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**Report to: Audit & Scrutiny Committee**

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**Date of Meeting: 11<sup>th</sup> December 2025**

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**Subject: Internal Audit Actions – Progress Report**

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**Report by: Strategic Director – Partnership and Performance**

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## **1.0 Purpose**

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

## **2.0 Recommendations**

Committee is asked to:

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

## **3.0 Considerations**

- 3.1. This report provides Committee with an ongoing progress update on Internal Audit recommendations.
- 3.2. Efforts continue across all Directorate to ensure identified and agreed internal audit actions are being progressed/updated timeously.
- 3.3. Progress on outstanding recommendations continues to be a standing agenda item for the Strategic Leader Group with Directors also asked to ensure they are considered at their Senior Management Team meetings.
- 3.4. A summary of ongoing progress is provided in Appendix 1, which has been formatted to clearly indicate areas where progress is being achieved and where it is lacking.
- 3.5. 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.
- 3.6. Ongoing updates will continue to be provided to Committee 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 Impact Assessments

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

No ☒

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

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

## 9.0 Legality

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

## 10.0 Appendices

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

Appendix 1 – Internal Audit Actions – Progress Summary

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

## 11.0 Background Papers

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

Yes ☐ (please list the documents below) No ☒

### Author(s)

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

### Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Strategic Director – Partnership and Performance	



## Appendix 1 – Internal Audit Outstanding Actions Progress Information

### Internal Audit & Fraud Plans 2017-2022

Internal Audit Report	Total Actions Identified	Actions Complete – February 25	% Complete	Actions Complete - December 25	% Complete	% Difference
Sundry Debtors (A04 SDB)	6	2	33%	2	33%	0%
Housing Rent Collection & Arrears Management (A16 HRC)	3	2	67%	2	67%	0%
Corporate Risk Management Arrangements (A07 CRM)	8	7	87%	7	87%	0%
Fleet Management & Monitoring Arrangements (A06 FMM)	13	10	77%	11	85%	+8%
Use and Control of Social Media (SMO)	3	1	33%	1	33%	0%

### Internal Audit & Fraud Plans 2022-2023

Internal Audit Report	Total Actions Identified	Actions Complete – February 25	% Complete	Actions Complete - December 25	% Complete	% Difference
Building Security (A09 BSC)	45	36	80%	38	84%	+4%
Physcial Income Security Arrangements (A18 PSA)	36	30	83%	35	97%	+14%
Refugee Scheme Governance (A15 RSG)	4	3	75%	4	100%	+25%
Supplier Set Up & Supplier Bank Account Changes (A16 SSB)	14	8	57%	10	71%	+14%

### Internal Audit & Fraud Plans 2023-2024

Internal Audit Report	Total Actions Identified	Actions Complete – February 25	% Complete	Actions Complete - December 25	% Complete	% Difference
Public Body Climate Change Duties 22/23 Annual Report (A08 CCD)	11	4	36%	10	91%	+55%
Freedom of Information Requests (A09 FOI)	7	5	71%	7	100%	+29%
Leisure Banking Follow Up (A09 LBF)	10	9	90%	9	90%	0%
Adult Social Care Purchase Order Arrangements (A09 APO)	18	6	33%	7	39%	+6%
Care Home Residents Monies (A11 CHM)	8	6	75%	6	75%	0%
Overtime Arrangements (A14 OVR)	28	20	71%	26	93%	+22%
Use of Purchase Cards (A15 UPC)	13	12	92%	13	100%	+8%
School Enrolment Admissions Policy (A09 SEA)	8	3	37%	8	100%	+63%

### Internal Audit & Fraud Plans 2024-2025

Internal Audit Report	Total Actions Identified	Actions Complete – June 25	% Complete	Actions Complete - December 25	% Complete	% Difference
Climate Change Act Public Duties (A03 CCD)	6	3	50%	4	67%	+17%
Adult Social Care Staff Potential Overpayment – Phase 1 (A09 OP1)	16	9	56%	9	56%	0%
Adult Social Care Staff Potential Overpayment – Phase 2 (A09 OP2)	5	1	20%	3	60%	+40%
IT & Information Security Governance (A12 ISG)	16	1	6%	6	37%	+31%
Asbestos Management Arrangements (A15 AMA)	27	13	48%	17	63%	+15%
Leisure Banking Follow Up (A09 LBF)	10	0	0%	8	80%	+80%

### New Internal Audit Reports

Internal Audit Report	Total Actions Identified	Actions Complete – December 25	% Complete
Follow Up of Grade 1 Recommendations 2024/25	6	2	33%
Capital Arrangements 24/25	6	3	50%

