Audit and Scrutiny Committee

Thursday 11 December 2025 at 9.30 am

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

Audit and Scrutiny Committee

The remit of the Audit and Scrutiny Committee is:

Audit & Finance

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

Scrutiny

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

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

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

If you require further information about Council or Committee meetings, please contact Committee Services by e-mail at committees@clacks.gov.uk or by telephone on 01259 452006 or 452004.

3 December 2025

A MEETING of the AUDIT AND SCRUTINY COMMITTEE will be held in COUNCIL CHAMBERS, KILNCRAIGS, ALLOA on THURSDAY 11 DECEMBER 2025 at 9.30 am.

Chris Alliston
Strategic Director (Partnership and Performance)

B U S I N E S S

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

Councillors

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

Religious Representatives

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

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

Our representatives are:

Reverend Sang Y Cha – Church of Scotland

Father Michael Carrie – Roman Catholic Church

Pastor Dee Jess – Baptist Church

Updated April 2025

Clackmannanshire Council | Comhairle Siorrachd Chlach Mhanann
www.clacks.gov.uk

MINUTES OF MEETING of the AUDIT AND SCRUTINY COMMITTEE held in VIA MS TEAMS on THURSDAY 30 OCTOBER 2025 at 9.30 AM.

PRESENT

Councillor Janine Rennie (Chair)
Councillor Denis Coyne (Vice Chair)
Councillor Kenneth Earle
Councillor Ellen Forson
Councillor Scott Harrison (S)

IN ATTENDANCE

Chris Alliston, Strategic Director (Partnership & Performance)
Helena Arthur, Solicitor, Legal and Governance (Partnership & Performance) (Depute Clerk to the Committee)
Colin Bruce, Chief Education Officer (People)
Michael Boyle, Improving Outcomes Business Manager (People)
Andrew Buchanan, Housing Operations Manager (Place)
Derek Barr, Procurement Manager (Partnership & Performance)
Des Donnelly, Group Commander, Alloa Fire Station, Scottish Fire and Rescue Service
Sarah Goldberg, Team Leader, Legal and Governance (Partnership & Performance)
Alastair Hair, Senior Manager HR (Partnership & Performance)
Chief Superintendent Roddy Irvine (Police Scotland)
Cherie Jarvie, Senior Manager, Partnership and Transformation (Partnership & Performance)
Nicola Mack, Chief Accountant (Partnership & Performance)
Phil Mason, External Auditor, Deloitte
Joanna McDonald, Interim Chief Officer (Clackmannanshire and Stirling Health and Social Care Partnership (HSCP)
Scott McDonald, Senior Manager, Justice Services (People)
Sarah McPhee, Senior Internal Auditor, Falkirk Council
Melanie Moore, Committee Services, Legal and Governance (Partnership & Performance)
Terry O'Gorman, Locality Manager Stirling (HSCP)
Sharon Robertson, Chief Social Work Officer (People)
Wendy Robertson, Senior Manager (Transformation & Capital)
Gillian Scott, Senior Manager, Early Intervention (People)
Seonaid Scott, Health and Safety Manager (Partnership & Performance)
Lindsay Sim, Chief Finance Officer (Partnership & Performance)
David Small, Station Commander, Alloa Fire Station (Scottish Fire and Rescue Service)
Chief Inspector Garry Smith (Police Scotland)
Kevin Wells, Strategic Director (Place)
Gillian White, Committee Services, Legal and Governance (Partnership & Performance) (Minute)
Louise Wright-Babcock, Account Assistant (Partnership & Performance)
Jim Young, Child Protection Lead Officer (People)

AS(25)51   APOLOGIES

Apologies for absence were received from Councillor Martha Benny, Councillor Phil Fairlie, Councillor William Keogh and Councillor Bryan Quinn. Councillor Scott Harrison attended as substitute for Councillor Fairlie.

AS(25)52   DECLARATIONS OF INTEREST

None.

AS(25)53   MINUTE OF AUDIT AND SCRUTINY COMMITTEE HELD ON 28 AUGUST 2025

The minutes of the meeting of the Audit and Scrutiny Committee held on Thursday 28 August 2025 were submitted for approval.

Decision

The minutes of the meeting of the Audit and Scrutiny Committee held on Thursday 28 August 2025 were agreed as a correct record by the Committee and signed off by the Chair.

