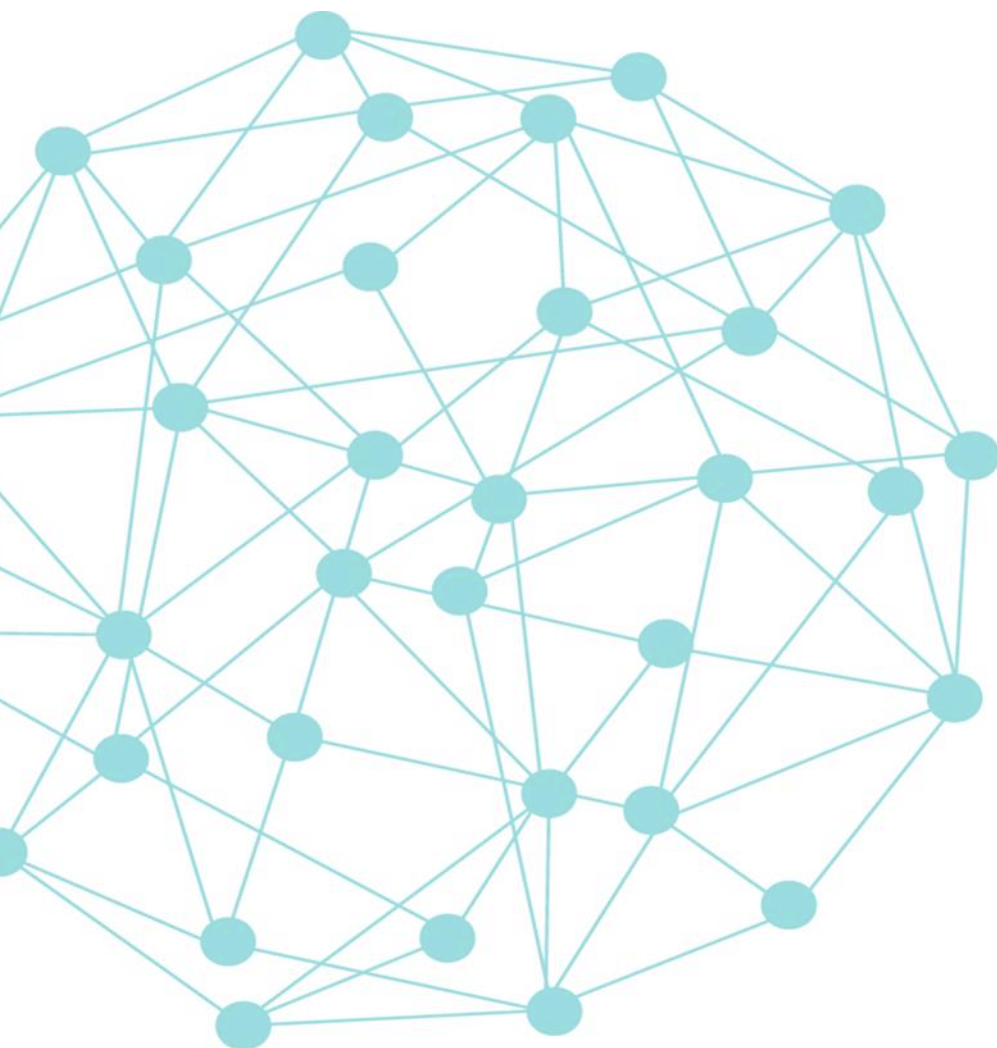


**Be the
FUTURE**

KEY SERVICE STRATEGIES & POLICIES REVIEW SCHEDULE

Strategy or Policy	Approved/ last reviewed	Date for review	Progress Update as at 30 th September 2025
Annual Budget Strategy (reviewed on an ongoing basis)	2025	2026	Complete – Complete May 2026
Strategic Workforce Plan	2022	2025	Pending – to be developed in line with Council TOM
Gaelic Language Plan for Clackmannanshire	2021	2025	In progress
British Sign Language Plan for Clackmannanshire	2019	2025	In progress
Procurement Strategy	2018	2025	In progress
Digital and Data Transformation Strategy (including AI)	2019	2025	In progress
Corporate Communications and Marketing Strategy	2013	2025	In progress
Major emergencies operational procedures and Civil Contingencies Guidance	2022	2025	In progress
Business Planning Guidance and Performance Management Framework	2019	2025	In progress, being developed in line with Council TOM
Consultation Guidance and Toolkit	2023	2026	Will be reviewed to align with the Communications and Engagement strategy in 2026
Council Complaints Handling Procedure	2021	2025	In progress
Standing Orders	2019	2025	In progress
Scheme of Delegation	2014	2025	In progress
Financial Regulations	2023	2026	In progress
Contract Standing Orders	2019	2025	Complete 2025/26
Fraud and Anti-Corruption Policy		2026	In progress
Health, Safety and Wellbeing Strategy	2025	2028	In progress
Whistleblowing Policy.	2023	2026	Update drafted and awaiting Policy Group input then up to Council for approval
Regulation of Investigatory Powers (Scotland)	2019	2025	In Progress

Social media and Guidelines	2020	2025	In progress – work to finalise the social media strategy will follow the completion of the communications strategy to ensure alignment.
Petition Guidance	2023	2026	Will be developed during 2026
Building Security Policy		2025	In progress



4 DELIVERY PLAN

Templates for business plans and performance reports are available in Pentana.

Business Plan 2025-26

Service objective / priority

Key Organisational Performance Results

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	2025-2026	Commentary As at 31 March 2026	Lead
		Value	Value	Value	Value	Target	Value		
ALL FRD L&D	Instances of Fraud detected	0	0	1	0	0	0	There have been no instances of fraud reported over the period. The newly appointed fraud officer will prioritise governance processes & policy, reporting and investigation routes and prevention activities.	Senior Manager Legal & Governance
ALL ICO L&D	Number of organisational data breaches reportable to the Information Commissioner	4	3	2	1	0	4	Performance has declined with an increase in reported breaches. A review is undertaken following each reported breach to inform lessons learned.	Senior Manager Legal & Governance
RAP CTA 002	Cost of collecting Council Tax (per dwelling)	£3.70	£5.27	£5.52	Not yet reported	24/25 Scottish average (not yet reported)	Not yet reported	Not yet reported	Senior Manager Finance & Revenues

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	2025-2026	Commentary As at 31 March 2026	Lead
		Value	Value	Value	Value	Target	Value		
RAP CTA 01a	Council tax collected within year (excluding reliefs & rebates)	96.2%	96.9%	95.9%	96.2%	24/25 Family Group median (not yet reported)	96.1%	Collection rate impacted from Single Persons Review carried out within 2025/26	Senior Manager Finance & Revenues
ALL AB1 GOV	Average FTE days lost through sickness absence per employee (Teachers plus all other local government employees)	13.57	14.02	14.90	12.99	12.00	14.18	Performance is in line with previous years trends, although is higher than reported in 24/25. Absence management processes continue to be subject to concerted managerial focus.	Senior Manager HR & Workforce Development
RAG CRD 003	Invoice Payment Within 30 Days	89.9%	88.6%	92.2%	91.7%	24/25 Scottish average (not yet reported)	90.06%	Positive progress is demonstrated compared with previous years performance.	Team Leader; Senior Manager Finance & Revenues
RAP PMT 001	Crisis grant decisions within 1 day	96.7%	99.3%	98.5%	99.7%	99.7%	100%	Positive performance trends continue.	Senior Manager Revenues & Finance
RAP PMT 002	Community care grant decisions within 15 days	95.8%	98.7%	99.5%	100.0%	100.0%	100%	Positive performance trends continue.	Senior Manager Revenues & Finance

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	2025-2026	Commentary As at 31 March 2026	Lead
		Value	Value	Value	Value	Target	Value		
GOV EQO 02b	The percentage of the highest paid 5% of earners among council employees that are women	59.8%	58.2%	50%	60.2%	51.1% (women in Scottish working age population)	61.32%	Positive performance continues demonstrating a health level of gender representation within top pay bands.	Senior Manager Partnership & Transformation
GOV EQO 03a	The gap between the average hourly rate of pay for male and female Council employees	2.1%	1.0%	0.1%	0.2%	0.0%	0.8%	The gender pay gap is minimal indicating a strong level of pay equity.	Senior Manager Partnership & Transformation

Partnership & Performance: Financial Results

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	2025-2026	Commentary As at 31 March 2026	Lead
		Value	Value	Value	Value	Target	Value		
P&P SAV FRV	Percentage of Partnership & Performance budget savings achieved	83%	100%	43%	99.18%	100%	92.5%	£47.5k unachieved savings relate to, £12k asset valuations as no valuer in Place, £5.5k Obsolete IT equipment not able to be sold and £30k MFD saving	Strategic Director - Partnership & Performance

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	2025-2026	Commentary As at 31 March 2026	Lead
		Value	Value	Value	Value	Target	Value		
P&P VAR FRV	Outturn variance based on budget - Partnership & Performance	-	(£294k)	£276k	£(1.258m)	0	£(1.051)m underspend	Strategic Director £28k overspend Finance & Revenues £(0.587)m under HR & WD £(0.039)m under L&G £(0.155)m under P&T £(0.298)m under Working smarter – on budget	Strategic Director - Partnership & Performance

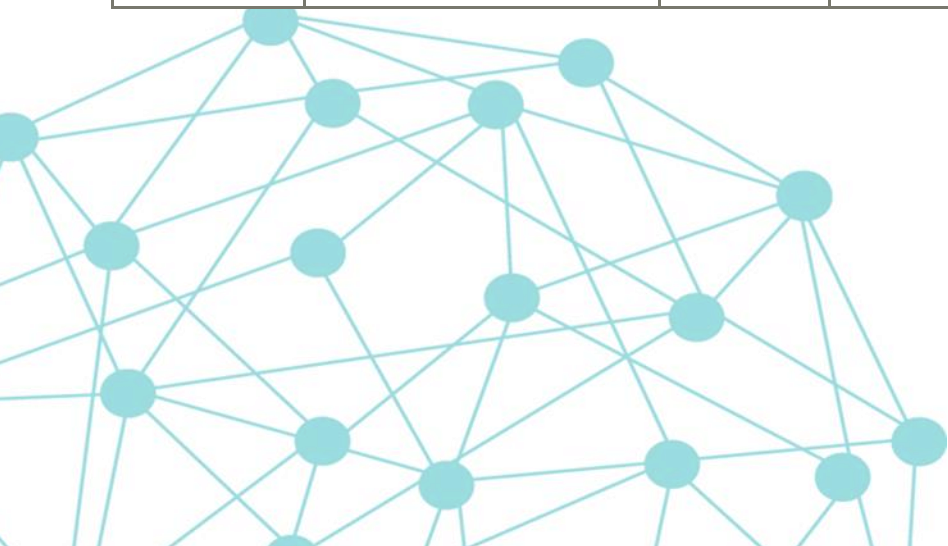
Partnership & Performance: Customer Results

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	2025-2026	Commentary As at 31 March 2026	Lead
		Value	Value	Value	Value	Target	Value		
P&P C03 CUS	% formal complaints dealt with that were upheld/partially upheld - Partnership & Performance	17%	54%	27%	33%	0	32%	Performance continues to track in line with previous years.	Strategic Director - Partnership & Performance

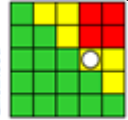
Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	2025-2026	Commentary As at 31 March 2026	Lead
		Value	Value	Value	Value	Target	Value		
P&P C10 CUS	% formal complaints closed within timescale - Partnership & Performance	25%	33%	63.6%	67 %	100%	41%	Performance has shown a decline when compared with the previous two years data. This performance will be reviewed and improvements identified. Complaints data is considered at each management team and will continue to be an area of managerial focus.	Strategic Director - Partnership & Performance
P&P CNQ BUS	% Councillor Enquiries responded to within timescale - Partnership & Performance	55%	62%	77.3%	66.66	100%	100%	Performance has shown an improvement over the reporting period with all councillor enquiries responded to within the timeframe.	Strategic Director - Partnership & Performance
P&P FOI GOV	% Freedom of Information requests responded to within timescale - Partnership & Performance	73%	88%	73.5%	74.8%	100%	80.5%	Performance has shown positive movement when compared with previous years as a	Senior Manager Legal & Governance

