Audit and Scrutiny Committee

Thursday 12 June 2025 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:

<u>Audit & Finance</u>

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.

<u>Scrutiny</u>

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
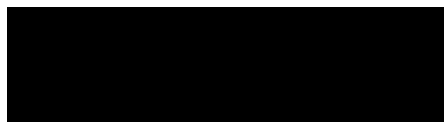g) Deal with matters referred by the Council for scrutiny purposes.

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

Details of all of our Council and Committee dates and agenda items are published on our website at www.clacks.gov.uk

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4 June 2025

A MEETING of the AUDIT AND SCRUTINY COMMITTEE will be held in the COUNCIL CHAMBERS, KILNCRAIGS, ALLOA on THURSDAY 12 JUNE 2025 at 9.30 am.

Chris Alliston
Strategic Director (Partnership and Performance)

B U S I N E S S

EXEMPT INFORMATION

It is anticipated (although this is not certain) that the Council will resolve to exclude the press and public during consideration of this item.

It is considered that the undernoted item is treated as exempt from the Council's general policy of disclosure of all papers by virtue of Schedule 7A, Part 1, Paragraph 12 and 14 of the Local Government (Scotland) Act 1973.

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

Councillors | Wards

	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

Clackmannanshire Council | Comhairle Siorrachd Chlach Mhanann
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MINUTES OF MEETING of the AUDIT AND SCRUTINY COMMITTEE held in Council Chambers, Kilncraigs, Alloa on THURSDAY 17 APRIL 2025 at 9.30 AM.

PRESENT

Councillor Janine Rennie (Chair)
Councillor Denis Coyne (Vice Chair)
Councillor Martha Benny
Councillor Kenneth Earle (Teams)
Councillor Phil Fairlie
Councillor William Keogh
Councillor Jane McTaggart (S)

IN ATTENDANCE

Chris Alliston, Strategic Director (Partnership & Performance)
Helena Arthur, Solicitor, Legal and Governance (Partnership & Performance) (Depute Clerk to the Committee)
Kevin Wells, Strategic Director (Place)
Lorraine Sanda, Strategic Director (People)
Cherie Jarvie, Senior Manager, Partnership and Transformation (Partnership & Performance)
Lindsay Sim, Chief Finance Officer (Partnership & Performance)
Colin Bruce, Chief Education Officer (People)
Sharon Robertson, Chief Social Work Officer (People)
Veronica Cully, Senior Manager, Inclusion and Partnership (People)
Adrienne Aitken, Senior Manager, ELC and Early Years (People)
Wendy Forrest, Head of Strategic Planning & Health Improvement
Michael Boyle, Improving Outcomes Business Manager (People)
Gillian Scott, Senior Manager, Early Intervention (People)
Joanna McDonald, Interim Chief Officer for Clackmannanshire and Stirling Health and Social Care Partnership (HSCP)
Euan Murray, Chief Finance Officer, Clackmannanshire & Stirling Health and Social Care Partnership (HSCP)
Sarah Goldberg, Team Leader, Legal and Governance (Partnership & Performance)
Lee Robertson, Senior Manager, Legal and Governance (Partnership & Performance)
Lesley Taylor, Principal Psychologist (People)
Sarah Langsford, Senior Manager, HR and Workforce Development (Acting) (P&P)
Andrew Buchanan, Housing Operations Manager (Place)
Chief Superintendent Roddy Irvine, Police Scotland
Chief Inspector Kat Thompson, Police Scotland
Rachel Rogers, Station Commander, Alloa Fire Station, Scottish Fire and Rescue Service
David Scott, Station Manager, Alloa Fire Station, Scottish Fire and Rescue Service
Melanie Moore, Committee Services, Legal and Governance (Partnership & Performance) (Minute)
Gillian White, Committee Services, Legal and Governance (Partnership & Performance)

ON TEAMS
Elizabeth Hutcheon, Management Accountancy Team Leader (Partnership & Performance)
Donna Tierney, Accountant (Partnership & Performance)
Scott McDonald, Senior Manager, Justice Services (People)
Rebbecca McConnachie, External Auditor, Deloitte

AS(25)14   APOLOGIES

Apologies for absence were received from Councillor Forson, Councillor McTaggart attended today as substitute for Councillor Forson.

AS(25)15   DECLARATIONS OF INTEREST

None.

**AS(25)16   MINUTE OF AUDIT AND SCRUTINY COMMITTEE HELD ON
6 FEBRUARY 2025**

The minutes of the meeting of the Audit and Scrutiny Committee held on Thursday 6 February 2025 were submitted for approval.

Decision

The minutes of the meeting of the Audit and Scrutiny Committee held on Thursday 6 February 2025 were agreed as a correct record by the Committee and signed off by the Chair.

**AS(25)17   POLICE PERFORMANCE REPORT FOR CLACKMANNANSHIRE APRIL
2024 TO SEPTEMBER 2024**

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 April 2024 to September 2024.

The report 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 (Appendix 1) contains the current information on performance against selected performance indicators. This 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 is sourced from Police Databases that are subject to changes as enquiries progress. They can be best regarded as Point in Time figures. 3 year average figures were 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 Janine Rennie. Seconded by Councillor Denis Coyne.

Decision

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

**AS(25)18   FIRE PERFORMANCE REPORT – ANNUAL (1ST APRIL – 31ST MARCH)
2024/25**

The report, submitted by the Local Senior Officer, Clackmannanshire, Fife and Stirling, Scottish Fire and Rescue Service, provided committee with an overview of the year performance of the Scottish Fire and Rescue Service (SFRS) in Clackmannanshire covering the period 1st April 2024 to 31st March 2025. The report (Appendix One) is based on performance against objectives and targets set out in the Local Fire and Rescue Plan for Clackmannanshire. Performance indicators are detailed in the summary report.

The SFRS are pleased to introduce a new report template which provides the committee with additional information relating to the local area. The report is an interim 12 month report which will be updated and brought back to the committee later in 2025 once the data is ratified (Q4 data).

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Phil Fairlie.

Decision

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

AS(25)19   HSCP JOINT INSPECTION IMPROVEMENT PLAN

This report, submitted by the Interim Chief Officer, presented to Committee the Improvement Plan following the joint inspection examining the provision of services for and lived experience of adults living with mental health illness and their unpaid carers, which took place between April 2024 and September 2024.   Stirling Council is responsible for the operational management of all social work and social care services and is directed to do so by Clackmannanshire and Stirling Integration Joint Board ("IJB") who approved the Improvement Plan on 29 January 2025.

The Improvement Plan is being presented for noting and assurance.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Jane McTaggart.

Decision

The Committee agreed to:

1.   Note the contents of the Improvement Plan.

2   Note and be assured that the inspection process has been completed, and an Improvement Plan has been developed and submitted to the Care Inspectorate, at their request.

3.   Note that actions are being progressed as per Improvement Plan through the Inspection Steering Group, which is attended from senior managers within the Health and Social Care Partnership (HSCP) as well as Chief Social Work officers from both Councils.

AS(25)20   2023/24 CORPORATE PERFORMANCE

This report, submitted by the Senior Manager, Partnership & Transformation, presented a summary of key local demographics and Council performance data up to 2023.24 financial year, aligned to the Statement of Corporate Priorities. Appendix A form part of the Council's statutory duties for Public Performance Reporting (PPR) and, for each priority area, summaries relevant statistics and performance levels, including data tables, analysis and management commentary. Statutory PPR duties are changing from 2025/26 and amendments to reporting processes are currently being planned to ensure adherence and ongoing improvement.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Denis Coyne.

Decision

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

AS(25)21   STAFF SURVEY 2024

This report, submitted by the Acting Senior Manager, HR & Workforce Development, provided Committee with details of the 2024 Council-wide Staff Survey, and gives information as to how results will be communicated, and used to inform future work.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Phil Fairlie.

Decision

The Committee agreed to:

1.   Note the results of the survey attached at Annex A;

2.   Agree the move to bi-annual survey process.

Action

Senior Manager, HR & Workforce Development

The Chair adjourned the meeting at 12.07 am for a lunch break. When the meeting resumed at 12.45 am, 6 members remained present. Councillor Earle had left the meeting during the lunch break.

AS(25)22   COUNCIL FINANCIAL PERFORMANCE 2024/25 AS AT DECEMBER 2024

This report, submitted by the Chief Financial Officer, provided an update on the financial performance for the Council as at December 2024, in respect of the General fund (GF) revenue and capital spend and the achievement of savings for the current financial year 2024/25 and the Clackmannanshire element of the Stirling and Clackmannanshire Health and Social Care Partnership (HSCP) revenue spend.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Denis Coyne.

Decision

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

1. The General Fund revenue forecasted underspend of £(2.431)m for the year to 31 March 2025, including £(0.945)m to be earmarked and carried forward to 2025/26;

2. The Clackmannanshire element of the Health and Social Care Partnership (H&SCP) forecasted overspend of 5.686m for the year to 31 March 2025;

3. The balances of earmarked reserves held and used to date and remaining balances;

4. The General Fund Capital Programme forecasted to underspend by £(10.020)m, with proposed carry forward of £8.906m; and

5. The progress to date in delivering the £5.383m approved savings programme, currently forecast to achieve £4.896m, 90.0%, as at 31 March 2025.

AS(25)23   HRA FINANCIAL PERFORMANCE 2024/25 AS AT DECEMBER 2024

This report, submitted by the Chief Finance Officer, provided an update on the financial performance, as at December 2024, in respect of the Housing Revenue Account (HRA) revenue and capital spend, for the financial year, 2024/25.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Jane McTaggart.

Decision

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

1. The HRA revenue forecasted surplus of £(4.195)m which is £(1.258)m greater than budgeted for the year to 31 March 2025; and

2. The HRA Capital programme forecasted underspend of £(5.741)m,

AS(25)24   TREASURY MANAGEMENT QUARTERLY UPDATE TO 31 DECEMBER 2024

This report, submitted by the Chief Finance Officer, presented to Committee an update of Treasury Management activity for the first 3 quarters of the 2024/25 financial year 1st April to 31st December 2024.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Denis Coyne.

Decision

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

AS(25)25   ANNUAL FRAUD RISK ASSESSMENT AND ASSURANCE REPORT

Clackmannanshire Council recognises that its responsibility to ensure the public finances it administers are used efficiently, effectively and for the purposes they were intended. The

Council recognises 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 fund.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Denis Coyne.

Decision

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

AS(25)26   CORPORATE RISK REGISTER

The report, submitted by the Senior Manager, Partnership and Transformation, provided Committee with the 2024/25 year end update on Clackmannanshire Council's Corporate Risk Register (Appendix A).

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Phil Fairlie.

Decision

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

AS(25)27   EXCEPTIONS FROM THE APPLICATION OF CONTRACT STANDING ORDERS

It is a requirement of Contract Standing Orders that exceptions should be reported to the next available Audit & Scrutiny Committee. The purpose of the report, submitted by the Strategic Director, Partnership and Performance, was to provide detail on any Exceptions to Contract Standing Orders submitted in the previous quarter.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

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

Ends 14:18hrs

CLACKMANNANSHIRE COUNCIL

Report to: Audit and Scrutiny Committee

Date of Meeting: 12 June 2025

Subject: Internal Audit Plan 2025/26

Report by: Internal Audit Manager

1.0   Purpose

1.1.   This report presents the 2025/26 Internal Audit Plan for approval.

2.0   Recommendations

2.1   It is recommended that the Committee:

- notes the resources available to Internal Audit;

- notes that the plan is indicative and flexible;

- approves the Internal Audit Plan for 2025/26; and

- notes that progress will be reported to the Audit and Scrutiny Committee on an ongoing basis.

3.0   Considerations

3.1   As Committee is aware the Public Sector Internal Audit Standards 2017 (PSIAS – the Standards) require the preparation of a risk based Internal Audit Plan setting out the team's annual work programme. The Standards were issued jointly by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Chartered Institute of Internal Auditors (IIA). They were in place until 31 March 2025. From 01 April 2025 the IIA Global Internal Audit Standards 2024 (GIAS) apply. The new GIAS continues to require the preparation of a risk based Internal Audit Plan setting out the team's annual work programme. GIAS 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 GIAS 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 2025/26 and so this Plan must be

1

considered flexible.   Internal Audit resource will continue to be directed to areas where there is the greatest need.

3.3   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 2025/26, with Clackmannanshire Council undertaking a recruitment exercise to increase their own resources. Exact resourcing impacts will be clearer once recruitment is undertaken. Further updates will be provided at future meetings of this Committee.

3.4   Sufficient Internal Audit work was undertaken in 2024/25 to support a balanced opinion on the overall adequacy of the Council's control environment. On the basis of work undertaken, and given the consistency of limited assurances across the reports issued, Internal Audit provided **LIMITED** assurance in relation to the Council's arrangements for risk management, governance, and control for the year to 31 March 2025.

4.0   Clackmannanshire Council Internal Audit Plan 2025/26: Internal Audit Resources and Reporting Arrangements

4.1   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.

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

- independent;

- objective in performing audit work; and

- adequately resourced, experienced, qualified, and knowledgeable.

4.3   The Internal Audit team are experienced and professionally qualified. 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. The updated Charter was approved by the Committee at the 24 October 2024 meeting. 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.

4.4   The resource available to deliver the 2025/26 Internal Audit Plan is summarised in the table overleaf:

Activity	Planned Days
Annually Recurring Assignments	166
Committed Assignments	170
Other Client Work	45
Total	**381**

4.5 Key points relating to this table are:

- **Annually Recurring Assignments**: These are assignments that Internal Audit is committed to undertaking on an annual basis.

  Time has also been allocated to recording the direct management and planning activities which contribute to the overall work programme. This includes annual planning tasks, as well as annual assurance work; attendance at Audit Committee and other corporate or strategic meetings; and team management. A summary of each of these assignments is set out at Appendix 1;

- **Committed Assignments**: It is inevitable that there will be changes to the Council's risk profile over the course of the year. On that basis, while Internal Audit will commit to undertaking a programme of assignments, a degree of flexibility is required to react to any changes in the Council's risk profile. Details of these reviews are set out at Appendix 2; and

- **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.

  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. There may still be a resource commitment required to undertake some of this audit work.

  Conclusions and findings arising from this work will be reported to the relevant client Committee. A summary of this work is set out at Appendix 3.

4.6 The preparation of an annual Internal Audit Plan is a requirement under Standard 9.4 of the GIAS. As required by the Standards, this Plan has been developed taking account of key financial and other risks. This has been done by:

- considering the Council's Corporate Risk Log and assigning the most relevant corporate risk(s) to each assignment, however, there are some corporate risks which are considered in all audit assignments;

- reviewing key governance documents (such as the Corporate Plan and Committee papers);

3

- considering materiality (based on expenditure); sensitivity (management concerns, regulatory compliance, system complexity, other investigative work, etc); time elapsed since an area was last reviewed; overall audit assurance level when it was last subject to review; appropriate coverage across all Council services; and

- consulting with senior managers, and the Chair and Vice Chair of the Audit and Scrutiny Committee.

As part of the discussion with the Chair and Vice Chair of the Audit and Scrutiny Committee we have assigned a priority rating to each assignment in the Plan to make it easier to understand why those elements have been included.

4.7 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.

4.8 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.

4.9 For some assignments no overall assurance rating will be provided. This may be the case where, for example, Internal Audit undertake work in relation to a developing system and issue a Position Statement rather than a full report (although recommendations may still be raised), or where we are involved as part of a longer term workstream.

4.10 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. Chief Officers 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.

4.11 Recommendations are subject to a grading process, as per the table below. This ensures recommendations are addressed according to priority.

Grade	Description
1	Key risks and / or significant deficiencies which are critical to the achievement of the strategic objections. Consequently management needs to address and seek resolution urgently.
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.
3	Less significant issues and / or areas for improvement which we consider merit attention, but do not require to be prioritised by management.

4

4.12 Progress with completing the 2025/26 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.

4.13 Each year, an Internal Audit Annual Assurance Report will be presented to Committee. This will give 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.

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** (Please detail)

9.0 Equalities Impact

9.1   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

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

- Appendix 1: Internal Audit Plan 2025/26 Annually Recurring Assignments

- Appendix 2: Internal Audit Plan 2025/26 Committed Assignments

- Appendix 3: Internal Audit Plan 2025/26 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	Strategic Director Partnership and Performance	████████████

7

INTERNAL AUDIT PLAN 2025/26 ANNUALLY RECURRING ASSIGNMENTS

No.	Client	Priority[1]	Purpose and Scope of Assignment
1.	Internal Audit	1	**Global Internal Audit Standards: Self Assessment** Internal Audit is required to operate in compliance with the Global Internal Audit Standards (the Public Sector Internal Audit Standards were superceded from 01 April 2025). The Internal Audit Manager must establish a quality assurance and improvement programme comprising an annual self assessment and five yearly independent external assessment. **Risks Mitigated:** • Insufficient financial resilience; and • Major governance failures.
2.	Internal Audit	1	**Strategic Audit Planning and Annual Assurance Work** The Internal Audit Manager is required to prepare an annual risk based audit plan. An Annual Assurance Report is also prepared, with other related tasks as required. **Risks Mitigated:** • Insufficient financial resilience; and • Major governance failures.
3.	Internal Audit	1	**Audit Committee / Working Group preparation and attendance** The Internal Audit Manager is required to prepare an annual risk based audit plan to be presented at Audit Committee annually. Along with regular attendance and presentation of progress reports, an annual assurance report, bi-annual Audit Charter review and report, and other reports as required. Also, attendance at various internal and external working groups. **Risks Mitigated:** • Insufficient financial resilience; and • Major governance failures.
4.	Internal Audit	1	**Team Management and other related tasks** The running of the team including review of all Terms of Reference, draft reports, and final reports as well as audit timetabling and reviews of working papers. Regular team meetings also undertaken. **Risks Mitigated:** • Insufficient financial resilience; and • Major governance failures.
5.	All Directorates	2	**Continuous Auditing** This will focus on the testing of payments to suppliers of goods and services to identify any potential duplicate amounts paid. In addition, data analytics will be undertaken where appropriate, as part of other assignments from this year's programme. **Risk Mitigated**: • Insufficient Financial Resilience.

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[1] The priority grading of each element of the Internal Audit Plan is a visual way to explain why assignments are on the Plan. It is based on similar grading for classifying recommendations and can be seen below the table.

No.	Client	Priority[1]	Purpose and Scope of Assignment
6.	All Directorates	1	**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 the 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 Discount, 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 outcomes arising from Audit Scotland's data matching were released back to the Council in January 2025 with match investigation to continue throughout the year. It is the responsibility of the 'key contacts' to co-ordinate and support the Services in their investigation of those matches. **Risks Mitigated:** • Insufficient Financial Resilience; and • Failure to Address Serious Organised Crime. • Information not managed effectively.
7.	All Directorates	3	**Consultancy Work and 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 things like: involvement in corporate projects and working groups; the provision of advice on guidance and controls; and short term assignments requested by Services.
8.	All Directorates	1	**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 will monitor outstanding recommendations. **Risk Mitigated:** • Major governance failures.
9.	Place	2	**Validation Work Requests** Time allocated to any national programmes where, as an Accountable Body (AB), Clackmannanshire Council has overall responsibility for the delivery and cash flow of the project. Agreements may require an annual Internal Audit review of the functions and services undertaken. For example, Internal Audit may test a sample of applications to ensure that there is compliance with criteria. May also cover other unplanned annual audit validation work requests. **Risks Mitigated:** • Major governance failures; • Insufficient financial resilience; and • Impact on poverty, inequality and changing demographics.

No.	Client	Priority[1]	Purpose and Scope of Assignment
10.	Place	3	**Climate Change Act Public Body 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

Key:

Priority	Comments
1	Potential significant key risks 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.

INTERNAL AUDIT PLAN 2025/26 COMMITTED ASSIGNMENTS

No.	Client	Priority[1]	Purpose and Scope of Assignment
11.	Partnership and Performance / Health and Social Care Partnership **Deferred from 2024/25**	1	**Follow Up of the Review of Purchase Orders Arrangements at Clackmannanshire Council for Adult Social Care** This audit will test a sample of Adult Social Care payments made, and review purchase order and invoice authorisation to ensure compliance with policies and procedures. We will also review the implementation of previous recommendations made. **Risks Mitigated:** • Insufficient financial resilience; and • Failure to address Serious Organised Crime.
12.	All Directorates	1	**Stirling and Clackmannanshire City Region Deal** The Stirling and Clackmannanshire City Region Deal (CRD) aims to deliver a total investment of £214m 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 the Internal Audit of its activities and for providing assurance to their organisation's Audit Committee (or equivalent) 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.
13.	Partnership and Performance	2	**Disposal of IT Equipment** 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. **Risks Mitigated:** • Information not managed effectively; • IT systems failure; and • Major governance failures.
14.	All Directorates	1	**Building Security** We will perform unannounced visits to a number of sites across the Council to ensure compliance with physical security requirements. **Risks Mitigated:** • Health and Safety breach; • Major governance failures; and • Harm to children.

No.	Client	Priority[1]	Purpose and Scope of Assignment
15.	Place	2	**Stores Management** 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.
16.	Partnership and Performance	2	**Council Tax Refunds** To determine whether there are effective controls in place, including segregation of duties from identifying a credit balance, requesting the refund, and authorising the refund for payment. This audit will test a sample of Council Tax Refunds to ensure the process is correctly followed. **Risks Mitigated:** • Failure to address Serious Organised Crime; • Insufficient financial resilience; and • Major governance failures.
17.	People	2	**Medication within Schools** To review the medication procedures at schools / Early Years Centres to ensure that there is an up-to-date policy. To ensure there is a register of what medicines are in storage for which child (including dosage and expiry date), and that this is regularly reviewed and updated. **Risks Mitigated:** • Harm to children; and • Health and Safety breach.

Key:

Priority	Comments
1	Potential significant key risks 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.

INTERNAL AUDIT PLAN 2025/26 OTHER CLIENT WORK

No.	Service	Purpose and Scope of Assignment
18.	Clackmannanshire and Stirling Integration Joint Board	**Clackmannanshire and Stirling Integration Joint Board** NHS Forth Valley's Chief Internal Auditor fulfilled this role for the Integration Joint Board (IJB) for the three years from 2019/20 to 2022/23. From 2022/23 that lead role transferred to the Clackmannanshire Council Internal Audit Manager for three years. As of 2025/26, the role has been transferred to the Stirling Council Internal Audit Service Manager. Clackmannanshire Council's Internal Audit service may still need to provide an audit resource to the annual programme of work.
19.	Central Scotland Valuation Joint Board	**Central Scotland Valuation Joint Board** The Internal Audit Plan for 2025/26 will be presented to the Central Scotland Valuation Joint Board Audit Committee on 27 June 2025.

DEFINITION OF INTERNAL AUDIT ASSURANCE CATEGORIES

Level of Assurance	Definition
Substantial Assurance	Largely satisfactory risk, control, and governance systems are in place. 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	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.

CLACKMANNANSHIRE COUNCIL

Report to: Audit & Scrutiny Committee

Date of Meeting: 12 June 2025

Subject: Internal Audit Actions – Progress Report

Report by: Strategic Director: Partnership and Performance

1.0   Purpose

1.1.   The purpose of this report is to provide the Audit & Scrutiny Committee with a further update on progress towards completing actions identified 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 the Committee with an update on the progress made in addressing Internal Audit actions identified through previous audit assignments

3.2.   Additional actions, arising from more recent audit assignments, have also been included in this report.

3.3.   Directorates continue to make efforts to ensure that all agreed internal audit actions are being actively progressed and updated.

3.4.   Off the 315 actions identified, 91, 29%, remain outstanding.

3.5.   Progress on these outstanding actions remains a standing agenda item at both the Strategic Leadership Group and the Extended Strategic Leadership Group. Directors are also required to ensure this matter is addressed within their Senior Management Team meetings.

3.6.   A summary of ongoing progress is outlined in **Appendix 1.**

3.7.   **Appendix 2** provides a fuller overview of progress against Internal Audit reports, as well as an update against each action where progress is ongoing. It should be noted that these are manager assessments. Should Internal Audit identify any variances as part of verification works, these will be reported to Committee.