## Internal Audit and Fraud Summary of Outstanding Actions (as at 21<sup>st</sup> November 2025)



**Clackmannanshire  
Council**  
www.clacks.gov.uk

Comhairle Siorrachd  
Chlach Mhanann

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

### 2017/18 Internal Audit & Fraud Plan

Current Status			Expected Outcome	Due By	% Complete
	IAF A04 SDB	Sundry Debtors		<b>31-Mar-2021</b>	<b>33%</b>

### 2019/20 Internal Audit & Fraud Plan

Current Status			Expected Outcome	Due By	% Complete
	IAF A16 HRC	Housing Rent Collection & Arrears Management		<b>31-Aug-2020</b>	<b>67%</b>

### 2020/21 Internal Audit & Fraud Plan

































Current Status			Expected Outcome	Due By	% Complete
	IAF A07 CRM	Corporate Risk Management Arrangements		<b>30-Sep-2023</b>	<b>87%</b>





### 2021/22 Internal Audit & Fraud Plan


Current Status			Expected Outcome	Due By	% Complete
	IAF A06 FMM	Fleet Management & Monitoring Arrangements		<b>31-Mar-2023</b>	<b>85%</b>
	IAF A10 SMD	Use & Control of Social Media		<b>31-Dec-2022</b>	<b>33%</b>


### 2022/23 Internal Audit & Fraud Plan



Current Status			Expected Outcome	Due By	% Complete
	IAF A09 BSC	Building Security		<b>30-Sep-2023</b>	<b>84%</b>
	IAF A13 PSA	Physical Income Security Arrangements		<b>30-Nov-2023</b>	<b>97%</b>
	IAF A15 RSG	Refugee Scheme Governance		<b>31-Mar-2024</b>	<b>100%</b>


	IAF A16 SSB	Supplier Set Up & Supplier Bank Account Changes		<b>31-Dec-2023</b>	<b>71%</b>
<b>2023/24 Internal Audit &amp; Fraud Plan</b>					
<b>Current Status</b>			<b>Expected Outcome</b>	<b>Due By</b>	<b>% Complete</b>
	IAF A08 CCD	Public Body Climate Change Duties 22/23 Annual Report		<b>01-Nov-2024</b>	<b>91%</b>
	IAF A09 FOI	Freedom of Information Requests		<b>30-Jul-2024</b>	<b>100%</b>
	IAF A09 LBF	Leisure Banking Follow Up		<b>31-Jan-2024</b>	<b>90%</b>
	IAF A10 APO	Adult Social Care Purchase Order Arrangements		<b>31-Jul-2024</b>	<b>39%</b>
	IAF A11 CHM	Care Home Residents' Monies		<b>31-Aug-2024</b>	<b>75%</b>
	IAF A14 OVR	Overtime Arrangements		<b>31-Oct-2024</b>	<b>93%</b>
	IAF A15 UPC	Use of Purchase Cards		<b>31-Dec-2024</b>	<b>100%</b>
<b>2024/25 Internal Audit &amp; Fraud Plan</b>					
<b>Current Status</b>			<b>Expected Outcome</b>	<b>Due By</b>	<b>% Complete</b>
	IAF A03 CCD	Climate Change Act Public Body Duties		<b>31-Oct-2025</b>	<b>67%</b>
	IAF A09 OP1	Adult Social Care Staff Potential Overpayments – Phase 1		<b>31-Jan-2025</b>	<b>56%</b>
	IAF A09 OP2	Adult Social Care Staff Potential Overpayments – Phase 2		<b>31-Mar-2025</b>	<b>60%</b>
	IAF A11 LBF	Leisure Banking Follow-up		<b>31-Oct-2025</b>	<b>37%</b>
	IAF A12 ISG	IT & Information Security Governance		<b>31-Jul-2025</b>	<b>63%</b>
	IAF A15 AMA	Asbestos Management Arrangements		<b>31-Dec-2025</b>	<b>80%</b>
	IAF A13 G1R	Follow Up of Grade 1 Recommendations 24/25		<b>31-Dec-2025</b>	<b>33%</b>
	IAF A14 CAP	Capital Arrangements 24/25		<b>31-Dec-2025</b>	<b>50%</b>

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 anticipated to be undertaken by June 2026.	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 training is not appropriate for all staff (though corporate risks are reflected in mandatory programme). Content is defined for target groups (theme leads, managers, etc.) and progress will be made as part of the Corporate Risk Strategy Delivery Plan agreed by Council. This action has been delayed as a result of limited capacity and resource and competing pressures, although this action has been reflected in the Risk delivery plan.	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