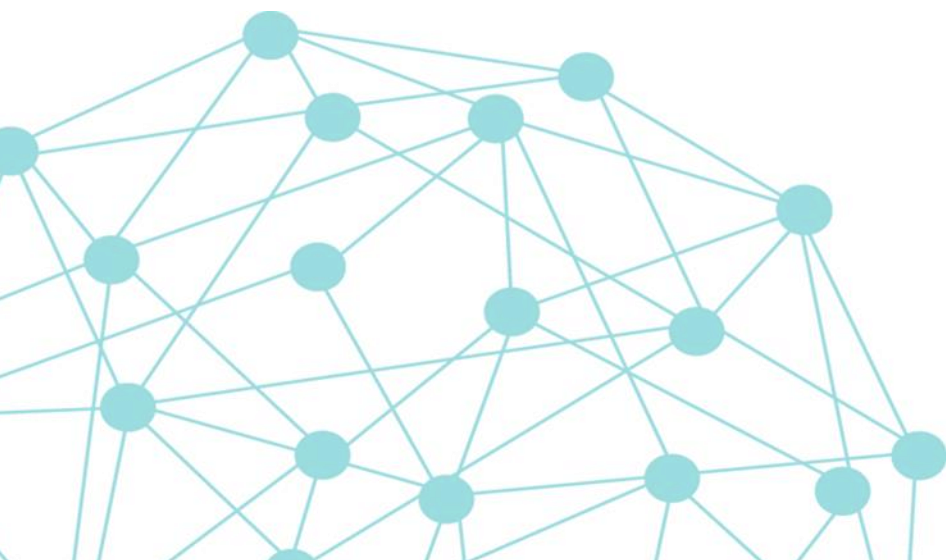
Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	2025-2026	Commentary As at 31 March 2026	Lead
		Value	Value	Value	Value	Target	Value		
								result of concerted managerial efforts.	
P&P MPQ BUS	% MP/MSP enquiries responded to within timescale - Partnership & Performance	24%	50%	25%	83.33	100%	88.9%	Clear progress demonstrated with strongest performance in last 5 years.	Strategic Director - Partnership & Performance
NEW	% calls answered by Contact Centre	-	79%	83%	85.5 %	100%	89%	Performance continues to improve year on year due to concerted efforts from the customer services team.	Senior Manager Partnership & Transformation
NEW	Average waiting times for calls to be answered (in minutes)	-	1.59	1.19	1.35	0	0.49	A notable improvement in average call waiting time, due to concerted efforts from the customer services team to meet the 100% target.	Senior Manager Partnership & Transformation

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	2025-2026	Commentary As at 31 March 2026	Lead
		Value	Value	Value	Value	Target	Value		
P&P MDT HWD	Percentage of employees who have completed mandatory training by the due date	24%	50%	52%	100%	100%	94%	Performance has improved significantly in this reporting period as a direct result of managerial efforts. Where mandatory training has not been completed this relates to those employees currently absent from work.	Strategic Director - Partnership & Performance
P&P AB1 GOV	Average FTE Days Sickness Absence (Partnership & Performance)	8.19	8.85	9.99	8.88	5.00	9.73	Performance has declined slightly compared with previous years. Managing absence continues to be considered at each management team and will continue to be an area of managerial focus.	Strategic Director - Partnership & Performance



Key to symbols used in this report

PIs		ACTIONS		RISKS	
Long Trend (Overall trend over longer term)	Status (Compares actual performance with target)	Status	Current Rating Likelihood x Impact (1 - 5)	Status	
 Performance has improved	 Alert	 Completed		 Rating 16 and above	
 Performance has remained the same	 Warning	 In progress/Not started		 Rating 10 to 15	
 Performance has declined	 OK	 Check progress		 Rating 9 and below	
 No comparison available - May be new indicator or data not yet available	 Unknown	 Overdue	The likelihood of a risk occurring, and the impact if it does occur are each scored on a scale of 1 to 5, with 1 being the least likely or the least significant impact. Detailed guidance on scoring is provided in the Risk Management Policy and guidance.		
		 Cancelled			



Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
New	Co-ordinate major incident response/recovery and ensure that statutory plans for resilience are in place, updated and tested as part of a scheduled programme of work. This includes implementing workforce development around Integrated Emergency Management and Business Continuity Management, and a review of appropriate plans including our Major Emergencies Operational Plan (MEOPS).	Enable meeting of statutory requirements Improve corporate governance Corporate risk mitigation Empowering Families & Communities Sustainable Inclusive Growth	31-Mar-2026	▶	We continue to work across established resilience partnerships on planning, preparedness, training and exercising. Locally a review of key plans and policies is underway including a review of our Major Emergencies Operational Procedures; corporate and service level business continuity plans and national power outage plans. A major statutory COMAH exercise was held in the reporting period as well as a care for people exercise and exercise Pegasus undertaken with resilience partners. Work is ongoing to review our Major Emergencies Operational Plan (MEOPS) and the Councils corporate Business Continuity Plan. Early work is underway on the Transformation through Collaboration emergency planning and resilience workstream with Falkirk and Stirling Council. Emergency Planning training has been implemented to SLF on Civil Contingencies.	Strategic Director - Partnership & Performance

Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
New	Ensure robust plans and processes are in place for managing CONTEST risks and ensuring compliance with statutory duties.	Enable meeting of statutory requirements Improve corporate governance Corporate risk mitigation Sustainable Inclusive Growth	31-Mar 2026		Work continues to ensure the Council is compliant with statutory duties and we continue to work in partnership across Forth Valley through the multi-agency Contest Board. A Protect Duty working group has been established to make appropriate arrangements in line with the statutory guidance. Arrangements continue to be in place to manage Prevent related referrals and Prevent multi-agency panels where these are required.	Senior Manager Partnership & Transformation
P&P 20 003	Continue to support consultation and engagement activities (budget and corporate strategies).	Enable meeting of statutory requirements Improve corporate governance Corporate risk mitigation Empowering Families & Communities Health & Wellbeing Sustainable Inclusive Growth	31-Mar-2026		Continued support for consultation and engagement activities has been maintained with 31 formal consultations completed during 2025/2026. 22 of these have informed corporate activities including budget and strategy development.	Senior Manager Partnership & Transformation
New	Ensure robust approaches are in place to comply with the Councils duties under the Equality Act 2010.	Enable meeting of statutory requirements Improve corporate governance Corporate risk mitigation Empowering Families & Communities Health & Wellbeing	31-Mar-2026		Council approved the Mainstreaming Equalities, Diversity and Human Rights refreshed outcomes in September 2025 which is now published on the Councils website. A review of our Equality and Fairer Scotland guidance and template have been undertaken by independent specialists to ensure it is fit for purpose with the updated versions shared with staff and published on Connect. An equality, diversity and human rights	Senior Manager Partnership & Transformation

Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
		Sustainable Inclusive Growth			officer was employed in January to lead the implementation of the Mainstreaming plan. Strengthened arrangements are in place to support compliance with the Equality Act 2010 including enhanced collaboration, stakeholder engagement and staff training. For example, a cross-Council equalities network has been established and targeted engagement has been undertaken with groups such as the Older Adults Forum. Improved completion of Equality impact Assessments and the integration of accessibility within the digital strategy support more consistent and inclusive decision making across services. Work is underway to refresh the Gaelic Language Plan 2026/2031 and to consult on the refreshed British Sign Language Plan 2026/31.	
P&P 20 013	Conclude the P&P Redesign, including implementation of immediate workforce plan priorities	Improve corporate governance Corporate risk mitigation	31-Mar-2026		Finance and Revenues: phase 2 of the redesign for Finance is no longer being taken forward, incremental changes have been made to realign support as posts become vacant. Legal & Governance: as a result of competing priorities the redesign of Legal & Governance continues to be challenging. The plan on redesign has been completed but further due diligence is required. It is anticipated this will be completed within the timelines provided.	Senior Manager Finance & Revenues Senior Manager Legal & Governance

Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
	Approval of 2023/24 and 2024/25 Annual Accounts	Enable meeting of statutory requirements Improve corporate governance	31-Mar-26		The 2023/24 annual accounts were approved by Council on 23 rd April. External Audit will commence the audit planning work for 2024/25 in July with timescales for conclusion of the audit to follow.	Senior Manager Finance & Revenues
	Ensure completion of identified Internal Audit Actions as reported to Audit and Scrutiny Committee	Enable meeting of statutory requirements Improve corporate governance	Ongoing		Actions arising from internal audit continue to be actions. Regular reporting is presented to A&S Committee and outstanding actions is a regular agenda item at SLG and Portfolio SMTs.	Strategic Director - Partnership & Performance
	Enable an approved balanced budget 2026/27	Enable meeting of statutory requirements Improve corporate governance Corporate risk mitigation Empowering Families & Communities Health & Wellbeing Sustainable Inclusive Growth	31-Mar-2026		Council approved a balanced budget for 2026/27 in February 2026.	Senior Manager Finance & Revenues

Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
New	Review, streamline and integrate Performance Management and Best Value approaches and delivery models.	Enable meeting of statutory requirements Improve corporate governance	31-Mar-2026		All recommendations from corporate strategic self-assessment and external audit work is now collated as the Councils Improvement Plan which is aligned directly to our corporate risk and integrity approach. ESLG approved a streamlined approach to reporting Best Value, External Audit and AGS recommendations/improvement actions to one annual report and one midyear update report to Audit and Scrutiny from 2026/2027. A new national self-assessment approach will set the baseline for future self-assessment and governance assurance activity which is expected April 2026.	Senior Manager Partnership and Transformation
	Continue to deliver a focused programme of SLF and TLF sessions	Improved Governance Reduced risk of governance breach Improved Internal Audit Assurance	31 Mar 2026		There were 13 events held between April 2025 and March 2026 for Senior Leadership forum and/or Team Leaders Forum. Each event focused on a different governance theme including for example financial management, business continuity and health and safety.	Strategic Director – Partnership and Performance
	Workforce Planning Sessions to be undertaken with all Directorates to inform the Strategic Workforce Plan 2025-2028 and creation of Directorate Workforce Plans.	Improved workforce insights Improved workforce resilience Improved health and wellbeing of staff	31-Mar-2026		Development of a new Strategic Workforce Plan will be progressed once further work with the Council's TOM are made (particularly around the identification of priority outcomes). This is crucial to ensuring the workforce plan, and associated OD development work are aligned to the Council's vision, values, and outcomes.	Senior Manager – HR and Workforce Development

Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
	Training in combating fraud and corruption for relevant officers	Increased identification of potential fraud and corruption	31-Mar-26		A Corporate Fraud Officer has now been recruited. Key priorities/tasks are: governance processes and policy reporting and investigation routes; and prevention activities.	Senior Manager Legal & Governance
	Undertake a refresh of the Council's Digital Strategy also incorporating AI	Improved Service Delivery Smarter Use of Data Promoting Digital Inclusion Investing in People and Infrastructure Empowered and Skilled Workforce Collaborating and Innovating Locally	30-June- 26		A working draft is completed with the final strategy still on target to be completed by June 26. The draft aligns with the national digital and AI strategies and will also maximise opportunities to work with partners. The strategy will enable the Council to deliver inclusive, ethical, and innovative public services—empowering our people, communities, and partners through data, AI, The supporting action plan is being co-designed through structured stakeholder consultation, embedding diverse perspectives and operational realities to align the refreshed digital strategy with user needs, organisational priorities, and delivery considerations.	Senior Manager Transformation and Capital
NEW	Develop a timetable for review of all key governance documents which form part of our Local Code of Governance	Ensure policies and processes are fit for purpose to ensure robust decision making and greater scrutiny	31 March 2026		A new SharePoint site provides an essential repository for all key governance documents with the date of their approval and renewal dates. Ongoing review of key governance documents will form part of the revised business planning process and associated timeframes and annual governance assurance process.	Senior Manager, Legal & Governance

Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
New	Complete Annual Governance Statement actions	The AGS explains how the Council has complied with the terms of the Local Code for the relevant financial year, and is part of the Councils annual audit process. Improvements to our AGS process have been implemented throughout 2025/26, with the AGS actions forming part of a consolidated corporate improvement action plan.	Annually		Work is progressing to consolidate and streamline the Council's corporate continuous improvement activity, including the Annual Governance Assurance process. The Corporate Risk and Integrity Forum now provide oversight of all corporate improvement actions, aligned to the integration of risk and performance management. Senior Managers are accountable for delivery of action groups, supported by named officers responsible for individual actions. The end-of-year Annual Governance Statement (AGS) action progress report (to 31 March 2026) will be considered by the Audit & Scrutiny Committee on 11 June 2026. The 2025/26 AGS self-assessment will take place in early 2026/27, with rollover and new actions informing a refreshed Improvement Plan.	Senior Manager of Legal & Governance Senior Manager of Partnership and Transformation
NEW	Provide regular updates on the Council's Medium Term Financial Strategy (MTFS)	MTFS sets out how the Council intends to manage its finances through the medium term (5 years) Supports Financial Resilience Regular updates through Budget Strategy Report	Nov & March		Indicative budget gap updated in the 2026/27 Budget Setting Paper to Council in February 2026 and an update provided in the Budget Strategy Report approved in May 2026.	Senior Manager Finance & Revenues

Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
NEW	Deliver the Council's Strategic Workforce plan, ensuring that it is tied into and reflective of the Target Operating Model	Improved workforce insights Improved workforce resilience Improved health and wellbeing of staff Improved ability to respond to changing demands	31-Mar-26		Development of a new Strategic Workforce Plan will be progressed once further work with the Council's TOM are made (particularly around the identification of priority outcomes). This is crucial to ensuring the workforce plan, and associated OD development work are aligned to the Council's vision, values, and outcomes.	Senior Manager – HR & Workforce Development
NEW	Deliver leadership programmes as originally scoped within the Council's Interim Workforce Strategy	Improved leadership resilience Upskilled leaders and managers More collaborative and innovative workforce	Nov 25		Work is now underway with an external provider to deliver these programmes. An initiation project is underway ensuring alignment to the Council's culture (both current and aspired), with programmes scheduled to begin delivery in September 2026.	Senior Manager – HR & Workforce Development
NEW	Undertake preparations and ensure resourcing for any election	Where the Council is unable to deliver any election (which may include a bye election) then it would result in the following: - breach of its statutory requirements. - reputation damage (political discourse); - personal liability on the Returning Officer (currently the Chief Executive) in not delivering an election	Ongoing		Work on the Scottish Parliamentary Elections is complete and work is commencing on the Local Government Elections for 2027. The election working group which consists of the Returning Officer and key service representatives continues to meet.	Senior Manager of Legal & Governance