3.8.   Ongoing updates will continue to be provided on a regular basis.

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   Equalities Impact

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

Yes ☐   No ☒

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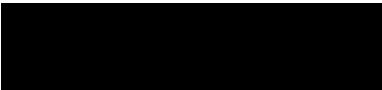
11.1   Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below)   No ☒

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Chris Alliston	Strategic Director – Partnership and Performance	2184

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Strategic Director – Partnership and Performance	████████████

Appendix 1: Internal Audit Actions – Progress Summary

Portfolio	Code	Internal Audit	Assurance Level	Actions Identified from Internal Audit	Actions Outstanding
P&P	IAF A04 SDB	Sundry Debtors	N/A	6	4
P&P	IAF A16 HRC	Housing Rent Collections and Arrears Management 19/20	Substantial	3	1
P&P	IAF A07 CRM	Corporate Risk Management Arrangements	Substantial	8	1
Place	IAF A06 FMM	Fleet Management and Monitoring Arrangements	N/A	13	3
P&P	IAF SMO	Use and Control of Social Media	Substantial	3	2
Various	IAF A14 LBN	Leisure Banking	N/A	7	0
Place	IAF A15 CFM	Procurement – Contract Monitoring – Facilities Management Repairs and Maintenance 21/22	N/A	6	0
Various	IAF A09 BSC	Building Security 2023	Limited	45	8
Various	IAF A13 PSA	Physical Income Security Arrangements	Limited	36	1
Place	IAF A15 RSG	Refugee Scheme Governance	Substantial	4	1
P&P	IAF A16 SSB	Supplier Set up and Supplier Bank Account Changes 22/23	Limited	14	5

Place	IAF A08 CCD	Public Body Climate Change Duties (PBCCD) 2022/23 Annual Report	Limited	11	2
P&P	IAF A09 FOI	Freedom of Information Requests	Substantial / Limited assurance	7	1
People	IAF A09 LBF	Leisure Banking Follow Up	N/A	10	1
HSCP	IAF A09 APO	Adult Social Care Purchase Order Arrangements	No assurance	18	12
HSCP	IAF A11 CHM	Care Home Residents Monies	Limited	8	2
ALL	IAF A14 OVR (new)	Overtime Arrangements	No Assurance	28	3
P&P	IAF A15 UPC (new)	Use of Purchase Cards	Limited Assurance	12	1
People	IAF A09 SEA	School Enrolment/Admissions Policy	Limited Assurance	8	0
Place	IAF A03 CCD (New)	Climate Change Act Public Body Duty	Limited	6	3
P&P	IAF A12 ISG (New)	IT and Information Security Governance	Limited Assurance	16	15
HSCP	IAF A09 OP1 (New)	Adult Social Care Staff Potential Overpayments – Phase 1	N/A	16	7

HSCP	IAF A09 OP2 (new)	Adult Social Care Staff Potential Overpayments – Phase 1	N/A	5	4
Place	IAF A15 AMA (New)	Asbestos Management Arrangements	Limited Assurance	25	14

Internal Audit and Fraud Summary of Outstanding Actions (as at 27ᵗʰ May 2025)

	Assurance Level		Current Status		Expected Outcome	
Key to Symbols	✔	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
	N/A	Assurance Not Applicable	✖	Cancelled	✖	Cancelled

	2017/18 Internal Audit & Fraud Plan				
Current Status			**Expected Outcome**	**Due By**	**Progress**
⬣	IAF A04 SDB	Sundry Debtors	🔺	**31-Mar-2021**	37%
	2019/20 Internal Audit & Fraud Plan				
Current Status			**Expected Outcome**	**Due By**	**Progress**
⬣	IAF A16 HRC	Housing Rent Collection & Arrears Management	🔺	**31-Aug-2020**	83%
	2020/21 Internal Audit & Fraud Plan				
Current Status			**Expected Outcome**	**Due By**	**Progress**
⬣	IAF A07 CRM	Corporate Risk Management Arrangements	🔺	**30-Sep-2023**	88%
	2021/22 Internal Audit & Fraud Plan				
Current Status			**Expected Outcome**	**Due By**	**Progress**
⬣	IAF A06 FMM	Fleet Management & Monitoring Arrangements	🔺	**31-Mar-2023**	92%
⬣	IAF A10 SMD	Use & Control of Social Media	🔺	**31-Dec-2022**	78%
	2022/23 Internal Audit & Fraud Plan				
Current Status			**Expected Outcome**	**Due By**	**Progress**
⬣	IAF A09 BSC	Building Security	🔺	**30-Sep-2023**	89%
⬣	IAF A13 PSA	Physical Income Security Arrangements	🔺	**30-Nov-2023**	98%

APPENDIX 2

Current Status		Description	Expected Outcome	Due By	Progress
🔴	IAF A15 RSG	Refugee Scheme Governance	🔺	31-Mar-2024	87%
🔴	IAF A16 SSB	Supplier Set Up & Supplier Bank Account Changes	🔺	31-Dec-2023	73%

2023/24 Internal Audit & Fraud Plan

Current Status			Expected Outcome	Due By	Progress
🔴	IAF A08 CCD	Public Body Climate Change Duties 22/23 Annual Report	🔺	01-Nov-2024	81%
🔴	IAF A09 FOI	Freedom of Information Requests	🔺	30-Jul-2024	92%
🔴	IAF A09 LBF	Leisure Banking Follow Up	🔺	31-Jan-2024	92%
🔴	IAF A10 APO	Adult Social Care Purchase Order Arrangements	🔺	31-Jul-2024	38%
🔴	IAF A11 CHM	Care Home Residents' Monies	🔺	31-Aug-2024	84%
🔴	IAF A14 OVR	Overtime Arrangements	🔺	31-Oct-2024	96%
🔴	IAF A15 UPC	Use of Purchase Cards	🔺	31-Dec-2024	91%

2024/25 Internal Audit & Fraud Plan

Current Status			Expected Outcome	Due By	Progress
▶️	IAF A03 CCD	Climate Change Act Public Body Duties	✅	31-Oct-2025	50%
🔴	IAF A09 OP1	Adult Social Care Staff Potential Overpayments – Phase 1	✅	31-Jan-2025	60%
🔴	IAF A09 OP2	Adult Social Care Staff Potential Overpayments – Phase 2	✅	31-Mar-2025	20%
✅	IAF A09 SEA	School Enrolment/Admissions Policy	✅	31-Jan-2025	100%
▶️	IAF A12 ISG	IT & Information Security Governance	✅	31-Jul-2025	44%
▶️	IAF A15 AMA	Asbestos Management Arrangements	✅	31-Dec-202	76%

IAF A04 SDB   **Sundry Debtors**   **Assurance Not Applicable**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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.		🛑	31/03/18	Processes being checked to confirm action is complete.	Lindsay Sim
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.		🛑	31/03/18	Processes being checked to confirm action is complete.	Lindsay Sim
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		🛑	31/12/18	Processes being checked to confirm action is complete.	Lindsay Sim
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.		🛑	31/03/18	Processes being checked to confirm action is complete.	Lindsay Sim

IAF A16 HRC   **Housing Rent Collection & Arrears Management**   **Substantial Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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		🛑	31/08/20	Policy has not yet been reviewed. Will incorporate into next review due by June 2025.	Ben Watson

IAF A07 CRM	**Corporate Risk Management Arrangements**					**Substantial Assurance**
Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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 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.	The review of the risk analysis training module on Clacks Academy will take place after the approval of the revised risk strategy.		🛑	30/09/23	General risk management training is not appropriate for all staff (though training in relation to specific corporate risks is already mandatory). Content has been defined, aligned to the risk strategy, with the module targeted at managers, project/functional/thematic leads, and other relevant officers. Workload demands have required the prioritisation of service support to the detriment of development actions, but this is seen as high priority and will be completed as soon as capacity allows.	Judi Richardson

IAF A06 FMM	**Fleet Management & Monitoring Arrangements**					**Substantial/Limited Assurance**
Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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.		🛑	31/12/22	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.	Kevin Philliben
FMM 011	An officer independent to the vehicle disposal process should carry out checks on actual vehicles sold at auction to disposals on the Fleet Management System to ensure that vehicles are not being sold privately.	Consideration will be given to ensure this is carried out by an independent officer.		🛑	30/09/22	An agreement in place with the service provider where an electronic login can to be issued to any officer which will allow them to view all vehicles belonging to the Council going through auction.	Iain McDonald

	Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
	FMM 013	Fleet Services should consider the introduction of a more robust performance evaluation and reporting framework. This includes the agreement of Fleet Services KPIs, management information, and reporting.	Consideration will be given to what Fleet Services KPIs can be introduced, and to the development of management information and reporting on the recently introduced Fleet Management System.		🛑	31/03/23	Fleet Services monthly report to Senior manager is being produced to include management information relating to MOT pass rate, Driver Infringements, tyre usage, fuel usage, vehicle idling, avoidable repairs etc. This Was delayed due to the introduction of the new Fleet Management software and suit of reporting modules. Monthly one to ones is held between me and the Senior Manager where performance of the department is discussed. Marked as 80% complete until first report issued, further discussion with Senior Manager to take place re content of report.	Kevin Philliben

IAF A10 SMD **Use & Control of Social Media** **Substantial Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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.		🛑	31/12/22	On hold pending outcome of communication and engagement transformation work.	Karen Payton
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.		🛑	31/12/22	A training programme will be identified for employees following the finalisation of the Social Media Policy. Consideration will be given to the development of a in house Clacks Academy module.	Karen Payton

IAF A09 BSC **Building Security** **Limited Assurance**

APPENDIX 2

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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 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).	Corporate Policy, Guidance and Training matters will be addressed by the Strategic Director for Partnership and Performance by September 2023.		🛑	30/09/23	Work is ongoing in relation to development of a Corporate Security Policy which will can be adopted a framework for other Council locations, Guidance and training will be developed as part of this work. Consideration will also be given to recommendations arising from Martyn Law. The Councils Emergency Resilience Officer is leading on this.	Chris Alliston
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 noncompliance 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		🛑	30/06/23	Short life working group lead by Karen Kirkwood has been set up.	Chris Alliston
BSC 012	Forthbank Roads Depot: A building security risk assessment should be undertaken, and a building security incident log should be in place to record the occurrence of security issues.	Forthbank Roads Depot: A building security risk assessment should be undertaken, and a building security incident log should be in place to record the occurrence of security issues.	2	✅	31/05/23	Forthbank HWRC Works now complete, Roads will be moved across by 30th May – Roads Depot to be sold for development.	Mike Reid
BSC 018	Ludgate House: A building security risk assessment should be undertaken, and a building security incident log should be in place to record the occurrence of security issues.	Ludgate House: A building security risk assessment should be undertaken, and a building security incident log should be in place to record the occurrence of security issues.	2	🛑	31/05/23		-
BSC 031	Resource Centre Whins Road: The physical security of vehicle keys should be ensured at all times.	Resource Centre Whins Road: The physical security of vehicle keys should be ensured at all times.	1	🛑	16/03/22		-

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
BSC 033	Resource Centre whins Road: A building security risk assessment should be undertaken, and a building security incident log should be in place to record the occurrence of security issues.	Resource Centre whins Road: A building security risk assessment should be undertaken, and a building security incident log should be in place to record the occurrence of security issues.	2	🛑	31/05/23		-
BSC 040	Kellibank Depot: A review of access on foot to the depot yard should be undertaken to assess whether this is adequate or could be feasibly restricted further.	Kellibank Depot: A review of access on foot to the depot yard should be undertaken to assess whether this is adequate or could be feasibly restricted further.	2	✅	31/05/23	Current Security arrangements have been reviewed. This action can be closed out and new action required for capital bid to improve security gates as currently not fully secure. Action Lead should be changed to the Duty Premises Holder (Currently TBC).	Iain McDonald
BSC 041	Kelliebank Depot: A building security risk assessment should be undertaken, and a building security incident log should be in place to record the occurrence of security issues.	Kelliebank Depot: A building security risk assessment should be undertaken, and a building security incident log should be in place to record the occurrence of security issues.	2	🛑	31/05/23	Duty Premises holder to carry this out in conjunction with Property Services – Change Lead to Duty Premises Holder (currently TBC).	Iain McDonald
BSC 042	Employee pass access rights should be reviewed to ensure that employees only have access to buildings that they require.	Employee pass access rights should be reviewed to ensure that employees only have access to buildings that they require.	2	🛑	31/05/23	A current review of all access rights across the council has been underway to reduce the number of properties individuals can access as well as reduce the number of 'individual permissions' within the Paxton system software.	Chris Alliston

IAF A13 PSA		Physical Income Security Arrangements					Limited Assurance
Code	Finding/Recommendation		Agreed Action	Grade	Status	Due Date	Latest Note	Lead

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 deputes; • 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, developing and maintenance of safe logs, and defining Imprest holders and responsible Officers.	Cash handling procedures will be issued at a corporate level.	2	🛑	30/09/23	Some procedures are in place around cash handling and banking of cash within leisure sites and in relation to imprests.

Target date for completion 31 March 2025 | Lindsay Sim |
| PSA 010 | A management review should be undertaken to ensure that access to the cash office and safe is restricted for operational requirements. In addition, a register of authorised Officers with access to the safe should be developed. | The Housing Officer and Repair Centre Advisor are the only people to have access to the safe at Kelliebank. | 2 | ✅ | 31/08/23 | Housing Safe now in Kilncraigs 2nd Floor containing Petty Cash tin, safe contents sheet and signed transaction sheets. Also in place spreadsheets to track income and expenditure and log of money in Petty Cash tin. | Stuart Graham |
| PSA 011 | The combination number of safes should be regularly changed or when a member of staff with knowledge of the combination leaves. | The combination number of the safes will be changed annually or when there is a change in staff, whichever is sooner. | 2 | ✅ | 31/08/23 | Revenues – New access and written process complete in line with Internal Audit's advice. | Julie Russell / Ben Watson |
| PSA 012 | An up-to-date contents log should be compiled and updated when income / items are deposited or removed from the safe and signed by the responsible Officers. This should be checked on a weekly basis. The safe should be locked throughout the day and only opened when depositing or withdrawing money / items. | A safe contents log will be prepared for all safes, which will be held in the locked safe. A record of monthly checks will also be documented. | 2 | ✅ | 31/08/23 | Housing - Still following agreed action from audit.

A record of monthly checks is being used at the Registrars, and a log of safe contents has been prepared (AL).

Revenues process is in place, log maintained in safe and updated. | Stuart Graham / Ben Watson |

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			Grade	Status	Due Date		Lead
PSA 031	A list of Imprests and Imprest holders should be developed and provided to the Revenues Collections Team so reimbursement claims can be validated.	The Officer responsible for Imprest distribution now has access to the Council wide Imprest holder list.	1	✅	31/08/23	Recommendation now in place and written procedure complete.	Ben Watson
PSA 032	Consideration should be given to having two Officers responsible for collecting the replenishment cash.	Two person cash collection will be in place for collecting the replenishment cash.	1	✅	31/08/23	Recommendation in place and 2 person at all safes has been included in the new safe access written procedures.	Ben Watson

IAF A15 RSG   **Refugee Scheme Governance**   **Substantial Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
RSG 002	The Housing Support Team should conduct quarterly reconciliations between any income received and expenditure incurred in relation to Ukrainian refugee schemes.	Quarterly meeting schedule with the Service Accountant team to be set up to reconcile expenditure and income for the duration of the Ukraine project.	2	🔴	31/03/24	Quarterly meeting schedule in place with Finance and Housing Support management - volume and value of transactions in relation to refugee resettlement has reduced dramatically since audit report was published.	Wilson Lees

IAF A16 SSB   **Supplier Set Up & Supplier Bank Account Changes**   **Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
SSB 001	Review to be undertaken on the TechOne System Administrator role to ensure that it is sufficiently resourced and responsibilities are clearly defined.	A review is undertaken of the System Administrator role to ensure that it is sufficiently resourced, and responsibilities are clearly defined.	1	🔴	30/11/23	In progress, looking to reinstate systems developer role. Job profile going through evaluation, Target date - April 2025.	Lindsay Sim

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Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
SSB 002	An Access Control Policy should be developed for TechOne.	Consideration will be given to developing an Access Control Policy.	1	🔴	31/12/23	Process is in place that requires new users and existing users who need to change their access to complete a form that is signed by their line manager and submitted to the systems administrator. Policy to be prepared by systems developer once appointed. Target date - May 2025 Systems developer not yet appointed	Helen Coleman
SSB 004	Consideration should be given to updating the New Supplier Guidance.	Updating the New Supplier Guidance will be considered.	3	🔴	30/11/23	Guidance reviewed and revised checklist to be put in place. Target date - January 2025 (New Target Date - July 2025)	Lindsay Sim
SSB 008	The issues arising from Internal Audit testing of changes made to suppliers in relation to supporting documentation should be addressed.	Agreed, guidance will be updated to state that full backup details are to be recorded.	3	🔴	30/09/23	Change implemented in practice and guidance to be updated. Target date - January 2025 (New Target Date - July 2025)	Helen Coleman
SSB 014	In relation to bank account changes: The need for authorisation arrangements when creating or amending supplier details should be considered. Consideration should be given to requiring suppliers to provide their previous bank account details when requesting a bank account change. All supporting documentation in relation to bank account changes should be retained on the supplier record. The changes log spreadsheet should always detail the specific method of verification checks carried out including recording the phone number used to contact the supplier.	Recommendations will be considered as part of the review of the Supplier Account Update Guidance.	2	🔴	30/09/23	Guidance to be reviewed and updated. Target - January 2025 (New Target Date – July 2025)	Helen Coleman

IAF A08 CCD	Public Body Climate Change Duties 2022/23 Annual Report						Limited Assurance
Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead

CCD 002	A Public Bodies Climate Change Duties (PBCCD) annual report compilation timetable should be developed, whereby the information required should be submitted by responsible Officers soon after the end of the reporting period year.	This will be added to the agenda of the Climate Emergency Working Group (CEWG), with work starting in April / May 2024 to compile the information for the 2023/24 return.	2	✅	01/04/24	Timetable created.	Kevin Wells
CCD 003	The final report should be completed and ready for Internal Audit validation one month before the submission deadline.	The Climate Emergency Working Group will take responsibility for collecting the data and should report to the Climate Emergency Board at the end of August 2024.	2	✅	07/08/24	A final report has been compiled as at 4.10.24. Some waste data is still awaited but this is due to external bodies having to provide it. This is expected in late October which is still a month before the submission deadline. Three sections of the report have already been passed to Internal Audit for review. 21.05.25 – Completed.	Kevin Wells
CCD 004	The final report should be completed and ready for Internal Audit validation one month before the submission deadline.	The Climate Emergency Working Group will take responsibility for collecting the data and should report to the Climate Emergency Board at the end of August 2024.	2	✅	07/08/24	PBCCD report presented to CEB meeting held on 07.08.25	Kevin Wells
CCD 006	Future Public Bodies Climate Change Duties annual reports should be proof read and checked for spelling and grammatical errors prior to submission.	A check of figures and spelling was undertaken prior to submission of the final return.	2	✅	01/11/24	A proof read will take place prior to submission on 30 November 2024. 21.05.25 – Completed.	Lawrence Hunter
CCD 007	All of the Council's carbon reduction projects should involve a calculation of potential carbon savings as part of the project plan. Actual carbon savings realised from project implementation should also be quantified. These figures should be included in future Public Bodies Climate Change Duties annual reports.	Investigate if the Council reporting template can be amended to incorporate potential carbon savings on each project prior to approval from the Committee.	2	✅	30/04/24	Council services are reminded at CEWG and CEB meetings that this information should be provided for the PBCCD reports.	Kevin Wells
CCD 008	All of the Council's carbon reduction projects should involve a calculation of potential carbon savings as part of the project plan. Actual carbon savings realised from project implementation should also be quantified. These figures should be included in future Public Bodies Climate Change Duties annual reports.	The Climate Emergency Working Group and Climate Emergency Board will investigate what means is available to encourage and assist where possible with carbon savings data.	2	🛑	30/04/24	Ongoing review of potential systems. Constraints are financial and human resources to implement a bespoke system.	Kevin Wells
CCD 011	Waste emissions figures should be compiled by the Team Leader, Waste and included in future returns.	Waste emissions figures will be reviewed and included in future returns.	2	🛑	30/04/24	Ongoing action with commitment to include data from the Waste services	Iain McDonald

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IAF A09 FOI   **Freedom of Information Requests**   **Substantial/Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
FOI 002	An Operating Procedure is written to document the responsibilities of the Monitoring Officers and the Governance team, specifically the process of follow up on outstanding requests.	Guidance notes are due for review and will incorporate this recommendation.	3	🛑	31/07/24	Guidance notes have been prepared and are currently with the SIC.	Evelyn Paterson
FOI 004	FOI training is made mandatory to all staff.	This will be raised at the next available Senior Leadership Group to request permission to make the training mandatory as recommended.	3	✅	31/05/24	Action complete – has been included in 25-26 mandatory training modules.	Evelyn Paterson

IAF A09 LBF   **Leisure Banking Follow Up**   **Substantial/Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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	🛑	31/01/24	Monthly reconciliations are taking place. Action to clear the balance can only be taken forward once the police investigation has concluded.	Helen Coleman; Lindsay Sim

IAF A10 APO   **Adult Social Care Purchase Order Arrangements**   **No Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead

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	🛑	31/05/24	Part of BMU process improvement work (links to 012). This is likely to be longer term. Social Care is operationing on industry standard approach for social care payments, proforma are used to measure actual vs planned care to ensure only care provided is paid for. To deviate from this would require significant staffing capacity which is unaffordable at this time.

Given the above a date when the action will be addressed cannot be provided. | Ewan Murray; Lindsay Sim; Joanna MacDonald |
| 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 received and matched to the Purchase Order. | 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 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. | 1 | 🛑 | 31/05/24 | Per 001 the acknowledged industry standard is a proform approach which is basis being used, subject to ongoing improvements to ensure control. | Joanna MacDonald |
| 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 | 🛑 | 31/05/24 | Contract reference number - the information upload for Tech one is generated through FINCH. No technical IT support is available for FINCH to enable this to be changed. | Joanna MacDonald |

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	🛑	31/05/24	To be considered within improvement plan. However initial assessment is it would take additional capacity to fully address recommendation and proforma basis be used for current time.	Joanna MacDonald
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 Sheet" commissioning information.	2	🛑	31/05/24	Interim Chief Officer is currently working on proposals for practice audit (including care plans) which may improve matters. Management response recognises the limitations of ASC recording system	Joanna MacDonald

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 appropriate process for evidence of approval, e.g. amendment to the care plan or system to note approvals.	1	🛑	31/05/24	Per 010 Interim CO has actioned revisions to approval levels for commissioning of care and Senior Resource Allocation Group (SRAG) now established for high tariff cases - SRAG first met 3 July 2024. This will need to align to Council s95 led work on revised SoD for council in due course. SOP for care managers and line managers still to be progressed.	Joanna MacDonald
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	🛑	30/06/24	SOP for care managers and line managers still to be progressed and will be completed by end of year.	Joanna MacDonald
APO 009	Payments on Techone should only be approved by officers with sufficient delegated authority.	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.	1	🛑	31/05/24	Council Scheme of Delegation element requires to sit with Council s95. Adult Social Care authorisation levels to commit to care have been reviewed and actioned. Adult Social Care payment approval authorisation levels under review and will be completed in October 2024.	Ewan Murray

APO 010	Payments on Techone should only be approved by officers with sufficient delegated authority.	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.	1	🛑	31/05/24	Interim Chief Officer actioned amendments to delegated authority levels for commissioning care on 23 May 2024. The Council review of SoD needs to reflect this and avoid conflation with authorisation for approval of payments.	Joanna McDonald and Lindsay Sim
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 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.	1	🛑	31/05/24	RAG for LTC and SRAG for high tariff cases now established and this avoids the potential for packagesto be put in place without effective scrutiny and a direction to ensure appropriate use of TechOne. CO/CFO approval required for ad hoc CaH packages requests that require group 3 high-cost providers to be used due to lack of ability of usual group 1 and 2 providers to be used.

BMU QA process to be developed. | Joanna MacDonald |

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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. 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.	1	🛑	31/05/24	LTC RAG process in place. Quality Assurance process for reconciliation developed. The manager assurance element is really SDS outcome based assessment so links to systematic implementation of SDS policy - going to IJB June 24	Joanna MacDonald
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	🛑	31/05/24		-

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Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
CHM 003	A different person distributes the cash from that who updates and reconciles the master spreadsheet, with regular management checks undertaken and recorded.	Business Support staff will continue to distribute cash and reconcile daily. The Manager / Senior staff will audit the master spreadsheet and counter sign balance checks.	2	🛑	30/04/24		Caroline Bridgeman
CHM 005	The Business Support Administrator role profile to be reviewed and updated as appropriate to reflect the responsibilities of handling residents monies and valuables.	Business Support role profile will be reviewed and updated as appropriate.	3	🛑	31/08/2024	Business Support Manager to update Business Support Job Profile Grade 4 in more detail for cash handling and valuables. Procedures have been reviewed and updated.	June Lang

IAF A14 OVR **Overtime Arrangements** **No Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
OVR 002	Service Management in conjunction with HR should develop one set of standard operational procedures for Overtime Arrangements detailing responsible Officer arrangements for approving, checking, and monitoring overtime.	Operational Procedures will be developed in line with review of the Overtime Protocols.	2	🛑	31/10/2024	Work to harmonise Overtime SOPs has been undertaken via the iTrent team through meetings with service management. However, challenges remain with creating one standard procedure which fit the nuances of each service within the Council. Work is ongoing.	Alastair Hair
OVR 005	Specific training is provided for overtime approving managers in relation to compliance with the overtime related Policies and the approving, monitoring, and management of overtime levels. Signed records of completion of training should be retained. This provides evidence of responsible officers having read and understood overtime related policies and operational procedures.	Overtime approval training will be developed and added to clacks academy / how to video can be added to the People Manager module in iTrent Communications will be developed and issued to line mangers / authorised signatories regarding responsibilities and compliance with regulations.	1	✅	31/07/2024	Training records now recorded on Clacks Academy for those undertaking training. Training and comms issued to all OT authorising managers when claims submitted. Where OT managers are added, those inidivudals are contacted to offer training.	Alastair Hair
OVR 008	Services should ensure that designated reporting managers on iTrent and managers approving overtime claims for Payroll Section processing should have sufficient delegated authority to approve overtime transactions and this should be reflected in authorisation levels on the authorised signatory list.	Directors will review the authorised signatory list to ensure it is appropriate and advise the Procurement Manager of any appropriate changes.	1	✅	31/07/2024	The current Director Reviews the Authorised Signature List Annually (April). Senior Staff are reminded regularly about maintaining an up to date list and has requested amendments during their tenure to ensure that appropriate staff have the appropriate level of authorisation.	Kevin Wells

OVR 011	The requirement for employees to work overtime out with normal practice (Standby / Contractual, etc) will be reviewed and formally agreed in line with the Overtime Protocols.	The requirement for employees to work overtime (unless part of existing agreement or work is required urgently) should be approved in advance and evidence of this approval should be retained.	1	✅	30/06/2024	Director can confirm that this matter has been raised with Senior Staff. The Current Director has also instructed for interim guidance to be developed and issued to the workforce on overtime/standby claims and protocols, with more formalised Policy developed in the Council's usual fashion thereafter. Instructions issued 20th February 2025.	Kevin Wells
OVR 015	A clear audit trail will be maintained detailing specific hours and duties undertaken for overtime and this will include a record of management checking and approval. The audit trail of overtime hours worked will be included in the communications to be developed for authorised signatories. The requirement for the audit trail of overtime hours worked will also be included in the training resource.	Approving Managers should ensure that an audit trail including supporting documentation is retained for overtime and additional payments and this includes validation checks.	1	🛑	31/07/2024	This matter has been raised with Senior Staff within the Department. With the two cases resulting in disciplainary investiigation and a whistleblowing claim, the Director is unable to give full assurance in this area, however can confirm that there has been a recording sheet for overtime (for example in Housing Repairs – their sheet requires notification of the job number work is being undertaken against and checked back). Further development are being developed as referenced within IAF OVR 011. There is regular monitoring (high level) of overtime levels at Senior Management, SLG and BiPartite meetings. The Director has also hosted a meeting with TU representative to better understand the Departments approach to OT.	Kevin Wells
OVR 020	The overtime payment errors should be investigated, rectified, recovered, and monitoring measures put in place to ensure that they are not ongoing.	Overpayment errors identified by Internal Audit will be investigated, however, recovery of historical over payments may not be possible given the passage of time, plus these have been authorised as being correct. Where issues are identified that caused the overpayment will result in measures being put in place to ensure that the overpayment does not recur.	2	🛑	31/07/2024	Further investigation by Internal Audit has been agreed to quantify errors and recommend further actions.	Joanna MacDonald

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
OVR 022	Managers should monitor levels of employee overtime to ensure that hours worked is in compliance with the Working Time Regulations Guidance. If Employees voluntary agree to work more than the 48 hours weekly maximum then a signed "Opt-out agreement" should be completed and a copy submitted to HR.	Levels of overtime will be monitored through management Information reports which will be issued to appropriate managers on a monthly basis. In addition, overtime levels will be monitored through management information reports tabled to Extended and Senior Leadership Groups on a quarterly basis. Working Time Regulations Guidance will be reviewed and the requirements of the updated guidance will be rolled out to all approving managers.	2	✅	30/10/2024	This work has been progressed with Property Services being the main contributor. Staff working alongside HR Business Partners have undertaken the appropriate Opt out wavers.	Kevin Wells
OVR 027	Where overtime is ongoing Section Management should review the requirements of their service on a regular basis to ensure that resources are sufficient in order to minimise the level of overtime payments.	Section managers will review the overtime levels and the requirements of their service on a regular basis to ensure resources are sufficient in order to minimise the level of overtime payments. Reviews of resources and overtime levels and resultant actions will be recorded	1	✅	31/07/2024	This has been covered with Senior Staff on a regular basis at SLT and 1-2-1 meetings. The matter is discussed at BiPartite Meetings as a standing item.	Kevin Wells

IAF A15 UPC **Use of Purchase Cards** **Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
UPC 010	Reconciliations between the ledger and the bank account for purchase card transactions should be conducted each month.	To ensure that purchase card transactions are being reconciled to the bank account, a review will take place.	2	🛑	31/12/2024		Les Aitken