FMM013	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
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#### IAFA10 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	Whilst a draft social media policy has been developed, finalization of this policy is on hold pending the outcome of the communication and engagement transformation work being undertaken over the Summer 2025. A full review of social media and recommendations is expected to be contained within the final report which will shape the final social media policy.	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	See IAF SMD 001 – A training programme will be identified for employees following the finalisation of the Social Media Policy. Consideration will be given to the development of an in-house Clacks Academy module.	Karen Payton

IAF A09 BSC		Building Security				Limited Assurance	
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	A draft Corporate Security Policy and procedure has been developed. Engagement on the draft policy is underway with the Senior Leadership Group / Trade Unions and ratification will be through the Executive Health and Safety Committee. Policy approval and implementation, subject to engagement and feedback, remains on track to be achieved by 31st December 2025 Responsible Officer: Senior Manager, Partnership and Transformation Implementation Date: 31 December 2025	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	A draft Corporate Security Policy and procedure has been developed. Engagement on the draft policy is underway with the Senior Leadership Group / Trade Unions and ratification will be through the Executive Health and Safety Committee. Policy approval and implementation, subject to engagement and feedback, remains on track to be achieved by 31st December 2025 Responsible Officer: Senior Manager, Partnership and Transformation Implementation Date: 31 December 2025	Chris Alliston
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		-






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 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. Therefor this action is complete however ongoing monitoring and controls are required.	Chris Alliston
BSC 044	Action is taken to implement the building security corporate recommendations which have been outstanding since 2019.	Action is taken to implement the building security corporate recommendations which have been outstanding since 2019.	1		21/05/23	This action will be completed with the finalization of the Corporate Security Policy as above.	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 035	Segregation of duties should be enforced in the operation of the Imprest. This should include independent checks of funds at the ordering and collection stage, monthly reconciliations, and random spot checks by management.	All cash handling will involve two people to ensure segregation of duties.	1		31/08/2023	Complete - New processes implemented segregating duties in relation to imprest. All steps involving cash handling are managed by 2 officers with 2 monthly reconciliations carried out by senior staff. Spot checks commenced Dec 2025.	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	The Housing Support Team should conduct quarterly reconciliations between any income received and expenditure incurred in relation to Ukrainian refugee schemes.	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	System Administrator post has now been appointed with a start date of end of September.	Lindsay Sim
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	On the engagement of the new Systems Administrator this will be taken forward. Time is required for the person to embed into the post before writing policies.  Responsible Officer: Team Leader Corporate Accountancy / Systems Administrator  Implementation Date: 31 December 2025	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
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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	This action is deemed complete. The Service have reviewed and concluded at this time there is insufficient financial and human resources to progress for the level of value likely to be received. Services have been advised to utilise the Scottish Government Template to calculate carbon impact and where appropriate incorporate it within contract asks.	Kevin Wells
CCD 010	All report information anomalies identified should be investigated and the Public Bodies Climate Change Duties Annual Report amended / reissued to the Sustainable Scotland Network as a matter of urgency. This includes: • Corporate emissions; • Staff mileage figures; and • Boiler replacement figures.	Amendments identified will be submitted to Sustainable Scotland Network once Audit verification is agreed	1		31/01/24	Anomalies amended and details passed to the SSN	Lawrence Hunter
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	There has been no change as of 21/05/2025.	Iain McDonald




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.	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 operating 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.	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.  This will no longer be input to Finch for payment the process will be split for commissioning team when in place. (see graphic in power point)	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	Current Interim Chief Officer is discussing proposed arrangements for practice audit (including care plans) with CSWOs. Management response recognises the limitations of ASC recording system.  Not all outcome focussed assessments or care plans are on the systems for service users. This will be resolved later this year when new care and support framework is implemented.	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 is in development which is procedural and around assessments and care plans. Alongside a care and support framework which sets out for staff, user guide, for the care and support framework. This covers the steps on how to place, increase, decrease packages of care including the steps needed when we use a provider in group C.	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 August 25.	

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 be 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	<p>RAG for LTC and SRAG for high tariff cases now established and this avoids the potential for packages to 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 A and B providers to be used.</p> <p>BMU QA process to be developed to ensure what we have been invoiced has been delivered.</p>	Joanna MacDonald



APO012	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.  A user guide to the care and support framework. This covers the steps on how to place, increase, decrease packages of care including the steps needed when we use a provider in group C.	Joanna MacDonald
APO016	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	Specific paper due to be presented to Clackmannanshire Council on 27/11.	Jennifer Baird