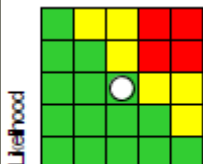
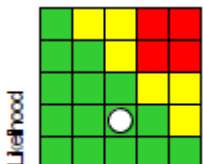
Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
NEW	Undertake a review of, and deliver on the Directorate's responsibilities under the UNCRC	Ensuring legal compliance	Ongoing		The key action identified from the self-assessment audit was the delivery of the Child Friendly Complaints process. Delivery of this is part of the Portfolio Business Plan for 2025/26 and is also linked to implementation of new Corporate Complaint system which has been implemented. A review of the complaints policy, procedure and guidance has been completed in light on the UNCRC requirements.	Strategic Director – Partnership and Performance
NEW	Conclude work on a review of the Council's policy and strategic landscape, identifying opportunities for rationalisation	As part of work on the Councils ecosystem for best value, and linked with improvement actions in the AGS and business planning process, mapping and alignment of the Councils strategic and policy landscape will be completed.	31-Mar-26		Improvement work has concluded with a new SharePoint site having been created as a central repository for the Councils policies, procedures, strategies and Key documents. This site also contains a link to a new national portal that provides a list of all Council Powers and Duties. This site will be updated regularly on approval of new or revised documents. By bringing everything together in one place, it is easier for staff to quickly find and use the information they need – supporting efficient, consistent and collaborative working across our services.	Senior Manager of Partnership and Transformation

Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
NEW	Subject to the completion, roll out the Council's Complaint system which includes review of the Council's policies and procedures	This new system will implement an improved Complaints Recording system, ensure a consistent approach to handling complaints supported by clear policies and procedures which are accessible and clearly articulated.	31 Dec 25		The Complaints System is now implemented. A review of the complaints policy, procedures and guidance has been completed in light of the UNCRC requirements and SPSO good practice/model complaints process.	Senior Manager of Legal & Governance Senior Manager of Partnership & Transformation
NEW	Deliver a new staff intranet in line with the Council's digital transformation aspirations	In line with the Council's digital transformation, a new employee intranet will be delivered replacing Connect. This will make use of the latest technology available, but the content will also be shaped by employees through engagement ensuring that staff have access to the information to help them do their jobs and that key information is effectively communicated.	31 March 26		Work is ongoing to replace the employee intranet (connect) with a modern replacement using MS Sharepoint functionality with oversight through the IT and Digital Programme Board. Good progress has been on designing the site pages and on creating content and engagement is ongoing with key services to seek feedback and make final amendments. A socialisation and comms plan will be developed to support roll out of the site.	Senior Manager of Partnership & Transformation

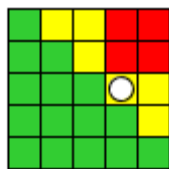
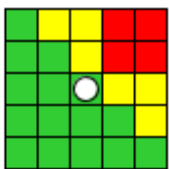
Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
NEW	Complete a programme to refresh ICT policies	Enable meeting of statutory requirements Improve corporate governance Reduced risk of governance breach Improved Internal Audit Assurance	Ongoing		Work to complete a programme of ICT policies has been slower than anticipated due to available resource and capacity deployed onto key infrastructure and security projects. Progress does however continue to be made with a prioritisation approach adopted. One policy is complete and a further two are at advanced draft stage.	Senior Manager of Partnership & Transformation
NEW	Deliver on the outputs of the Communications and Engagement strategy transformation programme.	Transform the Council's approach to internal and external engagement and participation (including but not exclusively the Be the Future programme) Develop a transformed capacity and approach re engagement and participation.	31-Mar-26		A detailed audit report has been submitted alongside the first draft of the Communication and Engagement Strategy which officers are currently reviewing.	Senior Manager Transformation and Capital Senior Manager of Partnership & Transformation
NEW	Implement the 25/26 Risk Strategy Delivery Plan	Enable meeting of statutory requirements Improve corporate governance Reduced risk of governance breach Improved Internal Audit Assurance	31 Mar 26		Progress on the risk strategy delivery plan is reported separately to Audit and Scrutiny on a regular basis. Whilst there has been some slippage due to officer capacity and other workload pressures, significant focus remains on completing and finalising actions in the plan as early as is practicable. Oversight of implementation of the plan is through the Risk and Integrity Forum, with scrutiny provided through A&S Committee.	Senior Manager of Partnership & Transformation

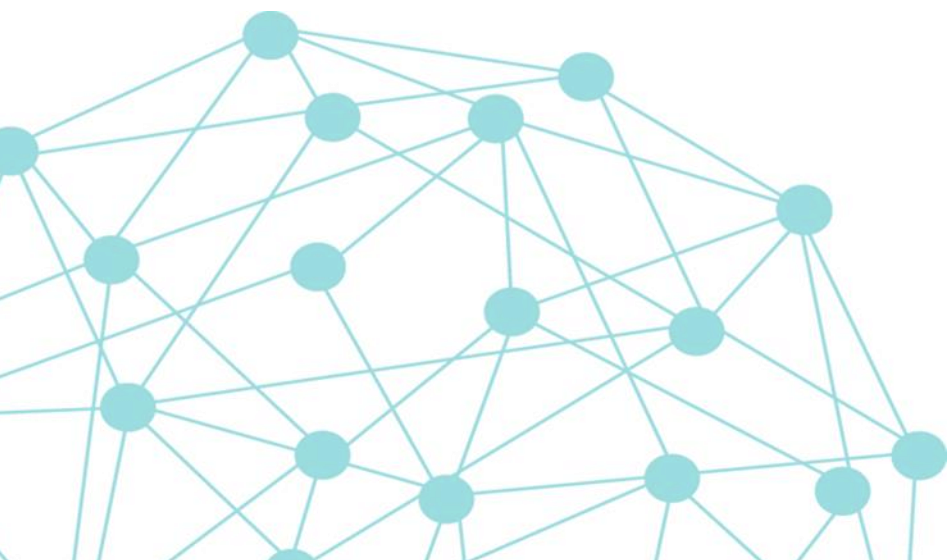
Code	ACTION	Impact	By When	Expected Outcome	Update as at 31 March 2026	Lead
New	Continue our roll out of digital transformation, in line with our Digital and Data roadmap, supported by a modernised, robust and secure digital infrastructure.	Improved Service Delivery Smarter Use of Data Promoting Digital Inclusion Investing in People and Infrastructure Empowered and Skilled Workforce Collaborating and Innovating Locally	31 Mar 30		The Digital and Data transformation programme has an agreed 5 year roadmap. Significant progress has been made in putting in place the foundational systems and skills needed to grow and enhance the programme. Significant progress has been made in delivering new digital services and strengthening the Council's data and governance foundations. Key systems are now live, data platform adoption has expanded, and preparations for AI and Copilot are underway to support future transformation.	Senior Manager Transformation and Capital
New	Implement further M365 functionality including delivery of SharePoint and One Drive.	Improved Service Delivery Smarter Use of Data Investing in People and Infrastructure Empowered and Skilled Workforce	31 Mar 26		The IT and Digital Programme Board and Be the Future Strategic Oversight Group provide overall governance and monitoring of ongoing M365 implementation. A small number of users remain to be migrated to M365 with plans in place to achieve migration and work well underway to migrate shared mailboxes and implementation of sharepoint functionality.	Senior Manager of Partnership & Transformation
New	Strengthening of the Community Planning partnership in to implement the refreshed Local Outcomes Improvement Plan, adopting a focus on continuous improvement, performance and partnership working arrangements.	Collaboration, innovation and partnership working Improving outcomes for Clackmannanshire Improved service delivery	31 Mar 26		Good progress has been made following a partners development workshop in November 25. Since, a continued focus on two key priorities has been taking forward by partners and consideration on a revised and transformational structure and operating arrangements for the CPP has been progressed. Final agreement on that structure and arrangements is anticipated in the Summer.	Senior Manager of Partnership & Transformation

Business Plan Appendix - Service Risk Register

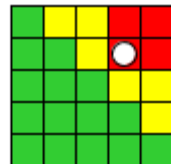
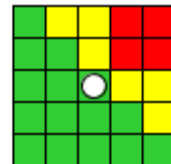
ID & Title	P&P SRR 001	Catastrophic Business interruption	Status		Managed By	Strategic Director - Partnership & Performance	Current Rating	9	Target Rating	6
Potential Effect	Breakdown or significant interruption in service provision for internal and or external customers as a result of catastrophic systems or knowledge loss or major incident.									
Related Actions	New	Co-ordinate major incident response/recovery and ensure that statutory plans for resilience are in place, updated and tested as part of a scheduled programme of work. This includes implementing workforce development around Integrated Emergency Management and Business Continuity Management, and a review of appropriate plans including our Major Emergencies Operational Plan (MEOPs). Continue our roll out of digital transformation, in line with our Digital and Data roadmap, supported by a modernised, robust and secure digital infrastructure.	Internal Controls	Business Continuity Plans MEOPs Incident coordination structures and systems Emergency Response Plans ICT Policies						
	New	Ensure robust plans and processes are in place for managing CONTEST risks and ensuring compliance with statutory duties.								
	New									
Latest Note	Concurrent risks from supply chain and labour issues, adverse weather, geopolitical events, cyber threats or major power outage continue to pose an ongoing risk to business continuity. IMTs continue to be convened as necessary and a substantial review of business continuity plans, response and recovery arrangements as well as testing and debrief activity continues. Cross Forth Valley planning, testing and exercising remains to be developed through the established FV Resilience Partnership. There is also significant effort being placed on upgrading systems and infrastructure to mitigate or minimise cyber threats. A review of relevant plans is also underway with partners, and a programme of testing and exercising is being taking forward through established structures. The RRP and LRP structures continue to provide the systems by which coordination of response and recovery to an incident is managed. A refreshed programme of resilience training is underway or scheduled including on business continuity management and incident management.									

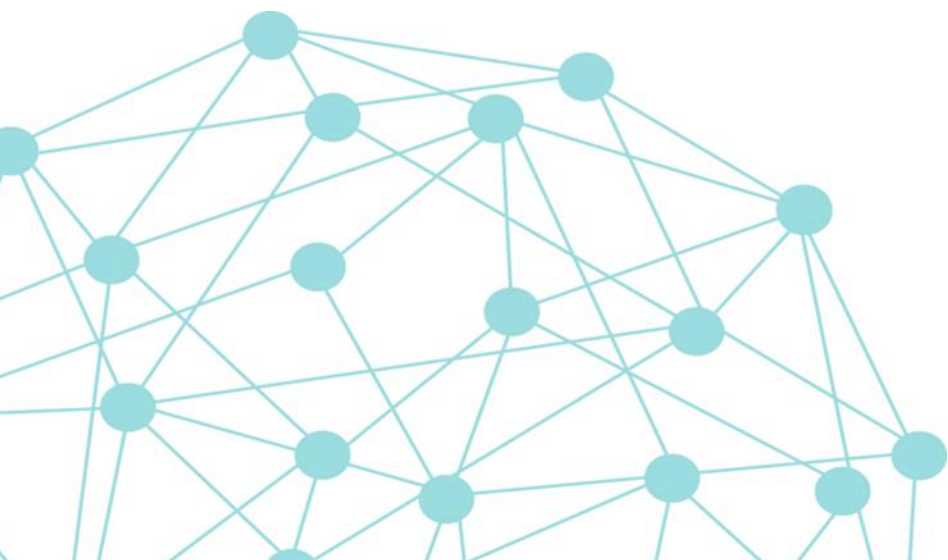
ID & Title	P&P SRR 003	Ineffective community engagement	Status		Managed By	Senior Manager Partnership & Transformation	Current Rating	12	Target Rating	9
Potential Effect	Sub optimisation of community empowerment opportunities and the risk that we will not be able to achieve our corporate priority to empower families and communities. Ineffective communication and engagement with communities may result in poor relationships, breakdown of trust and loss of confidence which impacts on the Councils reputation.						Likelihood Impact Likelihood Impact			
Related Actions	P&P 20 003	Support consultation and engagement activities (budget and corporate strategies).	Internal Controls	Customer Consultation & Engagement						
				Community Learning & Development Strategy						
	New	Ensure robust approaches are in place to comply with the Councils duties under the Equality Act 2010.		Mainstreaming Equality & Diversity and EQIA Process						
	New	Deliver on the outputs of the Communications and Engagement strategy transformation programme.		Customer Charter						
	New	Subject to the completion, roll out the Council’s Complaint system which includes review of the Council’s policies and procedures		Community Asset Transfer Guidance						
	Strengthening of the Community Planning partnership in to implement the refreshed Local Outcomes Improvement Plan, adopting a focus on continuous improvement, performance and partnership working arrangements.			Unacceptable Behaviour Policy		Local Outcomes Improvement Plan 2024/34				
	Undertake a refresh of the Council’s Digital Strategy			Complaints Handling Policy		Communications Engagement and Participation Strategy (new)				
	Undertake a review of, and deliver on the Directorate’s responsibilities under the UNCRC			Customer Contact Policy		Communications Strategy (new)				
Latest Note	P&P resources for this area of work are modest, and delivery or implementation requires a multi-service, and partnership led approach. Implementation of agreed approaches and policies with guidance and support is key to mitigating risks. The communication and engagement transformation project (new) will provide a renewed focus to ensure that the Council communicates and engages effectively with residents and communities, particularly in support of the Councils Be the Future programme and new services delivered through the digital transformation programme. This is particularly important where barriers to good communication exist, so work will be taken forward to ensure that the Council is compliant with the Equality Act 2010 and the United Nations Convention on the rights of the child. A revised approach to complaints handling will ensure that communication and engagement with customers can be resolved as quickly as possible.									