IAF A03 CCD **Climate Change Act Public Body Duties** **Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
CCD 001	A PBCCD annual report compilation timetable should be developed, whereby the information required should be submitted by responsible Officers soon after the end of the reporting year. The final report should be completed and ready for Internal Audit validation one month before the submission deadline.	A timetable has already been developed and can be further enhanced to include supporting documentation.	2	✅	28/02/2025	COMPLETED. Agreed with Internal Audit and members of CEWG	Lawrence Hunter

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
CCD 002	A central record should be held by the Climate Emergency Working Group identifying what information was provided by which Officer for the report. This should also include supporting documentation to evidence the information provided.	A central record has already been established. Supporting documentation will be included within the folder.	3	✅	30/09/2025	COMPLETED. Central record established.	Lawrence Hunter
CCD 003	The Council Travel Plan should be reviewed and updated as required. It should be approved by Council wihin an appropriate timeframe.	An appropriate timeframe will be agreed by the service.	3	▶	31/10/2025	The staff travel plan is currently being updated (as per Active Travel Project Manager). A staff survey is about to go live to establish some baseline data. In the process of having a fleet of staff ebikes to use during the day.	Stuart Cullen
CCD 004	Waste emissions figures from Coucnil operations must be consistently compiled and included in future returns.	When national figures are produced in September / October the details will be placed into the report.	2	▶	31/10/2025	Waste Services aware of deadlines.	Lawrence Hunter
CCD 005	In order to improve the extent of carbon savings data further investigation should be undertaken into a tool that can assist the services to capture the relevant cardon data to calculate the emissions savings.	There are ongoing investigations into a suitable tool. Costs and available resources will have an impact on the ability to introduce a service wide tool.	3	▶	31/10/2025	Financial and Human resources are impacting upon the ability to create and own a bespoke model. Looking to identify alternatives that may be more cost effective and less resource hungry.	Lawrence Hunter
CCD 006	All the Council's carbon reduction projects should involve a calculation of potential carbon savings as part of the project plan. Actual carbon savings realised from project implementation should also be quantified.	Where figures are available the carbon savings will be provided. Services will be encouraged to capture this data, this will be promoted at the Climate Emergency Board and Climate Emergency Working Group meetings.	2	✅	31/10/2025	All services have been made aware of this via the CEWG and CEB. PBCCD recommendation highlighted at these meetings.	Lawrence Hunter

Limited Assurance

IAF A09 SEA **School Enrolment/Admissions Policy**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
SEA 004	Education Services should review the Catchment Area Map and remove the disclaimer if appropriate.	The catchment map will be updated prior to school enrolment in January.	3	✅	31/01/2025	Disclaimer was removed prior to school enrolment in January.	Michael Boyle

IAF A12 ISG   **IT & Information Security Governance**   **Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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	🛑	31/03/2025	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.	Cherie Jarvie
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	🛑	31/03/2025	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.	Lee Robertson
CISG 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	🛑	31/03/2025	A draft Cyber Incident Plan and associated playbooks has been developed. This draft plan is being reviewed alongside other key ICT policies to ensure read across. A follow up cyber exercise has not yet taken place, due to staff availability, however this remains within current plans to deliver in 2025.	Cherie Jarvie

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	🛑	31/03/2025	A feasibility study on cyber essentials accreditation including resources required and costs will be undertaken following PSN accreditation.	Cherie Jarvie
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	🛑	31/12/2024	See latest note at ISG 001. Operational procedures, guidance and communications materials will be developed as part of the full programme of policy refresh.	Cherie Jarvie
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	🛑	31/12/2024	A full review of Council Business Continuity Plans is being undertaken through the emergency planning team. Services have been provided guidance on completing BCP's including a loss of ICT in these planning documents. This work, which is supported by SLG, is anticipated to be completed in the Autumn 2025. A session with the Senior Leadership Forum is due to be held over the Summer.	Cherie Jarvie
ISG 007	A formal comprehensive, risk based, testing programme is prepared and implemented, and setting out the related disaster recovery plans which are to be tested and the nature and frequency of these tests. If the planned test is superseded by a live incident, then this should be recorded.	This work will focus initially on completion of business critical service areas and a paper will be considered by ESLG in October relating to this. Thereafter a programme of service business continuity plans will be developed. Planning for a follow up cyber exercise is underway, and will be included in the schedule of regular formal exercising undertaken as part of our Emergency Planning and Resilience approaches.	2	🛑	31/03/2025	Risk based testing and exercising for the Council is planned around cyber security and COMAH sites in 2025. Participation in a national UK wide pandemic flu exercise will also take place in 2025. Following completion of the review of Business Continuity Plans in the Autumn, a programme of testing/exercising in 2026 will be developed.	Cherie Jarvie

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ISG 008	A formal comprehensive, risk based, testing programme is prepared and implemented, and setting out the related disaster recovery plans which are to be tested and the nature and frequency of these tests. If the planned test is superseded by a live incident, then this should be recorded.	This work will focus initially on completion of business critical service areas and a paper will be considered by ESLG in October relating to this. Thereafter a programme of service business continuity plans will be developed. Planning for a follow up cyber exercise is underway, and will be included in the schedule of regular formal exercising undertaken as part of our Emergency Planning and Resilience approaches.	2	🛑	31/03/2025	With a national and statutory COMAH exercise planned for this year as well as the commencement of the annual business continuity plan review, a paper will be produced for ESLG consideration later this year to initiate a test programme in 2026 which will cover tests of selected BC plans and Emergency plans on an annual basis allowing for statutory exercises within the cycle.	Karen Kirkwood
ISG 009	Consideration should be given to how the completion rates for mandatory IT and Information Security protection training can be improved.	Directors and managers in each Directorate and Service are responsible for ensuring that staff complete mandatory training programmes and that monitoring of uptake is undertaken and reported through ESLG / SLG. As well as through business planning reporting to Audit and Scrutiny Committee.	3	✅	31/03/2025	There has been a significant improvement in the level of completion for mandatory training within P&P. For 24/25 this was circa 97%. Senior Managers will continue to be accountable to ensure mandatory training is completed.	Chris Alliston

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ISG 010	Consideration should be given to how the completion rates for mandatory IT and Information Security protection training can be improved.	Directors and managers in each Directorate and Service are responsible for ensuring that staff complete mandatory training programmes and that monitoring of uptake is undertaken and reported through ESLG / SLG. As well as through business planning reporting to Audit and Scrutiny Committee.	3	🛑	31/03/2025	To continue the improving trends, Mandatory training completion rates have been closely monitored and regularly reported to Heads/ Team Leads. While reminders + guidance are consistently issued, and the importance of completion highlighted during meetings with unions and managers, Senior Managers have reinforced the completion of mandatory training is a core requirement of line managers role, including 1-1 meetings with Managers.This expectation is clearly embedded in Working Time Agreements, with quality assurance measures in place to track compliance. The matter remains a standing agenda item at LNCT and team meetings.Heads are more aware that this is not simply a matter of issuing reminders — appropriate action is expected where staff are not meeting this obligation. In response to feedback, a small number of training requirements specific to education establishments have been moved to a biannual schedule, which may affect completion data but does not lessen the overall expectation of compliance.	Lorraine Sanda
ISG 011	Consideration should be given to how the completion rates for mandatory IT and Information Security protection training can be improved.	Directors and managers in each Directorate and Service are responsible for ensuring that staff complete mandatory training programmes and that monitoring of uptake is undertaken and reported through ESLG / SLG. As well as through business planning reporting to Audit and Scrutiny Committee.	3	🛑	31/03/2025		Kevin Wells

ISG 012	Consideration should be given to developing and implementing an IT and Information Security Staff Awareness and Communications Plan.	Existing communications is already in place on IT and information security through Connect, Keeping Staff Connected, Clacks Academy, and via managers cascades, however, work will be undertaken to ensure this is effective and presented in a cohesive way.	3	🛑	31/03/2025	The service routinely updates employees through the mechanisms available, on cyber and information security awareness. Information is shared on connect, connected, Keeping Staff Connected, Clacks Academy and via employee cascades. Further work around this is planned through further training materials, and regular updated communications to employees.	Cherie Jarvie
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	🛑	31/10/2024	A programme of PSN priority actions are being implemented, following the IT health check completed in 2024. A further IT health check is scheduled to take place in the Autumn 2025. Testing on restoration of backups is completed as of a scheduled programme.	Cherie Jarvie
ISG 014	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: • Business Continuity Plans held in hard copy / off network;	2	🛑	31/12/2024	A programme of PSN priority actions are being implemented, following the IT health check completed in 2024. A further IT health check is scheduled to take place in the Autumn 2025. Business continuity plans are held in hard copy and off network. Business continuity plans will be updated in ICT as part of the corporate review programme in 2025. Once complete this will also be held in hard copy and off network.	Cherie Jarvie
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	▶️	31/07/2025	A programme of PSN priority actions are being implemented, following the IT health check completed in 2024. A further IT health check is scheduled to take place in the Autumn 2025. Network isolation work is planned over the Summer, and an ITT is currently live to procure this work.	Cherie Jarvie

			Grade	Status		Latest Note	
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 checks, detailed as follows: • Explore options for a Security Operation Centre – ongoing discussions with Scotland Excel and Digital Office;	2	▶	31/07/2025	A programme of PSN priority actions is being implemented, following the IT health check completed in 2024. A further IT health check is scheduled to take place in the Autumn 2025. Options will be considered on a Security Operation Centre feasibility and business case with resource and cost implications as part of the budget setting process.	Cherie Jarvie

IAF A15 AMA Asbestos Management Arrangements   **Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
AMA 002	Appropriate asbestos management training should be provided for the formally appointed responsible officers.	An approved asbestos management training provider has been contacted to obtain dates to provide industry standard Management of Asbestos in Buildings (including Asbestos Removal) training for additional member(s) of staff.	2	🛑	31/01/2025	Delivery of asbestos awareness training has been carried out for trade staff and supervisory and management roles. Training for PDH's has still to be carried out.	Stuart Graham
AMA 003	All Council owned premises should have Asbestos Management arrangements in place	The inspection of all Council owned public properties will be carried out in line with Control of Asbestos Regulations 2012 and approved code of practice and guidance. Inspections have commenced in 2025 and will continue throughout the year	1	▶	31/12/2025	Asbestos management Survey and Management Plans have been obtained and are located with the properties.	Stuart Graham
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	🛑	31/03/2025	Currently in progress to be completed by end of July 2025.	Stuart Graham
AMA 005	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	🛑	31/03/2025	Overarching Asbestos Management Plan is nearing completion and should be able to be tabled at the August Executive Health & Safety Committee meeting.	Seonaid Scott

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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	▶	31/12/2025	Inspections are ongoing and on plan to be completed by the end of the financial year.	Stuart Graham
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	⬣	31/03/2025	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.	Karen Kirkwood
AMA 008	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	⬣	31/03/2025	Discussion taken place with David Webster who is taking this forward as part of the review of Business Continuity Plans. This will be complete in September 2025.	Seonaid Scott
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	▶	31/03/2025	Currently in progress. To be finalised with H&S.	Stuart Graham
AMA 011	Appropriate asbestos awareness training should be delivered to the relevant staff.	Asbestos awareness training is being arranged with an industry recognised and certified provider. Asbestos awareness training will be tailored and provided for cleaning staff, janitors, trade staff, and Premises Duty Holders. In addition, appropriate training will be rolled out throughout the year.	2	▶	30/06/2025	Staff awareness training ongoing with most complete. Action will not be complete until August due to the logistics of getting some of the staff groups to attend training.	Seonaid Scott
AMA 012	A central record of employees who have received asbestos related training should be maintained.	Work is ongoing to consolidate all training records including asbestos training on Clacks Academy.	2	✅	31/03/2025	All training records should be held on Clacks Academy. An exercise has been undertaken to gather in records which services were holding and make sure these are included in the corporate record.	Seonaid Scott

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AMA 013	A central record of employees who have received asbestos related training should be maintained.	Work is ongoing to consolidate all training records including asbestos training on Clacks Academy.	2	✅	31/03/2025	Asbestos related training records now on the Clacks Academy.	Alastair Hair
AMA 014	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	▶	31/03/2025	List updated and reminders sent to those who have to formally accept, but still several people outstanding to accept.	Seonaid Scott
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	▶	31/03/2025		Nikki Bridle
AMA 016	All Premises Duty Holders should promptly receive Premises Duty Holder training upon commencement of their role.	Premises Duty Holder upon appointment will receive information / training relating to duties including asbestos within 14 days.	2	✅	31/03/2025	All PDHs have been offered training, some several times over. Only a few remain to be trained.	Seonaid Scott
AMA 017	All Premises Duty Holders should promptly receive Premises Duty Holder training upon commencement of their role.	Premises Duty Holder upon appointment will receive information / training relating to duties including asbestos within 14 days.	2	✅	31/03/2025	Currently in place. Not been advised of any new PDH's since audit.	Stuart Graham
AMA 018	Premises Duty Holders and relevant staff should be made aware of asbestos containing materials and the emergency procedures to be followed for an uncontrolled release of asbestos materials.	The asbestos management survey and plan information relating to the position asbestos and the emergency procedures to be followed for an uncontrolled release of asbestos materials will be discussed and highlighted during routine inspections and audits both by the Asbestos Duty Holder and Health and Safety staff.	2	✅	31/01/2025	Visits made to all properties and Premises Duty Holders reminded of the procedures and their responsibilities in managing asbestos.	Seonaid Scott
AMA 019	Premises Duty Holders and relevant staff should be made aware of asbestos containing materials and the emergency procedures to be followed for an uncontrolled release of asbestos materials.	The asbestos management survey and plan information relating to the position asbestos and the emergency procedures to be followed for an uncontrolled release of asbestos materials will be discussed and highlighted during routine inspections and audits both by the Asbestos Duty Holder and Health and Safety staff.	2	✅	31/01/2025	This action has been carried out.	Stuart Graham

AMA 020	Premises Risk Assessments should be prepared for all premises and include asbestos risks and mitigating controls. In addition, Premises Risk Assessments should be reviewed on an annual basis and updated if required.	A generic property risk assessment is to be created to include asbestos risks and mitigating controls to be completed by Premises Duty Holders.	2	🛑	28/02/2025	Template to be developed on Evotix and then communicated to Premises Duty Holders for adaptation to their property.	Seonaid Scott
AMA 021	Premises Risk Assessments should be prepared for all premises and include asbestos risks and mitigating controls. In addition, Premises Risk Assessments should be reviewed on an annual basis and updated if required.	A generic property risk assessment is to be created to include asbestos risks and mitigating controls to be completed by Premises Duty Holders.	2	🛑	28/02/2025	Currently being worked on with H&S.	Stuart Graham
AMA 022	Premises Asbestos Clearance to Work Registers should be completed by all contractors prior to any works taking place.	Contractors, council trades staff, and Premises Duty Holders will be reminded of the importance of completing Asbestos Clearance to Work Registers as part of routine training, building inspections, and audits by both the Asbestos Duty Holder and Health and Safety staff.	2	✅	31/01/2025	Communication sent to all Premises Duty Holders to remind them of the need to have the asbestos register checked. Spot checks carried out on several properties and will continue as part of regular H&S audit programme.	Seonaid Scott
AMA 023	Premises Asbestos Clearance to Work Registers should be completed by all contractors prior to any works taking place.	Contractors, council trades staff, and Premises Duty Holders will be reminded of the importance of completing Asbestos Clearance to Work Registers as part of routine training, building inspections, and audits by both the Asbestos Duty Holder and Health and Safety staff.	2	✅	31/01/2025	Asbestos registers and clearance to work sheets have been put into properties and both internal trades and external contractors have been instructed to sign these prior to intrusive works.	Stuart Graham
AMA 024	Premises Asbestos Clearance to Work Registers should be completed by all contractors prior to any works taking place.	Premises Duty Holders will be reminded of responsibilities in respect of control of contractors and council staff. This will be done through updating the Premises Duty Holder training.	2	✅	31/01/2025		Seonaid Scott
AMA 025	Premises Asbestos Clearance to Work Registers should be completed by all contractors prior to any works taking place.	Premises Duty Holders will be reminded of responsibilities in respect of control of contractors and council staff. This will be done through updating the Premises Duty Holder training.	2	✅	31/01/2025	Premises Duty holders have been informed and this is also explained during PDH training.	Stuart Graham
AMA 026	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	✅	31/03/2025		Seonaid Scott

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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	🛑	31/03/2025	Premises Duty Holder Guidance is currently being reviewed along with H&S and will be published in due course	Stuart Graham

Report to Audit and Scrutiny Committee

Date of Meeting: 12th June 2025

Subject: HSCP – Clackmannanshire Locality Performance Report 2024/25 Q3 & Q4 (October to March)

Report by: Head of Strategic Planning and Health Improvement

1.0   Purpose

1.1.   The purpose of the report is to highlight the work and performance of the Clackmannanshire and Stirling Health and Social Care Partnership in relation to performance for the locality of Clackmannanshire.

2.0   Recommendations

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

3.0   Considerations

3.1.   Integration Joint Boards are responsible for effective monitoring and reporting on the delivery of Health & Social Care services, relevant targets and measures aligned to the themes in 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 how well integrated services are meeting the individual outcomes of people as well as 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 October 2024 – March 2025.

3.4. This report is developed with operational service leads to ensure the information provided is meaningful and supports ongoing service delivery and improvement. The HSCP Performance team will work with Service managers to identify any gaps/targets in information and align with the priorities in the 2023-2033 Strategic Plan for the Clackmannanshire and Stirling HSCP.

3.5. There are some challenges accessing data which continue to be worked through to provide fuller reporting in future.

4.0   Sustainability Implications

4.1. NA

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 X

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   X
Women and girls will be confident and aspirational, and achieve their full potential   X
Our communities will be resilient and empowered so that they can thrive and flourish   X

(2)   **Council Policies**

Complies with relevant Council Policies   ☒

8.0   Equalities Impact

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

Yes ☐   No **X**

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   Appendix 1 - National Health & Wellbeing Outcomes mapped against our 2023-2033 Strategic Plan.

10.2   Appendix 2 - Clackmannanshire locality data 2024/25 Q3 & Q4 (October to March).

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 **X**

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Ann Farrell	Principal Information Analyst	███████████

Approved by

NAME	DESIGNATION	SIGNATURE
Joanna MacDonald	Interim Chief Officer	███████████

All themes and priorities are linked to the 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

Outcome	Prevention, early intervention & harm reduction	Independent living through choice and control	Care Closer to Home	Supporting empowered people & 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. 9. Resources are used effectively and efficiently in the provision of health and social care services.	Enabling Activities				

Appendix 2 Clackmannanshire locality data 2024/25 Q1 & Q2 (April to September).

ST1 Prevention, early intervention and harm reduction

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 2024/25			Q2 2024/25			Q3 2024/25			Q4 2024/25			2024/25	2023/24
		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	8		📊	14		📊	7		📊	5		📊	34	23
ADC MHO 002	Number of Short Term Detention Certificates (Mental Health) Section 44	15		📊	15		📊	16		📊	14		📊	60	45
ADC MHO 007	Total number of Existing Guardianships (private and local authority)	168		📊	172		📊	176		📊	190		📊	190	158
IJB.02.clac_ASP1	Number of Adult Support and Protection referrals to Clackmannanshire Adult Social Care	174		📊	Not Available IT issues			Not Available IT issues		📊	Not Available IT issues		📊	Not Available IT issues	
ADP.CGL.CLACK.01	Number of HSCP residents attending Face to Face group sessions with Forth Valley Recovery Community	963		📊	679		📊	609		📊	632		📊		
ADP.CGL.CLACK.02	Number of Clackmannanshire residents individual sessions with Forth Valley Recovery Community	7		📊	7		📊	0		📊	<5		📊		
ADP.CLACK	Referral to Treatment Waiting Times for Clacks Substance Misuse Services (exc Prisons) against 3 Week HEAT Target. These data pertain to Experienced Waits where adjustments have been made to account for periods of unavailability	100%	90%	✅	99%	90%	✅	Not Available			Not Available			100%	89.9%
DD.09. CLACK	All Forth Valley Delayed Discharges (Code 9) for Clackmannanshire residents at census point.	5		📊	13		📊	8		📊	12		📊	8.75	4.67

Appendix 2 Clackmannanshire locality data 2024/25 Q1 & Q2 (April to September).

PI Code	Description	Q1 2024/25			Q2 2024/25			Q3 2024/25			Q4 2024/25			2024/25	2023/24
		Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Value
DD.100.CLACK	All Forth Valley Delayed Discharges (Code 100) for Clackmannanshire residents at census point.	0		📊	0		📊	0		📊	0		📊	0	0
DD.2WK.CLACK	All Forth Valley Delayed Discharges Over 2 Weeks for Clackmannanshire residents at census point.	8	0	🔴	8	0	🔴	8	0	🔴	3	0	🔺	3	4.25
DD.OBD.CLACK	Occupied Bed Days attributed to standard Delayed Discharges at census point end of QTR, for Clackmannanshire residents.	384	0	🔴	521	0	🔴	527	0	🔴	130	0	🔴	130	304
DD.ST.CLACK	All Forth Valley Standard Delayed Discharges (exc. Code 9 and Code 100) for Clackmannanshire residents at census point end of QTR.	13		📊	8		📊	10		📊	7		📊	10.4 Average of months	8 Average of months
DD.TOT.CLACK	Clackmannanshire Delayed Discharges - Total number of delays (inc Code 9 and Code 100) Census Point end of QTR	18		📊	21		📊	18		📊	19		📊	19.167 Average of months	12.67 Average of months
ADC.ADA.002m	Number of Clackmannanshire clients entering bed based intermediate care from hospital. Reducing delayed discharges.	<5		📊	<5		📊	<5		📊	<5		📊	7	4

Delayed Discharge

Standard Delays include 'health and social care reasons' which account for assessment delays, statutory funding, place availability or care arrangements, 'patient/carer/family related reasons', where there are disagreements (other than a medical appeal), legal issues or patients exercising right of choice.

Code 9 Delays where the timely discharge is out with the control of health and/or social care authorities.

Code 100 patients receiving appropriate care while they go through a complex and lengthy re-provisioning exercise, so their discharge is on-going rather than delayed.
Full definitions for Delayed Discharge codes can be found here Delayed Discharge Definitions and National Reporting Requirements Advice Note (publichealthscotland.scot)

ST2 Independent living through choice and control - Clackmannanshire - QUARTERS 2024-25

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 2024/25			Q2 2024/25			Q3 2024/25			Q4 2024/25			2024/25	2023/24
		Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Value
ADC ADA 025	Number of SDS Option 1 clients in Adult Social Work in Clackmannanshire	18			16			48			37			37	
ADC ADA 026	Number of SDS Option 2 clients in Adult Social Work in Clackmannanshire	9			8			9			9			9	
ADC ADA 027	Number of SDS Option 3 clients in Adult Social Work in Clackmannanshire	2,331			2,421			2,538			2,623			2,623	
ADC ADA 029	Number of SDS Option 4 clients in Adult Social Work in Clackmannanshire	52			57			58			55			55	

ST3 Achieving care closer to home

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 2024/25			Q2 2024/25			Q3 2024/25			Q4 2024/25			2024/25	2023/24
		Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Value
ADC ADA 01mg	Total number of new clients in the month for local authority reablement service in Clackmannanshire.	79			60			46			69			254	286
ADC ADA 01md	Number of new local authority reablement clients in the month who have stepped up into the service from their own home. Clackmannanshire	37			28			22			29			116	114

PI Code	Description	Q1 2024/25			Q2 2024/25			Q3 2024/25			Q4 2024/25			2024/25	2023/24
		Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Value
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	35		📈	24		📈	17		📈	23		📈	99	137
ADC ADA 01mf	Number of new reablement clients in the month who have entered service from bed based intermediate care. Clackmannanshire	7		📈	8		📈	7		📈	17		📈	39	35
ADC ADA 01sc	Average length of wait (days) from community referral date to start of local authority reablement service. Clackmannanshire	14	11	🔴	23	11	🔴	6	11	✅	15	11	🔴	14.5	39.25
ADC ADA 01sd	Length of wait (days) from hospital referral date to start of local authority reablement services. Clackmannanshire	7	6	🔴	4	6	✅	4	6	✅	4	6	✅	4.75	5.75
ADC ADA 002q	Average wait in weeks for assessment to be completed in local authority reablement care. Clackmannanshire	5	4	🔴	5	4	🔴	5	4	🔴	5	4	🔴	5	5
ADC ADA 002c	Number of clients who went home from bed based intermediate care with a package of care. Clackmannanshire	0		📈	0		📈	<5		📈	5		📈	6	8
ADC ADA 002d	Number of clients who went home from bed based intermediate care with no package of care. Clackmannanshire	0		📈	<5		📈	0		📈	0		📈	<5	0
ADC ADA 002r	Average length of wait at end of local authority reablement care in Clackmannanshire for a Framework Provider (weeks).	<5	3	✅	<5	3	✅	<5	3	🔴	<5	3	✅	<5	4
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	8	9	✅	7	9	✅	9	9	✅	9	9	✅	8	9
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.	948.5		📈	675.25		📈	500.5		📈	708		📈	2,832.25	2,796.75
ADC ADA 01n	Number of hours care post local authority reablement (after 6 weeks) in Clackmannanshire	703.0		📈	595.5		📈	413		📈	442		📈	2153.5	2415.4
ADC ADA 01mc	% of local authority reablement double up staff clients who completed the service. Clackmannanshire	17.93%	10%	🔴	17.09%	10%	🔴	13.79%	10%	🔴	12.5%	10%	🔴	15.51%	9.79%
ADC ADA 01pb	% of clients with increased care hours at end of local authority reablement services. Clackmannanshire	6.5%	10%	✅	17.3%	10%	🔴	27%	10%	🔴	15.1%	10%	🔴	15.2%	19.8%

PI Code	Description	Q1 2024/25			Q2 2024/25			Q3 2024/25			Q4 2024/25			2024/25	2023/24
		Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Value
ADC ADA 01p	% of clients with reduced care hours at the end of local authority reablement period in Clackmannanshire	29%	2%	🟢	20%	2%	🟢	32%	2%	🟢	36%	2%	🟢	28%	28%
ADC ADA 01q	% of clients receiving no care after local authority reablement in Clackmannanshire	24%	30%	🔴	31%	30%	🟢	14%	30%	🔴	22%	30%	🔴	25%	25%
ADC ADA 002a	Total number of intermediate beds occupied by clients in period. Clackmannanshire	6		📈	7		📈	3			12		📈	TBC	25
ADC ADA 002L	Number of Clackmannanshire clients entering bed based intermediate care from community (home) preventing admission to hospital	<5		📈	<5		📈	0		📈	<5		📈	7	14
ADC ADA 002b	Number of Clackmannanshire clients who moved from bed based intermediate to care home long term care	<5		📈	<5		📈	<5		📈	<5		📈	<5	8
ADC ADA 002f	Average length of stay (weeks) for service users who were discharged in period who had used bed based intermediate care in Adult Social Care Clackmannanshire.	3.66	8	🟢	2.5	8	🟢	10		🔴	7		🟢	5.79	5.5
ADC ADA 002N	Number of clients who moved from intermediate care to hospital. Clackmannanshire	<5		📈	<5		📈	<5		📈	0		📈	<5	2
ADC ADA 021	% annual reviews completed within timescale in Adult Care Clacks Social Services	26.1%	100.0%	🔴	32.3%	100.0%	🔴	32.7%	100%	🔴	TBC			TBC	14.8%
ADC ADA 035	Number of completed social care assessments in period.	653	672	🟢	548	672	🔴	573	672	🔴	TBC			TBC	2,191

ST4 Supporting empowered people and communities

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 2024/25			Q2 2024/25			Q3 2024/25			Q4 2024/25			2024/25	2023/24
		Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Target	Status	Value	Value
ADC ADA 011B	Number of Adult Support Plans for carers offered in Clackmannanshire locality HSCP	88		📈	38		📈	44		📈	TBC		📈	TBC	364
ADC ADA 011C	Number of Adult Support Plans for carers accepted in Clackmannanshire locality.	32		📈	12		📈	16		📈	TBC		📈	TBC	111
ADC ADA 011D	Number of eligible Adult Support plans for carers completed.	6		📈	<5		📈	<5		📈	TBC		📈	TBC	19
ADC ADA 011	% of Adult Support Plans for carers completed in Adult Social Care	18.8%	39%	🔴	33.3%	39%	🔺	18.8%	39%	🔴	TBC	39%		TBC	17.1%

Inspection of Services

Registered services owned by the Partnership are inspected annually by the Care Inspectorate.
There were 3 registered service inspections during October to April 2024/2025.