IAF A11 CHM




Care Home Resident's Monies



Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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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	An online video guide /training resource will be developed and hosted on Clacks Academy.  Responsible Officer: Senior Manager HR and Workforce Development  Implementation Date: 31 March 2025	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 Strategic Director of Place has commenced a review of Delegated Authorities Signatory List to ensure consistency as of July 2025. Additionally, Officers are added and removed as appropriate, and adjustment to authorisation levels have been implemented.  Responsible Officer: Strategic Director Place  Implementation Date: 31 July 2025	Kevin Wells
OVR 009	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	Updated authorised signatories will be received by the Chief Finance Officer.	Joanna MacDonald
OVR 010	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	People Senior Managers will check the authorised signatory list and provide feedback once completed. In addition, the Procurement Manager currently takes action to update the authorised signatory list when leavers forms are submitted. Evidence provided that demonstrates when issue raised with Senior Managers.  Responsible Officer: Strategic Director of People Implementation Date: 01 August 2025	Lorraine Sanda




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	<p>This matter has been raised with Senior Staff within the Department. With the two cases resulting in disciplinary investigation 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.</p> <p>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.</p>	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	<p>Following further engagement with Internal Audit a breakdown of figures for each staff member was verified and provided to staff. Repayment plans have been agreed and put in place either through salary deduction, for those still in employment, or via sundry debtors where individuals have left employment</p>	Joanna MacDonald



#### 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	Complete - Bank reconciliations are carried out monthly which includes matching credit card payments to the ledger. Any reconciling items are followed up on a timely basis and all reconciling items are resolved by the year end.	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 003	The Council Travel Plan should be reviewed and updated as required. It should be approved by Council within an appropriate timeframe.	An appropriate timeframe will be agreed by the service.	3		31/10/2025	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 Council 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 emission figures completed.	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 carbon 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	Currently using emissions tools incorporated within the PBCCD template.	Lawrence Hunter


IAF A09 OP1 Adult Social Care Staff Potential Overpayments - Phase 1 Assurance Not Applicable							
Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
IAF OP1 006	All c£96k potential overpayments identified by the Payroll Section should be validated. Management should then explore options for recovery of any identified overpayments in line with the Council's Salary Over and Underpayments Policy.	Any identified overpayments will be recovered in line with the Council's Over and Underpayments Policy. Discussions will take place with the 9 staff identified, and their union representatives to agree an appropriate repayment plan. Where staff have left the employment of the Council recovery will be through the debtors process.	1		31/01/2025	Following further engagement with Internal Audit a breakdown of figures for each staff member was verified and provided to staff. Repayment plans have been agreed and put in place either through salary deduction, for those still in employment, or via sundry debtors where individuals have left employment	Health & Social Care Chief Finance Officer
IAF OP1 009	Employee payroll claim forms (additional hours and overtime claim forms) should be retained in line with Clackmannanshire Council's Corporate Retention Schedule for Employee Pay Records (current financial year plus 3 years).	Health and Social Care Partnership managers will ensure payroll claim forms are retained in line with the Council Corporate Retention Schedule.	2		31/12/2024		Health & Social Care Locality Manager



IAFOP1 010	A process should be established whereby staff swapping shifts should be clearly recorded and if staff do not work contracted weekend hours, then this should be recorded and made up in future hours worked.	A procedure will be established whereby the swapping of shifts and any changes in hours worked will be recorded to ensure that contracted hours are worked, and accurate additional hours are claimed.	2		31/12/2024		Senior Telecare Officer
IAFOP1 011	The practice of colleagues completing claim forms for a member of staff who is absent should stop.	The practice of colleagues completing claim forms for a member of staff will stop. Claims for any additional hours or overtime will only be made by the individual staff member and submitted to the relevant authorising officer for approval.	1		31/12/2024		Senior Telecare Officer
IAFOP1 012	Managers responsible for authorising the Payroll Additional and Overtime Hours Spreadsheet should be aware of the contracted terms for employees and carry out checks to related claim forms and rotas to ensure that the appropriate additional hours have been worked and are out with contracted hours.	A reminder will be issued to all managers via 'All Manager' emails reminding them of the importance of checking and validating any payroll claims, including mileage and expenses. The reminder will include reference to the Council's Financial Regulations and responsibilities of authorised signatories. This message will be sent thereafter on a quarterly basis.	1		31/12/2024	An online video guide / training resource will be developed and hosted on Clacks Academy.  Responsible Officer: Senior Manager HR and Workforce Development  Implementation Date: 31 March 2025	Senior Manager, HR & Workforce Development (Acting)
IAFOP1 013	Employee claim forms should be checked and approved by the Senior Care Worker / Team Leader and this should be evidenced by a signature on the claim form. Checks should be made to ensure that the hours have actually been worked and the employee is entitled to claim the hours in line with contract terms.	A process will be established to ensure that claims forms are robustly checked and verified by appropriate staff. Random checks will be undertaken by the relevant Senior Manager on a regular basis to ensure that checks are being appropriately undertaken and claims are accurate.	1		31/12/2024		Health & Social Care Locality Manager
IAFOP1 015	Management should review the identified enhanced payments (over and above contracted payments) that were made to the five HSCP and two People Directorate employees to ensure that the hours were actually worked and were in addition to contracted hours.	Relevant information on overpayments to be shared with the Payroll Manager to allow the full investigation of overpayments identified. Full investigation on the potential overpayments to other employees (over and above those originally identified by Payroll) will be undertaken to verify if overpayments have been made with any recovery made in line with the Council's Salary Over and Underpayments Policy.	2		31/01/2025	Payroll manager has liaised with the relevant service areas and awaits confirmation. The action has been completed in relation to HSCP.	Payroll & HR Project Officer