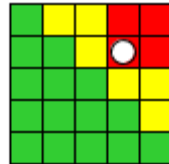
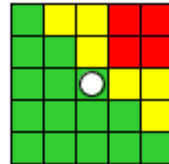
ID & Title	P&P SRR 004	Poor Staff engagement	Status		Managed By	Senior Manager HR & Workforce Development	Current Rating	12	Target Rating	9
Potential Effect	Ineffective or poor engagement with staff resulting in poor relations and an inability to embed our values and achieve our vision. May also result in workforce gaps as a result of difficulties with recruitment and retention leading to difficulties in meeting statutory or regulatory requirements both now and possibly more acutely in the future.						 Likelihood Impact  Likelihood Impact			
Related Actions			Internal Controls	Staff Survey						
	P&P 20 010	Undertake Staff Survey		Strategic Workforce Plan						
	New	Deliver a new staff intranet in line with the Council’s digital transformation aspirations								
	New	Deliver on the outputs of the Communications and Engagement strategy transformation programme.		Communication and Engagement Strategy and internal communications approaches.						
Latest Note	Recent experience has shown a decline in engagement with the Council’s staff survey, which suggests that survey fatigue may be impacting on our engagement levels. As agreed by A&S Committee, a year pause on the annual survey has been agreed whilst alternative staff engagement methods are scoped. The revised communications strategy and transformation project will provide a renewed focus on improving internal communications approaches and channels, and it is anticipated that this will be supplemented by further development work aligned to the Council’s TOM (specifically through OD and change).									

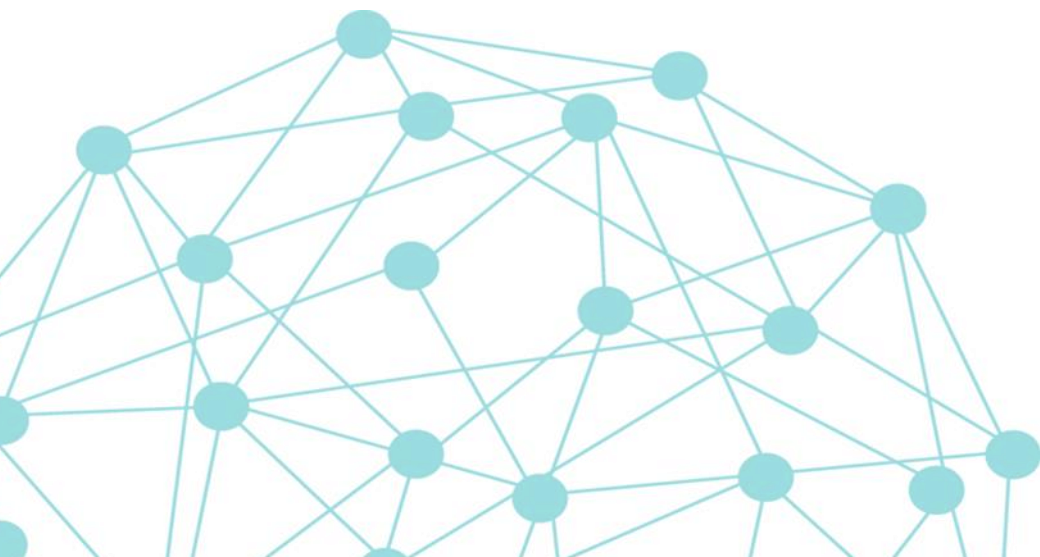


ID & Title	P&P SRR 006	Labour Shortages lead to Governance Failure	Status		Managed By	Strategic Director - Partnership & Performance	Current Rating	16	Target Rating	9
Potential Effect	There is a risk that the labour shortage environment amplifies the risk of a significant governance failure that could lead to a potential for serious financial, reputational or workforce harms.						Impact Impact			
Related Actions	New	Ensure robust approaches are in place to comply with the Councils duties under the Equality Act 2010.	Internal Controls	Internal Audit Programme						
	P&P 20 012	Embed new Health & Safety Management System		External Audit Assurance & Improvement Plan						
	P&P 20 019	Lead on the approach to deliver approved Annual Accounts		Annual Governance Statement						
				Whistleblowing Policy						
	New	Review, streamline and integrate Performance Management and Best Value approaches and delivery models.								
	P&P 21 007	Procurement Strategy Review								
	P&P 21 014	Financial Regulations Review								
	New	Continue to deliver a focused programme of SLF and TLF sessions								
	New	Complete Annual Governance Statement actions								
New	Deliver leadership programmes as originally scoped within the Council’s Interim Workforce Strategy									
	New	Ensure completion of identified Internal Audit Actions as reported to Audit and Scrutiny Committee								
	New	Develop a timetable for review of all key governance documents which form part of our Local Code of Governance								
Latest Note	Staff turnover and a stretched and ageing workforce has resulted in increased risks of failures of governance. Capacity remains variable across the directorate, and therefore this risk will require ongoing significant focus to mitigate where possible risks of non-compliance. We have developed a workforce plan to identify and address a number of key areas of concern, and a number of actions are focussed on improving compliance with governance within the Directorate and across the Council.									

ID & Title	P&P SRR 007	Financial Resilience	Status		Managed By	Strategic Director - Partnership & Performance	Current Rating	16	Target Rating	9
Potential Effect	Risk that current resource base cannot meet rising demand resulting from emerging environmental factors including the cost-of-living crisis, high inflation, financial constraint and climate change.						Usefulness  Impact Usefulness  Impact			
Related Actions	P&P 20 023	Lead on the approach to deliver an approved balanced budget 2027/2028	Internal Controls	Budget Strategy & Monitoring						
	P&P 21 015	Contract Standing Orders Review - complete		Financial Regulations						
				Medium Term Financial Strategy						
		Achieve savings for 2026/2027		Procurement Strategy						
	Regular Updates on Medium Term Financial Strategy									
Latest Note	Ongoing geopolitical events in Eastern Europe and the Middle East, previous high inflation, reduction in Government funding, increased Government priorities and cost of living crisis continue to impact on costs to the Council, it is also impacting on our communities, which in turn is increasing service demands. Given the extent of external environmental factors there is a large element of this risk that the Council may need to tolerate and react to in the short to medium term.									



ID & Title	P&P SRR 008	Failure to deliver Digital Transformation	Status		Managed By	Strategic Director - Partnership & Performance	Current Rating	16	Target Rating	9
Potential Effect	The aftermath of the pandemic and increasing financial constraint have driven accelerated demand and expectation for increased digital service provision. There is a risk that the Council will not be able to meet these changes or that increased reliance on digital services increases the risks associated with outages or related to information security.						 Likelihood Impact  Likelihood Impact			
Related Actions	New	Continue our roll out of digital transformation, in line with our Digital and Data roadmap, supported by a modernised, robust and secure digital infrastructure.	Internal Controls	Digital Strategy						
	New	Undertake a refresh of the Council’s Digital Strategy		ICT Policies						
	New	Complete a programme to refresh ICT policies		Be the Future (and programme governance)						
	New	Further roll out of M365 functionality including Sharepoint								
Latest Note	The Council continues to make significant investment in digital infrastructure, including in M365 digital and decommissioning or aged systems. This work will continue at pace over the next 3 to 5 years to meet citizen demand and to sufficiently realise benefits. A number of actions provide a renewed focus on optimising the potential from M365 and other new systems within the digital transformation programme. A focus on ensure that technology and systems are robust and secure remains relevant against a context of rapid changes in technology and use of artificial intelligence.									



Report to: Audit and Scrutiny Committee

Date of Meeting: 11th June 2025

Subject: Scottish Housing Regulator Annual Return of the Charter (ARC)

Report by: Strategic Director (Place and Economy)

1.0 Purpose

- 1.1 This report provides information to the Committee on The Annual Return of Charter (ARC) submitted to the Scottish Housing Regulator (SHR) on 31st May 2026 (Appendix 1). The purpose of this report is to allow Housing Service performance to be scrutinised in a meaningful way.

2.0 Recommendations

- 2.1 It is recommended that:
- 2.2 Committee note, comment on and challenge the report as appropriate.

3.0 Considerations

- 3.1 Reporting on performance against the Charter is undertaken via the ARC, which all social landlords are required to return annually by 31st May. This return is submitted to the SHR who monitor landlord performance against the Charter.
- 3.2 Appendix 1 provides the full ARC submission for 2025/26, a further document has been produced to show comparative year on year performance from 2020/21 to 2025/26 (Appendix 2) within key areas of Housing Service delivery.
- 3.3 As reported last year, SHR made several changes to the existing indicators, including the introduction of a number of new measures relating to long-term voids, as well as additional indicators focused on tenant and resident safety. These are set out in Section 4.
- 3.4 The service continues to hold monthly Housing Performance Meetings, where a detailed review of a specific area of housing is undertaken. These meetings are attended by Councillors and representatives from Tenant and Resident Groups, providing an opportunity for regular scrutiny of performance. They also enable the service to share actions being taken to maintain and improve performance, as well as to enhance the overall quality of service delivery.

- 3.5 Energy Efficiency Standard for Social Housing (ESSH) Review Group met in March 2026, it was noted that the UK Government has delayed its Energy Performance Certificate (EPC) reform plans until the second half of 2027. As a result, the current proposals, which had been expected to come into force in October 2026, are no longer achievable. It is anticipated that revised regulations, expected in September 2026, will confirm a new implementation date in 2027.
- 3.6 In addition, progress on the Social Housing Net Zero Standard (SHNZS) has been paused. There remains an intention to progress the standard over the next 12 months; however, this will require reconsideration of certain elements. Further clarity and guidance are expected during 2026, and the service will continue to monitor developments and prepare for implementation.
- 3.7 During 2025/26, a number of Housing and Property Services policies were reviewed, updated, and developed to ensure they remain relevant, responsive to the needs of the Housing Service and Council tenants, and compliant with all legislative requirements. The policies approved at Council meetings were:
- Asset Disposal Policy
 - Current and Former Arrears Policy
 - Damp and Mould Policy
 - Open Space and Estate Management Policy
 - Garden Structure Permissions Policy
 - Housing Repairs Policy
 - Missing Shares Policy
 - Property Acquisition Policy
 - Rechargeable Repairs Policy
 - Westhaugh Pitch Allocations Policy
- 3.8 The stock condition survey has been progressed with approximately 750 properties included. By the time this report is published, tenants whose homes have been selected for survey will have been notified and surveys are expected to have commenced. The outcomes from this work will provide an updated and robust evidence base on the condition of the housing stock, which will directly inform the future Housing Revenue Account (HRA) Business Plan and support the development of the Housing Asset Management Strategy.
- 3.9 In January 2026, the service appointed a new Tenant Participation (TP) Officer. Over the course of the past few months the Officer has strengthened engagement with tenants and is supporting the delivery of participation priorities. To further enhance this work, the Tenant Information Service (TIS) was commissioned to assist in refreshing and revitalising the Tenant Participation Action Plan. This includes supporting the establishment of a new Scrutiny Panel and working closely with Registered Tenant Organisations to help develop their governance, processes and effectiveness. This programme of work aims to build capacity, improve tenant influence in decision-making and ensure meaningful engagement across the service.
- 3.10 In line with the expectations of the Scottish Social Housing Charter and the Scottish Housing Regulator, the Council will produce and publish an Annual Performance Report to Tenants setting out its performance against Charter outcomes. This report will include comparison with the Council's performance in previous years, as well as benchmarking against the Scottish average once

this is published by the Regulator in August each year. Development of the report will commence in advance of publication, and we will work in collaboration with tenants to shape its content and presentation, ensuring that the information provided is meaningful, accessible and delivered in a format that best meets tenants' needs. The final report will be published no later than 31st October.

- 3.11 Housing and Property staff have recently participated in a Value Based Leadership session, providing an opportunity to reflect on leadership behaviours, decision-making and how services are delivered to tenants. Building on this, there are plans to extend the approach to all Housing and Property staff through a larger facilitated session. This will bring teams together to share learning, explore challenges within the wider system, and identify where improvements can be made. By encouraging open discussion and collective problem-solving, the aim is to strengthen collaboration, address issues and ultimately drive better outcomes for our tenants.