Ludgate House Resource Centre Care Home Service,	unannounced inspection	Completed on 8th January 2025	Findings: How well do we support people's wellbeing? 3 - Adequate How good is our staff team? 4 - Good Requirement 1. By 14 March 2025, the provider must ensure that people are supported with all aspects of their care. This should include, (but is not limited to) skin integrity and nutrition. Areas for improvement 1. The service should ensure that staffing is arranged, so that the right people with the right skills are in place at the right time, to have the greatest impact on providing safe and high-quality services that result in the best outcomes for people.
Ludgate House Resource Centre Care Home Service,	unannounced follow up inspection	Completed on 18th March 2025	Requirement 1. By 14 March 2025, the provider must ensure that people are supported with all aspects of their care. This should include, (but is not limited to) skin integrity and nutrition. **- Not met - extension agreed to 16th May 2025.** Areas for improvement 1. The service should ensure that staffing is arranged, so that the right people with the right skills are in place at the right time, to have the greatest impact on providing safe and high-quality services that result in the best outcomes for people. **The dependency tool had been updated to reflect care hours and better calculate staffing needs. The service had a cohort of relief staff who had been refreshed in training and were now utilised to support the service when needed. The service had completed their actions to meet this area for improvement**
Menstrie House Care Home Service,	unannounced inspection	Completed on 2nd October 2024	Findings: How well do we support people's wellbeing? 5 - Very Good & How good is our staff team? 5 - Very Good

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. Where we have areas for improvement we are required to publish our action plans.

Report to: Audit and Scrutiny Committee

Date of Meeting: 12th June 2025

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

Report by: Strategic Director (Place)

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 2025 (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 2024/25, a further document has been produced to show comparative year on year performance from 2019/20 to 2024/25 (Appendix 2) within key areas of Housing Service delivery.

3.3   The SHR recently carried out a consultation on the charter indicators which social landlords are required to report upon within the ARC. This was carried out with various stakeholders including tenants and landlords. The changes made to charter indicators are detailed in Appendix 3.

3.4   Broadly, these changes included for, new tenant and resident safety indicators on damp and mould to now be collected, a small number of indicators have been removed and are no longer required to be reported on, and clarity has been provided in the definition of a number of existing indicators. Collection of the new style indicators was from 1st April 2025 and will be reported in the ARC submission in May 2026.

3.5   The procurement exercise for the upgrade of the Housing and Repairs IT systems has recently been completed and contracts with suppliers now entered into. These upgrades will allow us to use modern technology to enhance operational efficiency and improve service delivery. The improved systems will allow us to collate and manage our performance data more easily. We are at the start of the migration and implementation process and anticipate a project length of approximately 18 months to realise both systems.

3.6   Work in earnest has started with NEC on the upgrade of the housing system. However, at the time of writing this report we must inform committee that despite repeated requests we have no progress with Civica on the repairs and property upgrade. We are in a process of updating the corporate risk register as we understand from the market that few landlords have went live with the full repairs and contractors modules as yet, these are the modules that we have contracted to utilise. This could place delivery of repairs to tenants and reporting to the SHR in a weak position.

4.0   Key performance in Housing

Satisfaction/Customer & Landlord Relationship

4.1   The indicators in these sections are based on the data derived from our 3 yearly tenants survey (of around 1000 tenants), this was last carried out in 2023 (and the results reported in the 2022/23 ARC).

4.2   Indicators 1, 2 and 5 (Appendix 1) show that our tenants are very satisfied. As part of our programme of Housing Performance Meetings, external contractor Research Resource presented the results from the survey and provided evidence to show improvement in the above noted indicators since time of previous survey in 2019.

4.3   The next large scale tenant survey will be carried out in final quarter of this current financial year 2025/26.   The service is currently in a joint procurement journey with Stirling Council, Rural Stirling Housing Association and Forth Housing Association to procure a contractor to carry out this work. The relevant data gathered will be submitted within the ARC return in May 2026. The service plan to review the full survey in more detail at a future Housing Performance Meeting next year.

Access to Housing and Support

4.4   Our average number of calendar days taken to re-let void properties in 2024/25 was 57.54 days compared to 64.86 days in 2023/24. The total number of lets for the year was 370, this includes all properties that were re-let in the year and 57 properties that were bought back from the open market.

4.5   The main measure of void performance is in the rental income lost by properties not being rented.   In 2023/24 the Councils void performance

resulted in a loss of rent of 1.34%, which compared well with a national average of 1.4% for all local authority landlords. Council approved a voids improvement plan during 2023, which included the off the shelf purchased properties. This included a focus on problem solving sessions and working with a private contractor. Whilst it is acknowledged that the work with the private contractor took some time to establish (to agree correct protocols and an understanding of the quality required for new tenants), the private contractor set up a base in Alloa itself and brought significant resource to the process. This complemented the base of work, the same contractor has established for roofing works for both domestic and public buildings.

4.6   With this action plan starting in late 2023/24 and into 2024/25, this resulted in a significant shift in void rent loss of 0.7% nearly half of the previous years outturn.

4.7   However, whilst that outturn is to be welcomed in helping to ensure best value for tenants rents, our weekly problem solving and performance monitoring of voids indicate that we still need to go further in respect of voids especially in respect of assisting with the growth in temporary accommodation usage. Where another leap forward in voids could mitigate the huge costs being borne by the general fund at present. Similarly, to ensure a constant top quartile performance in voids we also need to ensure our systems and processes are reviewed and set up to help the housing and property teams succeed including being able to take mitigating actions, when the number of voids goes beyond the working capacity of the service. The administration have asked the voids problem solving team for a report on what aspects of the process could be reviewed to assist in this endeavour.

Repairs Maintenance and Improvements

4.8   Performance in responding to emergency repairs within the permitted 8 hour target time remains high with an average response time of 3.17 hours.

4.9   Performance in non-emergency repairs has marginally improved when compared to 2023/24, with response time then at 5.1 days and now at 5.08 days.

4.10   Repairs was a focus of April's Housing Performance Meeting, where updates were given about the steps the service are taking to improve approaches to gathering feedback from tenants on the service they have received. Highlighted was the successful apprenticeship programme with 100% of apprentices being retained into full time employment within the last year.

Housing Quality and Maintenance

4.11   Our percentage compliance with Scottish Housing Quality Standard (SHQS) (indicator 6) has dropped from 93.54% to 84.65%. This is due to a number of Energy Performance Certificates (EPCs) becoming out of date and requiring to be renewed. This issue was highlighted following an in-depth review of the data held within this area, a number of properties were identified as having EPCs which were no longer valid (in date).

4.12   The service have engaged with the Council's Home Energy Advice Team to arrange for updated EPCs and ensure our future compliance within this area

as soon as is possible and by time of next reporting our SHQS position to the SHR in May 2026.

4.13   The total number of properties failing SHQS at year end was 586.   These failures relate to Energy Performance Certificates (EPC) falling out of date (567 properties) and 19 council owned properties that were evacuated due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC).

4.14   Moving forward, the information obtained from our stock condition survey (to commence in this calendar year) will provide robust data on the current condition of our housing stock portfolio. This will inform future reporting and assist with the development of our Asset Management Strategy.

Getting Good Value from Rents and Service Charges

4.15   Appendix 2 presents arrears data in three tables, providing further information on current and former arrears. This year has seen a notable reduction in overall arrears, dropping from 11.5% in 2023/24 to 7.25% in 2024/25. This improvement is particularly impressive given the current economic climate, including the rising cost of living. The Tenancy Management Team has placed a greater emphasis on rent arrears, with a revised case flagging system that allows prioritisation of cases requiring immediate attention. This ensures that tenants in need of additional support to pay their rent receive assistance at the earliest opportunity.

4.16   Former arrears had been on the rise since 2019/20. However, following the establishment of a dedicated team within the Housing Service focused on recovering Former Tenant Arrears (FTA), there has been a reduction in FTA arrears in 2024/25, decreasing to 5.48% from 8.73% in 2023/24. Officers have actively pursued recovery efforts and cases deemed unrecoverable were approved by Council for write-off in June 2024. Remaining cases will now follow a new FTA process workflow, which will identify new cases for action. This system will also flag untraceable cases, deceased tenants, and cases with prior decrees, ensuring the correct procedures are followed for these situations.

4.17   A revised and updated policy for managing both current and former arrears is under development and will be presented to the Council for approval following the necessary consultation and review.

Neighbourhood and Community

4.18   The Tenancy Management Team's main role is to set tenancies up to succeed and help tenants adhere to the rules in the tenancy agreement. The team work hard with tenants in their patches to help those who need it. The percentage of court actions initiated which resulted in eviction appears lower (44% from 60% in 2023/24) while the number of tenants taken to court has increased from 35 to 78, and evictions have risen from 21 to 34, this reflects a more proactive stance in tackling non-engagement and persistent arrears. This is reflected in the arrears balance of individual eviction cases, with the highest arrears in 2023/24 exceeding £9,000, compared to just under £6,000 in 2024/25.

4.19   Closer collaboration with the Legal department has been instrumental in ensuring cases are appropriately managed and progressed, avoiding unnecessary delays. Importantly, the team continues to work constructively with tenants even after a decree has been granted, with four cases successfully clearing their balance, including legal costs, prior to eviction action, ultimately sustaining their tenancies and preventing homelessness. Legal action is the last resort taken and Housing Officers will use every tool to help tenants sustain their tenancies.

4.20   In 2024, both the overarching corporate Antisocial Behaviour (ASB) Strategy and the Housing specific ASB Policy were approved. These documents provide tenants with clear guidance on what constitutes ASB, how to report incidents and the actions the Housing Service can take in response to ASB involving council tenants.

4.21   As highlighted in last year's Audit and Scrutiny report, case administration had not always been completed in a timely manner. However, improvements have been made in 2024/25, with the percentage of ASB cases resolved rising from 74.2% in 2023/24 to 82.5%. In addition, the number of reported cases has decreased from 178 in 2023/24 to 120 in 2024/25. Improved case management and a reduced caseload have enabled Housing Officers to handle investigations more effectively and take appropriate action to resolve issues.

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 2025
Appendix 2 - Comparative data
Appendix 3 - Summary of Changes to ARC Indicators

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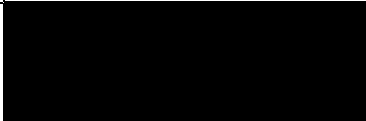
12.1   Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered).

Yes ☑

Scottish Housing Regulator Annual Return of Charter 2024

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Kevin Wells	Strategic Director - Place	██████████

Annual Return on the Charter (ARC) 2024-2025

Scottish Housing Regulator

Landlord name: Clackmannanshire Council

RSL Reg. No.:   1,006

Report generated date: 30/05/2025 12:36:05

Approval

A1.1	Date approved	
A1.2	Approver	
A1.3	Approver job title	
A1.4	Comments (Approval)	

Annual Return on the Charter (ARC) 2024-2025

Social landlord contextual information

Lets

Number of lets during the reporting year, split between 'general needs' and 'supported housing' (Indicator C3)

C3.1	The number of 'general needs' lets during the reporting year	358
C3.2	The number of 'supported housing' lets during the reporting year	12

	Indicator C3	370

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

C2.1	The number of lets to existing tenants	40
C2.2	The number of lets to housing list applicants	78
C2.3	The number of mutual exchanges	26
C2.4	The number of lets from other sources	0
C2.5	The number of lets to homeless applicants.	252
C2.6	Total number of lets excluding exchanges	370

Annual Return on the Charter (ARC) 2024-2025

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

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		917
1.1.2	the fieldwork dates of the survey	05/2023	
1.1.3	The method(s) of administering the survey: Post		☐
1.1.4	Telephone		
1.1.5	Face-to-face		☒
1.1.6	Online		
1.2.1	1.2 In relation to the tenant satisfaction question on overall services, please state the number of tenants who responded: very satisfied		410
1.2.2	fairly satisfied		440
1.2.3	neither satisfied nor dissatisfied		43
1.2.4	fairly dissatisfied		15
1.2.5	very dissatisfied		7
1.2.6	no opinion		2
1.2.7	Total		917

Indicator 1	92.69%

Annual Return on the Charter (ARC) 2024-2025

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

This years tenant satisfaction results are from the 2023 tenant satisfaction and aspiration survey. The next survey is scheduled to take place in early 2026 and the findings will be reported in the 2025/26 ARC.

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?"	917
2.2.1	2.2 Of the tenants who answered, how many said that their landlord was: very good at keeping them informed	547
2.2.2	fairly good at keeping them informed	342
2.2.3	neither good nor poor at keeping them informed	25
2.2.4	fairly poor at keeping them informed	2
2.2.5	very poor at keeping them informed	1
2.2.6	Total	917

Indicator 2	96.95%

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?"	917
5.2.1	5.2 Of the tenants who answered, how many said that they were: very satisfied	622
5.2.2	fairly satisfied	281
5.2.3	neither satisfied nor dissatisfied	14
5.2.4	fairly dissatisfied	0
5.2.5	very dissatisfied	0
5.2.6	Total	917

	Indicator 5	98.47%

Annual Return on the Charter (ARC) 2024-2025

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

Housing quality and maintenance

Quality of housing

Scottish Housing Quality Standard (SHQS) – Stock condition survey information (Indicator C8)

C8.1	The date your organisation's stock was last surveyed or assessed for compliance with the SHQS	03/2025
C8.2	What percentage of stock did your organisation fully assess for compliance in the last five years?	100.00
C8.3	The date of your next scheduled stock condition survey or assessment	03/2026
C8.4	What percentage of your organisation's stock will be fully assessed in the next survey for SHQS compliance	100.00
C8.5	Comments on method of assessing SHQS compliance.	

Our percentage compliance with the Scottish Housing Quality Standard has dropped from 93.54% to 84.65%. This is due to a number of Energy Performance Certificates (EPCs) becoming out of date and requiring to be renewed. This issue was highlighted following an in-depth review of the data held within this area, a number of properties were identified as having EPCs which were no longer valid (in date).

The total number of properties failing SHQS at financial year end was 586. These failures relate to EPCs falling out of date (567 properties) and 19 council owned properties that were evacuated due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC).

The service have engaged with the Council's Home Energy Advice Team to arrange for updated EPCs and ensure our future compliance within this area as soon as is possible and by time of next reporting our SHQS position to the SHR in May 2026. Moving forward, the information obtained from a planned stock condition survey (to commence in this calendar year) will provide renewed data on the current condition of our housing stock portfolio. This will inform future reporting and assist with the development of our Asset Management Strategy.

Annual Return on the Charter (ARC) 2024-2025

Scottish Housing Regulator

Scottish Housing Quality Standard (SHQS) – Stock summary (Indicator C9)

		End of the reporting year	End of the next reporting year
C9.1	Total self-contained stock	5,068	5,088
C9.2	Self-contained stock exempt from SHQS	10	10
C9.3	Self-contained stock in abeyance from SHQS	182	25
C9.4.1	Self-contained stock failing SHQS for one criterion	567	0
C9.4.2	Self-contained stock failing SHQS for two or more criteria	19	0
C9.4.3	Total self-contained stock failing SHQS	586	0
C9.5	Stock meeting the SHQS	4,290	5,053

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	5,068
6.1.2	projected to the end of the next reporting year	5,088
6.2.1	The number of properties meeting the SHQS: at the end of the reporting year	4,290
6.2.2	projected to the end of the next reporting year	5,053

Indicator 6 - Percentage of stock meeting the SHQS at the end of the reporting year	84.65%
Indicator 6 - Percentage of stock meeting the SHQS projected to the end of the next reporting year	99.31%

Annual Return on the Charter (ARC) 2024-2025

Scottish Housing Regulator

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?"	917
7.2.1	7.2 Of the tenants who answered, how many said that they were: very satisfied	336
7.2.2	fairly satisfied	513
7.2.3	neither satisfied nor dissatisfied	63
7.2.4	fairly dissatisfied	2
7.2.5	very dissatisfied	3
7.3	Total	917

	Indicator 7	92.58%

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	6,337
8.2	The total number of hours taken to complete emergency repairs	23,528

	Indicator 8	3.71

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	7,072
9.2	The total number of working days taken to complete non-emergency repairs	35,951

	Indicator 9	5.08

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

10.1	The number of reactive repairs completed right first time during the reporting year	6,682
10.2	The total number of reactive repairs completed during the reporting year	6,968

	Indicator 10	95.90%

How many times in the reporting year 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	if you did not meet your statutory duty to complete a gas safety check add a note in the comments field	

	N/A

Indicator 11	0

	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?"	450
	12.2 Of the tenants who answered, how many said that they were:	
12.2.1	very satisfied	272
12.2.2	fairly satisfied	140
12.2.3	neither satisfied nor dissatisfied	35
12.2.4	fairly dissatisfied	3
12.2.5	very dissatisfied	0
12.2.6	Total	450

	Indicator 12	91.56%

Annual Return on the Charter (ARC) 2024-2025

Comments for any notable improvements or deterioration in performance, or compliance with tenant and resident safety requirements regarding the figures supplied in the "Housing quality and maintenance" section, including non-compliance with electrical, gas and fire safety requirements and plans to address these issues.

Housing repairs were the main focus of April's Housing Performance Meeting (meetings held with Elected members and Clackmannanshire Tenants and Residents Federation) where updates were given about the steps the service is taking to improve the way it collects feedback from tenants on the repairs service they have received.

Scottish Housing Regulator

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	47	11
Complaints carried forward from previous reporting year	0	0
All complaints received and carried forward	47	11
Number of complaints responded to in full by the landlord in the reporting year	46	11
Time taken in working days to provide a full response	193	251

Indicators 3 & 4 - The percentage of all complaints responded to in full at Stage 1	97.87%
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	4.20
Indicators 3 & 4 - The average time in working days for a full response at Stage 2	22.82

	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?'"	917
13.2.1	13.2 Of the tenants who answered, how many said that they were: very satisfied	401
13.2.2	fairly satisfied	471
13.2.3	neither satisfied nor dissatisfied	41
13.2.4	fairly dissatisfied	3
13.2.5	very dissatisfied	1
13.2.6	Total	917

Indicator 13	95.09%

Percentage of tenancy offers refused during the year (Indicator 14)

14.1	The number of tenancy offers made during the reporting year	668
14.2	The number of tenancy offers that were refused	298

	Indicator 14	44.61%

Percentage of anti-social behaviour cases reported in the last year which were resolved (Indicator 15)

15.1	The number of cases of anti-social behaviour reported in the last year	120
15.2	Of those at 15.1, the number of cases resolved in the last year	99

Indicator 15	82.50%

Abandoned homes (Indicator C4)

C4.1	The number of properties abandoned during the reporting year	26

Percentage of the court actions initiated which resulted in eviction and the reasons for eviction (Indicator 22)

22.1	The total number of court actions initiated during the reporting year	78
22.2.1	22.2 The number of properties recovered: because rent had not been paid	25
22.2.2	because of anti-social behaviour	2
22.2.3	for other reasons	7

Indicator 22 - Percentage of the court actions initiated which resulted in eviction because rent had not been paid	32.05%
Indicator 22 - Percentage of the court actions initiated which resulted in eviction because of anti-social behaviour	2.56%
Indicator 22 - Percentage of the court actions initiated which resulted in eviction for other reasons	8.97%
Indicator 22 - Percentage of the court actions initiated which resulted in eviction	43.59%

Annual Return on the Charter (ARC) 2024-2025

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

In 2024, both the overarching corporate Antisocial Behaviour (ASB) Strategy and the Housing specific ASB Policy were approved. These documents provide tenants with clear guidance on what constitutes ASB, how to report incidents and the actions the Housing Service can take in response to ASB involving council tenants.

Annual Return on the Charter (ARC) 2024-2025

Access to housing and support

Housing options and access to social housing

Percentage of lettable houses that became vacant in the last year (Indicator 17)

17.1	The total number of lettable self-contained stock	4,901
17.2	The number of empty dwellings that arose during the reporting year in self-contained lettable stock	317

	Indicator 17	6.47%

Number of households currently waiting for adaptations to their home (Indicator 19)

19.1	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.	241
19.2	The number of approved applications completed between the start and end of the reporting year	193
19.3	The total number of households waiting for applications to be completed at the end of the reporting year.	48
19.4	if 19(iii) does not equal 19(i) minus 19(ii) add a note in the comments field.	
		N/A

Indicator 19	48

	Total cost of adaptations completed in the year by source of funding (£) (Indicator 20)	

20.1	The cost(£) that was landlord funded;	£548,030
20.2	The cost(£) that was grant funded	£0
20.3	The cost(£) that was funded by other sources.	£0

	Indicator 20	£548,030

The average time to complete adaptations (Indicator 21)

21.1	The total number of working days taken to complete all adaptations.	18,086
21.2	The total number of adaptations completed during the reporting year.	308

	Indicator 21	58.72

Homelessness – the percentage of homeless households referred to RSLs under section 5 and through other referral routes (Indicator 24).

24.1	The total number of individual homeless households referred to RSLs under section 5.	22
24.2	The total number of individual homeless households referred to RSLs under other referral routes.	0
24.3	The total number of individual homeless households referred to RSLs under section 5 and other referral routes.	22
24.4	The total number of homeless households to whom the local authority has a statutory duty to secure permanent accommodation.	463

Indicator 24.	4.75%

Average length of time to re-let properties in the last year (Indicator 30)

30.1	The total number of properties re-let in the reporting year	313
30.2	The total number of calendar days properties were empty	18,011

	Indicator 30	57.54

Tenancy sustainment

Percentage of new tenancies sustained for more than a year, by source of let (Indicator 16)

16.1.1	The number of tenancies which began in the previous reporting year by: existing tenants	49
16.1.2	applicants who were assessed as statutory homeless by the local authority	237
16.1.3	applicants from your organisation's housing list	72
16.1.4	other	0
16.2.1	The number of tenants at 16.1 who remained in their tenancy for more than a year by: existing tenants	48
16.2.2	applicants who were assessed as statutory homeless by the local authority	209
16.2.3	applicants from your organisation's housing list	72
16.2.4	other	0

Indicator 16 - Percentage of new tenancies to existing tenants sustained for more than a year	97.96%
Indicator 16 - Percentage of new tenancies to applicants who were assessed as statutory homeless by the local authority sustained for more than a year	88.19%
Indicator 16 - Percentage of new tenancies to applicants from the landlord's housing list sustained for more than a year	100.00%
Indicator 16 - Percentage of new tenancies to others sustained for more than a year	N/A

Annual Return on the Charter (ARC) 2024-2025

Comments for any notable improvements or deterioration in performance regarding the figures supplied in the "Access to housing and support" section.

Our average number of calendar days taken to re-let void properties in 2024/25 was 57.54 days compared to 64.86 days in 2023/24. The total number of lets for the year was 370, this includes all properties that were re-let in the year and includes for 57 buy back properties being let.

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 26)

26.1	The total amount of rent collected in the reporting year	£21,140,488
26.2	The total amount of rent due to be collected in the reporting year (annual rent debit)	£21,308,106

Indicator 26	99.21%

Gross rent arrears (all tenants) as at 31 March each year as a percentage of rent due for the reporting year (Indicator 27)

27.1	The total value (£) of gross rent arrears as at the end of the reporting year	£1,555,701
27.2	The total rent due for the reporting year	£21,457,981

	Indicator 27	7.25%

Average annual management fee per factored property (Indicator 28)

28.1	The number of residential properties factored	0
28.2	The total value of management fees invoiced to factored owners in the reporting year	N/A

	Indicator 28	N/A

Annual Return on the Charter (ARC) 2024-2025

	Percentage of rent due lost through properties being empty during the last year (Indicator 18)	

18.1	The total amount of rent due for the reporting year	£21,457,981
18.2	The total amount of rent lost through properties being empty during the reporting year	£149,965

	Indicator 18	0.70%

Rent increase (Indicator C5)

C5.1	The percentage average weekly rent increase to be applied in the next reporting year	10.00%

The number of households for which landlords are paid housing costs directly and the total value of payments received in the reporting year (Indicator C6)

C6.1	The number of households the landlord received housing costs directly for during the reporting year	3,257
C6.2	The value of direct housing cost payments received during the reporting year	£11,981,719

Amount and percentage of former tenant rent arrears written off at the year end (Indicator C7)

C7.1	The total value of former tenant arrears at year end	£1,202,292
C7.2	The total value of former tenant arrears written off at year end	£736,223

	Indicator C7	61.23%

Value for money

Percentage of tenants who feel that the rent for their property represents good value for money (Indicator 25)

25.1	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?"	917
25.2.1	25.2 Of the tenants who answered, how many said that their rent represented: very good value for money	186
25.2.2	fairly good value for money	682
25.2.3	neither good nor poor value for money	42
25.2.4	fairly poor value for money	7
25.2.5	very poor value for money	0
25.3	Total	917

Indicator 25	94.66%

Percentage of factored owners satisfied with the factoring service they receive (Indicator 29)

29.1	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?"	
29.2.1	29.2 Of the factored owners who answered, how many said that they were: very satisfied	
29.2.2	fairly satisfied	
29.2.3	neither satisfied nor dissatisfied	
29.2.4	fairly dissatisfied	
29.2.5	very dissatisfied	
29.3	Total	

	Indicator 29	

Annual Return on the Charter (ARC) 2024-2025

Comments for any notable improvements or deterioration in performance regarding the figures supplied in the "Getting good value from rents and service charges" section.

Indicator C7 shows FTA write off from an in year figure of 1,938,515 down to 1,202,292, this equates to 736,222 written off with a % write off figure as 37.98%

Other customers

Gypsies / Travellers

For those who provide Gypsies/Travellers sites - Average weekly rent per pitch (Indicator 31)

31.1	The total number of pitches	0
31.2	The total amount of rent set for all pitches during the reporting year	N/A

	Indicator 31	N/A

For those who provide sites – percentage of Gypsy/Travellers satisfied with the landlord's management of the site (Indicator 32)	

32.1	How many Gypsies/Travellers answered the question "How satisfied or dissatisfied are you with your landlord's management of your site?"	
32.2.1	32.2 Of the Gypsies/Travellers who answered, how many said that they were: very satisfied	
32.2.2	fairly satisfied	
32.2.3	neither satisfied nor dissatisfied	
32.2.4	fairly dissatisfied	
32.2.5	very dissatisfied	
32.2.6	Total	

	Indicator 32	

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

Works have been delayed in the development of the travelling persons site at Westhaugh, Alva. The issues surrounding these delays have been addressed and Council have approved additional budget to be provided to the project allowing it to progress. We anticipate a start back on site in the coming weeks and completion in Q1 2026-2027. The service continue to meet regularly with the Scottish Governments Gypsy Traveller team. Residents are being kept up to date on progress with monthly meetings scheduled to run for the next year and a dedicated resident liaison officer continues to manage all other resident engagement and communications.