IAF OP1 016	Management should review the identified enhanced payments (over and above contracted payments) that were made to the five HSCP and two People Directorate employees to ensure that the hours were actually worked and were in addition to contracted hours.	Relevant information on overpayments to be shared with the Payroll Manager to allow the full investigation of overpayments identified. Full investigation on the potential overpayments to other employees (over and above those originally identified by Payroll) will be undertaken to verify if overpayments have been made with any recovery made in line with the Council's Salary Over and Underpayments Policy.	2		31/01/2025	Payroll manager has liaised with the relevant service areas and awaits confirmation.	Health & Social Care Locality Manager
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**IAF A09 OP2      Adult Social Care Staff Potential Overpayments - Phase 2      Assurance Not Applicable**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
IAF OP2 001	Some staff rotas were missing and some were unclear as to actual hours worked and for what role. Management checks should be made to ensure that the rotas are clear and accurate, and reflect what has been worked.	A revised standard operating procedure has been developed and is being implemented to address control weaknesses and audit recommendations from the Phase 1 report.	1		14/02/2025		Health & Social Care Locality Manager
IAF OP2 002	Employees working extra shifts and claiming the hours as overtime, but also claiming enhanced hours. Employees swapping shifts, but not working additional hours and claiming enhanced hours for the swapped shift. Employees potentially not working contracted weekend hours. Management Checks should be made to ensure that the contracted hours have actually been worked, and the employee is entitled to claim the hours in line with contract terms.	A revised standard operating procedure has been developed and is being implemented to address control weaknesses and audit recommendations from the Phase 1 report.	1		14/02/2025		Health & Social Care Locality Manager
IAF OP2 003	Internal Audit verified £95,822 potential gross overpayments of enhanced hours made to Menstrie House staff and validated £93,949.97 of overpayments. Management should review the validated overpayments amounts and related issues identified and then explore options for recovery in line with the Council's Salary Over and Underpayments Policy.	Management will review the amounts and related issues identified. Management will also agree the preferred option for recovery and implement arrangements in line with the Council's Salary Over and Underpayments Policy.	1		31/03/2025	Following further engagement with Internal Audit a breakdown of figures for each staff member was verified and provided to staff. Repayment plans have been agreed and put in place either through salary deduction, for those still in employment, or via sundry debtors where individuals have left employment	Health & Social Care Chief Finance Officer



IAF OP2 004	Internal Audit verified £95,822 potential gross overpayments of enhanced hours made to Menstrie House staff and validated £93,949.97 of overpayments. Management should review the validated overpayments amounts and related issues identified and then explore options for recovery in line with the Council's Salary Over and Underpayments Policy.	Management will review the amounts and related issues identified. Management will also agree the preferred option for recovery and implement arrangements in line with the Council's Salary Over and Underpayments Policy.	1		31/04/2025	Following further engagement with Internal Audit a breakdown of figures for each staff member was verified and provided to staff. Repayment plans have been agreed and put in place either through salary deduction, for those still in employment, or via sundry debtors where individuals have left employment	Strategic Director P&P
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IAF A11 LBF Leisure Banking Follow Up							Assurance Not Applicable
Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
LBF 004	The process for completing the Leisure Suspense account reconciliation should be revised for the following approach: Suspense Account opening balance (A) Expected Scuba income (B) Expected closing balance (A+B) Actual closing balance (C) Difference (D) = C-(A+B) D being made up of: Card payments not received for DATE Unidentified receipt for DATE This would allow any discrepancies between income received through the bank and recorded in Scuba to be identified and investigated in a timely manner. To support investigation of historic balances going forward, the bank statement should be downloaded and saved every month.	Monthly reconciliations in this agreed format will be conducted from April 2025 to ensure timely account balancing, accurate transaction recording, and to minimise the risk of fraud or error. The bank statements will be downloaded and saved as part of this process.	1		30/05/2025		Nicola Mack
LBF 005	The Finance team should investigate the Leisure Suspense Account to determine the makeup of the persistent debit balance. This exercise would identify: 1. The balance relating to the 2019 potential discrepancy, to be left in the Leisure Suspense account until the conclusion of the Police Scotland investigation; and 2. Any remaining balance, which should be investigated as a reconciling balance each month, and appropriate action taken (which may include write off). Once this has taken place, the Management Accountant responsible for the monthly account reconciliation should be informed of the balance to be held in the Leisure Suspense account. This will enable an effective account reconciliation to be undertaken as discussed at Action 6b.	During 2024/25 year-end proceedings, a comprehensive reconciliation will be performed to identify any balances associated with historical/2019 activity, with any remaining recent discrepancies to be further investigated; said discrepancies to be investigated on a monthly basis.	1		31/10/2025		Nicola Mack