4.0 Key performance in Housing

Indicators introduced May 2025

- 4.1 Indicator C9 relates to long-term voids. At year end, there were 146 self-contained properties recorded as void, of which 40 had been void for more than six months. The majority of these longer-term voids are attributable to properties undergoing major or structural works, which impacts on the time required to bring them back into use.
- 4.2 Indicator 29 relates to electrical safety and requires the service to report instances where Electrical Installation Condition Reports (EICRs) were not completed within the required five-year timeframe. For 2025/26, this figure was 8 these were all due to tenants not allowing access to complete testing.
- 4.3 Indicator 30 relates to first safety. The number of homes lacking satisfactory smoke and heat alarms for 2025/26 was 6, as mentioned in section 4.2 these were all due to tenants not allowing access and are now on the forced access list.
- 4.4 Finally, three damp and mould indicators were added (indicators 31, 32 and 33). The average time to resolve damp and mould cases was 191.26 working days. The percentage of resolved cases re-opened was 0.83%. At year end the number of cases open was 247.
- 4.5 The service continues to monitor developments in relation to Awaab's Law and the associated changes to regulatory expectations in Scotland, particularly around the timely management of damp, mould and other hazards. These changes are expected to strengthen reporting requirements and place greater emphasis on clear timescales for investigation and remediation. In response, the service is reviewing and updating its processes, including reporting arrangements, case management, and escalation procedures, to ensure compliance and to support a proactive, tenant-focused approach to health and safety.

- 4.6 The indicators in this section are based on data derived from the three-yearly tenant survey (sample of 900 tenants). The most recent survey was carried out in May 2026, with the previous results first reported in the ARC 2022/23. Arrangements will be made for Research Resource to present the outcomes of the 2026 survey, following which the service will undertake a detailed review to identify areas of strong performance as well as opportunities for improvement. The findings will help inform future service planning and performance management.
- 4.7 The headline figures for various indicators gathered during the survey process are set out in Table 1 below, alongside the results from 2023.
- 4.8 Table 1

Indicator		2025/26	2024/25
Indicator 1	Percentage of tenants satisfied with the overall service provided by landlord	93.22%	92.69%
Indicator 2	Percentage of tenants who feel landlord is good at keeping them informed about their services and decisions	95.67%	96.95%
Indicator 5	Percentage of tenants satisfied with the opportunities to participate in landlords decision making process	98.56%	98.47%
Indicator 7	Percentage of tenants satisfied with the quality of their home	91.56%	92.58%
Indicator 12	Percentage of tenants who have had repairs (in last 12 months) how satisfied they were	93.63%	91.56%

Access to Housing and Support

- 4.9 Our average number of calendar days taken to re-let void properties in 2025/26 was 53.60 days compared to 57.54 days in 2024/25. The total number of lets for the year was 310 (down from 370 in 2024/25), this includes all properties that were re-let in the year and 21 properties that were bought back from the open market.
- 4.10 The service has seen an improvement in void turnaround times however, challenges remain, largely due to an increased number of void properties requiring more extensive refurbishment works. Gaps in internal trades capacity have also necessitated the use of external contractor support to supplement the Council workforce and maintain progress. To address this, work has been undertaken to review and improve the voids end-to-end process, including detailed process mapping to identify and remove barriers and eliminate waste within the system. This is expected to support further reductions in overall turnaround times. In addition, the service has procured a new multi-trade contractor and appointed two additional joiners to increase in-house capacity.

- 4.11 Void rent loss continues to perform well at 0.84%, remaining below the target of 1%, demonstrating effective management of void properties despite ongoing operational pressures.

Repairs Maintenance and Improvements

- 4.12 Response times for emergency repairs continues to stay well within the 8 hour target, being 3.67 hours. However, this comes at an increased cost for the service, indicating a need to review out-of-hours repairs to ensure best use of resources.
- 4.13 Performance in non-emergency repairs has changed compared to 2023/24, when the average response time was 5.1 days to 11.2 days, which is still within the 20 working days target time. Response times have increased during this period, primarily due to the repairs team investing more time to support the void refurbishment programme to help boost capacity in that area.
- 4.14 Performance has improved significantly in the percentage of repairs completed right first time, increasing from 95.9% in 2024/25 to 99.1% in 2025/26. This improvement should be considered in the context of a revised indicator definition. In previous years, repairs that were not completed within the target timeframe were automatically recorded as not completed right first time. The updated indicator more accurately reflects true first-time fix performance, contributing to the higher reported figure.

Housing Quality and Maintenance

- 4.15 Our percentage compliance with Scottish Housing Quality Standard (SHQS) (indicator 6) has improved from 84.65% to 86.96%. Calculations take in wider factors not previously accounted for in 2023/24.
- 4.16 Further improvement will be supported by a stock condition survey report, alongside a review of planned maintenance programmes and renewable energy schemes, which will help drive improved SHQS performance.
- 4.17 Of 5017 council dwellings, 598 fail to meet SHQS, with a further 19 properties awaiting demolition and 23 properties affected by Reinforced Autoclaved Aerated Concrete (RAAC).

Getting Good Value from Rents and Service Charges

- 4.18 Appendix 2 presents arrears data across three tables, providing further detail on both current and former arrears. There has been a continued reduction in overall arrears this year, decreasing from 7.25% in 2024/25 to 7.04% in 2025/26. As in previous years, this ongoing improvement represents a positive achievement, particularly in the context of rising living costs and increasing pressure on tenants' financial resources. The Tenancy Management Team continues to prioritise rent collection through early intervention, while adopting a person-centred approach that supports engagement and ensures appropriate assistance is in place for tenants who are experiencing difficulty in meeting their rental payments.

- 4.19 In 2025/26 the service utilised the Aberlour Hardship Fund to provide targeted financial assistance to tenants experiencing difficulties with rent arrears. This support has helped to alleviate financial pressure for vulnerable households, enabling tenants to reduce or clear arrears and sustain their tenancies. The fund has been particularly valuable in preventing escalation of debt and reducing the risk of tenancy failure, complementing the wider income maximisation and tenancy sustainment work carried out by the service.
- 4.20 Since the Housing Service established a dedicated team to focus on Former Tenant Arrears (FTAs), there has been a marked improvement in performance in this area. Tenancies end for a variety of reasons, including abandonment, eviction, or death. Where a balance remains on the account, these arrears can be difficult to recover for example, where there is no forwarding address or where a deceased tenant has no estate. Officers will continue to actively pursue debt owed to the Council, and cases deemed to be unrecoverable will be presented to Council in June for approval.
- 4.21 The Service introduced Housing Round-Up sessions in 2025, where staff come together to share information, exchange good practice, and review and refine processes. During the most recent session in March, staff focused on problem-solving and improving processes related to the ending of tenancies. The aim of this work is to ensure that tenants leave properties in good condition and with minimal debt, which is expected to contribute to further reductions in former tenant arrears.
- 4.22 The Rechargeable Repairs Policy was approved by Council in August 2025. Since its implementation, the team responsible for FTA has worked closely with the Repairs Team to establish a streamlined process for issuing invoices within 10 days of repairs being completed. These invoices are processed through the Council's finance system. During 2025/26, over £20,000 of recharge invoices were raised, compared with over £36,000 in 2024/25. It is believed that this reduction reflects increased tenant awareness of the Council's intention to recharge for damage to its properties, which has encouraged more responsible behaviour. The current scope of rechargeable items includes lock changes, damage to front and internal doors and the clearance of internal rooms.

Neighbourhood and Community

- 4.23 The primary role of the Tenancy Management Team is to support tenants in sustaining their tenancies and complying with the conditions of their tenancy agreements. The team works closely with tenants across their designated areas, providing targeted support where needed. The service has adopted a proactive approach to addressing non-engagement and persistent arrears, combining firm action with a supportive, person-centred approach. As a result, the proportion of court actions leading to eviction has decreased from 43.59% in 2024/25 to 34.33%. This suggests that more tenants are taking appropriate steps to adhere to their arrears repayment arrangements. Legal action is the last resort taken and Housing Officers will use every tool to help tenants sustain their tenancies.
- 4.24 As highlighted in last year's Audit and Scrutiny Report, antisocial behaviour (ASB) case closure administration had not always been completed in a timely manner. There has been an increase in the number of ASB cases reported,

rising from 120 in 2024/25 to 142 in 2025/26, with 25 cases carried over from the previous year. The percentage of antisocial behaviour cases resolved within the year was 77.84%, compared to 82.5% in the previous year. This reflects ongoing pressures within the service and highlights the need for continued focus on improving case management and resolution times.

5.0 Sustainability Implications

- 5.1 The information contained within the ARC demonstrates that housing priorities contribute positively to sustainability.

6.0 Resource Implications

- 6.1 Financial Details

- 6.2 Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☒

7.0 Exempt Reports

- 7.1 Is this report exempt?

Yes ☐ (please detail the reasons for exemption below)

No ☒

8.0 Declarations

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

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

Clackmannanshire will be attractive to businesses and 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** (Please detail)

9.0 Equalities Impact

Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☒

No ☐

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

Appendix 1 - Scottish Housing Regulator Annual Return of Charter 2026
Appendix 2 - Comparative data

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 ☒

Scottish Housing Regulator Annual Return of Charter 2025

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Katie Roddie	Team Leader Business Improvement	2688

Approved by

NAME	DESIGNATION	SIGNATURE
Kevin Wells	Strategic Director – Place and Economy	

Landlord name: Clackmannanshire Council

RSL Reg. No.: 1,006

Report generated date: 31/05/2026 15:25:28

Approval

A1.1	Date approved	31/05/2026
A1.2	Approver	Katie Roddie
A1.3	Approver job title	Team Leader Business Improvement
A1.4	Comments (Approval)	
		N/A

Comments (Submission)

N/A

Social landlord contextual information

Lets

The number of lets during the reporting year by source of let (Indicator C2)

C2.1	The number of lets to existing tenants	48
C2.2	The number of lets to housing list applicants	71
C2.3	The number of mutual exchanges	38
C2.4	The number of lets from other sources	0
C2.5	The number of lets to homeless applicants	191
C2.6	The number of lets made	348
C2.7	Total number of lets excluding exchanges	310

Comments for any notable improvements or deterioration in performance regarding the figures supplied in the "Social landlord contextual information" section.

The Housing Service has committed to undertaking a comprehensive review of its Allocations Policy during 2026/27 to ensure it remains compliant with current legislation, reflects local housing need and aligns with strategic priorities. To support this work, we will procure an external consultant with expertise to carry out an evidence based review and lead a structured programme of engagement with tenants, stakeholders and partner organisations. This approach will ensure the revised policy is informed by robust analysis, reflects best practice and is developed through meaningful consultation.

Overall satisfaction

All outcomes

Percentage of tenants satisfied with the overall service provided by their landlord (Indicator 1)

1.1.1	1.1 In relation to the overall tenant satisfaction survey carried out, please state: the number of tenants who were surveyed	900
1.1.2	the fieldwork dates of the survey	05/2026
	The method(s) of administering the survey:	
1.1.3	Post	☐
1.1.4	Telephone	☐
1.1.5	Face-to-face	☒
1.1.6	Online	☐
	1.2 In relation to the tenant satisfaction question on overall services, please state the number of tenants who responded:	357
1.2.1	very satisfied	
1.2.2	fairly satisfied	482
1.2.3	neither satisfied nor dissatisfied	53
1.2.4	fairly dissatisfied	4
1.2.5	very dissatisfied	3
1.2.6	no opinion	1
1.2.7	Total	900

Indicator 1	93.22%

Comments for any notable improvements or deterioration in performance regarding the figures supplied in the "Overall satisfaction" section.

The Housing Service completed its Tenant Satisfaction and Aspirations Survey in May 2026, with a sample of 900 tenants participating. Headline results have been established, with more detailed analysis of supplementary questions underway to better understand the underlying drivers of tenant views and identify opportunities for service improvement. Early findings are encouraging, demonstrating a positive increase in overall satisfaction with Clackmannanshire Council as a landlord. Further work will ensure these insights are fully explored and translated into targeted actions to enhance service delivery.

The customer / landlord relationship

Communication

Percentage of tenants who feel their landlord is good at keeping them informed about their services and decisions (Indicator 2)

2.1	How many tenants answered the question "How good or poor do you feel your landlord is at keeping you informed about their services and decisions?"	900
	2.2 Of the tenants who answered, how many said that their landlord was:	349
2.2.1	very good at keeping them informed	
2.2.2	fairly good at keeping them informed	512
2.2.3	neither good nor poor at keeping them informed	36
2.2.4	fairly poor at keeping them informed	3
2.2.5	very poor at keeping them informed	0
2.2.6	Total	900

Indicator 2	95.67%

Participation

Percentage of tenants satisfied with the opportunities given to them to participate in their landlord's decision making processes (Indicator 5)

5.1	How many tenants answered the question "How satisfied or dissatisfied are you with opportunities given to you to participate in your landlord's decision making processes?"	900
	5.2 Of the tenants who answered, how many said that they were:	396
5.2.1	very satisfied	
5.2.2	fairly satisfied	491
5.2.3	neither satisfied nor dissatisfied	12
5.2.4	fairly dissatisfied	1
5.2.5	very dissatisfied	0
5.2.6	Total	900

Indicator 5	98.56%

Comments for any notable improvements or deterioration in performance regarding the figures supplied in the "The customer / landlord relationship" section.