Appendix 2

Access to Housing and Support

Indicator 30
Average length of time taken to re-let properties in the last year in days

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
57.54	64.86	47.04	32.55	39.93	35.21

Indicator C2
The number of lets during the reporting year

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
370	357	351	353	335	417

Repairs Maintenance and Improvements

Indicator 8
Average length of time taken to complete emergency repairs in hours

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
3.71	3.99	3.97	3.49	3.63	4.76

Indicator 9
Average length of time taken to complete non-emergency repairs in days

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
5.08	5.12	5.41	4.9	4.24	7.61

Housing Quality and Maintenance

Indicator 6
% of stock meeting the SHQS

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
84.65%	93.54%	39.33%	59.87%	79.19%	96.12%

Getting Good Value from Rents and Service Charges

Indicator 27

Gross rent arrears (all tenants) as at 31 March each year as a % of rent due for the reporting year

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
7.25%	11.15%	11.51%	10.66%	9.56%	10.12%

Gross rent arrears (current tenants) as at 31 March each year as a % of rent due for the reporting year

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
1.77%	2.42%	3.32%	3.63%	3.33%	3.91%

Gross rent arrears (former tenants) as at 31 March each year as a % of rent due for the reporting year

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
5.48%	8.73%	8.19%	7.03%	6.23%	6.21%

Indicator 18

% of rent due lost through properties being empty during the last year

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
0.7%	1.34%	1.02%	0.66%	0.94%	0.45%

Neighbourhood and Community

Indicator 22

% of the court actions initiated which resulted in eviction and the reason for eviction

	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
%	43.59%	60.00%	45.76%	26.92%	0.00%	20.43%
No of court actions initiated	78	35	59	26	2	93
No of properties recovered	34	21	27	7	0	19
Because rent not paid	25	16	23	5	0	19
Because of anti-social behaviour	7	3	2	1	0	0
Because of other reason	2	2	2	1	0	0

Appendix 2

Indicator 15

% of anti-social behaviour cases reported in the last year which were resolved

2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
82.50%	74.16%	89.95%	74.42%	75.19%	79.57%

Summary of Changes to ARC Indicators (Effective from May 2026)

Change Type	Indicator(s) Affected	Description
Removed Indicators	14, 20, 23, 24, C3	**14:** Tenancy offers refused during the year. **20:** Total cost of adaptations completed by source of funding. **23 & 24:** Homelessness referrals. **C3:** Number of lets during the year split between general needs and supported housing.
Amended Indicators	10, 15, C2	**10:** Reactive repairs completed right first time – simplified to count only reactive repairs completed and reported again in the reporting year. **15:** Anti-social behaviour cases resolved – now includes cases opened in the previous year and measures cases per 100 homes. **C2:** Lets in the reporting year by source of let – now includes lets to homeless households by local authority area.
New Indicators	Long-term voids, Tenant & Resident Safety, Damp & Mould	**C9:** Long-term voids: Number of self-contained properties void at year-end and those void for more than six months, with breakdown by reason (e.g. demolition, repairs, low demand). <u>Tenant & Resident Safety:</u> **29:** Electrical Safety: Instances where Electrical Installation Condition Reports (EICR) were not completed within five years. **30:** Fire Safety: Homes lacking satisfactory smoke and heat alarms. <u>Damp & Mould:</u> **31:** Average time to resolve cases. **32:** Percentage of resolved cases reopened. **33:** Number of open cases at year-end.

CLACKMANNANSHIRE COUNCIL

Report to: Audit and Scrutiny Committee

Date of Meeting: 12 June 2025

Subject: Clackmannanshire Child Protection Committee Annual Report 2023-24

Report by: Child Protection Lead Officer

1.0   Purpose

1.1.   To present the Clackmannanshire Child Protection Committee Annual Report reflecting the reporting period for 1 April 2023 to 31 March 2024 (attached as Appendix 1).

2.0   Recommendations

2.1.   It is recommended that Audit and Scrutiny Committee:

   (i)   Considers and notes the Clackmannanshire Child Protection Committee Annual Report 2023-24 (appended);

   (ii)   Notes that the Clackmannanshire Child Protection Committee Annual Report 2023-24 has been endorsed by the Public Protection Chief Officers group.

3.0   Considerations

3.1.   The Clackmannanshire Child Protection Committee is the local inter-agency strategic planning partnership responsible for developing and implementing child protection strategy, policy and practice across Clackmannanshire. Child Protection Committees must produce and publish an annual report, endorsed by Chief Officers, which sets out the work of the committee, delivery against key performance measures in that year as well as identified priorities for the year ahead.

3.2.   The Clackmannanshire CPC Annual Report 2023-24 provides an overview of the ongoing multi-agency activity and work to keep children and young people in Clackmannanshire safe. The report highlights the key activities, improvements, and progress made by the multi-agency partnership, and offers assurance that multi-agency operational systems and processes are effective in identifying and supporting children at risk of harm.

3.3.   The report covers:

- Key local performance data and trends.

- Range and impact of early intervention strategies.

- Efforts to involve children and young people in decisions about their care.

- Range of multi-agency child protection training and workforce development delivered.

- Progress on child protection national guidance implementation and The Promise.

- Collaborative initiatives such as the Respect Programme, Bairns' Hoose developments and implementation of the Scottish Child Investigative Model.

- Multi-agency audits, performance reviews, and quality assurance findings.

3.4.   Key Points to highlight are:

- The reduction in the number of children subject to child protection referrals, attributed to the success of early intervention initiatives.

- Ongoing commitment to embedding child-centred, trauma-informed practice.

- Progress on delivering the CPC Strategic Improvement Plan 2023–2025.

- Children's views are actively sought and shaping service development (e.g. use of Viewpoint, "My Story," and youth involvement in the CPC logo design).

- National learning from learning reviews and audit activity continue to inform local practice improvements.

4.0   Sustainability Implications

4.1. No direct sustainability implications arising from this report.

5.0 Resource Implications

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

5.2. 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   Equalities Impact

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

Yes ☐   No ☒

No full EIA is required as this report is for information and scrutiny.

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".

Clackmannanshire Child Protection Committee Annual Report 2023-24

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 ☐

Chief Social Work Officer Annual Report 2023-24

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Jim Young	Child Protection Lead Officer	5068

Approved by

NAME	DESIGNATION	SIGNATURE
Sharon Robertson	Chief Social Work Officer	████████████
Lorraine Sanda	Strategic Director, People	████████████
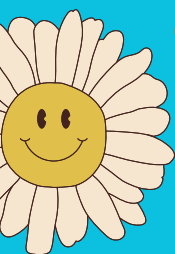
CLACKMANNANSHIRE CHILD PROTECTION COMMITTEE (CPC)
ANNUAL REPORT
CHILD FRIENDLY VERSION

3 BEST INTERESTS OF THE CHILD

4 MAKING RIGHTS REAL

19 PROTECTION FROM VIOLENCE

25 REVIEW OF A CHILD'S PLACEMENT
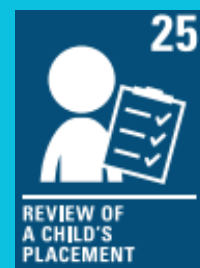
Keeping Children Safe in Clackmannanshire ☀

The report shares what Clackmannanshire is doing to make sure children are safe, healthy, and happy. Here's a quick look:

1. **What Is This About?**
It's all about making sure children are protected from harm and have the best possible future. The Child Protection Committee (CPC) works with schools, police, doctors, social workers, and other groups to keep children safe.

2. **Why Is This Important?**
Some children face tough challenges like neglect, abuse, or family problems. The CPC helps by making plans, listening to children's needs, and acting quickly when help is needed.

3. **How Are Children Heard?**
Children's views are super important! A special tool called Viewpoint lets children and young people share their feelings about their care and protection. There's also something called My Story, which helps children and young people keep memories and important documents safe.

4. **What's Happened This Year?**
   - Helping Families Early: Social Work Early Help Team work with families before problems get worse.
   - Listening to children & young people: they are part of decision-making, like designing the CPC logo!
   - Better Interviews: Police and social workers use new ways to talk to children kindly and safely when there's trouble.

5. **What Are the Big Goals?**
   - Teach everyone to protect children.
   - Make sure plans and rules are clear and helpful.
   - Use kind words children understand.

6. **Fun Facts!**
   - Clackmannanshire is one of the smallest places in Scotland, but it has a big heart for children!
   - Children and young people helped design the CPC's new logo.

What Can You Do?
Speak up if you're worried about a child.
Remember, it's everyone's job to keep children safe!

getting it right for every child
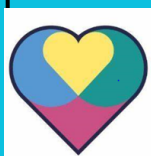
Clackmannanshire Child Protection Committee
Annual Report

2023-2024

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Introduction by Independent Chair

As the Independent Chair of Clackmannanshire's Child Protection Committee, I am pleased to present our first Annual Report from the academic reporting period August 2023 to July 2024. This report provides an overview of the Child Protection Committee's (CPC) commitment to multi-agency collaboration, cooperation and recognises the excellent ongoing work in Clackmannanshire to identify and protect children and young people from abuse and neglect.

Clackmannanshire CPC has close working ties with the other public protection groups including Clackmannanshire and Stirling Adult Protection Committee, Violence Against Women and Girls, Community Justice and MAPPA. We acknowledge the benefit of working closely with Falkirk and Stirling's Child Protection Committee's as this ensures continuity of approaches and recognises the benefits for colleagues from Police Scotland, NHS and third sector with a Forth Valley remit.

The Annual Report contains both national and local child protection performance and management information, identifies national learning from learning reviews, and our audit activity. It provides us with evidence to support or review our policies and procedures and ultimately to monitor the impact of our work and if we are making a difference to the lives of children and young people in Clackmannanshire. We will continue to adapt and monitor our multiagency Risk Register that we review and update at every CPC.   This information allows us to identify trends, practice issues and enables early intervention strategies.

I would like to thank all members of the Clackmannanshire CPC for their dedication, commitment and support over the past year and look forward to continuing with the emphasis of aspiring to make Clackmannanshire a welcoming safe community for children, young people and families.

Cecilia Meechan

Independent Chair,
Clackmannanshire Child Protection Committee

Demographics

Clackmannanshire is one of the smallest mainland councils in Scotland, covering an area of 61.4 square miles, with 292 kilometres of road, and classed as semi-rural. The population of Clackmannanshire is 51,750 and of which 9,909 are children aged 0-17 years.

Clackmannanshire has 18 publicly funded primary schools, 3 publicly funded secondary schools, 2 Special Schools [Secondary School Support Service & Lochies], 4 Specialist Provisions [Alloa Academy [EASN], Alva Academy [ASD], Alva PS [ASD] & Primary School Support Service] and 4 standalone Early Learning & Childcare [ELC] establishments.

The proportion of children and young people is also slightly higher than average – 19.1% aged under 18, while this is 18.5% across Scotland.

29.2% of children in Clackmannanshire live in poverty (after housing costs); the 2nd highest rate in Scotland, where the overall result is 21.8%. Despite this, however, 82.5% of children are meeting their developmental milestones compared to 82.1% across Scotland.

225 children were being cared for by the Council (July 2023), representing 2.3% of under 18-year-olds and higher than the Scottish rate of 1.2%. As the same point, the rate of children on the Child Protection Register (per 1,000 children aged under 16) was 1.7; below the Scottish rate of 2.3.

77% of primary school pupils and 21% of secondary school pupils are registered for Free School Meals compared to the previous year [63.7% and 18.7%].

26.7% of primary school pupils and 38.2% of secondary school pupils have additional educational support needs.

School attendance rates are higher than average – 91.0% for all children & young people and 86.1% for those who are care experienced, with Scottish rates of 90.2% and 84.4%, respectively.

The academic attainment gap between the most and least deprived areas has reduced. In primary schools, we are close to the Scottish average for numeracy and have the 4th lowest gap for literacy. In secondary schools, however, attainment remain below average, including in deprived areas.

CPC Structure and Functions

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire and Stirling Chief Officer Group

Clackmannanshire Child Protection Committee

Clackmannanshire & Stirling Adult Support & Protection Committee

Clackmannanshire Violence Against Women & Girls Group

Clackmannanshire Community Justice Group

Children and Young People Strategic Group

Forth Valley Girfec Group

Forth Valley & West Lothian Ric E-Safety Partnership

Forth Valley Policies, Procedures & Protocols Group

Forth Valley IRD Steering Group

Forth Valley Public Protection, Information & Engagement Group

Forth Valley Missing Persons Review Group

Forth Valley Bairns Hoose Project Sub-Group

Forth Valley Bairns Hoose Strategic Group

Public Protection Learning & Practice Development Sub-Group

Quality Assurance & Performance Management Sub-Group

Learning Review Sub-Group

Clackmannanshire & Stirling Alcohol & Drug Partnership Group

Forth Valley Mappa/Sog

Clackmannanshire and Stirling combined Child Protection Committee (CPC) met for the final time on 7th June 2023. The decision to separate CPC's was made to provide more local focus and autonomy. Clackmannanshire's Child Protection Committee was established with a dedicated Lead Officer for Child Protection and Independent Chair. Multi-agency partnership working continues and is embedded within the core function of the CPC with representation from Clackmannanshire Children and Families, Forth Valley Police Division, NHS Forth Valley, Education, Scottish Child Reporter Administration, Third Sector, Violence Against Women and Girls, Clackmannanshire and Stirling Alcohol and Drug Partnership, Care Inspectorate, Clackmannanshire and Stirling Adult, Support and Protection Lead Officer and Public Protection Learning and Development Advisor.

Clackmannanshire's CPC set out its functions, as per the National Guidance for Child Protection in Scotland, 2021 (updated 2023), continuous improvement, strategic planning, public information and communication. These core business functions, as applied to local needs and practice, provide a working framework for the CPC Improvement Plan 2023 to 2025:

Continuous Improvement

- Policies, procedures and protocols
- Self-evaluation, performance management and quality assurance
- Promoting good practice including learning from local and national case reviews.
- Training and staff development

Strategic Planning

- Communication, collaboration and co-operation
- Making and maintaining links with other planning for a
- Communicating, benchmarking and sharing resources and good practice with relevant partners and groups across Scotland

Public Information and Communication

- Raising public awareness
- Involving children and young people and their families through participation and in line with the Promise.

The CPC maintains and monitors a Multi-agency Risk Register and Implementation Plan which are based on local needs and areas of improvement identified through self-evaluation and the implementation of the National Guidance for Child Protection in Scotland 2021, updated 2023. The implementation plan details:

- The partnership should fully embed quality assurance and self-evaluation processes for child protection.
- The partnership's workforce and child protection processes and guidance are trauma informed
- Coordination and continuity of support for each vulnerable young person at risk of harm, as they make their transitions to adult life and services.
- Contextual Safeguarding (extra familial harm) being embedded within Clackmannanshire with partner agencies.
- Practitioners involved in Child Protection work are skilled and confident in applying the National Guidance for Child Protection in Scotland 2021, updated 2023.
- Children views are sought listened to and acted upon with child friendly communication tools. They have a choice on how their views are shared in Child Protection processes.
- Continuous improvement from Learning Reviews, both locally and nationally.
- Improve the rights of children and young people who are in looked after and in care in line with The Promise.

CPC Logo

In line with involving children and young people suggestions were sought from local secondary school children on the design of a new Child Protection Committee logo to provide its own identity on all local and regional partnership policies and guidance documents. Alva Academy pupil Abby Dowell's design was selected by the committee as the new logo and she received a certificate of thanks for her work at the CPC Development day on the 28th May, 2024 at Alloa Town Hall.

Councillor Ellen Forson, Leader of Clackmannanshire Council, Abby Dowell and Sharon Robertson, Chief Social Work Officer for Clackmannanshire Council

Development Day

Multi-agency collective learning is at the heart of Clackmannanshire Child Protection Committee and a development day was held at Alloa Town Hall on the 28th May, 2024. Multi-agency partners including social work, police, health, education and third sector attended the event which was hosted by Jim Young, Lead Officer for Child Protection and Cecilia Meechan the Independent Chair of Clackmannanshire Child Protection Committee

From left to right: Clackmannanshire Community Inspector Nicky Collison, Graeme Armstrong, Chief Social Worker Sharon Robertson and Jim Young, Clackmannanshire Lead Officer for Child Protection.

The theme of the event was to explore youth violence, substance use as well as how domestic abuse effects young people, to understand the impact and to look at what we can do collaboratively to reduce this.

Graeme Armstrong, author of the Young Team novel and creator of the BBC Documentary 'Street Gangs' (which you can view on BBC Iplayer) delivered a presentation on Street Belonging: Violence, Connection and Healing. This was a hard-hitting talk which dealt with serious violence, suicide, drug deaths and it was acknowledged that this can be emotional for those with lived / living experience. Graeme held a Q & A session at the end of his talk.

Representatives from both Clackmannanshire and Stirling's Women's Aid also provided an informative and sobering insight into domestic violence and how it affects children and the support available in Clackmannanshire.

Quality Assurance and Self-Evaluation

In October 2023, Clackmannanshire Child Protection Committee submitted a self-evaluation to the Scottish Government updating them on our progress of implementing the National Guidance for Child Protection in Scotland 2021, updated 2023. Areas for improvement helped formulate the CPC implementation plan which is a work in progress for all CPC members.

In February 2024 a multi-agency audit of children who were identified as 'at risk of harm', took place involving a Review Team consisting of core agencies namely Forth Valley Police Division, NHS Forth Valley, Clackmannanshire Education and Children Services Social Work. The purpose of this quality assurance review was to demonstrate compliance with recognised national and local child protection standards and to highlight any learning opportunities for all CPC partners; highlighting key strengths and identifying areas for improvement. The focus was children / young people who were the subject of an Inter-Agency Referral Discussion (IRD), and a child protection concern had been raised.

Prior to the review being undertaken, a training session was held for the Review Team. Care Inspectorate Strategic Inspectors provided a training session on the Care Inspectorate's (Care Inspectorate: A quality framework for children and young people in need of care and protection. (Revised November 2022) this was used to benchmark the findings. This included the record reading template and guidance to be used. The Review Team used the Care Inspectorate's 6-point evaluation grading scale, ranging from Excellent to Unsatisfactory. Two secondary school deputy Head teachers who were not part of the Review Team also attended the training and found this beneficial.

Information reviewed included minutes of IRD meetings, Child Assessments, Plans and agency chronologies from Health, Police and Social Work. No children, young people or families were involved in this multi-agency review; although information and advice leaflets for children, young people and their families were made available and provided to them, in advance of the review, by the Lead Professionals (Social Workers). 41 separate reviews were carried out as part of the audit.

Some of the key Strengths identified during the audit included:

- There was evidence of really good multi-agency working throughout.
- The quality of the initial multi-agency response to the notification of concern and eIRD (electronic Inter-agency discussion) was deemed mostly very good, excellent or good.
- The overall quality of the follow up of concerns to a child were mostly very good, good or adequate.
- The overall quality of the multi-agency meeting for the child was mostly very good, good or adequate.
- Meetings in the majority were being held on time which is a great benefit to the Child Protection process and children and families involved.
- The quality of the assessment of needs, protective concerns and risks were again mostly very good, good or adequate.
- Multi-agency chronologies were on a whole good.
- The quality of the children's plan were very good, good or adequate.
- The quality of reviews were mostly very good with one recorded as good and one as adequate.
- How well the child has been listened to, views documents and heard, and included by staff was positive but more mixed. Either very good, good or adequate with some areas for improvement This was a similar picture to parents and carers.
- The evaluation of the effectiveness of the work carried out to reduce the risks of abuse and/or neglect to the child was very positive. It was either very good, good, or adequate.
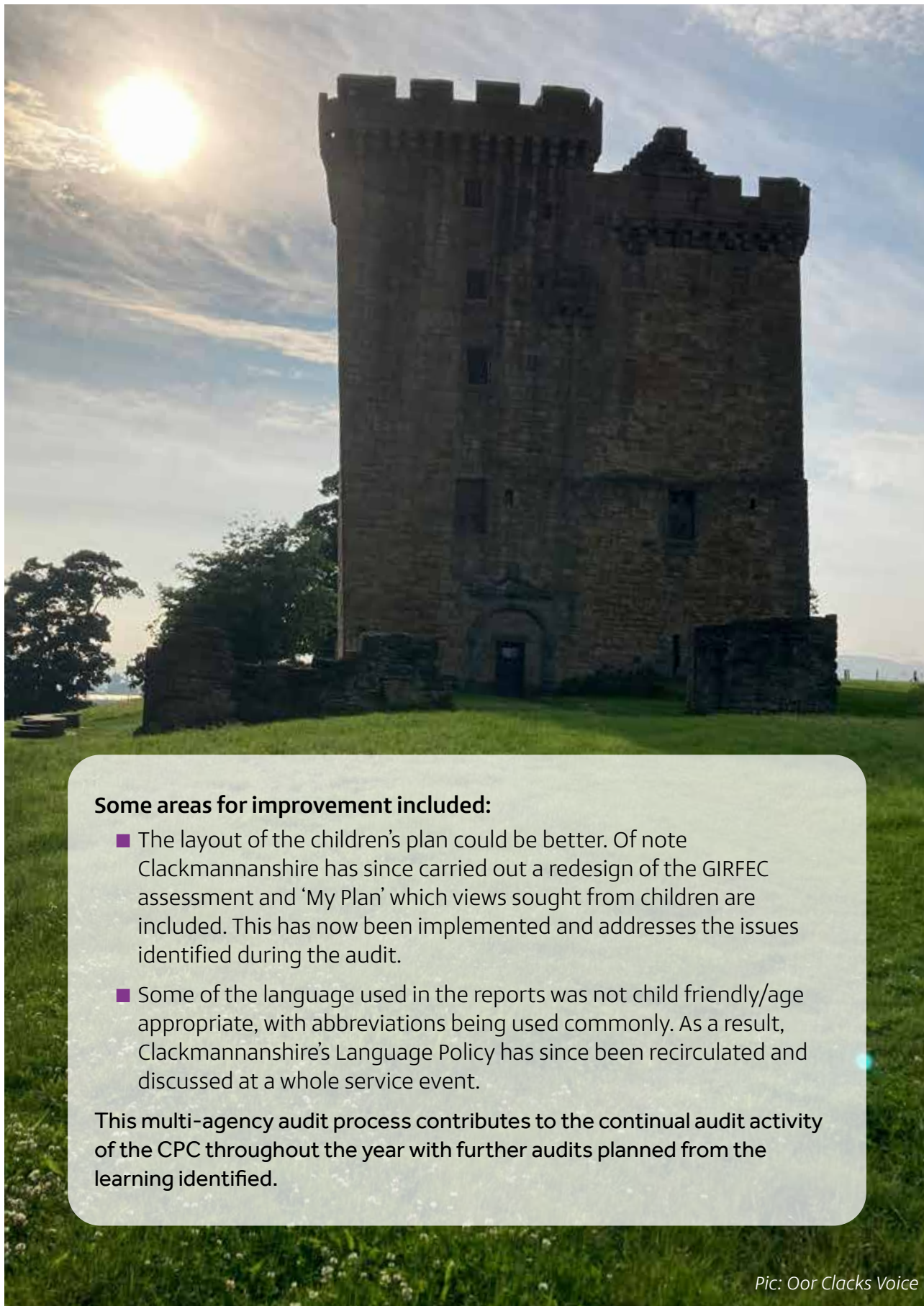
Some areas for improvement included:

- The layout of the children's plan could be better. Of note Clackmannanshire has since carried out a redesign of the GIRFEC assessment and 'My Plan' which views sought from children are included. This has now been implemented and addresses the issues identified during the audit.

- Some of the language used in the reports was not child friendly/age appropriate, with abbreviations being used commonly. As a result, Clackmannanshire's Language Policy has since been recirculated and discussed at a whole service event.

This multi-agency audit process contributes to the continual audit activity of the CPC throughout the year with further audits planned from the learning identified.

Pic: Oor Clacks Voice

Obtaining Childs and Young Persons Views

Viewpoint is a communication tool which has been implemented in Clackmannanshire to seek the views of looked after children at key points in their lives such as when attending review meetings. Viewpoint are questions based on Getting it Right For Every Child (GIRFEC) and SHANARRI wellbeing indicators and is also United Nations Convention on the Rights of the Child (UNCRC) compliant and reflects certain articles.

In 2023 Clack's CPC supported the decision to extend the use of Viewpoint to children going through Child Protection processes and/or working with children services regarding their wellbeing. The question sets were reviewed by children's services staff with some minor changes made by Viewpoint to ensure they were more current and child friendly in language. Not all children want to provide their views using Viewpoint and may prefer providing this verbally prior to and at meetings which is supported but workers are encouraged to offer this service.

39 additional staff were trained in the use of Viewpoint in 2024 including the new Independent Review Officers who would be chairing many of the meetings that children's views would be sought beforehand. Further training has been organised for new members of staff early 2025.

Expanding the use of 'My Story' has also been a focus of Viewpoint. It provides children and young people with digital access to their life story, all their memories and documents in a very secure and private way. Each young person has an individual account which is accessible if they change where they're living and into the future even when they leave care.

Respect

The Respect Programme is a partnership approach designed to ensure a more appropriate and trauma-informed approach to children and young people in residential care who go missing and strengthen police, education, social work and care staff interactions with children and young people in these settings, with a view to improving relationships, reducing missing episodes and delivering better outcomes for children.

It seeks to align any police response with that which would be expected for a child or young person in a more 'traditional' family home, reducing formal contact between police officers and care experienced children and young people, and ensure that instances of minor crime or "not at home" periods are dealt with in the most appropriate way by care staff.

Respect Programme Training on the principles took place in March 2024 with Clacks Community Officers and Woodside children's house staff and was well received. Guidance for Forth Valley has been developed and an agreed implementation date to roll out this transformative piece of work is expected in the coming months. Community Officers visit Woodside on a weekly basis providing advice and support to staff and young people with the principles of the approach already becoming embedded. The regular communication and good relationships that exist between community officers and staff and young people at Woodside has had an additional benefit to ensure that concerns about young people's safety or behaviour within the community is identified at an earlier stage to ensure that young people can receive timely support and guidance.

The principles of the Respect Programme were taken to the Oor Clacks Voices which is a group for care experienced children in Clackmannanshire that provides a voice on policy and procedures that affect them and other children. They endorsed the Respect Programme.

Scotland made a promise to care experienced children and young people. You will grow up loved safe and respected and by 2030 that Promise must be kept.

Missing Person

During 2023 and 2024 Forth Valley partnership which includes Clackmannanshire Children's Services and Lead Officer have been working on a Forth Valley Missing Person Protocol. The Respect Programme has been embedded into this protocol after agreement from all three Forth Valley CPC's. The partnership had taken guidance and training from the Missing Persons charity on return discussions. The decision as to who undertakes the return discussion is now more trauma informed with the traced person now identifying who they would want to have that discussion with. It is believed this is more trauma informed and will help identify better supports that the person requires. The Forth Valley Missing Persons Protocol will soon be published.