AS(25)54   POLICE PERFORMANCE REPORT FOR CLACKMANNANSHIRE APRIL 2024 TO MARCH 2025

The report, submitted by the Local Police Commander, provided the Committee with information on the performance of Police Scotland in the Clackmannanshire local authority area for the period 1st April 2024 to 31st March 2025.

Chief Inspector Garry Smith advised that he is the new Local Area Commander and acknowledged the work of Chief Inspector Kat Thomson following her move to a role in Stirling.

The Chief Inspector advised that there was a typographical error on page 32 of the agenda (page 16 of the report) relating to priority routes. He clarified that the reference to Devon Road is not Clackmannanshire, it should be the B913 at Dollar. It was classed as the wrong area, and he confirmed that it does remain a priority for Police Scotland.

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

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

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

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Ellen Forson.

Decision

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

AS(25)55   FIRE PERFORMANCE REPORT – 6 MONTH (Q1 AND Q2 2025/26)

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

The Group Commander advised that there was a typographical error on page 55 of the agenda. Where it states, "Clackmannanshire recorded 69 Deliberate Fires", the period is noted as being "within the last 12-month period". This should read "within the last 6-month period".

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Ellen Forson.

Decision

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

AS(25)56   ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER 2024-25

The report, submitted by the Chief Social Work Officer, presented the Chief Social Work Officer (CSWO) Annual Report reflecting the reporting period 1 April 2024 to 31 March 2025 As set out in Appendix 1 of the report.

At the conclusion of questions on the report, during a response from the Chief Education Officer, the Strategic Director (Partnership & Performance) advised that Councillor Coyne had appeared to leave the meeting. As a consequence, the meeting was no longer quorate as the quorum requires 50% of the attendees to be from opposition groups. The Chair agreed to adjourn the meeting at 11.25 am to allow Councillor Coyne the opportunity to re-join the meeting.

The meeting resumed at 11.38 am with 5 members remaining present, including Councillor Coyne and the Chief Education Officer concluded his response to questions.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Kenneth Earle.

Decision

Having scrutinised the report, the Committee noted the content of the Chief Social Work Officer Annual Report 2024-25 which will subsequently be submitted to the Office of the Chief Social Work Advisor to the Scottish Government.

AS(25)57   HEALTH AND SAFETY ANNUAL REPORT 2024/25

This report, submitted by the Health and Safety Manager, provided the 2024/25 annual report on Health & Safety performance across the Council.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Scott Harrison.

Decision

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

AS(25)58   REGULATION OF INVESTIGATORY POWERS (SCOTLAND) ACT 2000

The report, submitted by the Senior Manager, Legal and Governance, provide an update to Committee on the Council's use of The Regulation of Investigatory Powers (Scotland) Act 2000 (RIPSA) during the period March 2024 to April 2025.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Ellen Forson.

Decision

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

AS(25)59   PROCURMENT ANNUAL REPORT

The Procurement Reform (Scotland) Act 2014 Section 18 states that the Council must prepare an annual procurement report on its regulated procurement activities as soon as reasonably practicable after the end of the financial year.

The report, submitted by the Strategic Director (Partnership & Performance), updated the Committee on key procurement activity and statistical performance during the financial year 2024-25 and provided an overview of the resources that are available to deliver effective procurement.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Ellen Forson.

Decision

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

AS(25)60   AUDIT AND SCRUTINY COMMITTEE ANNUAL REPORT

The report, submitted by the Strategic Director (Partnership & Performance), presented the 2024/2025 Audit and Scrutiny Committee Annual Report.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Ellen Forson.

Decision

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

1. To submit its Annual Report 2024/2025 as set out in Appendix A to the next available Council meeting for comment, challenge and approval.

Action

Strategic Director (Partnership & Performance)

AS(25)61   COUNCIL FINANCIAL PERFORMANCE 2025/26 AS AT JUNE 2025

This report, submitted by the Chief Finance Officer, provided an update on the financial performance for the Council, as at 30 June 2025, in respect of: the General Fund (GF) revenue and capital spend and the achievement of savings for the financial year 2025/26, and the Clackmannanshire element of the Stirling & Clackmannanshire Health and Social Care Partnership (H&SCP) revenue spend.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Kenneth Earle.