Tenant satisfaction remains consistent with the previous survey undertaken three years ago in relation to how well tenants feel informed about services and decisions and the opportunities available to them to participate. This reflects the significant activity undertaken in this area, including the appointment of the Tenant Information Service (TIS) to support engagement, as well as a dedicated Tenant Participation Officer who is currently developing a refreshed action plan in partnership with TIS to better meet tenant needs. A new social media platform went live in 2026 called 'Let's Talk Housing' to build stronger tenant engagement. Further improvements are underway, including the establishment of a tenant scrutiny panel and the implementation of a new IT system which will enhance engagement opportunities through the introduction of a tenant portal.

Housing quality and maintenance

Quality of housing

Scottish Housing Quality Standard (SHQS) – Stock condition survey information (Indicator C7)

C7.1	The date your organisation's stock was last surveyed or assessed for compliance with the SHQS	03/2026
C7.2	What percentage of stock did your organisation fully assess for compliance in the last five years?	100.00
C7.3	The date of your next scheduled stock condition survey or assessment	03/2027
C7.4	What percentage of your organisation's stock will be fully assessed in the next survey for SHQS compliance	100.00
C7.5	Comments on method of assessing SHQS compliance.	

Of 5017 council dwellings, 598 fail to meet SHQS, with a further 19 properties awaiting demolition and 23 properties affected by Reinforced Autoclaved Aerated Concrete (RAAC).

A contractor has been appointed to undertake a comprehensive stock condition survey across the housing portfolio, which reflects the wide variety of property types within the Council's stock. This surveys will begin in June 2026. This work will provide an up-to-date assessment of property condition, support compliance with SHQS and identify any required remedial works. The findings will also play a key role in informing the Housing Service's long term financial and asset management planning, ensuring investment decisions are evidence based and aligned with future service needs.

Scottish Housing Quality Standard (SHQS) – Stock summary (Indicator C8)

		End of the reporting year	End of the next reporting year
C8.1	Total self-contained stock	5,107	5,117
C8.2	Self-contained stock exempt from SHQS	7	7
C8.3	Self-contained stock in abeyance from SHQS	61	52
C8.4.1	Self-contained stock failing SHQS for one criterion	598	300
C8.4.2	Self-contained stock failing SHQS for two or more criteria	0	0
C8.4.3	Total self-contained stock failing SHQS	598	300
C8.5	Stock meeting the SHQS	4,441	4,758

Percentage of stock meeting the Scottish Housing Quality Standard (SHQS) (Indicator 6)

6.1.1	The total number of properties within scope of the SHQS: at the end of the reporting year	5,107
6.1.2	projected to the end of the next reporting year	5,117
6.2.1	The number of properties meeting the SHQS: at the end of the reporting year	4,441
6.2.2	projected to the end of the next reporting year	4,758

Indicator 6 - Percentage of stock meeting the SHQS at the end of the reporting year	86.96%
Indicator 6 - Percentage of stock meeting the SHQS projected to the end of the next reporting year	92.98%

Percentage of tenants satisfied with the quality of their home (Indicator 7)

7.1	How many tenants answered the question "Overall, how satisfied or dissatisfied are you with the quality of your home?"	900
	7.2 Of the tenants who answered, how many said that they were:	238
7.2.1	very satisfied	
7.2.2	fairly satisfied	586
7.2.3	neither satisfied nor dissatisfied	66
7.2.4	fairly dissatisfied	9
7.2.5	very dissatisfied	1
7.3	Total	900
Indicator 7		91.56%

Repairs, maintenance & improvements

Average length of time taken to complete emergency repairs (Indicator 8)		

8.1	The number of emergency repairs completed in the reporting year	6,747
8.2	The total number of hours taken to complete emergency repairs	24,759

Indicator 8		3.67

Average length of time taken to complete non-emergency repairs (Indicator 9)

9.1	The total number of non-emergency repairs completed in the reporting year	7,336
9.2	The total number of working days taken to complete non-emergency repairs	82,491
Indicator 9		11.24

Percentage of reactive repairs carried out in the last year completed right first time (Indicator 10)		

10.1	The total number of reactive repairs completed during the reporting year	7,121
10.2	Of those, number of reactive repairs that were reported again during the reporting year	64
Indicator 10		99.10%

Percentage of tenants who have had repairs or maintenance carried out in last 12 months satisfied with the repairs and maintenance service (Indicator 12)

12.1	Of the tenants who had repairs carried out in the last year, how many answered the question "Thinking about the LAST time you had repairs carried out, how satisfied or dissatisfied were you with the repairs service provided by your landlord?"	314
12.2	Of the tenants who answered, how many said that they were:	191
12.2.1	very satisfied	103
12.2.2	fairly satisfied	12
12.2.3	neither satisfied nor dissatisfied	7
12.2.4	fairly dissatisfied	1
12.2.5	very dissatisfied	314
12.2.6	Total	
Indicator 12		93.63%

Tenant and resident safety

Number of times in the reporting year you did not meet your statutory duty to complete a gas safety check. (Indicator 11)		
11.1	The number of times you did not meet your statutory duty to complete a gas safety check.	0
11.2	Please provide the reason(s) for failing to meet compliance	
		N/A
Indicator 11		0

Number of times in the reporting year you did not meet the requirement to complete an electrical installation condition report (EICR) within five years of the last EICR? (Indicator 29)

29.1	The number of times within the reporting year that you did not meet the requirement to complete an electrical installation condition report (EICR)	8
29.2	Please provide the reason(s) for failing to meet compliance	
There have been challenges in gaining access to a small number of properties to complete EICRs. To address this, the compliance team is working closely with the housing team to coordinate access arrangements and engage with tenants to facilitate entry where required. This collaborative approach will help to gain access and ensure that statutory safety checks are carried out, maintaining compliance and prioritising tenant safety.		
Indicator 29		8

Number of homes that do not have 'satisfactory equipment for detecting fire and giving warning in the event of fire or suspected fire' installed at the year end (Indicator 30)

30.1	The number of homes that do not have 'satisfactory equipment for detecting fire and giving warning in the event of fire or suspected fire'	6
30.2	Please provide the reason(s) for failing to meet compliance	
There have been challenges in gaining access to a small number of properties to ensure the provision of satisfactory equipment for detecting fire and giving warning in the event of fire or suspected fire. To address this, the compliance team is working closely with the housing team to coordinate access arrangements and engage with tenants to facilitate entry where required. This collaborative approach will help to gain access and ensure that all necessary fire detection and warning systems are in place, maintaining compliance and prioritising tenant safety.		
Indicator 30		6

Damp and/or mould

Average length of time taken to resolve cases of damp and/or mould by cause (Indicator 31)

31.1.1	The number of resolved cases of damp and/or mould caused by condensation	37
31.1.2	The number of resolved cases of damp and/or mould caused by structural issues	74
31.1.3	The number of resolved cases of damp and/or mould caused by other issues	10
31.2	Total number of resolved cases of damp and/or mould	121
31.3.1	The time taken in working days to resolve cases of damp and/or mould caused by condensation	6,693
31.3.2	The time taken in working days to resolve cases of damp and/or mould caused by structural issue	14,174
31.3.3	The time taken in working days to resolve cases of damp and/or mould caused by other issues	2,275
31.4	Total time taken in working days to resolve cases of damp and/or mould	23,142

Indicator 31 - Average length of time taken to resolve cases of damp and/or mould caused by condensation	180.89
Indicator 31 - Average length of time taken to resolve cases of damp and/or mould caused by structural issues	191.54
Indicator 31 - Average length of time taken to resolve cases of damp and/or mould caused by other issues	227.50
Indicator 31 - Average length of time taken to resolve cases of damp and/or mould by cause	191.26

Percentage of cases of damp and/or mould resolved during the reporting year that were reopened by cause
(Indicator 32)

32.1.1	The number of resolved cases of damp and/or mould caused by condensation	37
32.1.2	The number of resolved cases of damp and/or mould caused by structural issues	74
32.1.3	The number of resolved cases of damp and/or mould caused by other issues	10
32.1	Total number of resolved cases of damp and/or mould	121
32.2.1	The number of resolved cases of damp and/or mould that were reopened during the reporting year caused by condensation	1
32.2.2	The number of resolved cases of damp and/or mould that were reopened during the reporting year caused by structural issues	0
32.2.3	The number of resolved cases of damp and/or mould that were reopened during the reporting year caused by other issues	0
32.2	Total number of resolved cases of damp and/or mould that were reopened during the reporting year	1

Indicator 32 - Percentage of cases of damp and/or mould resolved during the reporting year that were reopened caused by condensation	2.70
Indicator 32 - Percentage of cases of damp and/or mould resolved during the reporting year that were reopened caused by structural issues	0.00
Indicator 32 - Percentage of cases of damp and/or mould resolved during the reporting year that were reopened caused by other issues	0.00
Indicator 32 - Percentage of cases of damp and/or mould resolved during the reporting year that were reopened by cause	0.83



Number of open cases of damp and/or mould at the year end (Indicator 33)		
33.1	The number of open cases of damp and/or mould at the year end	247
Indicator 33		247

Please use the comment field below to explain to the regulator any notable improvements or deterioration in performance regarding the figures supplied in the “Housing quality and maintenance” section’.

Both emergency and non-emergency repairs have seen an increase in the volume of completed repairs within the reporting year. Performance for emergency repairs remains strong, with average response times of 3.67 hours, well within the 8 hour target. Performance for non-emergency repairs has declined compared to 2024/25, with the average response time increasing from 5.1 days to 11.2 days however this remains within the 20 working day target. The increase in response times reflects a shift in resources, with the repairs team dedicating additional capacity to support the void refurbishment programme.

The percentage of tenants satisfied with repairs and maintenance has improved, as reflected in the recent survey results, representing a positive outcome for the service. To build on this, the service has introduced repairs feedback cards, including QR codes, enabling tenants to provide real time feedback. This approach supports ongoing performance monitoring, allows for timely service improvements where required and helps ensure a more responsive, tenant focused repairs service.

The service is monitoring developments relating to Awaab's Law and emerging regulatory expectations in Scotland, particularly around the timely management of damp and mould. In response, processes are being reviewed and updated to strengthen reporting, case management and escalation.

Neighbourhood & community

Estate management, anti-social behaviour, neighbour nuisance and tenancy disputes

Percentage of all complaints responded to in full at Stage 1 and percentage of all complaints responded to in full at Stage 2. (Indicators 3 & 4)

	1st stage	2nd stage
Complaints received in the reporting year	54	17
Complaints carried forward from previous reporting year	0	0
All complaints received and carried forward	54	17
Number of complaints responded to in full by the landlord in the reporting year	54	17
Time taken in working days to provide a full response	229	283

Indicators 3 & 4 - The percentage of all complaints responded to in full at Stage 1	100.00%
Indicators 3 & 4 - The percentage of all complaints responded to in full at Stage 2	100.00%
Indicators 3 & 4 - The average time in working days for a full response at Stage 1	4.24
Indicators 3 & 4 - The average time in working days for a full response at Stage 2	16.65

Percentage of tenants satisfied with the landlord's contribution to the management of the neighbourhood they live in (Indicator 13)

13.1	How many tenants answered the question "Overall, how satisfied or dissatisfied are you with your landlord's contribution to the management of the neighbourhood you live in?"	900
	13.2 Of the tenants who answered, how many said that they were:	336
13.2.1	very satisfied	
13.2.2	fairly satisfied	514
13.2.3	neither satisfied nor dissatisfied	41
13.2.4	fairly dissatisfied	7
13.2.5	very dissatisfied	2
13.2.6	Total	900
Indicator 13		94.44%

Percentage of anti-social behaviour cases reported in the last year which were resolved (Indicator 14)		

14.1	The number of cases of anti-social behaviour reported in the last year	142
14.2	The number of cases of anti-social behaviour carried over from the previous reporting year	25
14.3	Of those at 14.1 and 14.2, the number of cases resolved in the last year	130
14.4	Total self-contained units	5,107

Indicator 14 - Percentage of anti-social behaviour cases reported in the last year which were resolved	77.84%
Indicator 14 - The number of cases of anti-social behaviour per 100 properties	2.8

Abandoned homes (Indicator C3)

C3.1	The number of properties abandoned during the reporting year	24

Percentage of the court actions initiated which resulted in eviction and the reasons for eviction (Indicator 20)

20.1	The total number of court actions initiated during the reporting year	67
	20.2 The number of properties recovered:	
20.2.1	because rent had not been paid	18
20.2.2	because of anti-social behaviour	1
20.2.3	for other reasons	4

Indicator 20 - Percentage of the court actions initiated which resulted in eviction because rent had not been paid	26.87%
Indicator 20 - Percentage of the court actions initiated which resulted in eviction because of anti-social behaviour	1.49%
Indicator 20 - Percentage of the court actions initiated which resulted in eviction for other reasons	5.97%
Indicator 20 - Percentage of the court actions initiated which resulted in eviction	34.33%

Comments for any notable improvements or deterioration in performance regarding the figures supplied in the "Neighbourhood & community" section.