A new scheme was introduced by Police Scotland known as the Philomena Protocol aimed at ensuring officers can trace children and young people reported missing in a timelier fashion. The protocol is primarily targeted towards children and young people living in care facilities and with foster carers. It encourages staff, families, and friends to compile a standardised form of useful information which could be used in the event of a young person going missing. The local Community Policing Team has a good working relationship with the staff at the children's care home in Clackmannanshire, who has adopted this protocol. This greatly assists police if or when a young person is reported missing, or were at risk of going missing, that they receive support from the most appropriate agency.

Scottish Government
Riaghaltas na h-Alba
gov.scot

POLICE SCOTLAND
POILEAS ALBA

Philomena Protocol Form

The Philomena Protocol is an information gathering tool to assist the police to find a young person, who is been reported missing from a care setting as quickly as possible.

Please fill in these sections and keep the form in a safe place where it can be easily located if the person it refers to goes missing. If you are concerned about the whereabouts of the young person then you **must** contact the police on 999. Please tell the call handler you have a Philomena Protocol Form.

This form is designed to be completed by a carer / care staff.

UNCRC

United Nations Convention of the Rights of the Child (UNCRC) is the underpinning, international agreement on children's rights and sets out the fundamental rights of all children. The UNCRC is the most widely ratified human rights treaty in the world and sets out the specific rights in a series of 54 interlinked, equally important Articles that all children should enjoy and be supported to fulfil their potential. These include rights relating to health and education, safety, leisure and play, fair and equal treatment, protection from exploitation and the right to be heard.

In July 2024 the United Nations Convention of the Rights of the Child (UNCRC) (Incorporation) (Scotland) Act 2024 became law. It means that public bodies like Councils must consider children's rights in any actions, decisions or service delivery.

UNCRC principles are already well engrained in our Child Protection processes as detailed in the National Guidance for Child Protection in Scotland, 2021, updated 2023 and the Forth Valley Inter-agency Child Protection Guidance 2023. The UNCRC Articles also underpin the national approach to GIRFEC - Getting It Right for Every Child - which has been incrementally implemented since first published in 2006.

To work towards compliance across all areas of Clackmannanshire Council, a UNCRC Short Life Working Group was set up with membership from Education, Housing, Children Services and Third Sector. The role of the group is to review our policies and procedures to ensure they are UNCRC compliant and to look at best practice across Scotland. Creating a Child Friendly front page to policies and procedures and a Council Child Friendly complaint process are two areas that the group will have established in 2024 amongst other work streams such as staff and community awareness of Children's Rights.

Forth Valley Child Interview Team

The Scottish Child Interview Model (SCIM) approach for joint investigative interviews with our Forth Valley partners came into effect in February 2024. This trauma-informed, best practice model is helping to improve the quality of the investigative process for children and young people who are at risk of harm. The approach ensures that all interviews take place in a safe, child friendly, age-appropriate way and that all children and their families receive the practical and emotional support they require to recover. The dedicated Forth Valley Child Interview Team consisting of Police Scotland and social work staff from the three local authorities, including Clackmannanshire, have been undertaking all Joint Investigative Interviews across Forth Valley. Staff feel confident and prepared when interviewing children and that their training and skills allow them to obtain and understand the views of the child in a far more sensitive manner. Feedback on SCIM implementation has been very positive, as identified from the 4 weekly multi-agency audits, where the Joint Investigative Interviews completed by the Forth Valley SCIM team were assessed as being more trauma informed, child centred and UNCRC compliant.

There has been 11 SCIM interviews for children and young people in Clackmannanshire since this new approach commenced on 12th February 2024.

Bairns Hoose

The Forth Valley Bairns' Hoose Strategic Group (a partnership with Police Scotland, NHS Forth Valley and the three Forth Valley Local Authorities) is at the early stage of development of creating a Bairns' Hoose model, a transformational, whole-system approach to delivering child protection, justice, and health support and services to child victims and witnesses of abuse and harm that ensures access to holistic, wrap-around, trauma-informed recovery, support and justice. This is based on the Icelandic model of 'Barnahus'.

In the absence of a standalone Forth Valley Bairns' Hoose, the Forth Valley Child Interview Team have been utilising 'The Meadows' in Larbert which brings together a number of services which provide support for people who have experienced trauma and provides children and young people a comfortable, safe and supportive space to carry out joint investigative (SCIM) interviews. A Bairn's Hoose Project subgroup has been established to progress this project with oversight by the Forth Valley Bairns' Hoose Strategic Group.

Forth Valley partnership submitted a development fund bid to the Scottish Government in March 2024 to request funding for a Project Manager/Coordinator/Admin support to carry out a feasibility study which is now ongoing due to the funding being awarded.

From left to right: Louisa Power, Forth Valley's Bairns Hoose Coordinator, Bragi Gudbrandsson the founder of Iceland's Barnahus Model and Jim Young, Clackmannanshire Lead Officer for Child Protection.

The partnership also submitted a Thematic bid in May, 2024, for funding of three thematic areas including independent evaluation of the current forensic services for children and young people, including how this was experienced by young people, review the knowledge/skills of practitioners in assessing the cognitive maturity & social circumstances of young people in regards to Bairns Hoose, and an independent review of the support children and young people's need during/after an incident and formal proceedings. Funding has also been approved for these three thematic areas. This will help shape how Forth Valley provides support to vulnerable young people/children through all aspects of interview and court processes, medical and therapeutic support.

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Clackmannanshire Children's Service Plan Annual Report 2023/24 (Learning & Development)

Throughout 2023-24 we have continued to provide a comprehensive multi agency public protection training calendar which has included the multi agency training priorities outlined in our Multi agency Public Protection Learning & Practice Development Workforce Strategy 2020-23. These trainings have included:

- Monthly Child Protection for the General Contact Workforce
- Quarterly Child Protection Key Processes Roles & Responsibilities
- Bi annually Safe & Together Briefings and 4 - Day Core Practice
- Quarterly Impact of Parental Substance Use (IPSU)
- Quarterly Neglect Toolkit
- Thrice annually Child Protection IRD
- Thrice annually Multi agency Risk Assessment Conference (MARAC)
- Thrice annually Trigger Trio (Parental Substance use, Parental Mental ill Health and Domestic Abuse
- Quarterly Identification of Need, Risk and Desired Outcomes (INRDO)
- Thrice annually Under Pressure

The attached table includes a breakdown of the Learning & Development stats both venue based and completed e-modules for 2023/24

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of Courses delivered	18	16	16	13
Attendance Multi -agency Child Protection Training	60	59	56	43
Total number of completed Child Protection related e-modules	167	63	49	19

NB: E-modules include the following: Child Protection for the General Contact Workforce, Child Sexual Exploitation Awareness, Criminal Exploitation across the Lifespan, Professional Curiosity and Challenge and Public Protection is Everyone's Responsibility.

**Feedback from those who attended venue you based training:
Which aspect of the training did you find most useful and why?**

Neglect Toolkit training – Participant Feedback

"The delivery and ability to walk through an example using the neglect assessment tool was an excellent way to be introduced to this useful working tool."

Identification of Need, Risk and Desired Outcomes – Participant Feedback

"The use of a case study, really made you think about how you would use your current and then knowledge gained through the course in a real-life situation".

Impact of Parental Substance use and Guidance – Participant Feedback

"Learning the way to carry out an IPSU, not in one appointment but across many appointments. The podcast from parent and worker is useful"

Child Protection for the General Contact Workforce – Participant Feedback

"Clarification around definitions and getting the legal overview and where legislation sits within that".

Child Protection IRD – Participant Feedback

"Reviewing the case study as it meant I got to physically see what an IRD would look like".

Pic: Oor Clacks Voice

Quality Assurance and Performance Management

The Quality Assurance and Performance Management subgroup at each quarterly year meeting assesses the child protection data as laid out by the National Minimum Dataset for Child Protection Committees in Scotland. The review for any trends and areas for learning and development and report to the Child Protection Committee and then the The Chief Officers Public Protection Group (COG).

Below is a summary for the period 1st April, 2023 to 31st March, 2024:

There are 9,909 under 18 year old's residing in Clackmannanshire. There were 204 child welfare concerns in 2023/2024 a 17% reduction from 2022/23 where there were 247.

There were 110 child protection concern reports (number of children) in 2023/2024 which is a 23% reduction from 142 in 2022/23. This is a rate of 12.6 per 1000 0-15 years population. A reduction from last year where the rate was 15.9 in 2022/23. (A further reduction from 21/22 where it was 19.9 per 1,000 0-15 years).

Clackmannanshire Children Services redesign introduced the Early Help Team in 2023 which supports families at the earliest point when they first experience challenges therefore stopping problems from escalating. This we believe has contributed to the reduction in child protection reports being received due to the early intervention.

The Early Help team handles initial family support, ensuring only the most critical cases proceed to statutory services. They managed 63.5% of referrals in the year.

We use the data we collect to help us understand the needs of the community and tailor our approach in how we deliver services and training to multi-agency partners. Use of trauma-informed approaches like the Scottish Child Interview Model (SCIM), Viewpoint communication tool and a focus on strengthening family involvement through Family Group Decision Making are examples of this.

Domestic abuse has consistently been a factor for children being placed on the Child Protection Register which has resulted in an enhanced intervention effort made by all partners. The Justice Team in particular have strengthened early interventions through the referral process in Safeguarding Through Rapid Intervention (STRIVE) for non-court mandated intervention which is aimed at providing targeted support to prevent escalation and further harm whilst also providing appropriate safety planning. Specialist roles with the Women's and Perpetrator Support Workers co-funded by Police Scotland and Clackmannanshire Housing Services and further added to this by recruitment of an additional Women's/Tenancy Support Worker to assist vulnerable families. Other initiatives such as providing ring doorbells for enhanced safety for victims of domestic abuse are making a positive impact.

In 2023/2024, 37 couples who were involved in some kind of incident which attracted the attention of the police (non-criminal) involving conflict or potentially abusive behaviours, were referred by STRIVE with contact made (or attempted) with 74 people. A Men's Self Referral helpline, offering high quality evidenced based support to men who have concerns regarding their behaviours is operational with information posted through Clackmannanshire's social media and partner organisations. In 2023/24 Justice Services also ran a weekly Women's Group (co-facilitated with Women's Aid, SHINE and Apex) and a Road Traffic Group.

Education have also been pivatol in combatting domestic abuse. Within Clackmannanshire Schools, Clacks Courage is delivered by Clackmannanshire Women's Aid. They work in all of the schools across Clackmannanshire. They offer one to one support and group work, supporting children and young people that have experienced, or are vulnerable to experiencing abusive behaviours within relationships. In these sessions, they explore healthy and unhealthy relationships, children's rights, safety planning, triggers and safe coping strategies, respect and boundaries and friendships and bullying.

Mentors in Violence programme is a peer education programme that helps young people challenge and speak out against bullying, violence and other forms of abuse and is particularly informed by gender-based violence and tackling misogyny. Senior students are trained up to be mentors and can provide another form of support to other pupils.

Clackmannanshire has recently formed a White Ribbon Steering Group that aims to tackle Gender Based Violence (GBV) from the perspective of boys as a form of prevention. This group is heavily involved in schools, and has already had interest from Lornshill High School and the community for students to set up a stall and chat to their peers about GBV. An S5 student has also expressed interest to be trained as a White Ribbon speaker for the community which is very positive.

Initial Referral Discussions (IRDs)

Initial Referral Discussions (IRDs) are a meeting that is initiated when social work, police or health has received information or a referral which indicates a sharing of concerns is required to assess the safety and wellbeing of a child, unborn child or young person and appropriate action needs to be taken in response. Education and Health are important partners who will be involved in IRDs involving children and siblings of school age or who attend early years provision. Information gathering may also involve other key services including third sector and adult services

There were 153 initial referral discussions in 2023/24. (rate of 17.6% per 1000 0-15 years).

There were 171 initial referral discussions in 2022/23 (rate of 19.2% per 1,000 0-15 years). This is a decrease of 18% from 21/22 where there were 208.

Scottish Children's Reporter Administration (SCRA)

In 2022/23, 118 children were referred to the Children's reporter, 27% less than the previous year. The highest proportion of referrals again came from Police (65%). The highest referral was in relation to parental care/neglect which accounts for 25% of the referrals followed by committed an offence (20%) and experienced domestic abuse (10%). This mirrors the National picture for Scotland where 80% of referrals were received from Police and the highest referrals were in relation to parental care/neglect (30%), committed an offence (24%) and then experienced domestic abuse (19%).

(source: SCRA website)

Pic: Oor Clacks Voice

Third Sector

Clackmannanshire Child Protection Committee has strong links to Third Sector working within the community. A Children's Services Manager from Action for Children is a member of the current committee and is key to helping the delivery of the implementation and strategic plans. The committee acknowledges the excellent work of all Third Sector in supporting children and families and there is support is key to improving outcomes.

Pic: Oor Clacks Voice

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Clackmannanshire Child Protection Committee
Strategic Improvement Plan 2023-2025
Reviewed And Updated September 2024

The aim of the Child Protection Committee Strategic Plan is to keep our children and young people safe.

The functions of a Child Protection Committee, as set out in the National Guidance for Child Protection in Scotland, 2021 (updated 2023), are continuous improvement, strategic planning, public information and communication. These core business functions, as applied to local needs and practice, provide a working framework for the CPC Improvement Plan:

Continuous Improvement

- Policies, procedures and protocols
- Self-evaluation, performance management and quality assurance
- Promoting good practice including learning from local and national case reviews.
- Training and staff development

Strategic Planning

- Communication, collaboration and co-operation
- Making and maintaining links with other planning for a
- Communicating, benchmarking and sharing resources and good practice with relevant partners and groups across Scotland

Public Information and Communication

- Raising public awareness
- Involving children and young people and their families through participation and in line with the Promise. .

In addition, the emphasis of the Child Protection Improvement Programme on leadership leads to us making explicit a key function of the CPC:

Leadership and Governance

The improvement process described in the Plan takes direction from the Care Inspectorate's 2022 quality framework – A Quality Framework for children and young people in need of care and protection. The Improvement Plan sits within the wider context of integrated children's services planning and Getting it right for every child, promoting the ethos that "child protection is everyone's job", with preventative and protective work using the GIRFEC approach.

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The actions detailed in this Plan which relate to the above strategic priorities will be monitored through a traffic light system as set out below:

Strategic Priority Leadership and Governance						
OUTCOME 1 The Child Protection Committee provides effective leadership and direction in child protection and is accountable for its actions						
OBJECTIVES What we want to achieve	**ACTIONS** What we are going to do	**LEAD** & Key People involved	**TIMESCALE** When we will do this	**EVIDENCE** or **OUTCOME MEASURES** How we will know we are achieving outcomes	**PROGRESS REPORT**	**STATUS**
1.1 Committee members understand their role and responsibilities and are supported to exercise these effectively.	A flexible induction to the CPC is provided for all new members.	Independent Chair, Lead Officer, Committee Members	As required	All members have been consulted on the Clacks CPC TOR which details roles and responsibilities	Ongoing	🟩
	Alternate CPC meetings include a learning and/or delivery in child protection topic relevant to improvement planning	Independent Chair, Lead Officer, Committee Members	When planning CPC meetings	Will be recorded in the minutes of each CPC meeting	Ongoing	🟩
	An biennial Development Day (or as requested by CPC) is held for Committee and sub-group members	Independent Chair, Lead Officer, Committee Members	As required	These will be detailed at the CPC meetings and in the relevant minutes.	Ongoing	🟩
1.2 The Committee demonstrates its strategic direction and activity through delivery of appropriate business plans	Produce and implement a biennial Strategic Improvement Plan	Independent Chair, Lead Officer, Committee Sub-Group Members	Biennial	The first plan has been produced and implemented	Continual	🟩
	Produce and implement an annual multi-agency Learning and Development Workforce Strategy based on current and emerging learning needs of staff and agencies.	Public Protection Learning and Development Advisor, Lead Officer, Committee Members	Annually	2020 – 2023 Multi-agency Public Protection Learning and Practice Development Workforce Strategy	Complete	🟪
	Produce and implement a Communication Plan	Lead Officer, Forth Valley Public Information, Engagement and Participation Subgroup	Ongoing	Through FV PPIE subgroup	Ongoing	🟩

Key	On Target	Progress Delayed	Outwith Deadline Revision Required	Complete

OBJECTIVES What we want to achieve	ACTIONS What we are going to do	LEAD & Key People involved	TIMESCALE When we will do this	EVIDENCE or OUTCOME MEASURES How we will know we are achieving outcomes	PROGRESS REPORT	STATUS
1.3 The Committee undertakes Learning Reviews as appropriate, and reports and acts on findings.	Learning Reviews are conducted according to Forth Valley Protocol based on national guidance.	Independent Chair and Review Group, Lead Officer	As required	As required	As required	
1.4 The Committee takes opportunities to engage with front-line staff, to demonstrate the supportive role of the CPC and hear directly from staff their perspectives on child protection.	Involvement to include: • Sub-group members attending CPC events • Briefings for staff following ICR's\ SCR's or Learning Reviews to cascade learning • Chair and relevant CPC members to attend • Biennial Conference on child protection • CPC members attend/host etc.	Independent Chair, Lead Officer, Committee Members	As required	As required	As required	
1.5 The Committee monitors current and anticipated emerging priorities and issues in child protection and ensures these are addressed in strategic plans and operational practice	Address key local and national messages from Inspections with local strategic response	Independent Chair, Lead Officer, Committee members	Ongoing	Ongoing	Ongoing	
	Share information relating to emerging national issues in child protection, LAC/ LAAC and report to CPC with proposals for responding to these.	Independent Chair, Lead Officer, Committee members	Ongoing	Ongoing	Ongoing	

OBJECTIVES What we want to achieve	ACTIONS What we are going to do	LEAD & Key People involved	TIMESCALE When we will do this	EVIDENCE or OUTCOME MEASURES How we will know we are achieving outcomes	PROGRESS REPORT	STATUS
1.6 The Committee reports to the Chief Officer Group on matters relating to policy and performance, as required, and takes appropriate direction from the COG	Reliable communication established between CPC and COG • Clarification on reporting schedule, format and expectations of content to ensure relevant reports. • Matters arising from COG reported to CPC for appropriate action.	Independent Chair, Lead Officer	COG report submitted prior to each COG	As per COG report	Ongoing	
1.7 The Committee monitors its own processes through a Risk Register and takes mitigating action as necessary	Risk Register agreed by CPC, reviewed and appropriate action taken, with reporting of issues to COG as necessary	Independent Chair, Lead Officer, CPC Members	Risk Register is reviewed and reported at quarterly CPC / COG.	As per the Risk Register and COG report	Ongoing	

Strategic Priority Continuous Improvement						
OUTCOME 2 Processes are in place to support continuous improvement						
OBJECTIVES What we want to achieve	**ACTIONS** What we are going to do	**LEAD** & Key People involved	**TIMESCALE** When we will do this	**EVIDENCE** or **OUTCOME MEASURES** How we will know we are achieving outcomes	**PROGRESS REPORT**	**STATUS**
2.1 CPC has robust systems to monitor, measure and to report improvement	Receive, evaluate and act on Performance and Quality Assurance reports Actions to improve procedures & practice agreed and implemented Multi-agency data set developed based on National Minimum Data Set	Independent Chair, CPC members, Lead Officer	Quarterly subgroup meetings prior to CPC	Minutes of action log of subgroup meeting	Ongoing	
2.2 CPC continues to develop its approach to self-evaluation with a planned cycle of multi-agency audit and ad hoc activity in response to practice concerns or learning needs	CPC agree multi-agency audit proposal from QA subgroup Multi-agency audit proposal for 2023 to be agreed by QA subgroup and CPC	Lead Officer, Performance Management and Quality Assurance subgroup	March, 2024	Outcome report of audit	Ongoing	
	Learning from local and national Case Reviews and Learning Reviews is collated for action & dissemination	Lead Officer, Performance Management and Quality Assurance subgroup, Learning and Practice Development sub group	As required	As required	Ongoing	
2.3 Reflective Learning through sharing of practice across partner agencies contributes to practice improvement, innovation and good practice governance	Information is shared to make professionals/teams aware of good practice: • Lessons learned from Learning Reviews (see 1.3) • 7 Minute Briefings	Lead Officer, Agency Leads	As required	As required	Ongoing	
	Series of multi-agency practitioner engagement events to provide opportunity for shared learning are included as part of the L&D programme	Public Protection L and D Advisor, Lead Officer	Training Calendar	Training Calendar	Ongoing	

OUTCOME 3	Staff in all partner agencies access and apply policy and practice guidance that is up to date and fit for purpose, to keep children safe					
OBJECTIVES What we want to achieve	**ACTIONS** What we are going to do	**LEAD** & Key People involved	**TIMESCALE** When we will do this	**EVIDENCE** or **OUTCOME MEASURES** How we will know we are achieving outcomes	**PROGRESS REPORT**	**STATUS**
3.1 Policies and procedures are reviewed and revised to take account of changes in practice and legislation and staff are informed on these.	Ensure FV Policies, Procedures and Protocols Subgroup • sets priorities for review/revision • proposes programme for revision & development & presents to CPC • produces agreed policies & procedures & presents to CPC	Lead Officer, Forth Valley Policies, Procedures and Protocols Subgroup	Ongoing	Ongoing	Ongoing	
	CP Guidance is updated in accordance with the National Guidance for Child Protection in Scotland, 2021 (updated 2023)	Lead Officer, Forth Valley Policies, Procedures and Protocols Subgroup, CPC members, Forth Valley National CP guidance implementation group	December, 2024	FV CP Guidance	Ongoing	
3.2 Children are kept safe from harm by agencies working effectively together to deliver effective responses to risks and needs and to maximise opportunities for early intervention and sustainable change.	Review, evaluate and quality assure the effectiveness of the Inter-Agency Referral Discussions (E-IRDs)	IRD Steering Group	5 dip-sample reviews carried out monthly	Emerging themes or practice issues are highlighted to Service Manager, Quality Assurance subgroup and CPC	Ongoing	
	Examine and quality assure minimum dataset and with any identified themes specific to Clackmannanshire / Forth Valley.	Performance Management and Quality Assurance Sub Group	Quarterly subgroup meetings	Through dataset report to CPC and COG	Ongoing	
3.3 A robust, multi-agency response to unborn baby child protection concerns; early effective information sharing and provide a joint response with planning at the heart	Multi agency pre birth pathway, pre birth planning guidance and associated training.	NHS Lead, Performance and Quality Assurance Sub Group	Complete	Complete as per the National Guidance	Complete	

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OUTCOME 4 Staff in partner agencies demonstrate the necessary skills, competences and knowledge to undertake their roles and responsibilities in relation to protection of children						
OBJECTIVES What we want to achieve	**ACTIONS** What we are going to do	**LEAD** & Key People involved	**TIMESCALE** When we will do this	**EVIDENCE** or **OUTCOME MEASURES** How we will know we are achieving outcomes	**PROGRESS REPORT**	**STATUS**
4.1 National CP Guidance and GIRFEC Guidance is implemented and evidenced across the partnership.	Embed changes in multi-agency CP training 7-minute briefings developed, disseminated and delivered with the changes	Lead Officer, Performance Management and Quality Assurance Sub Group, Public Protection L and D Advisor, Learning and Development Subgroup	December, 2023	FV CP Guidance and 7-minute briefing	Ongoing	■
4.2 A multi-agency training programme develops a competent, confident, knowledgeable and skilled workforce	Review & identify new training needs across the partnership Produce CPC Annual Learning and Development Plan with Training Programme Monitor CP training attendance by Services/agencies uptake of courses & non-attendance (performance report) and notify to agencies. Agencies take action on any attendance issues. Monitor CP follow up evaluations	Public Protection L and D Advisor, Learning and Development Subgroup	Annually	As per the Development Plan and Training Programme incorporating national and local learning needs. As detailed in quarterly report to CPC	Ongoing	■
4.3 Staff make use of agreed assessment frameworks/ tools to assess needs and risks to inform their professional judgements and decisions.	Identify, agree and review use of recognised assessment tools/ frameworks including the National Practice Model, IPSU, neglect toolkit and Safe and Together/alternative. Identify training needs of relevant staff in use of tools and ensure relevant training completed. Ensure agreed assessment tools/ frameworks are accessible to staff and are being used appropriately	Public Protection L and D Advisor, Learning and Practice Development Subgroup, Performance Management and Quality Assurance Sub Group	Complete	Implemented	Complete	■

OBJECTIVES What we want to achieve	ACTIONS What we are going to do	LEAD & Key People involved	TIMESCALE When we will do this	EVIDENCE or OUTCOME MEASURES How we will know we are achieving outcomes	PROGRESS REPORT	STATUS
4.4 Staff working with children and families maintain chronologies of events and share them to identify significant and accumulated events that may adversely affect the child's wellbeing	Agree a consistent format and content for chronologies. Ensure all relevant staff attend training in the use of chronologies Chronologies awareness and guidance is embedded into the Interagency Child Protection Key Processes (training)	Public Protection L and D Advisor, Learning and Practice Development Subgroup, Performance Management and Quality Assurance Sub Group	Ongoing	Care Inspectorate guidance on Chronologies. Reviewing Pan Lothian chronology guidance.	Ongoing	🟩
4.5 The CPC makes tackling Neglect, Parental Substance Use and Domestic Abuse priorities across the Partnership	Multi-agency Neglect Toolkit, IPSU and Safe & Together/alternative training is delivered	Public Protection L and D Advisor, Learning and Practice Development Subgroup, Performance Management and Quality Assurance Sub Group	Ongoing	Identified with the annual training calendar. Highlighted through the minimum dataset reports.	Ongoing	🟪
4.6 The CPC ensure the learning from local ICRs/SCRs is shared across the partnership	Learning from local Learning Reviews is embedded into multi-agency child protection training. 7 minute briefings developed, disseminated and delivered with the key learning from the local ICR/SCRs.	Public Protection L and D Advisor, Learning and Practice Development Subgroup, Performance Management and Quality Assurance Sub Group	As required	As required	Ongoing	🟩

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Strategic Priority STRATEGIC PLANNING						
OUTCOME 5 Collaboration across Public Protection raises awareness of cross-cutting challenges and opportunities for shared solutions in child protection						
OBJECTIVES What we want to achieve	**ACTIONS** What we are going to do	**LEAD** & Key People involved	**TIMESCALE** When we will do this	**EVIDENCE** or **OUTCOME MEASURES** How we will know we are achieving outcomes	**PROGRESS REPORT**	**STATUS**
5.1 Protection of children is a key aim across public protection planning and delivery, particularly in relation to children affected by: adult mental ill health; domestic violence; substance use; and criminality	CPC develops stronger links and influence through information sharing, joint training, membership of other Partnerships as appropriate, with: Integrated Children's Services Partnerships/Strategy Groups, Early Years Collaborative, Health and Social Care Partnership, Adult Protection Committee, MAPPA, Alcohol and Drugs Partnership, Gender Based Violence Partnerships, West Lothian and Forth Valley e-Safety Partnership and Community Justice Partnerships.	CPC members Lead Officer	Ongoing	Ongoing	Ongoing	
5.2 Adult services have awareness to identify and act appropriately when a child is vulnerable and in need of care or support.	Multi-agency CP training is delivered to all relevant i.e. non-children's services staff, to raise awareness Multi-agency Public Protection training is delivered to all relevant staff. Joint training for children's and adult services staff is delivered on the impact of substance use, domestic abuse & parental mental ill health issues on children (Trigger Trio)	Public Protection L and D Advisor, Learning and Development Subgroup	Ongoing	As per training calendar	Ongoing	