Decision

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

1. The General Fund revenue forecast underspend of £(0.422)m for the year to 31 March 2026;

2. The Clackmannanshire element of the Health and Social Care Partnership (H&SCP) forecast overspend of £6.928m, for the year to 31 March 2026;

3. The balances of earmarked reserves held and used to date and remaining balances at 30 June 2025;

4. The General Fund Capital Programme forecast underspend of £(5.191)m; and

5. The forecast delivery of £3.116m of the £3.814m approved savings programme, representing a forecasted achievement of 81.7%, as at 30 June 2025.

AS(25)62   HRA FINANCIAL PERFORMANCE 2025/26 AS AT JUNE 2025

The report, submitted by the Chief Finance Officer, provided an update on the financial performance, as at 30 June 2025, in respect of the Housing Revenue Account (HRA) revenue and capital spend for the financial year 2025/26.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Kenneth Earle.

Decision

Having challenged and commented on the report, the Committee:

1. Noted the HRA revenue forecasted surplus of £(5,045)m which is £(0.389)m greater than budgeted for the year to 31 March 2026;

2. Noted the HRA Capital programme forecast underspend of £(1.275)m;

3. Noted and recommended for Council approval, the request to vire £0.450m from the safe electrical testing programme to the window replacement programme (paragraph 5.2 of the report);   and

4. Noted the findings of the review of the Capital 2023/24 overspend position and improvement actions which have been put in place (paragraph 5.3-5.6).

Action

Strategic Director (Partnership & Performance)

AS(25)63   INTERNAL AUDIT PROGRESS REPORT

This report, submitted by the Internal Audit Manager, provided an update on progress with completion of the 2024/25 and 2025/26 Internal Audit Plans. The report also set out the work required to demonstrate compliance with the Global Internal Audit Standards.

Motion

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

Moved by Councillor Janine Rennie. Seconded by Councillor Kenneth Earle.

Decision

The Committee:

1. Noted the completion of the 2024/25 Internal Audit Plan and progress with completion of the 2025/26 Internal Audit Plan; and

2. The update relating to the work on compliance with the Global Internal Audit Standards.

Ends 12:56 hrs

CLACKMANNANSHIRE COUNCIL

Report to: Audit & Scrutiny Committee

Date of Meeting: 11 December 2025

Subject: Council General Fund Capital Spend 2025/26 as at September 2025

Report by: Chief Finance Officer

1.0   Purpose

1.1.   This paper provides an update on the financial performance for the Council, as at 30 September 2025, in respect of General Fund (GF) capital spend.

2.0   Recommendations

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

2.1.1. the General Fund Capital Programme forecast underspend of £(5.882)m.

3.0   Background

3.1.   This report summarises the Council's General Fund capital spend for the financial year ending 31 March 2026.

4.0   General Fund Capital

4.1.   For 2025/26, the approved General Fund Capital programme set out significant gross investment in Clackmannanshire amounting to £29.266m. A further £3.925m was added as a result of carry forwards from 2024/25 and £1.709m has been added to reflect additional grant income for various projects and initiatives. These additional amounts have increased the approved gross budget for 2025/26 to £34.900m.

4.2.   Whilst work on capital projects has been progressed, delays are still being incurred due to internal and external factors. On review of the forecasts as at September, spend is estimated to be £29.018m for the year resulting in an underspend of £(5.882)m against the approved budget.