Clackmannanshire Council's Housing Estate and Open Space Management Policy was approved on 19th March 2026, establishing a clear framework for how the Housing Service maintains, manages and protects communal areas, landscaped open spaces and garage plots within the Housing Revenue Account. The policy sets expectations for standards, responsibilities and enforcement, supporting well maintained neighbourhoods and enhancing the overall environment for tenants and communities.

Reported ASB cases increased from 120 in 2024/25 to 142 in 2025/26. The proportion resolved within the year fell to 77.84% (from 82.5%). This reflects service pressures and the need to strengthen case management and resolution times.

There has been an improvement in complaints handling, with 100% of responses now issued within timescales. Performance at both stages has improved, including faster response times for Stage 2 complaints, supported by enhanced monitoring arrangements to drive continued improvement.

Access to housing and support

Housing options and access to social housing

Percentage of lettable houses that became vacant in the last year (Indicator 16)		
16.1	The total number of lettable self-contained stock	4,895
16.2	The number of empty dwellings that arose during the reporting year in self-contained lettable stock	348
Indicator 16		7.11%

Number of households currently waiting for adaptations to their home (Indicator 18)

18.1	The total number of approved applications on the list for adaptations as at the start of the reporting year, plus any new approved applications during the reporting year.	279
18.2	The number of approved applications completed between the start and end of the reporting year	243
18.3	The total number of households waiting for applications to be completed at the end of the reporting year.	36
18.4	if 18(iii) does not equal 18(i) minus 18(ii) add a note in the comments field.	
		N/A

Indicator 18	36

The average time to complete adaptations (Indicator 19)		

19.1	The total number of working days taken to complete all adaptations.	12,844
19.2	The total number of adaptations completed during the reporting year.	274

Indicator 19		46.88

Average length of time to re-let properties in the last year (Indicator 26)		

26.1	The total number of properties re-let in the reporting year	289
26.2	The total number of calendar days properties were empty	15,491

	Indicator 26	53.60

Tenancy sustainment

Percentage of new tenancies sustained for more than a year, by source of let (Indicator 15)

15.1.1	15.1 The number of tenancies which began in the previous reporting year by: existing tenants	40
15.1.2	applicants who were assessed as statutory homeless by the local authority	252
15.1.3	applicants from your organisation's housing list	78
15.1.4	other	0
15.1.5	Total number of tenancies which began in the previous reporting year	370
15.2.1	The number of tenants at 15.1 who remained in their tenancy for more than a year by: existing tenants	39
15.2.2	applicants who were assessed as statutory homeless by the local authority	235
15.2.3	applicants from your organisation's housing list	71
15.2.4	other	0
15.2.5	Total number of tenancies sustained for more than a year	345

Indicator 15 - Percentage of new tenancies to existing tenants sustained for more than a year	97.50%
Indicator 15 - Percentage of new tenancies to applicants who were assessed as statutory homeless by the local authority sustained for more than a year	93.25%
Indicator 15 - Percentage of new tenancies to applicants from the landlord's housing list sustained for more than a year	91.03%
Indicator 15 - Percentage of new tenancies to others sustained for more than a year	N/A
Indicator 15 - Percentage of new tenancies to total sustained for more than a year	93.24%

The number of self-contained properties void at the year end and of those, the number that have been void for more than six months (Indicator C9)

C9.1	The number of self-contained properties void at the year end	
C9.1.1	Normal lettable stock	76
C9.1.2	Awaiting demolition/reconfiguration	14
C9.1.3	Subject to an insurance claim	0
C9.1.4	Undergoing major repairs/structural works	50
C9.1.5	Held for decants	1
C9.1.6	Low demand	0
C9.1.7	Other	5
C9.1.8	Total self-contained properties void at the year end	146
C9.2	The number of self-contained properties void for more than six months at the year end	
C9.2.1	Normal lettable stock	0
C9.2.2	Awaiting demolition/reconfiguration	14
C9.2.3	Subject to an insurance claim	0
C9.2.4	Undergoing major repairs/structural works	21
C9.2.5	Held for decants	1
C9.2.6	Low demand	0
C9.2.7	Other	4
C9.2.8	Total self-contained properties void for more than six months at the year end	40

Comments for any notable improvements or deterioration in performance regarding the figures supplied in the "Access to housing and support" section.

The average time to re-let void properties improved to 53.6 days in 2025/26, down from 57.5 days in 2024/25, with 310 lets completed during the year, including 21 properties acquired from the open market. While performance has improved, challenges remain due to a higher number of properties requiring extensive refurbishment and capacity pressures within internal trades, necessitating external contractor support. In response, the service has reviewed the end-to-end voids process to remove inefficiencies, alongside procuring a new multi-trade contractor and recruiting additional joiners to increase in-house capacity and support further improvements.

There has been an improvement in tenancy sustainment, particularly for lets to homeless applicants. Changes to the allocations approach now allow applicants to select a single preferred area, helping ensure offers are made in locations where they wish to live and are more likely to settle. This, alongside a more person-centred approach to support where needed, is helping tenants to sustain their tenancies more successfully.

Getting good value from rents and service charges

Rents and service charges

Rent collected as percentage of total rent due in the reporting year (Indicator 22)		
22.1	The total amount of rent collected in the reporting year	£23,276,545
22.2	The total amount of rent due to be collected in the reporting year (annual rent debit)	£23,473,877
Indicator 22		99.16%

Gross rent arrears (all tenants) as at 31 March each year as a percentage of rent due for the reporting year
(Indicator 23)

23.1	The total value (£) of gross rent arrears as at the end of the reporting year	£1,666,806
23.2	The total rent due for the reporting year	£23,672,773
Indicator 23		7.04%

Average annual management fee per factored property (Indicator 24)

24.1	The number of residential properties factored	0
24.2	The total value of management fees invoiced to factored owners in the reporting year	N/A

Indicator 24	N/A

Percentage of rent due lost through properties being empty during the last year (Indicator 17)		

17.1	The total amount of rent due for the reporting year	£23,672,773
17.2	The total amount of rent lost through properties being empty during the reporting year	£198,896
Indicator 17		0.84%

Rent increase (Indicator C4)

C4.1	The percentage average weekly rent increase to be applied in the next reporting year	6.00%

The number of households for which landlords are paid housing costs directly and the total value of payments received in the reporting year (Indicator C5)

C5.1	The number of households the landlord received housing costs directly for during the reporting year	3,273
C5.2	The value of direct housing cost payments received during the reporting year	£13,363,290

Amount and percentage of former tenant rent arrears written off at the year end (Indicator C6)

C6.1	The total value of former tenant arrears at year end	£1,276,993
C6.2	The total value of former tenant arrears written off at year end	£70,794

Indicator C6	5.54%

Value for money

Percentage of tenants who feel that the rent for their property represents good value for money (Indicator 21)

21.1	How many tenants answered the question "Taking into account the accommodation and the services your landlord provides, do you think the rent for your property represents good or poor value for money?"	900
21.2	Of the tenants who answered, how many said that their rent represented:	143
21.2.1	very good value for money	645
21.2.2	fairly good value for money	98
21.2.3	neither good nor poor value for money	13
21.2.4	fairly poor value for money	1
21.2.5	very poor value for money	
21.3	Total	900

Indicator 21	87.56%

Percentage of factored owners satisfied with the factoring service they receive (Indicator 25)

25.1	How many factored owners answered the question "Taking everything into account, how satisfied or dissatisfied are you with the factoring services provided by your landlord?"	
	25.2 Of the factored owners who answered, how many said that they were:	
25.2.1	very satisfied	
25.2.2	fairly satisfied	
25.2.3	neither satisfied nor dissatisfied	
25.2.4	fairly dissatisfied	
25.2.5	very dissatisfied	
25.3	Total	

Indicator 25	

Comments for any notable improvements or deterioration in performance regarding the figures supplied in the "Getting good value from rents and service charges" section.

Gross rent arrears have reduced from 7.25% in 2024/25 to 7.04% in 2025/26, representing a positive outcome despite ongoing cost of living pressures. This reflects the continued focus on early intervention and a person-centred approach by the Tenancy Management Team. Additional support through the Aberlour Hardship Fund has also provided targeted assistance to vulnerable tenants, helping to reduce arrears, prevent escalation of debt and support tenancy sustainment.

Tenant satisfaction with rent representing good value for money has declined in the most recent survey. This may in part reflect the rent restructuring review carried out in 2024/25, with new rent levels introduced in 2025/26. Further analysis is required to better understand the reasons for this change and identify any underlying factors influencing tenant perceptions.

Other customers

Gypsy / Travellers

For those who provide Gypsy/Travellers sites - Average weekly rent per pitch (Indicator 27)

27.1	The total number of pitches	0
27.2	The total amount of rent set for all pitches during the reporting year	N/A

Indicator 27		N/A

For those who provide sites – percentage of Gypsy/Travellers satisfied with the landlord's management of the site (Indicator 28)

28.1	How many Gypsy/Travellers answered the question "How satisfied or dissatisfied are you with your landlord's management of your site?"	
	28.2 Of the Gypsy/Travellers who answered, how many said that they were:	
28.2.1	very satisfied	
28.2.2	fairly satisfied	
28.2.3	neither satisfied nor dissatisfied	
28.2.4	fairly dissatisfied	
28.2.5	very dissatisfied	
28.2.6	Total	

	Indicator 28	

Comments for any notable improvements or deterioration in performance regarding the figures supplied in the "Other customers" section.

The Gypsy/Traveller site construction programme has progressed well and was nearing completion at the time of reporting, with only minor snagging issues remaining. Work is underway with residents to support their return to the site from June 2026, while the allocation of remaining empty pitches has been completed and successful applicants have been notified.

Report to: Audit and Scrutiny Committee

Date of Meeting: 11th June 2026

**Subject: HSCP – Clackmannanshire Locality Performance Report
2025/26 Q4 (1st January to 31st March 2026)**

Report by: Head of Strategic Planning and Health Improvement

1.0 Purpose

- 1.1. To highlight the work undertaken by Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) and its impact upon performance for the locality of Clackmannanshire.

2.0 Recommendations

- 2.1. Note this paper and the continuing work being undertaken across Clackmannanshire.
- 2.2. Note the performance of Clackmannanshire locality within the Clackmannanshire and Stirling HSCP.

3.0 Considerations

- 3.1. Integration Joint Boards are responsible for effective monitoring and reporting on the delivery of Health & Social Care services, and relevant targets and measures are aligned to the themes within the [Strategic Plan 2023-2033](#).
- 3.2. The Scottish Government developed National Health and Wellbeing Outcomes to help Health and Social Care Partnerships better understand to what extent integrated services are meeting the individual outcomes of individuals as well as of the wider community. Appendix 1 details the links between the Strategic Themes and the National Health and Wellbeing Outcomes.
- 3.3. Appendix 2 provides a Clackmannanshire quarterly overview for the period 1st January to 31st March 2026.
- 3.4. This report has been developed with operational service leads to ensure the information provided is meaningful and supports ongoing service delivery and improvement. The HSCP Performance Team will continue to work with Service Managers to identify any gaps in information and to align reporting with the priorities outlined in the HSCP's 2023-2033 Strategic Commissioning Plan.

- 3.5. The following points have all been considered and should be noted in terms of the presentation of data within the report:
- 3.5.1. Where numbers are lower than 10, these will be noted as <10, to reduce the risk of identifying an individual.
 - 3.5.2. Where data is not available for the current quarter this will be denoted as "not available" and the latest information available may be included.
 - 3.5.3. Where data is affected by completeness this is denoted with a "p".
 - 3.5.4. "Provisional" data indicates when initial data releases are subject to change before final figures are published.
- 3.6. There are some challenges regarding accessing data. These continue to be worked through, with the aim of providing fuller reporting in the future.

4.0 Sustainability Implications

- 4.1. N/A

5.0 Resource Implications

5.1. Financial Details

- 5.2. 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 ☐

- 5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☐

5.4. Staffing

6.0 Exempt Reports

- 6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☒

7.0 Declarations

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

(1) Our Priorities

- 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

☐

8.0 Impact Assessments

8.1 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 ☐

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

This paper is for noting only, and does not require an Equality Impact Assessment as it does not propose any changes to policy, practice, or service delivery.

9.0 Legality

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

10.0 Appendices

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

10.1 Appendix 1 - National Health & Wellbeing Outcomes mapped against the Clackmannanshire & Stirling HSCP 2023-2033 Strategic Plan.

10.2 Appendix 2 - Clackmannanshire Locality Performance Report 2025/26 Q4 (1st January to 31st March 2026).

11.0 Background Papers

11.1 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
Ann Farrell	Principal Information Analyst	07385429757

Approved by

NAME	DESIGNATION	SIGNATURE
Wendy Forrest	Head of Strategic Planning & Health Improvement	

National Health & Wellbeing Outcomes

All themes and priorities of the Strategic Commissioning Plan are linked to the National Health and Wellbeing Outcomes. Each theme will demonstrate improvement for people and communities, how we are embedding a human rights based approach, consideration for equalities and evidencing improvement across the services we deliver.