## IAF A12 ISG



## IT &amp; 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. Whilst this remains a key priority for the service, progress has been delayed due to capacity, workload pressures and staff deployed onto significant ICT projects. Work is underway to identify additional resources and capacity to undertake policy development which includes the IT and Information Security Policy.	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 Cyber Incident Response Plan has been developed, and engagement has taken place. Formal sign off will be completed through the IT and Digital Programme Board in December 2025.	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 which remains a key priority in 2025.	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 has been undertaken through the emergency planning team with oversight provided by SLG and the Chief Executive. Guidance and support has been provided to services with this programme of work almost complete. This work was subject to delay due to turnover of key staff within the emergency planning team.	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 and delivered around Civil Contingencies requirements including Care for People in 2025 and COMAH sites also in 2025. These have now been completed. Participation in a national UK wide pandemic flu exercise (Pegasus) has also taken place in 2025 with plans underway to participate in a further national exercise (Solaris). A cyber exercise is also scheduled in early 2026 with partners.	Cherie Jarvie
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	Risk based testing and exercising for the Council is planned and delivered around Civil Contingencies requirements including Care for People in 2025 and COMAH sites also in 2025. These have now been completed. Participation in a national UK wide pandemic flu exercise (Pegasus) has also taken place in 2025 with plans underway to participate in a further national exercise (Solaris). A cyber exercise is also scheduled in early 2026 with partners.	David Webster








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, via employee cascades and through the Councils MS team's channel. Further work around this is planned to make use of Sharepoint as a communications channel which will be regularly updated with the latest information and guidance. Work is underway to develop content for these pages. Training is already provided on Clacks Academy.	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 with progress managed through the IT and Digital Programme Board. This work remains a high priority for the service with weekly progress meetings ongoing. An ITT has been issued with engagement underway with suppliers to provide network infrastructure improvements required to achieve PSN. In addition scoping work to purchase backup solutions is also being taken forward by the team.	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	All services are reviewing business continuity plans as outlined at IAF ISG 006. This includes a requirement to hold plans in hard copy in the event of an ICT systems failure and this guidance has been issued to services.	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	An ITT has been issued with engagement underway with suppliers to provide network infrastructure improvements required to achieve PSN; this work will deliver network segregation.	Cherie Jarvie

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. Options will be considered on a Security Operation Centre following conclusion of PSN programme of work.	Cherie Jarvie
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**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	Specific asbestos training was provided to PDH's on 9th & 23rd September 2025	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	Relates to AMA 004 (see note above).	Seonaid Scott



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	Discussion taken place with David Webster who is taking this forward as part of the review of Business Continuity Plans (underway).	David Webster
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 (underway).	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	Discussion taken place with David Webster who is taking this forward as part of the review of Business Continuity Plans (underway).	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	Complete with all relevant trained.	Seonaid Scott
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 (ongoing task due to rotation of premises duty holders)	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	List updated and reminders sent to those who have to formally accept, but still several people outstanding to accept (ongoing task due to rotation of premises duty holders)	Nikki Bridle

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	Asbestos management is mentioned in all relevant Activity Risk Assessments (statutory requirement) and have replaced the need for explicit Premise Risk Assessments. Now complete.	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	Asbestos management is mentioned in all relevant Activity Risk Assessments (statutory requirement) and have replaced the need for explicit Premise Risk Assessments. Now complete.	Stuart Graham
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	PDH guidance now updated, with submission to Exec Health & Safety Committee in February 2026.	Stuart Graham