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

Asset Management Strategy	Revised Budget 2025/26	Forecast to 31 March 2026	Over / (under) Spend	Main Variances
	£m	£m	£m	
Community Investment Strategy	22.035	19.505	(2.530)	Underspends on: - City Region Deal £(0.589)m - spend to be realigned along with grant funding. - Wellbeing Hub & Resourcing £(1.640)m - as part of reprofiling underspend has been reallocated to future years.
Fleet	0.568	0.568	(0.000)	Spend anticipated to be in line with budget
IT	2.860	2.533	(0.327)	Underspend on: - Digital Transformation and resourcing £(0.075)m - anticipated carry forward to 2026/27 to cover Project Manager costs. - Digital and IT Resourcing £(0.098)m,
Land	0.696	0.616	(0.080)	Underspends on: - Polmaise Waste Transfer Station – £(0.077)m work will be carried out by Stirling Council
Place Based Investment Fund	0.348	0.324	(0.024)	Potential small underspend against 2024/25 carry forward.
Property	4.230	1.314	(2.916)	Underspends on: - Learning Estates Options Appraisals £(2.358)m underspend - to be reprofiled and reallocated as part of 2026/27 budget process. - Capital programme support resourcing £(0.144)m due to vacancies.
Roads	4.163	4.158	(0.005)	Underspend on: - Community Bus Fund - £(0.005)m
Gross Capital Expenditure	**34.900**	**29.018**	**(5.882)**	
Allocation of Capital Funding	**(8.098)**	**(7.602)**	**0.496**	Funding is allocated to projects as it is spent. Any funding that is not utilised in full will be carried forward to 2026/27 (where grant conditions allow) or repaid. Main underspends:

Asset Management Strategy	Revised Budget 2025/26	Forecast to 31 March 2026	Over / (under) Spend	Main Variances
	£m	£m	£m	
				- City Region Deal £(0.234)m - Grant not required in current year due to delayed spend. - Free School Meals £(0.257)m – delay in spend against grant funding.
Net Capital Programme	26.802	21.416	(5.386)	

4.4.   Further detail of the forecast spend and variance for all projects is provided in **Appendix 1**.

5.0   Conclusions

5.1.   The General Fund Capital programme is forecast to underspend by £(5.882)m against the gross expenditure budget for the year to 31 March 2026.

6.0   Sustainability Implications

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

7.0   Resource Implications

7.1.   Financial Details

7.2.   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 ☒

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

7.4.   Staffing

7.5.   There are no direct staffing implications arising from this report.

8.0   Exempt Reports

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

7.0   Declarations

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

(1) **Our Priorities**

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

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

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

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

(2) **Council Policies**

Complies with relevant Council Policies ☒

8.0 Impact Assessments

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

Yes ☐

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

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

9.0 Legality

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

10.0 Appendices

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

Appendix 1 – General Fund Capital as at September 2025

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)
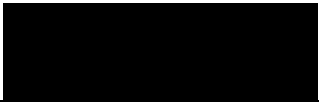
Yes ☒ (please list the documents below) No ☐

General Services Capital Budget 2025/26

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Nicola Mack	Chief Accountant	2032
Lindsay Sim	Chief Finance Officer	2022

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Strategic Director of Partnership & Performance	████████████