Health and Wellbeing Outcomes

	Prevention, early intervention &	Independent living through choice and control	Care Closer to Home	Supporting people & empowered communities	Loneliness & isolation
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	●	●	●	●	●
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	●	●	●	●	●
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	●	●	●	●	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	●	●	●	●	●
5. Health and social care services contribute to reducing health inequalities.	●	●	●	●	●
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring role on their own health and wellbeing.		●	●		
7. People who use health and social care services are safe from harm.	●	●	●		
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Enabling Activities				
9. Resources are used effectively and efficiently in the provision of health and social care services.					

Appendix 2 - HSCP – Clackmannanshire Locality Performance R 2025/26 Q4 (1st January to 31st March 2026)

ST1 Prevention, early intervention and harm reduction - Clackmannanshire - QUARTER 4 2025-26

Working with partners to improve overall health and wellbeing and preventing ill health. Promote positive health and wellbeing, prevention, early interventions and harm reduction. Promoting physical activity, reduce exposure to adverse behaviours. Right levels of support and advice at the right time, maintaining independence and improving access to services at times of crisis.



PI Code	Description	Q1 2025/26			Q2 2025/26			Q3 2025/26			Q4 2025/26			2025/26	2024/25	Latest Note
		Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Value	
ADC MHO 001	Number of Emergency Detention Certificates (Mental Health) Section 36 (Clackmannanshire)	19			<10			8			<10			33	34	
ADC MHO 002	Number of Short Term Detention Certificates (Mental Health) Section 44 (Clackmannanshire)	25			18			20			<10			56	60	
ADC MHO 007	Number of Existing Private and local authority Guardianships at end of period (Clackmannanshire)	199			219			233			226			226	190	Work is under way to improve data quality
ADC MHO 025	Total number of new Private & Local Authority Guardianship Orders (Clackmannanshire)	16			21			10			<10			55	53	
IJB.02.cl ac_ASP 1	Number of Adult Support and Protection referrals to Clackmannanshire Adult Social Care	231			267			222			216			936	na	
ADP.CG L.CLAC K.01	No of residents attending Face to Face group sessions with Forth Valley Recovery Community (Clackmannanshire)	566			523			582			780			2,451	2,883	
ADP.CG L.CLAC K.02	Number of Clackmannanshire residents attending individual sessions with Forth Valley Recovery Community	0			<10			<10			<10			<10	16	
ADP.CL ACK	Referral to Treatment Waiting Times for Clackmannanshire Substance Misuse Services (excl Prisons) against 3 Week HEAT Target.	100%	90%		100%	90%		100%	90%		Q3 is latest data available			100%	98.7%	This data pertains to Experienced Waits where adjustments have been made to account for periods of unavailability

Appendix 2 - HSCP – Clackmannanshire Locality Performance R 2025/26 Q4 (1st January to 31st March 2026)

ST2 Independent living through choice and control - Clackmannanshire - QUARTERS 2025-26



Supporting people and carers to actively participate in making informed decisions about how they will live their lives and meet their agreed outcomes. Helping people identify what is important to them to live full and positive lives and make decisions that are right for them. Coproduction and design of services with people with lived experience who have the insight to shape services of the future.

PI Code	Description	Q1 2025/26			Q2 2025/26			Q3 2025/26			Q4 2025/26			2025/26	2024/25	Latest Note
		Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Value	
ADC ADA 021	% annual reviews completed within timescale in Adult Care Clacks Social Services	39.2%	100.0 %		25.9%	100.0%		27.9%	100.0%		27.8%	100.0%		30.2%	29.2%	
ADC ADA 035	Number of completed social care assessments in period.	712	672		719	672		686	672		431	672		2,548	2,391	
ADC ADA 025	Quarterly snapshot number of SDS Option 1 clients (Clackmannanshire)	20			18			18			17			18.25	70	
ADC ADA 026	Quarterly snapshot number of SDS Option 2 clients (Clackmannanshire)	<10			<10			<10			<10			6	35	
ADC ADA 027	Quarterly snapshot number of SDS Option 3 clients (Clackmannanshire)	2,331			2,488			2,587			2,697			2,525.75	9,913	
ADC ADA 029	Quarterly snapshot number of SDS Option 4 clients (Clackmannanshire)	52			51			47			44			48.5	222	
HSC LD 003c	Number of people in Learning Disability care group receiving personal care at home on last day of the quarter.	89			92			92			90			90	86	
HSC LD 004c	Number of people in Learning Disability care group receiving non personal care at home on last day of the quarter.	134			129			128			125			125	118	
HSC LD 010c	No of clients receiving day care on last day of quarter	55			56			54			51			51	57	Includes LD and Physical disability
HSC LD 001c	Number of people in Learning Disability care group living in supported accommodation on last day of the quarter.	<10			<10			<10			<10			<10	<10	
HSC LD 002c	Number of people in Learning Disability care group living in care home on last day of the quarter.	23			23			22			23			23	24	
HSC LD 030c	Number of Learning Disability Clients on Dynamic Support Register with Priority to return (Coming Home)	16			16			15			<10			<10	16	At end of year

Appendix 2 - HSCP – Clackmannanshire Locality Performance R 2025/26 Q4 (1st January to 31st March 2026)

ST3 Achieving care closer to home - Clackmannanshire - QUARTERS 2025-26



Shifting delivery of care and support from institutional, hospital-led services towards services that support people in the community and promote recovery and greater independence where possible. Investing in and working in partnership with people, their carers and communities to deliver services. Improving access to care, the way services and agencies work together, working efficiently, improving the customer journey, ensure people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home.

PI Code	Description	Q1 2025/26			Q2 2025/26			Q3 2025/26			Q4 2025/26			2025/26	2024/25	Latest Note
		Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Value	
DD.09. CLACK	All Forth Valley Delayed Discharges (Code 9) for Clackmannanshire residents at census point.	<10			13			10			11			10.58	8.75	
DD.100 .CLACK	All Forth Valley Delayed Discharges (Code 100) for Clackmannanshire residents at census point.	0			0			0			0			0	0	
DD.2W K.CLACK	All Forth Valley Delayed Discharges Over 2 Weeks for Clackmannanshire residents at census point.	<10			<10			<10			<10			<10	7.17	
DD.OB D.CLACK	Occupied Bed Days attributed to standard Delayed Discharges at census point, for Clackmannanshire residents.	193			247			194			72			242.83	432.08	
DD.ST. CLACK	All Forth Valley Standard Delayed Discharges (excl Code 9 and Code 100) for Clackmannanshire residents at census point.	<10			14			<10			<10			<10	10.42	
DD.TO T.CLACK	Clackmannanshire Delayed Discharges - Total number of delays (inc Code 9 and Code 100) Census Point	17			27			18			15			19.33	19.17	
ADC ADA 002N	Number of clients who moved from intermediate care to hospital. Clackmannanshire	<10			0			0			0			<10	<10	
ADC ADA 002M	Number of clients entering bed based intermediate care from hospital (Clackmannanshire). Reducing delayed discharges.	0			<10			0			0			<10	<10	

Appendix 2 - HSCP – Clackmannanshire Locality Performance R 2025/26 Q4 (1st January to 31st March 2026)

PI Code	Description	Q1 2025/26			Q2 2025/26			Q3 2025/26			Q4 2025/26			2025/26	2024/25	Latest Note
ADC ADA 002a	Total number of intermediate care beds occupied by clients in period (Clackmannanshire)	0			<10			<10			<10			13	28	
ADC ADA 002L	Number of clients entering bed based intermediate care from community (home) preventing admission to hospital (Clackmannanshire)	<10			0			<10			0			<10	<10	
ADC ADA 002f	Average length of stay (weeks) for service users who were discharged in period who had used bed based intermediate care (Clackmannanshire)	7	8		5.67	8		8.67	8		5.33	8		6.67	5.29	
ADC ADA 002c	Number of clients who went home from bed based intermediate care with a package of care (Clackmannanshire)	0			<10			0			<10			<10	<10	
ADC ADA 002d	Number of clients who went home from bed based intermediate care with no package of care (Clackmannanshire)	0			0			0			0			0	<10	
ADC ADA 01me	Number of new local authority reablement clients in the month who have stepped down into the service from CCHC or FVRH. (Clackmannanshire)	10			35			34			37			116	99	
ADC ADA 01sd	Length of wait (days) from hospital referral date to start of local authority reablement services (Clackmannanshire)	5	6		7	6		4	6		5	6		5.25	4.75	
ADC ADA 01mf	Number of new reablement clients in the month who entered service from bed based intermediate care. Clackmannanshire	<10			<10			<10			<10			21	39	
ADC ADA 01md	Number of new local authority clients in the month who have stepped up into the reablement service from their own home. Clackmannanshire	12			34			40			39			125	116	
ADC ADA 01sc	Average length of wait (days) from community referral date to start of local authority reablement service. Clackmannanshire	12	11		16	11		9	11		90	11		31.75	14.5	Mar 26: Due to the amount of urgent and hospital referrals in Q4

Appendix 2 - HSCP – Clackmannanshire Locality Performance R 2025/26 Q4 (1st January to 31st March 2026)

PI Code	Description	Q1 2025/26			Q2 2025/26			Q3 2025/26			Q4 2025/26			2025/26	2024/25	Latest Note
ADC ADA 002q	Average wait in weeks for assessment to be completed in local authority reablement care. Clackmannanshire	5	4		7	4		5	4		6	4		6	5	
ADC ADA 01s	% clients enabled through reablement service (completed outcomes 1-4) (Clackmannanshire)	43.88%			43.17%			40.13%			46.91%			43.58%	42.77%	
ADC ADA 01p	% of clients with reduced care hours at the end of local authority reablement period in Clackmannanshire	31%	2%		30%	2%		30%	2%		26%	2%		29%	31%	
ADC ADA 01q	% of clients receiving no care after local authority reablement in Clackmannanshire	36%	30%		28%	30%		18%	30%		26%	30%		27%	25%	
ADC ADA 01pb	% of clients with increased care hours at end of local authority reablement services. Clackmannanshire	9.8%	10.0%		10.0%	10.0%		18.0%	10.0%		10.0%	10.0%		11.8%	15.2%	Mar 26: collecting weekly prescription; additional time to move back into their own home; increased to double up care to assist with mobility
ADC ADA 01mc	% of local authority reablement double up staff clients who completed the service. Requires 2 members of staff to help client - impacts on capacity to pick up new cases. Clackmannanshire	17.27%	10%		15.83%	10%		10.53%	10%		11.73%	10%		13.68%	15.51%	
ADC ADA 002w	Average total length of stay in local authority reablement for those clients transferring to a care provider. (Average stay for those who are independent is less) (Clackmannanshire)	6	9		8	9		5	9		6	9		6	8	
ADC ADA 002r	Average length of wait at end of local authority reablement care in Clackmannanshire for a Framework Provider (weeks).	1	3		2	3		3	3		1	3		2	3	
ADC ADA 002b	Number of clients who moved from bed based intermediate to care home long term care (Clackmannanshire)	<10			<10			<10			<10			<10	<10	

Appendix 2 - HSCP – Clackmannanshire Locality Performance R 2025/26 Q4 (1st January to 31st March 2026)

PI Code	Description	Q1 2025/26			Q2 2025/26			Q3 2025/26			Q4 2025/26			2025/26	2024/25	Latest Note
ADC ADA 01mg	Total number of new clients in the month for local authority reablement service (Clackmannanshire)	25			75			82			82			262	254	
ADC ADA 01m	Number of hours care at start of local authority reablement for all clients receiving a service in Clackmannanshire - shows demand on service.	796.75			782.75			858.75			813.25			3,251.5	2,832.25	
ADC ADA 01n	Number of hours care post local authority reablement (after 6 weeks) in Clackmannanshire	546.0			645.0			695.8			703.0			2589.8	2153.5	
ADC ADA 030	Number Adult Care clients receiving community alarms in Clackmannanshire	1,378			1,368			1,343			1,314			1,314	1,357	

ST4 Supporting empowered people and communities - Clackmannanshire - QUARTERS 2025-26



Working with communities to support and empower people to continue to live healthy, meaningful and satisfying lives as active members of their community. Being innovative and creative in how care and support is provided. Support for unpaid carers; helping people live in their local communities, access to local support, dealing with isolation and loneliness. Planning community supports with third sector, independent sector and housing providers. Neighbourhood care, unpaid carers, third sector supports.

PI Code	Description	Q1 2025/26		Q2 2025/26		Q3 2025/26		Q4 2025/26		2025/26			2024/25	Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Target	Status	Value	
ADC ADA 011B	Number of Adult Support Plans for carers offered (Clackmannanshire)	80		70		63		51		264			210	
ADC ADA 011C	Number of Adult Support Plans for carers accepted (Clackmannanshire)	30		31		25		27		113			81	
ADC ADA 011D	Number of eligible Adult Support plans for carers completed (Clackmannanshire)	<5		<5		<5		<5		13			13	
ADC ADA 011	% of Adult Support Plans for carers completed in Adult Social Care (Clackmannanshire)	6.7%		9.7%		12.0%		18.5%		11.5%	39.0%		16.0%	

Inspection of Services

Registered services owned by the Partnership are inspected annually by the Care Inspectorate. There were no inspections of adult Care Services in Clackmannanshire in 2025/26 Q4. Additional information and full details on any inspections can be found at the [Care Inspectorate](#) website. Since 1 April 2018, the new [Health and Social Care Standards](#) have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a [new framework for inspections](#) of care homes for older people.