## New Internal Audit Recommendations




IAFA13 G1R Follow Up of Grade 1 Recommendations 24/25							Limited
Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
G1R 001	Management should review actions taken and ensure that all Grade 1 recommendations are implemented as a matter of priority.	The Strategic Director Partnership and Performance will ensure grade 1 recommendations are prioritised and closed in line with the timescales outlined above.	1		31/12/2025	The Strategic Director has engaged with colleagues on the SLG to ensure that grade 1 recommendations are actioned as priority.	Chris Alliston
G1R 002	Consideration should be given to changing the status on Pentana of the five recommendations that have been recorded as implemented, but after Internal Audit review were deemed as being partially implemented and take the necessary action to implement them.	Those actions recorded as closed but only partially implemented following review will be amended to show as not complete.	1		31/07/2025	Actions previously recorded as closed have been amended in Pentana to now show as incomplete for Leads to provide updated comments on implementation.	Morgan Kerr


G1R003	<p>Work is carried out to improve the timely and accurate recording of completion dates on Pentana and to ensure managers are aware of the importance of completing the actions related to Grade 1 recommendations in line with agreed due dates.</p> <p>This could be completed via promotion of the system or additional training for managers. Consideration could also be given to exploring Pentana system functionality for automated workflow where responsible managers are automatically alerted to when a recommendation has been allocated to them and further reminders of when it is due.</p>	<p>Internal audit outstanding actions are reported to Audit and Scrutiny Committee on a 6 monthly basis. Regular communication is issued to Directors to ensure actions are closed timeously. Trigger alerts will be added to all internal audit actions going forward as well as outstanding grade 1 recommendations.</p> <p>Given the limited resource in relation to Pentana, an e-mail will be sent to all managers advising of the importance of updating internal audit actions and that trigger alerts will now be included going forward. Consideration will be given into the development of a video user guide in updating actions.</p>	2		31/08/2025	<p>Trigger alerts will be added to new recommendations going forward. Communication is currently being developed to issue to managers regarding the importance of ensuring Pentana is updated.</p> <p>Internal Audit outstanding actions are a standing item on the P&amp;P SMT monthly meeting agenda.</p>	Chris Alliston
G1R004	<p>Work is carried out to improve the timely and accurate recording of completion dates on Pentana and to ensure managers are aware of the importance of completing the actions related to Grade 1 recommendations in line with agreed due dates.</p> <p>This could be completed via promotion of the system or additional training for managers. Consideration could also be given to exploring Pentana system functionality for automated workflow where responsible managers are automatically alerted to when a recommendation has been allocated to them and further reminders of when it is due.</p>	<p>Internal audit outstanding actions are reported to Audit and Scrutiny Committee on a 6 monthly basis. Regular communication is issued to Directors to ensure actions are closed timeously. Trigger alerts will be added to all internal audit actions going forward as well as outstanding grade 1 recommendations.</p> <p>Given the limited resource in relation to Pentana, an e-mail will be sent to all managers advising of the importance of updating internal audit actions and that trigger alerts will now be included going forward. Consideration will be given into the development of a video user guide in updating actions.</p>	2		31/08/2025		Kevin Wells


G1R005	<p>Work is carried out to improve the timely and accurate recording of completion dates on Pentana and to ensure managers are aware of the importance of completing the actions related to Grade 1 recommendations in line with agreed due dates.</p> <p>This could be completed via promotion of the system or additional training for managers. Consideration could also be given to exploring Pentana system functionality for automated workflow where responsible managers are automatically alerted to when a recommendation has been allocated to them and further reminders of when it is due.</p>	<p>Internal audit outstanding actions are reported to Audit and Scrutiny Committee on a 6 monthly basis. Regular communication is issued to Directors to ensure actions are closed timeously. Trigger alerts will be added to all internal audit actions going forward as well as outstanding grade 1 recommendations.</p> <p>Given the limited resource in relation to Pentana, an e-mail will be sent to all managers advising of the importance of updating internal audit actions and that trigger alerts will now be included going forward. Consideration will be given into the development of a video user guide in updating actions.</p>	2		31/08/2025	Strategic Director for People reminds Senior Managers about outstanding Internal Audit Actions and updating Pentana. Senior Managers have no issues with Pentana, so further training is not required.	Lorraine Sanda
	<p>Work is carried out to improve the timely and accurate recording of completion dates on Pentana and to ensure managers are aware of the importance of completing the actions related to Grade 1 recommendations in line with agreed due dates.</p> <p>This could be completed via promotion of the system or additional training for managers. Consideration could also be given to exploring Pentana system functionality for automated workflow where responsible managers are automatically alerted to when a recommendation has been allocated to them and further reminders of when it is due.</p>	<p>Internal audit outstanding actions are reported to Audit and Scrutiny Committee on a 6 monthly basis. Regular communication is issued to Directors to ensure actions are closed timeously. Trigger alerts will be added to all internal audit actions going forward as well as outstanding grade 1 recommendations.</p> <p>Given the limited resource in relation to Pentana, an e-mail will be sent to all managers advising of the importance of updating internal audit actions and that trigger alerts will now be included going forward. Consideration will be given into the development of a video user guide in updating actions.</p>	2		31/08/2025	Action is complete, with the exception of a video user guide on updating actions which remains to be completed.	Judi Richardson