Expenditure as at 06-11-2025

Project ID	Project Manager	Project ID Description	Amended Budget	Total Expenditure at September 2025	% completion to September	Projected Outturn to 31 March 2026	Projected (Under)/Overs pend at Q2	% Projected Outturn to Budget	Anticipated C/fwd to 2026/27 Budget	Comment
			£	£	%	£	£	%	£	
Community Investment Strategy										
10307	KWELLS/A Davidson	UK GOV Shared Prosperity Fund UKPF	197,000	0	0.00%	197,000	0	100.00%	0	Scheme has now allocated over £200k in capital grants, full spend expected by March 26
10334	Lawrence Hunter	Forthbank Renewable Energy and Food Growing	112,000	0	0.00%	112,000	0	100.00%	0	Scottish Government grant of £112k for the Forth bank Vertical Growing Facility project to be progressed in 25/26.This project is to develop an innovative vertical growing facility in Forthbank, Alloa South. Budget to be used to locate containers on site and connections to services. Farm Urban carried out site visits in September to evaluate the suitability of the sites. The capital funding is required to prepare the sites for the containers and to connect the containers into the local infrastructure
10272	N HERKES/MBOYLE	Free School Meals Equipment	257,000	0	0.00%	0	-257,000	0.00%	257,000	Not expected to spend this year as no current use for allocation of money -Capital allocations from SG to support the phased expansion of free school meals to those in receipt of Scottish Child Payment in Primary 6 and 7. External support to be procured to take this forward.
10174	AMACKIE	Fitness Suite Replacement	7,695	0	0.00%	7,695	0	100.00%	0	Audit completed for equipment across 3 schools. Equipment spend expected by end of Feb 26
10149	Andrew Buchannan	Clackmannan Regeneration	250,000	110,613	44.25%	250,000	0	100.00%	0	The £250k projected outturn primarily relates to legal costs for the development works at Clackmannan Main St/North St with project ongoing and expected to complete in 2025. The majority of project works were undertaken during 2023/24. Works in 2024/25 are mainly on affordable housing and commercial units in Main Street.
10164	CJARVIE	Clackmannan CAP	93,000	0	0.00%	93,000	0	100.00%	0	Subject to Community Asset Transfer
10209		City Deal RPMO	100,000	14,178	14.18%	100,000	0	100.00%	0	Annual payment for RPMO to admister CRD - Full spend anticipated
10213	KWELLS/Jane Burridge	Innovation Hub Delivery	1,030,000	1,000,000	97.09%	1,000,000	-30,000	97.09%	30,000	Refurbishment works on Greenfield House - works to be completed by end of March 26
10283	KWELLS/Jane Burridge	City Region Deal	1,470,000	19,450	1.32%	881,000	-589,000	59.93%	589,000	Anticipated underspend to be c/fwd and reprofiling to be undertaken as part of 2026/27 budget process. To be split into 3 projects -CHT,Regional Digital Hub and Active Travel.
10191	KWELLS	Town Centre Regeneration Fund	0	0	0.00%	0	0	0.00%	0	Carry forward of £195k included in 2025/26 approved budget. Budget to be reallocated against identifed project spend.
10290	KWELLS/Jane Burridge	City Region Deal - Resourcing	263,000	68,123	25.90%	250,000	-13,000	95.06%	13,000	Underspend due to a delayed start for a CRD Programme Lead and CRD Programme PM
10251	Ross McGuire	Wellbeing Hub - Permanent	17,223,000	2,087,966	12.12%	15,836,746	-1,386,254	91.95%	1,386,254	Contract in place and now in full construction with total project cost of £76m. Updated Forecast with reprofiled costs to 2028/29 now received post budget setting
10292	Ross McGuire	Wellbeing Hub & Lochies - Resourcing	459,832	204,493	44.47%	205,439	-254,393	44.68%	254,393	Budget incorporates 3 resources with total resource cost of £1.1m. Forecast with reprofiled costs to 2028/29 now received
10254	LROBERTSON	Capital Programme Legal Resource	46,131	51,926	112.56%	46,131	0	100.00%	0	Full spend anticipated
10227	John Allan	CRB System	40,000	0	0.00%	40,000	0	100.00%	0	
10320	KWELLS/Chris Hargrove	Alva Cemetery Extension	486,000	22,338	4.60%	486,000	0	100.00%	0	Spend at risk for 2025/26, any underspend to be acarried forward to 2026/27
x			22,034,658	3,579,086	16.24%	19,505,011	-2,529,647	88.52%	2,529,647	