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Strategic Priority Public Information and Communication						
OUTCOME 6 Children, their carers and their families are supported to be fully involved in child protection decision making processes						
OBJECTIVES What we want to achieve	**ACTIONS** What we are going to do	**LEAD** & Key People involved	**TIMESCALE** When we will do this	**EVIDENCE** or **OUTCOME MEASURES** How we will know we are achieving outcomes	**PROGRESS REPORT**	**STATUS**
6.1 Children and families experience the CP process as child centred and focussed on positive outcomes for children as referenced in the national CP guidance	Seek & monitor feedback from children & families including • reports from Who Cares? Scotland (Clacks) & Lead Officer • views recorded in Child's Plan • reports from 3rd sector provider agencies • reports from advocacy services • Embed with new GIRFEC guidance around involvement of parents/carers in CP processes	Lead Officer, Children's Rights Officer (Stirling), Who Cares? (Clacks), Corporate Parenting Leads	Ongoing	Roll of Viewpoint training so that children views are sought at key times	Ongoing	

OUTCOME 7 The views of children & families inform Child Protection planning						
OBJECTIVES What we want to achieve	**ACTIONS** What we are going to do	**LEAD** & Key People involved	**TIMESCALE** When we will do this	**EVIDENCE** or **OUTCOME MEASURES** How we will know we are achieving outcomes	**PROGRESS REPORT**	**STATUS**
7.1 Effective methods are used to gather the views and feedback from children in need of protection and families at risk and these inform the work of the CPC to improve outcomes	Promote principle of meaningful involvement Involve children, families and public in design and promotion of CP information through a variety of media Develop links through Who Cares? Clackmannanshire Number of completed questionnaires, Viewpoint (Clacks)	Corporate Parenting Leads Lead Officer Who Cares? Youth Forums Young Carers Forth Valley Public Information, Engagement and Participation Subgroup	Ongoing	Oor Clack Voices are consulted on new policies and procedures. Alva Academy student design Clacks CPC's new logo Viewpoint training has been increased amongst staff working with children. Who Cares? Advocacy is available within Clackmannanshire	Ongoing	
	Engage with Children and Families in policy planning and service development Monitor feedback from direct engagement with children and families	Lead Officer Corporate Parenting Leads Forth Valley Public Information, Engagement and Participation Subgroup	As above	As above	As above	

OUTCOME 8 There is evidence of greater public awareness of child protection						
OBJECTIVES What we want to achieve	**ACTIONS** What we are going to do	**LEAD** & Key People involved	**TIMESCALE** When we will do this	**EVIDENCE** or **OUTCOME MEASURES** How we will know we are achieving outcomes	**PROGRESS REPORT**	**STATUS**
8.1 Basic awareness of how to keep children safe from harm is increasing and members of the public and staff know what do if they are concerned about a child.	Promote the key message It's everyone's job to protect children and young people from harm and abuse, to keep them safe and to protect their wellbeing Promotional events & materials support national, Forth Valley and local campaigns. Create opportunities for direct engagement with community groups on Child Protection issues. Child Protection website for public access reflects current activity for information and awareness raising	CPC Members Lead Officer Child Protection Forth Valley Public Information, Engagement and Participation Subgroup	Ongoing	Practitioner Pages in Forth Valley contains materials and support. Oor Clack Voices consulted over policy and procedures. Clacks Gov website being updated to show updated practice and policies.	Ongoing	
8.2 Children, parents, carers and staff are informed of risks in the use of information technology and of measures to keep children safe.	Information and awareness raising is promoted regarding E-Safety for relevant staff in children's services, adult services (young people in transition) and foster carers Liaison/linking with other initiatives & Schools	Lead Officer Public Protection L and D Advisor Education Leads West Lothian and Forth Valley E-Safety Partnership	Ongoing	School Based Police Officers provide e-safety messages within Clack's schools	Ongoing	
8.3 Children tell us they feel safe. We take action when they report safety concerns	Results from Schools surveys etc. reported to CPC	Child Protection Education leads	Ongoing	Developing multi-agency safeguarding group	Ongoing	

Children's Services performance data 1 April 2023 to 31 March 2024

New Referrals

There were 1401 requests for assistance (new referrals) during 2023/24. This is a 16% increase from 2022/2023 where there were 1180 new requests for assistance. (2021/2022 there was 1375)

Children open to Children's Social Work Services

There were 716 open cases as at 31st March 2024. This was a slight reduction to 22/23 where there were 741 open cases as at 31st March 2023 (3% reduction).

Child Protection Investigations

In 23/24 there were 64 child protection investigations involving a total of 110 children. This compares to 22/23 where there were 65 child protection investigations involving 142 children. This is a rate of 12.6 per 1000 0-15 years population compared to last year where the rate was 16.1 in 2022/23. This compares to the 2022/23 Scottish figure of 13.2 per 1,000 0-15 yrs.

The highest number of child protection concerns were from Social Work/EDT (26%), Police (18%) and Education (12%) whereas in 22/23 the highest number of child protection concerns were from EDT (26%), Education (22%) and Police (18%). In 2021/22 Education (28%) was the highest referrer for child protection followed by EDT (23%) then Hospital/medical staff (20%).
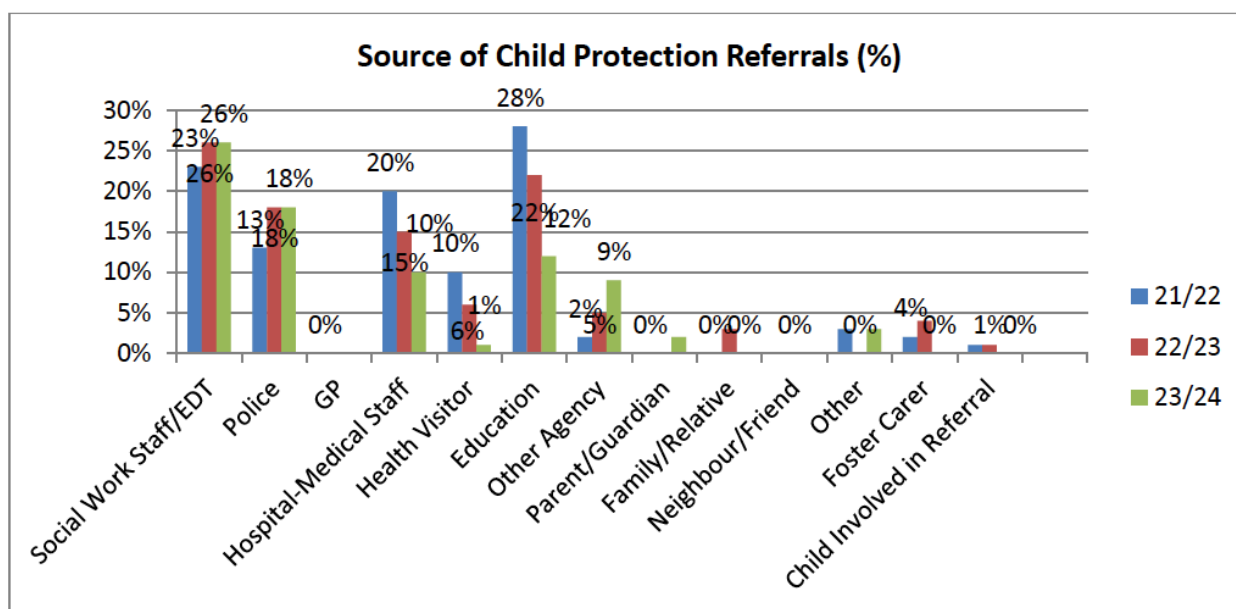
Child Protection Investigations to Initial Child Protection Planning Meeting (CPPM)

Of the 110 children subject to a child protection investigation, 66% (73 children) were subject to an Initial CPPM and of those 59% (43 children) were registered.

In 22/23, of the 142 children subject to a child protection investigation, 44% (63 children) went to an Initial CPPM and of those 81% (53 children) were registered.

The number of child protection referrals that resulted in a case conference in Clackmannanshire in 2023 was 71 (an increase of 91.9% from 37 in 2022), a rate (per 1,000 pop 0-15) of 8.0. This is greater than the comparator average rate of 5.3 and greater than the Scotland average rate of 4.5. This shows that more children subject of a child protection investigation progressed to a case conference.

Rate per 1,000 case conferences (0-15 population)
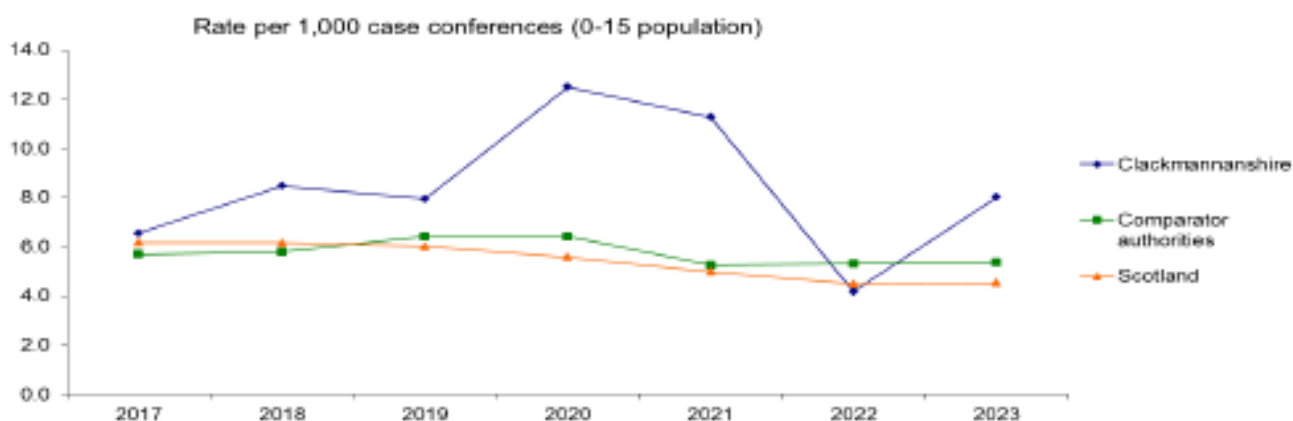
Child Protection Registrations (CPR)

The number of registrations following a case conference in Clackmannanshire as at 31 July 2023 was 15 (an increase of 25% from 12 in 2022). The rate (per 1,000 pop 0-15) is 1.7. This is less than the comparator average rate of 2.2 and less than the Scotland average rate of 2.3 as at 31 July 2023. This shows that whilst more children were subject to a child protection planning meeting there is a lower rate of children who were then registered on the child protection register.

Rate per 1,000 registrations following a case conference (0-15 population)
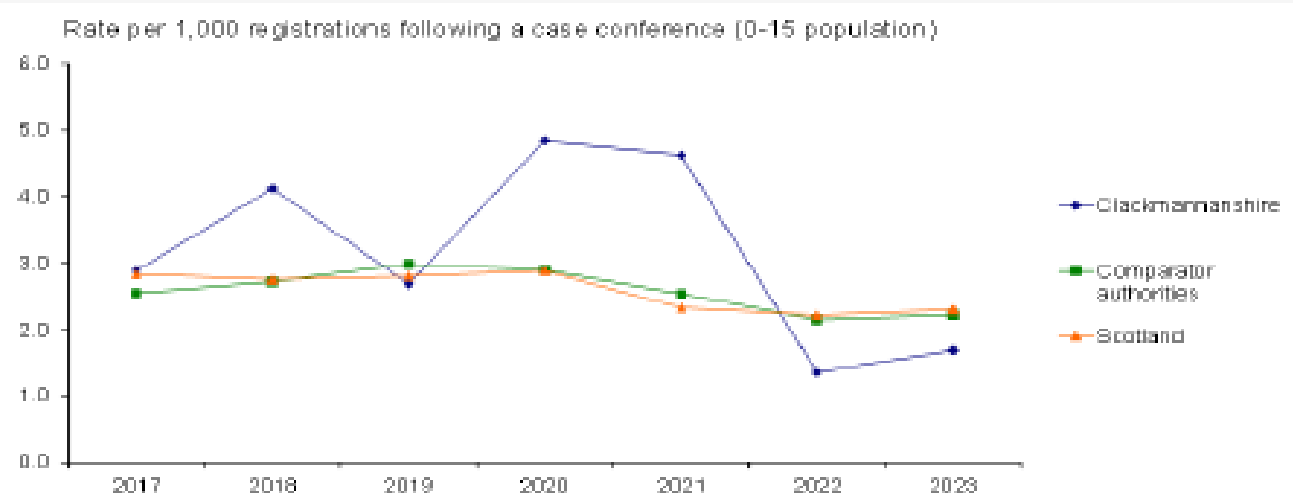
The total number of de-registrations in Clackmannanshire during 2023 was 50 (a decrease of 10.7% from 56 in 2022). The rate (per 1,000 pop 0-15) is 5.6. This is greater than the comparator average rate of 2.1, and greater than the Scotland average rate of 3.5.

During 23/24 there was 2 child re-registered within 6 months and 2 children within 2 years. The previous year in 22/23 there was 1 child re-registered within 6 months and 5 children within 2 years. In 21/22 3 children were re-registered within 6 months and 1 within 12 months.

Age of Children at the point of Registration
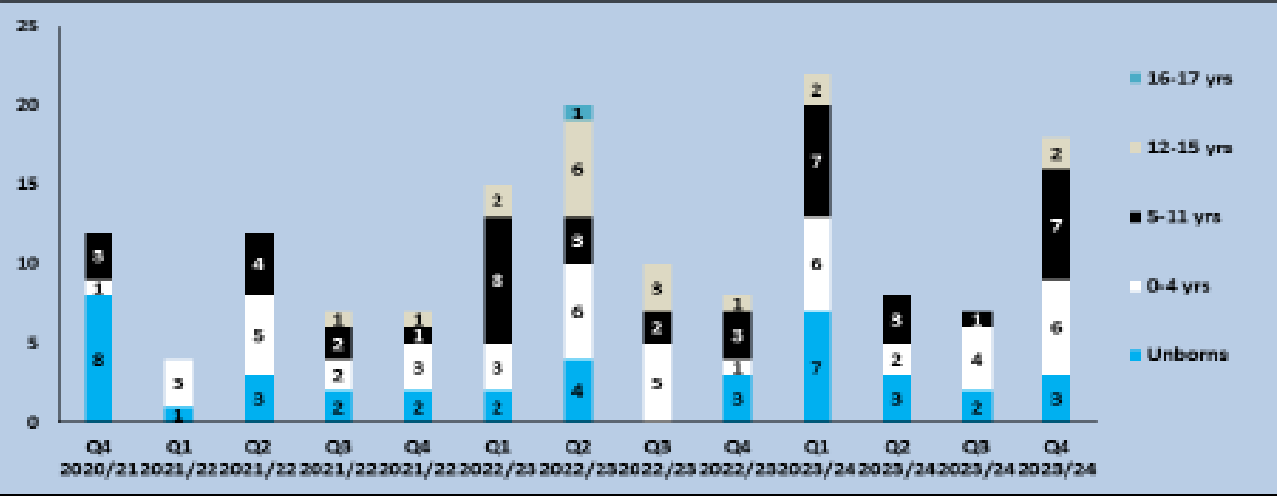
The last 12 months on the chart (4 academic quarters) present a total of 55 new registrations, 33% are aged 0-4 and aged 5-11 years, 27% are unborn babies and 7% are 12 – 15 years. The previous year 2022/23, there were 52 new registrations, 33% aged 0-4, 27% aged 5-11 years with 12 – 15 years accounting for 23% and unborn babies 15% of new registrations. In 2021/22 there were 35 new registrations, 40% unborn babies, 31% 0-4 years and 26% 5-11 years and 2.85% age 12-15 years. (source: CPC Minimum Dataset academic quarters)

The table below shows the number of children on the register and sibling groups that were registered.

As at	NUMBER OF CHILDREN ON REGISTER	TOTAL NUMBER OF FAMILIES	NUMBER OF SIBLING GROUPS
March 2021	44	21	11
March 2022	19	9	5
March 2023	30	13	7
March 2024	22	13	5

As at 31st March 2024 – Primary Concern of those children on the register

The most common primary area of concern as at March 2024 was Domestic Abuse and then Neglect. In 2022/23 the primary area of concern for registration was Neglect and then Domestic Abuse.
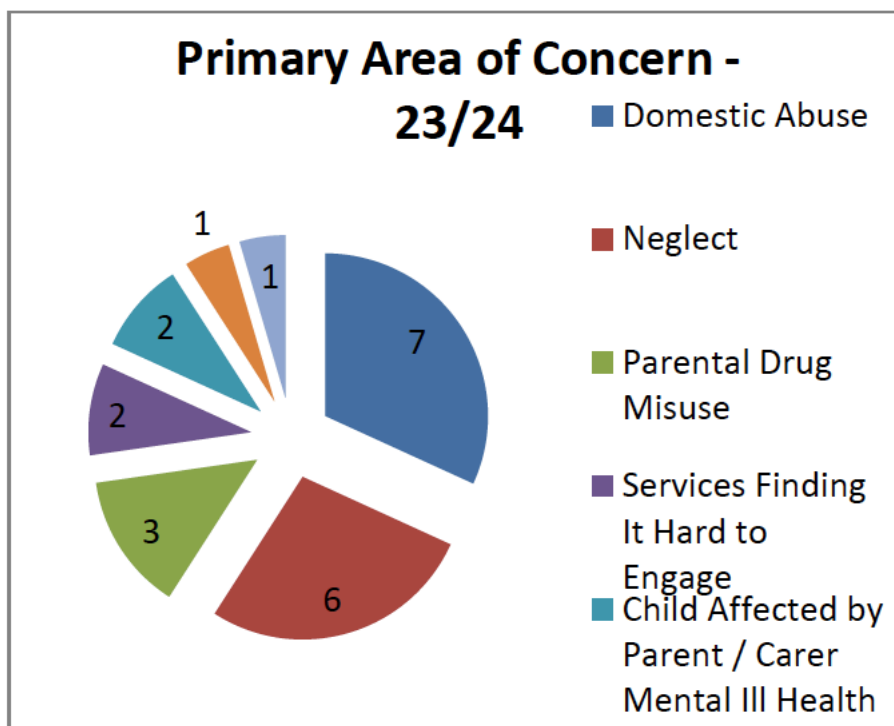
Feedback

If you would like to provide any feedback in regards to this annual report please contact:

James Young

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CLACKMANNANSHIRE COUNCIL

Report to Audit and Scrutiny Committee

Date of Meeting: Thursday 12th June 2025

Subject: Annual Governance Statement 2023-24: End of Year Progress

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Report by: Strategy and Performance Adviser

1.0   Purpose

1.1.   The purpose of this report is to provide an end-of-year update on the improvement actions within Clackmannanshire Council's Annual Governance Statement (AGS) due for progress or delivery by 31st March 2025.

2.0   Recommendations

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

3.0   Considerations

Background

3.1.   The council has a responsibility for reviewing, at least annually, the effectiveness of our governance framework, including the system of internal control. This self-assessment process and output is known as our Annual Governance Statement (AGS).

3.2.   We review the previous financial year's activities, so our self-assessment review process is reflective of that year with any continuous improvement ambitions that arise from that review forming part of an action plan to be delivered within the current financial year.

3.3.   The review is informed by a wide range of evidence, including:

- The work of the members of the Extended Strategic Leadership Group, who have responsibility for the development and maintenance of the governance environment.
- The Internal Audit Annual Assurance Report.
- Reports provided by our External Auditor (currently Deloitte LLP).
- Reports from other external review bodies, agencies and inspectorates.
- A two-stage internal Governance review process involving team leaders, service managers and senior leaders. Stage one reviews the local code

to make sure that it reflects the approaches that are most significant to the achievement of Council priorities and desired outcomes, and that the approaches are fit for purpose. The second stage of the review is to check that the approaches are implemented in all relevant areas and identify areas for improvement; and

- The completion of signed Certificates of Assurance by Strategic Directors confirming their opinion that the identified areas for improvement and associated action plan will address any current issues or risks.

3.4. The AGS process reviews our activities against our eight Local Code of Governance themes. The resulting improvement actions form part of our Annual Accounts.

3.5. A report to Council on 30th January 2025 set out the Council's draft Annual Accounts for 2023/24. At the time of writing the draft 2023/24 Financial Statement of Accounts have been submitted to Deloitte LLP but are in draft format as they are still being audited. It is expected that the accounts will be finalised in late summer 2025. This means that, unfortunately, the improvement actions we set out for delivery by 31st March 2025 do not have final external auditor approval. Nonetheless, the Council is committed to continuous improvement and Best Value, so it is prudent still to report our end-of year progress in meeting those improvement actions identified and agreed internally.

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 2023/24 by Internal Audit was presented to the Audit & Scrutiny Committee on 13 June 2024. Based on the work undertaken during 2023/24, Internal Audit provided LIMITED assurance in relation to the Council's arrangements for risk management, governance and control for the year to 31st March 2024. From Internal Audit reviews carried out during 2023/24 there was a decreasing number of substantial assurance reports and increasing limited and no assurance opinions. There were also a significant number of recommendations arising from the 2023/24 audit reports in addition to the outstanding internal audit actions from previous years.

3.8. The Internal Audit service continues to work with the Chief Executive, Section 95 Officer and the Strategic Director (Partnership & Performance) to advise on key improvements required. Any issues arising are escalated and discussed accordingly with SLG and ESLG.

3.9. The progress of improvement actions within the AGS is crucial to the assurance given by Internal Audit to the Council's arrangements for risk management, governance and control. At the time of writing Audit and Scrutiny Committee is expected to receive Internal Audit's Annual Assurance Report 2024/25 and Internal Audit Plan Report 2025/26 at the same meeting

as this report on 12th June 2025. Any significant matters arising from those reports will inform the AGS self-assessment process 2024/25.

External Audit Assurance

3.10. At the Audit and Scrutiny Committee of 6th February 2025 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 2023/24 improvement action plan, thus are included within the scope of this report.

Best Value Improvement Action Plan

3.11. All approved recommendations from our annual AGS process, as well as any other corporate or strategic external audits or self-assessments, take the form of continuous improvement actions. These are collated into the Council's Best Value Improvement Action Plan as a centralised location within our Pentana performance management system. Progress of all continuous improvement actions is reported via relevant governance forums, including Audit and Scrutiny Committee.

AGS 2023/24 Improvement Actions Year-End Status

3.12. A total of 43 AGS improvement actions were due for completion by 31st March 2025. This includes some actions from previous years' AGS self-assessments that had been rolled forward.

3.13. Of the 43 AGS improvement actions, 15 (35%) were completed in 2024/25 and have been implemented fully.

3.14. The remaining 28 recommendations are ongoing. 11 are from years preceding the review of 2023/24 and 17 are from the review of 2023/24. These will automatically be considered as part of the AGS process review of 2024/25.

3.15. Table A below provides a breakdown of the AGS improvement actions.

NUMBER OF OUTSTANDING AGS IMPROVEMENT ACTIONS, PER YEAR:	2020/21	2021/22	2022/23	2023/24	TOTAL
COMPLETE	1	2	1	11	**15**
ONGOING	0	7	4	17	**28**
TOTAL	**1**	**8**	**5**	**28**	**43**

Table A. Summary of Progress Against Outstanding Approved Actions from AGS 2020/21 through to AGS 2023/24.

3.16. Our new Wellbeing Local Outcomes Improvement Plan (WLOIP) 2024-2034 has been established following extensive consultation and engagement with our Clackmannanshire Alliance partners. Consultation on a revised draft Memorandum of Understanding and operating arrangements for Clackmannanshire Alliance are ongoing; these are anticipated to be finalised in the summer of 2025.

3.17. Resources and capacity to deliver Council services that meet our citizens' needs and expectations remains challenging. To help combat this we are proactively managing our work through medium-term forward planning and streamlining work through collaboration and shared expertise, where possible. For example, our medium-term financial strategy is in development and expected to come forward to Council in June 2025.

3.18. Building on the success of our Senior Leadership Forum (SLF), we have established a Team Leader Forum (TLF). We have rolled out a programme of events themed around our Local Code of Governance. This aims to build knowledge, awareness and understanding of our governance responsibilities, and to make sure that our local code reflects the approaches that are most significant to the achievement of Council priorities and desired outcomes, and that these approaches are fit for purpose.

3.19. The review of our governance assurance process has created opportunity for Team Leaders to play more of a key role in the AGS process alongside Senior Managers and Senior Leaders. The value of input from Team Leaders is recognised, particularly when measuring the extent to which our strategic approaches are implemented across all relevant Council services and, of course, in identifying areas for improvement. The importance of having TLF input to the ongoing review of our key approaches (policies and strategies) has been recognised, particularly when it comes to ensuring there is a structured approach in place and to ensuring our key approaches are publicly accessible and up to date.

3.20. Much work has been undertaken to progress the governance around our digital and ICT efforts. We have completed the discovery stage of our Data Governance strategic approach, which includes completion of a comprehensive data governance audit, reviewing of all existing Council data policies, standards and procedures, and establishing a cross-functional Data Advisory Group to provide strategic oversight for our Data Governance project and to guide future data initiatives.

3.21. We have developed a strategic approach to information and knowledge management. This included cross-Council participation in a Data Maturity Assessment which has led to the development of a findings report and action plan. Our AGS review of 2024/25 will highlight other important activity in our information and knowledge management approach as we aim to transition towards a Data Target Operating Model in 2025/26.

3.22. Governance around our Climate Change efforts has also been progressed with the completion of the Strategic Environmental Assessment.

3.23. Ongoing actions include some significant and complex pieces of work, much of which depends upon internal resource with the necessary expertise, skills

or capacity, which continues to be under high demand. This means that the work can take lengthier periods of time to progress or to deliver from what was first anticipated, particularly where the actions also require, for example, considered stakeholder consultation, adherence to formal approval processes, or a dependency input from partners or other agencies. Dedicating resource to improvement actions is often at the mercy of having to react to unexpected or high levels of service demand, which is also subject to such conditions.

3.24. The Council is committed to tackling our governance challenges and actively reviewing our governance structures. This ensures we meet the requirements for continuous improvement, self-assessment and accountability in both internal and external auditing.

3.25. Appendix A provides further detail and commentary against all individual AGS improvement actions at the 2024/25 year-end mark.

AGS Process 2024/25

3.26. The AGS self-assessment review taking place in Q1 2025/26 will reflect on internal audit, external audit and Best Value work undertaken during 2024/25 in line with existing deadlines to prepare and deliver the Annual Statement of Accounts 2024/25.

3.27. The process will be refined to include a face-to-face workshop, as well as an online survey, inviting Team Leaders for the first time, as well as Senior Managers and Senior Leaders separately, to input directly to the self-assessment process.

3.28. The process will also review the progress on all outstanding and previously approved AGS improvement actions that were not completed by 31st March 2025 to better inform a more holistic, efficient and effective continuous improvement delivery plan for this forthcoming year.