**IAF A14 CAP**
**Capital Arrangements 24/25**
**Substantial/Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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CAP 001	A Terms of Reference for the Capital Operations Group should be prepared, agreed, and subject to regular review.	The budget strategy report for the 2024/25 budget setting, approved by Council in May 2023, noted the re-establishment of the Capital Operations Group as part of the strategy which set out the purpose and remit of the group. The Group will review and refresh this remit with a requirement to review every two years. The remit will also include a standard agenda showing the areas to be discussed at each meeting.	2		31/12/2025	ToR are now drafted for review. On track for approval by the deadline of 31/12/25.	Wendy Robertson
CAP 002	Consideration should be given to the Capital Operations Group completing an annual self-assessment.	A self-assessment will be conducted on an annual basis.	2		30/06/2026	Senior Manager for Capital and Transformation has been asked to liaise with the Improvement Service to ascertain whether they can support the Self-Assessment process.	Chris Alliston
CAP 003	Consideration should be given to what further action can be taken to reduce the significant level of underspending in the capital programme.	The capital programme is reviewed on an annual basis for phasing of spend based on known circumstances at that time. There are many reasons why projects are not fully spent within the timeframe, particularly due to the nature of capital projects spanning multiple years and often phasing is an estimate. Complex procurements also add to slippage in timescales along with capacity and prioritisation of resources in a small council. The Capital Operations Group monitors the spend against the budget and highlights where expenditure is behind budget and the reasons for this. The group will continue to look to identify any appropriate actions to mitigate any underspends taking account of the above. This will be included within the remit of the group.	2		31/12/2025	The Capital Operations Group monitors the spend against the budget and highlights where expenditure is behind budget and the reasons for this. The group will continue to look to identify any appropriate actions to mitigate any underspends taking account of the above. This will be included within the remit of the group.	Chris Alliston

CAP 004	Consideration should be given to generating and reporting performance indicators for the capital programme.	<p>Consideration will be given to adding RAG on the progress status of projects:</p> <ul style="list-style-type: none"> <li>• On track – project is progressing as planned (Green);</li> <li>• At risk – project unlikely to complete within timescale (Amber); and</li> <li>• Stalled – will not complete this year (Red).</li> </ul> <p>Two indicators have also been added to the quarterly outturn reports showing Spend to Budget and Forecast to Budget.</p>	2		30/04/2026	This action is complete.	Wendy Robertson
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CAP 005	<p>The review by Senior Management into overspends of almost £1.7 million on the 2023/24 HRA capital programme should be completed as a priority, with the outcome reported to the Audit and Scrutiny Committee and shared with the Capital Operations Group.</p>	<p>Senior Managers have identified that due to the crossportfolio management of the HRA between Housing Services and Property Services, this enabled a disconnect in the oversight of the capital programmes.</p> <p>As part of the 2025/26 budget process (approved by Council in February 2025), a realignment of HRA functions within the one service (Housing Services) has been approved and is currently in the process of merging. This will be concluded by December 2025.</p> <p>Through March to November 2025, the HRA Planned Works oversight has been directly managed by the Strategic Director of Place Services whilst in transition.</p> <p>The Future Homes Board, chaired by the Strategic Director of Place Services, is operating and obtaining regular updates on the HRA capital and improvement programmes. These are discussed and challenged as appropriate. The Finance team are also looking to obtain further analytical financial information to support their monthly challenge process at the department's SLT.</p> <p>These measures contribute to the reduction of the risks associated with this area of work and assist with preventing and identifying any overspends timeously. These actions will be reported to the Audit and Scrutiny Committee as part of the quarterly HRA financial outturn report being presented on 30 October 2025 (these actions will not be reported to the Capital Operations Group as it does not cover HRA).</p>	1		31/10/2025		Kevin Wells
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CAP 006	<p>In relation to learning lessons from completed capital projects:</p> <ul style="list-style-type: none"> <li>• arrangements should be established for monitoring the Lessons Learned Log, and the log should also be regularly reported to the Capital Operations Group; and</li> <li>• the processes for ensuring that lessons learned from past projects are incorporated into future projects should be documented, and the results of the annual reviews of these processes should be reported to the Capital Operations Group.</li> </ul>	<p>There is a Lessons Learned Log in place since April 2025; however, no projects have yet completed. The Lessons Learned Log will be shared with the Capital Operations Group at the bimonthly meetings as a standard agenda item. Good practice will then be adapted to other projects.</p>	2		30/06/2026	This is now actioned. Complete.	Wendy Robertson
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