Project ID	Project Manager	Project ID Description	Amended Budget	Total Expenditure at September 2025	% completion to September	Projected Outturn to 31 March 2026	Projected (Under)/Overs pend at Q2	% Projected Outturn to Budget	Anticipated C/fwd to 2026/27 Budget	Comment
			£	£	%	£	£	%	£	
Fleet Asset Management Strategy										
10062	kphilliben	Vehicle Replacement	568,065	488,899	86.06%	568,065	0	100.00%	0	Full spend anticipated
x			**568,065**	**488,899**	**86.06%**	**568,065**	**0**	**100.00%**	**0**	
IT Asset Management Strategy										
10041	JALLAN	Schools ICT Replacement - All Primaries	179,323	171,571	95.68%	176,001	-3,322	98.15%	3,322	Small underspend expected - to be carried forward
10031	JALLAN	Schools ICT Replacement - Alva Academy	57,000	47,940	84.10%	53,509	-3,491	93.88%	3,491	Budget original held in Project 10230 ICT Replacement Secondary Schools and has been allocated to individual school. C/f budget required for new network and Windows 11 Rollout
10011	JALLAN	Schools ICT Replacement - Lornshill Academy	38,000	25,810	67.92%	37,994	-6	99.98%	0	Budget original held in Project 10230 ICT Replacement Secondary Schools and has been allocated to individual school.
10000	JALLAN	Schools ICT Replacement - Alloa Academy	42,000	29,854	71.08%	42,000	0	100.00%	0	Budget original held in Project 10230 ICT Replacement Secondary Schools and has been allocated to individual school.
10064	JALLAN	IT Infrastructure	117,029	131,273	112.17%	104,815	-12,214	89.56%	12,214	15k Fibre Duct Work, £10K GIS Software purchase, £20K Rollout of telephone system charges, £6,777 Additional M365 licences. Provision £25K new severs for Kilncraigs Server Room. Spend managed within overall IT Budgets.
10187	JALLAN	Digital Infrastructure	10,000	6,778	67.78%	10,000	0	100.00%	0	Anticipated to spend in line with budget
10202	David Kay	Digital Learning Strategy	250,000	235,754	94.30%	249,000	-1,000	99.60%	1,000	Full spend Anticipated -10yr project
10210	JALLAN	Homeworking	236,247	77,876	32.96%	231,500	-4,747	97.99%	4,747	Anticipated Virement of £95k to 10064 in Q3
10255	ABONNER	Digital Transformation - Work Smarter	476,000	466,564	98.02%	400,729	-75,271	84.19%	75,271	Anticipated carry forward to 2026/27 required to cover 19 mths of Project Manager costs. Spend covered across 10255 and 10294
10294	ABONNER	Working Smarter (IOT, RPA) - Resourcing	345,000	72,625	21.05%	299,463	-45,537	86.80%	45,537	Budget covering spenda cross 10294 and 10255. Anticipated c/fwd to 2026/27
10256	CJARVIE	IT Resourcing - Corporate	159,319	62,450	39.20%	124,000	-35,319	77.83%	35,319	Professional support for telephone system rollout, underspend owing to staff illness. £36K Capitalisation of IT Staff involved in rollout £88K
10257	CJARVIE	IT Resourcing - Digital Rollout	51,000	0	0.00%	51,000	0	100.00%	0	Expenditure is capitalisation of staffing budget to support rollout of Chromebook in Education.
10282	CJARVIE	Social Care System MVP	80,000	0	0.00%	40,000	-40,000	50.00%	40,000	Expected costs to upgrade domino environment. Opportunity to be sized.
10295	CJARVIE	Future Ways of Working - Resourcing	75,000	0	0.00%	75,000	0	100.00%	0	To support the rollout of new Windows 11 laptops.
10231	Kevin Wells/R Scobie	Building Energy Management System	16,320	0	0.00%	16,320	0	100.00%	0	Project complete -invoice to come in November 25
10065	Ibarker	Social services adaptations	75,304	1,245	1.65%	75,304	0	100.00%	0	It is anticipated that a virement request will be received to transfer £24k budget to project 10253 Tech Analogue to Digital
10253	Ibarker	Tech Analogue to Digital Trans	93,504	82,057	87.76%	93,504	0	100.00%		Cary forward of underspend from 24/25 of £69.5k at Q4. It is anticipated that a virement request will be received to transfer £24k budget from project 10065 Social Services adaptations.