4.0   Sustainability Implications

4.1.   There are no sustainability implications.

5.0   Resource Implications

5.1.   Financial Details

5.2.   There are no financial implications with this proposal.   No ☑

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

5.4.   Staffing

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

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** (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)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?
Yes ☐   No ☑

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 AGS Actions 2324 Progress Details

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, 30th January 2025: Draft Annual Accounts 2023/24 (https://www.clacks.gov.uk/document/meeting/1/1250/8063.pdf)

- Clackmannanshire Council, 29th August 2024: Annual report to those charged with Governance and the Controller of Audit for Financial Year Ended 2022/23 prepared by Chief Finance Officer. (https://www.clacks.gov.uk/document/meeting/1/1247/7959.pdf)

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Fi Grinly	Strategy & Performance Advisor	2391

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Strategic Director, Partnerships & Performance	████████████

Appendix A Annual Governance Statement 2023/24 Approved Actions Progress to 31st March 2025

Sorted by source, in order of AGS date originated

Action and Reference	% Progress	Owner	Source
AGS 020 011 To complete the review of the Sustainability and Climate Change Strategy	100%	Strategic Director (Place)	AGS 2020/21
Note: The Strategic Environmental Assessment is complete. Further consultation with the public and other stakeholders to take place and the output of that will be incorporated into the draft Climate strategy for approval by Council.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 021 001 To review the Governance Assurance process to ensure it is effective and proportionate.	100%	Senior Manager, Partnership & Transformation	AGS 2021/22
Note: Completed. Annual Governance Statement (AGS) process has been reviewed with scope of stakeholders inputting to the process extended to include Team Leaders Forum (TLF) to make for more robust input. A programme of learning and development opportunities for TLF has been created, implemented and is underway, focusing initially on the Council's eight Local Code of Governance themes.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 021 002a Revise key financial management and governance documents to clearly define expectations and responsibilities, including the Scheme of Delegation.	60%	Senior Manager, Legal & Governance	AGS 2021/22
Note: The Financial Regulations were reviewed and approved by Council in June 2023. Reconciliations were completed on a timely basis during 2023/24. Capacity issues within Legal Services along with review of the Integration Scheme has delayed work on the Scheme of Delegation. It is hoped that this will be completed towards March 2026.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 021 002b A detailed review of Standing Orders will be undertaken, with the aim of consolidating incremental changes that have been made in recent years, improving clarity and ensuring Standing Orders remain fit for purpose. Training will be provided for elected members.	40%	Senior Manager, Legal & Governance	AGS 2021/22
Note: Capacity issues within Legal Services have inhibited progress, but it is anticipated to complete review of Standing Orders by March 2026.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 021 005 Options for enhancing arrangements for Fraud Risk Management will be investigated as part of the restructure of the Legal & Governance service.	25%	Senior Manager, Legal & Governance	AGS 2021/22

Note: A demand pressure was approved in the Budget for 2025/26 to allow the recruitment of a Fraud Officer. A job profile has been drafted and is under review, prior to submission for evaluation. The Council is also looking to put in place training in combating fraud and corruption for Directors, Senior Managers and other key officers during 2025/26 (AGS 022 014).			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 021 006 Refresh Local Outcome Improvement Plan	100%	Senior Manager, Partnership & Transformation	AGS 2021/22
Note: Complete - The wellbeing Local Outcomes Improvement Plan for 2024/34 was agreed by the Clackmannanshire Alliance and Clackmannanshire Council in December 2024.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 021 007 Refresh Clackmannanshire Alliance operating arrangements	80%	Senior Manager, Partnership & Transformation	AGS 2021/22
Note: Proposed revised Memorandum of Understanding and operating arrangements have been drafted. Consultation with partners ongoing. It is anticipated that these should be finalised in the Summer 2025.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 021 009 Refresh Communications Strategy	40%	Senior Manager, Partnership & Transformation	AGS 2021/22
Note: As part of Be the Future transformation programme agreed by Council, consultants are being engaged to lead the development of the Councils communication and engagement strategy. The scope for this has been agreed and the tender process is currently active. Progress is anticipated over the Summer 2025.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 021 017 Review ICT Strategy and Asset Management Plans	50%	Senior Manager, Partnership & Transformation	AGS 2021/22
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. A high-level ICT Strategy is in place and the ICT Asset Management Strategy is being refreshed as part of the wider ICT policy programme.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 021 019 The feasibility of introducing a structured approach to the publication of policies and strategies will be investigated, to ensure they are accessible and up to date.	51%	Senior Manager, Legal & Governance	AGS 2021/22

Note: Matrix of strategic approaches and supporting documentation has been drafted with a full list of all existing Council policies and strategies. As part of business planning these will be mapped across to ensure integrated revisement plans are in place and part of regular reporting and scrutiny of plans.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 022 002 Review Contract Standing Orders	50%	Senior Manager, Legal & Governance	AGS 2022/23
Note: Significant progression has been made with external legal support. This was awaiting the impact of the change in English Procurement legislation which came into force late February 2025. Aiming for approval in the 2025-26 financial year.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 022 003 Review Procurement Strategy	25%	Chief Finance Officer	AGS 2022/23
Note: The Procurement Strategy Action Plan was updated within the Procurement Annual Report approved at committee in October 2024. Procurement Strategy due to be updated in the 2025-26 financial year. Initial work has taken place to review and update.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 022 005 Information and knowledge management programme of work will be scoped and capacity, resources and roles and responsibilities identified	70%	Senior Manager, Legal and Governance	AGS 2022/23
Note: Progressing. A programme of work is underway reviewing the archiving of documents using Scottish Council on Archives Record Retention Schedules (SCARRS) guidance. A newly qualified Data Protection Officer is now in role, as well as a dedicated lawyer, to deal with data legislation.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 022 009 Focused SLF sessions regarding good corporate governance e.g. procurement, financial regulations, Legal and HR processes	100%	Senior Manager, HR & Workforce Development	AGS 2022/23
Note: Senior Leadership Forum (SLF) session undertaken with McRoberts LLP. SLF and Team Leaders Forum (TLF) event programme agreed and rolling out focussed on CIPFA Local Code of Governance themes.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 022 014 Training in combating fraud and corruption for Directors, Senior Managers and other key officers will be rolled out	51%	Senior Manager, Legal & Governance	AGS 2022/23
Note: Work ongoing between Strategy and Performance, Organisational Development, Legal and Internal Audit to develop training requirements for a course that would meet the learning needs of both officers and Elected Members. Thereafter to source external training with the anticipation it is rolled out during 2025/26.			
Action and Reference	**% Progress**	**Owner**	**Source**

Action and Reference	% Progress	Owner	Source
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.	95%	Senior Manager, Legal & Governance	AGS 2023/24
Note: Review completed, but ongoing final issues still to be addressed between the partners.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 002 Procure and initiate implementation for a new legal case management / document management system.	10%	Senior Manager, Legal & Governance	AGS 2023/24
Note: This is a collaboration effort between Clackmannanshire and Fife Councils for joint procurement. Fife Council is leading on the procurement and we await progress update.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 003 A skills analysis and self-evaluation process should be carried out to assess the skills for each elected member. Personal development plans should then be developed and tailored to individual members' needs.	100%	Senior Manager, Legal & Governance	AGS 2023/24
Note: All Elected Members have been offered to participate in a political skills assessment (PSA) on a voluntary basis, provided via Improvement Service. The collated output of this to form a training plan for Elected Members. The opportunity remains available to those who have yet to take up the opportunity, otherwise action is complete.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 004 Progress all outstanding Internal Audit Actions	80%	Strategic Director (P&P)	AGS 2023/24
Note: Work continues in relation to all outstanding Internal Audit recommendations. A further report is scheduled for June Audit and Scrutiny Committee. Internal Audit Actions remains a standing item on SLG, in addition, regular reporting is issued to Directors to ensure outstanding audit actions are progressed and Pentana updated accordingly. Internal Audit have recently completed their review of previous Grade 1 actions, and we await the final report.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 005a The Audit and Scrutiny Committee to be enhanced by allocating provisional times for each item on the agenda to help manage the meetings within the set timeline.	100%	Strategic Director (P&P)	AGS 2023/24
Note: Following the annual review process all Committee members now attend the pre-agenda meeting along with officers. This provides the opportunity to have high level overview of papers, and outline areas which members will focus on at Committee to allow officers to have sufficient information to respond fully. Assigning timings to agenda items for the A&S could stifle questions and debate. The Chair is effective in managing the agenda and the meeting.			
Action and Reference	**% Progress**	**Owner**	**Source**

Action and Reference	% Progress	Owner	Source
AGS 023 005b The Audit and Scrutiny Committee to be enhanced by formalising the arrangement for substitute members with specific expertise within the Committee's Terms of Reference.	100%	Strategic Director (P&P)	AGS 2023/24
Note: The former Strategic Director undertook work at the request of Committee regarding co-opting of members onto Committee.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 005c The Audit and Scrutiny Committee to be enhanced by receiving regular updates from management on progress with the implementation of internal and external audit recommendations.	100%	Strategic Director (P&P)	AGS 2023/24
Note: Regular reporting now takes place in relation to outstanding internal audit actions. External Audit recommendations are now also reported to Committee with the first half yearly report provided to Committee in February 2025. Committee noted and agreed the paper tabled at Audit and Scrutiny Committee in December 2023.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 006 To review and update our corporate self-assessment approach and findings to ensure it informs our continuous improvement and transformation journeys.	100%	Strategic Director (P&P)	AGS 2023/24
Note: Best Value Ecosystem and Best Value Improvement Action Plan approaches were approved by Extended Senior Leadership Group (ESLG) on 11th September 2024. These are the total collation of all corporate self-assessment activity recommendations, including those from the AGS and external audit. ESLG will monitor progress of actions regularly, typically via existing formal governance systems to relevant Committee or Council meetings.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 007 To roll out a learning and development programme for 2024-25 that is structured around the eight CIPFA local codes of governance themes to increase awareness and understanding of our local code of governance across team leaders and senior managers.	100%	Senior Manager, HR & Workforce Development	AGS 2023/24
Note: The programme of TLF and SLF events was launched in autumn 2024 and continues to progress on rolling programme basis being led and facilitated within the Strategy and Performance team and supported by the Organisational Development Team.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 008 Review the Council's Complaints Policy and procedure and implement training accordingly.	0%	Senior Manager, Legal & Governance	AGS 2023/24
Note: Action to be progressed following completion of the new automated system around complaints, comments, concerns and compliments.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 009 To review the Learning Estate Strategy with Education colleagues (Phase 1)	25%	Strategic Director (Place)	AGS 2023/24

Note: The Learning Estate Strategy (LES) is under development as a stand-alone strategy but will closely align with the development of the Asset Management Strategy also underway. Work will commence to procure resource to add capacity in progressing the LES with a Learning Estates Options Appraisal expected to be completed in Q2 2025 and a draft LES seeking Council approval in Q4 2025/26.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 010 Seek Council approval for and implement the new Climate Change Strategy to replace the Interim Climate Change Strategy.	90%	Strategic Director (Place)	AGS 2023/24
Note: Papers were prepared for Council. Thereafter, SLG reviewed the report and asked the service to provide a summarised version of the CEAP. The paper was subsequently prepared for Jan 25 but was removed from the agenda due other prioritised reports necessary for the annual Council budget. On the 31st March the papers were presented to SLG for consideration and the setting of a new date for presentation to Council. Feedback was a request to provide more examples of the positive work that has already been carried out by Council services. Awaiting a new date to present the final report and the requested information.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 011 Undertake the Housing Needs and Demand Assessment (HNDA).	60%	Strategic Director (Place)	AGS 2023/24
Note: Process has been following national guidance in development of the Housing Needs and Demand Assessment (HNDA). The next aim is to have a final draft HNDA out to consultation in late June / early July 2025. Scottish Government has indicated a requirement of eight weeks to review and supply any final feedback. We aim to have the final HNDA with Scottish Government, including consultation response, by 21st August 2025. This will allow presentation for approval at November Council.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 012 Prepare Alloa Town Centre Masterplan	10%	Strategic Director (Place)	AGS 2023/24
Note: Draft Brief has been prepared to progress Consultant appointment. Still to be finalised and a quick quote tender process initiated.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 013 Develop a Corporate Asset Strategy	70%	Strategic Director (Place)	AGS 2023/24
Note: First draft Asset Strategy has been presented to Strategic Director, Place. Revised draft to be presented to Spokesperson and Committee by end of May 2025 for further comment. Final Strategy document to be presented to Council in August 2025.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 014 The financial monitoring process to be reviewed to reduce complexity.	50%	Chief Finance Officer	AGS 2023/24
Note: The budgetary control framework has been reviewed. The purpose of this document is to provide a framework for the effective control of the Revenue and Capital budgets of Clackmannanshire Council including the Housing Revenue Account. The framework includes guidance on budget monitoring. The Council's finance system will also be upgraded with dashboards to monitor spend against budget. Further work will be undertaken to review the process.			

Action and Reference	% Progress	Owner	Source
AGS 023 015 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.	75%	Chief Finance Officer	AGS 2023/24
Note: Information was included within the 2025/26 Budget Report and Budget Context and Outlook Report reported to Council in February 2025. Further information will be included within the MTFS due to be presented to Council in June.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 016 The finance monitoring reports should be expanded to give members an update on progress with the use of the earmarked reserves to ensure that they are being actively monitored and being applied for the purposes intended.	100%	Chief Finance Officer	AGS 2023/24
Note: Complete. This information was included in the quarter 1 and 2 outturn reports for 2024/25 and will continue to be included in future outturn reports.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 017 The budget strategy reports will be reviewed and enhanced to incorporate the recommendations of the Audit Scotland's report in June 2014 Scotland's public finances.	75%	Chief Finance Officer	AGS 2023/24
Note: A medium-term Financial Strategy is being developed and will be presented to Council in June 2025.			
Action and Reference	**% Progress**	**Owner**	**Source**

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%	Senior Manager, Capital & Transformation	AGS 2023/24

Note: 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 7 corporate priorities and are reported to the Strategic Oversight Group and the Be the Future Board at each meeting. A benefits realisation approach and plan has also been agreed.			
Action and Reference	**% Progress**	**Owner**	**Source**

AGS 023 019 The process for identifying surplus assets, impairment and accounting for revaluations should be strengthened to ensure they can be accurately captured in the financial statements	100%	Chief Finance Officer	AGS 2023/24

Note: Complete and fully implemented - Finance worked with officers in Place to identify assets for revaluation which were then carried out by external valuers.

Action and Reference	% Progress	Owner	Source
AGS 023 020 To develop a strategic approach to improving information and knowledge management that incorporates data insights and findings of the Data Maturity Assessment	100%	Senior Manager, Capital & Transformation	AGS 2023/24

Note: The Data Insights Discovery phase has been completed, addressing key areas of focus from the Data Maturity Assessment (DMA). Key achievements include:

- Cross-council participation in the Data Maturity Assessment, leading to the development of a findings report and action plan.
- Development of a new Base Data Layer, creating a single source of truth for all future council reporting and analytics.
- Delivery of Power BI Showcase Reports to demonstrate value, drive stakeholder engagement, and highlight reporting potential. These reports include topics such as Education Attendance, CO2 Monitoring, and Digital Skills.
- Delivery of a new child poverty model, streamlining existing KPI reporting and enhancing reporting options.
- Creation of a comprehensive Power BI Dashboard Style Guide, ensuring alignment with council branding and visual consistency across all reports.
- The Discovery phase is 100% complete, and the implementation phase will commence in June 2025 to transition to a Data Target Operating Model (TOM).

Action and Reference	% Progress	Owner	Source
AGS 023 021 Refresh the Digital Strategy	25%	Senior Manager, Capital & Transformation	AGS 2023/24

Note: Clackmannanshire Council officers are collaborating with Senior Leaders across the Digital Office, Local Authorities (LAs), and the Solace/IS Transformation Programme to develop the Digital To-Be State white paper. This paper presents a strategic vision for a digital future for local government, providing a common purpose to drive action, collaboration, and partnership working. The second phase of the project has commenced, which includes developing an implementation strategy. This strategy will deliver a range of products to provide LAs with a common toolkit for developing their local strategies and implementations. This will underpin the development of a refreshed digital strategy, and the council will continue to work closely with the project to align our approach.

Action and Reference	% Progress	Owner	Source
AGS 023 022 Create and implement strategic approaches that define data security and good governance on data captured, including reviewing the Retention Schedule, in line with M365 integration	100%	Senior Manager, Capital & Transformation	AGS 2023/24

Note: The following actions have been completed in relation to Data Governance:

- Completion of a comprehensive Data Governance Audit, reviewing all existing council data policies, standards, and procedures.
- Establishment of a cross-functional Data Advisory Group to provide strategic oversight for this project and guide future data initiatives.
- Development of a robust Data Quality Framework, including supporting tools and templates to improve data integrity and consistency.
- Introduction of a formal Data Audit Process, supported by a live Data Action Log to track and resolve critical data quality issues.
- Design of a tailored Learning Pathway for Power BI users, incorporating council-specific training materials and test scenarios.

The Discovery phase for Data Insights is 100% complete, and the implementation phase will commence in June 2025.

Action and Reference	% Progress	Owner	Source
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.	75%	Senior Manager, Partnership & Transformation	AGS 2023/24

Note: We have experienced delays due to the complexities of the operational processes. However, a resolution has been established, and we expect the system to go live in Summer 2025.

Action and Reference	% Progress	Owner	Source
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.	70%	Chief Finance Officer	AGS 2023/24

Note: Ongoing and partially complete. The Chief Accountant and permanent Capital Accountant are now in post. The first phase of the Finance restructure has been approved by Senior Leadership and consulted on with Trade Unions. Posts being developed and recruited to. The implementation of the Revenues structure is complete and remaining posts have been recruited to.

Action and Reference	% Progress	Owner	Source
AGS 023 025 Review the Stress Risk Assessment Process	100%	Senior Manager, HR & Workforce Development	AGS 2023/24
Note: Process review undertaken, with stress risk assessments having moved to the Evotix online H&S portal in May 2024. Communications issued across all Directorates as part of the 2024 Mental Health Week campaign.			
Action and Reference	**% Progress**	**Owner**	**Source**
AGS 023 026 Complete the review of the social media policy and guidelines.	70%	Senior Manager, Partnership & Transformation	AGS 2023/24
Note: A draft social media policy has been developed and will be consulted on in line with action AGS 021 009.			

CLACKMANNANSHIRE COUNCIL

Report to Audit & Scrutiny Committee

Date of Meeting: 12 June 2025

Subject: Audit & Scrutiny Committee Forward Plan 2025/26

Report by: Strategic Director, Partnership & Performance

1.0   Purpose

1.1.   The purpose of this report is to enable members to review and approve the Audit and Scrutiny Committee's forward plan for 2025–2026, 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:

2.2.   **Approves** the draft forward plan as set out at **Appendix 1;**

2.3.   **Agree** that all Committee members complete the online self evaluation questionnaire, **Appendix 2**, by 05th September 2025.

2.4.   **Agree** that all Committee members will meet informally during September 2025 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 2025 meeting and subsequent submission to Council.

2.5.   **Note** the progress made in relation to the 2024/25 training plan (as detailed in paragraph 3.7)

3.0   Considerations

3.1.   This paper presents a proposed schedule of reports for the Audit and Scrutiny Committee through to June 2026.

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 2024/25 Annual Report is scheduled for presentation to the Committee in October 2025, with Council approval to follow.

3.6. At its meeting of 22 August 2024 Committee agreed the following training plan.

Table 1: Agreed Training Plan

Training Subject	Target Date	Internal/External
Annual Governance Statement / Control Environment	Q4 2024/25	Internal
Cyber Security	Q3 2024/25	Both
Performance and Risk (Phase 2)	Q4 2024/25	Internal
Principles of Best Value & VFM	Q3 2024/25	Internal
Fraud and Corruption	Q4 2024/25	Both
Financial Monitoring / Scrutiny	Q3 2024/25	Internal
"Mock Committee"	Q3 2024/25	Internal

3.7. A number of training sessions are still outstanding. Planning is either underway or an external provider is being sourced to ensure delivery.

Table 2: Agreed Training Plan - Progress

Training Subject	Progress	Update
Annual Governance Statement / Control Environment	Outstanding	Training date being sought from Council Officers
Cyber Security	Complete	
Performance and Risk (Phase 2)	Complete	
Principles of Best Value & VFM	Outstanding	Planning underway for joint session with Elected Members and Senior Leadership Forum
Fraud and Corruption	Outstanding	Planning underway for joint session with Elected Members and Senior Leadership Forum
Financial Monitoring / Scrutiny	Outstanding	external provider being sought for training delivery
"Mock Committee"	Outstanding	Officers to Progress

3.8. In addition to the agreed training programme, the HR & Workforce Development team has continued to offer members the opportunity to participate in a Council-wide training needs analysis, delivered through the Improvement Service's *Political Skills Assessment*.

3.9. To date four Elected Members have engaged with the process, designed to offer both personal, and member wide skills development opportunities. The offer to engage with political skills process will be available until recess, after which Officers will prepare outputs of the interviews undertaken to date.

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 staff implications arising from this report.

6.0 Exempt Reports

6.1. Is this report exempt?   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 Equalities Impact

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

An EQIA is not applicable in this context.

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)

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	Strategic Director – Partnership and Performance	2184

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Strategic Director – Partnership and Performance	

Audit and Scrutiny Draft Forward Plan for 25/26 Cycle APPENDIX ONE

	Thursday 28ᵗʰ August 2025		
	Title of Report	Lead Officer	Standing Item
A	Exceptions from the Application of Contract Standing Orders	Strategic Director P&P	Yes
A	Internal Audit Update Report (as and when required)	Internal Audit Manager	Yes
A	Draft Council Financial Performance for 2024-25 (Annual)	Chief Finance Officer	
A	External Audit Planning Report	Chief Finance Officer	
A	Council Financial Performance 25/26 Q1	Chief Finance Officer	
A	HRA Financial Performance 2025-26 Q1	Chief Finance Officer	
A	Treasury Report 2025/26 Q1	Chief Finance Officer	
A	Risk Strategy Annual Report	Senior Manager P&T	
S	Community Wellbeing Report 2024/25 (Year End)	Strategic Director People	
S	HSCP Clackmannanshire Locality Performance Report 25-26 Q1	HSCP Chief Officer	

	Thursday 24ᵗʰ October 2025		
	Title of Report	Lead Officer	Standing Item
A	Exceptions from the Application of Contract Standing Orders	Strategic Director P&P	Yes
A	Internal Audit Update Report (as and when required)	Internal Audit Manager	Yes
A	Corporate Risk Register (Quarterly)	Senior Manager P&T	Yes
S	Police Performance Report for Clackmannanshire Year End	Local Commander	
S	Fire Annual Performance Report for Clackmannanshire Year End	Local Senior Officer	
S	Partnership and Performance: 24/25 Year End Business Plan Update	Strategic Director P&P	
S	Procurement Annual Report	Procurement Manager	
S	Regulation of Investigatory Powers (Scotland) Act 2000	Senior Manager L&G	
S	Health and Safety Annual Report 2024-25	H&S Manager	
S	Digital Learning Strategy and Action Plan 2025-2027 (Progress Update)	Senior Manager – People	
S	Annual Report of the Chief Social Work Officer	Chief Social Work Officer	
S	Audit and Scrutiny Committee Annual Performance Report	Strategic Director P&P	

	Thursday 11ᵗʰ December 2025		
	Title of Report	Lead Officer	Standing Item
A	Exceptions from the Application of Contract Standing Orders	Strategic Director P&P	Yes
A	Internal Audit Update Report (as and when required)	Internal Audit Manager	Yes
A	Council Financial Performance 2025-26 Q2	Chief Finance Officer	
A	HRA Financial Performance 2025-26 Q2	Chief Finance Officer	
A	Treasury Report 2025/26 Q2	Chief Finance Officer	
S	HSCP Clackmannanshire Locality Performance Report 25-26 Q2	HSCP Chief Officer	
S	HSCP Clackmannanshire and Stirling Half Year Update 25-26	HSCP Chief Officer	
S	Place 24-25 Year End Business Plan Report	Strategic Director Place	
S	Public Bodies Climate Change Report Duty - Clackmannanshire Council Annual Report 2024-25 Internal Audit	Strategic Director Place	
S	Environmental Health - Official Food Control Progress Report	Strategic Director Place	

	Thursday 5th February 2026		
	Title of Report	Lead Officer	Standing Item
A	Exceptions from the Application of Contract Standing Orders	Strategic Director P&P	Yes
A	Internal Audit Update Report (as and when required)	Internal Audit Manager	Yes
A	Corporate Risk Register (Quarterly)	Senior Manager P&T	Yes
A	Internal Audit Actions – Progress Report	Strategic Director P&P	
A	External Audit Recommendations - Progress Report	Strategy & Performance Advisor	
S	Partnership and Performance 25-26 Half Year Business Plan Update	Strategic Director P&P	
S	People Community Wellbeing Plan 2025-26 Interim Report	Strategic Director People	
S	Annual Complaints Report 2024-25	Senior Manager L&G	
S	HSCP Clackmannanshire Locality Performance Report 25-26 Q3	HSCP Chief Officer	

	Thursday 23rd April 2026		
	Title of Report	Lead Officer	Standing Item
A	Exceptions from the Application of Contract Standing Orders	Strategic Director P&P	Yes
A	Internal Audit Update Report (as and when required)	Internal Audit Manager	Yes
A	Council Financial Performance 2025-26 Q3	Chief Finance Officer	
A	HRA Financial Performance 2025-26 Q3	Chief Finance Officer	
A	Treasury Report 2025/26 – Q3	Chief Finance Officer	
A	Annual Fraud Risk Assessment and Assurance Report	Senior Manager L&G	
A	Annual Governance Statement – Year End Progress Report	Senior Manager L&G	
A	Corporate Risk Register Report	Senior Manager P&T	
S	Police Half Year Report 2025/26	Local Commander	
S	Fire Half Year Report 2025/26	Local Senior Officer	
S	Corporate Priorities Annual Report	Strategic Director P&P	
S	Wellbeing Economy Local Outcomes Improvement Plan Progress Report	Senior Manager P&T	

	Thursday 11th June 2026		
	Title of Report	Lead Officer	Standing Item
A	Exceptions from the Application of Contract Standing Orders	Strategic Director P&P	Yes
A	Internal Audit Update Report (as and when required)	Internal Audit Manager	Yes
A	Council Financial Performance 2025-26 Q4	Chief Finance Officer	
A	HRA Financial Performance 2025-26 Q4	Chief Finance Officer	
A	Treasury Report 2025/26 – Q4	Chief Finance Officer	
A	Corporate Risk Register	Senior Manager P&T	
A	Internal Audit Assurance Report	Internal Audit Manager	
A	Internal Audit Plan Report 2026/27	Internal Audit Manager	
A	Outstanding Internal Audit Actions – Progress Report	Strategic Director P&P	
S	Health and Safety Wellbeing Strategy Report	Senior Manager H&S	
S	Place Half Year Business Plan Update Report 25/26	Strategic Director Place	
S	HSCP - Clackmannanshire Locality Performance Report 25/26 (Year End)	HSCP Chief Officer	
S	HSCP Clackmannanshire and Stirling Year End Update 25-26	HSCP Chief Officer	
S	Housing Charter Report	Senior Manager Housing	

Self-Assessment of the
Effectiveness of the
Audit and

2025-26

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

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 commit-
tee arrangements. This will enable those bodies to meet their statutory responsibilities for governance and internal control arrange-
ments, 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.

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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

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.	○	○	○	○	○	○

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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.

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Committee Member Feedback

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.