Project ID	Project Manager	Project ID Description	Amended Budget	Total Expenditure at September 2025	% completion to September	Projected Outturn to 31 March 2026	Projected (Under)/Overspend at Q2	% Projected Outturn to Budget	Anticipated C/fwd to 2026/27 Budget	Comment
			£	£	%	£	£	%	£	
10317	LROBERTSON	Case Management System	8,000	0	0.00%	0	-8,000	0.00%	8,000	Not anticipated to be spent in 2025/26
10318	JALLAN	M365 Resourcing Implementation	24,352	0	0.00%	24,352	0	100.00%	0	Full spend anticipated
10326	CJARVIE	Digital and IT PMRO Resourcing	226,885	18,426	8.12%	129,000	-97,885	56.86%	97,885	IT Management to look at professional services to manage Virtual technology upgrade for datacentre following electrical damage to server room.
10327	CJARVIE	IT Network Switching	300,000	152,551	50.85%	299,730	-270	99.91%	270	Education - 2 projects - Fibre Project to City Links and a wireless project. Expected to spend on budget
x			2,860,283	1,582,772	55.34%	2,533,222	-327,061	88.57%	327,055	
Land Asset Management Strategy										
10284	K Wells/ C Hargrove	National play park and open space improvements	234,089	0	0.00%	231,000	-3,089	98.68%	3,089	Funds have already been released; Scottish Government has provided guidance on what areas the funds can be spent on.Anitcipated full spend by Q4
10005	CHARGROVE	Park, Play Area & Open Space Improvements - Alloa	50,000	36,344	72.69%	50,000	0	100.00%	0	Full Spend Anticipated
10061	Kphilliben	Wheeled Bins	30,000	30,749	102.50%	30,000	0	100.00%	0	Full spend anticipated
10042	CJARVIE	Community Investment Grants		-2,500		0	0		0	Expenditure is an accrual of a final instalment of grant
10289	Kphilliben	Polmaise Waste Transfer Station	77,000	0	0.00%	0	-77,000	0.00%	77,000	No capital works have been undertaken to date by Stirling Council.
10258	FGOUWS	Kilncraigs - Stone Preservation	150,000	19,800	13.20%	150,000	0	100.00%	0	Full spend anticipated - External support to be procured to take this forward
10096	Lawrence Hunter	Gartmorn Dam Country Park	5,000	0	0.00%	5,000	0	100.00%	0	Majority of work completed 2024/25, 5k 2025/26 for improved access barriers at park .Costings currently being sought
10086	Lawrence Hunter	Renewable Energy Projects	150,000	0	0.00%	150,000	0	100.00%	0	Funding associated with the development of renewable heat network in Alloa and also development of solar arrays across Clackmannanshire for domestic and non domestic buildings. The Energy and Sustainability Team are currently working with Net Zero Scotland on this project.
x			696,089	84,393	12.12%	616,000	-80,089	88.49%	80,089	
Place Based Investment Fund										
10302	KWELLS/Neil Ramsay	New Cycle Facilities	14,163	22,759	160.69%	14,163	0	100.00%	0	Project is completed. Maybe charged for retention. PM to follow up on Contractor on final invoice.
10308	KWELLS/Neil Ramsay	Place based Investment	333,847	0	0.00%	310,000	-23,847	92.86%	23,847	Scottish Government grant award of £310k to be paid in 2 tranches. Spend expected in Q3/ Q4 on agreement of leases. Carry forward to be reviewed.
x			348,010	22,759	6.54%	324,163	-23,847	93.15%	23,847	
Property Asset Management Strategy										
10303	LHUNTER	Vacant & Derelict Land IP	4,167	1,294	31.05%	4,167	0	100.00%	0	Funding earmarked for initiatives associated with Forthbank Growing containers -combine with 10334
10045	Stuart Graham	Statutory Compliance DDA Schools	23,000	12,350	53.70%	23,000	0	100.00%	0	Full Spend Anticipated
10046	Stuart Graham	Compliance - Asbestos Removal (Schools)	10,000	1,990	19.90%	10,000	0	100.00%	0	Full Spend Anticipated -process of carrying out asbestos inspections on education properties underway.

Project ID	Project Manager	Project ID Description	Amended Budget	Total Expenditure at September 2025	% completion to September	Projected Outturn to 31 March 2026	Projected (Under)/Overs pend at Q2	% Projected Outturn to Budget	Anticipated C/fwd to 2026/27 Budget	Comment
			£	£	%	£	£	%	£	
10221	Stuart Graham	Cemetery Walls Upgrade	610,000	4,278	0.70%	410,000	-200,000	67.21%	200,000	Work ongoing at Sunnyside and Tillicoultry Cemetery. Progress of work dependant on the weather over the winter, particularly cold weather could delay work.
10224	Kevin Wells/NeiL Herkes	Learning Estate Cleaning Equipment	20,000	0	0.00%	20,000	0	100.00%	0	Full spend Anticipated on shower facilities for larger schools.
10288	LSANDA	Local Care Provision (Woodside)	36,000	0	0.00%	0	-36,000	0.00%	36,000	No expenditure to date
10293	Kevin Wells	Property - Resourcing	42,000	0	0.00%	42,000	0	100.00%	0	Full Spend Anticipated
10298	KWELLS/W Robertson	Capital Programme Support - Resourcing	324,000	99,368	30.67%	180,000	-144,000	55.56%		Resourcing positions not expected to be filled in 25/26. Underspend of funding investment officer £60k & funding investment lead £80k
10348	FGOUWS	Learning Estate - Development Driven	100,000	0	0.00%	0	-100,000	0.00%	100,000	Design work 4 schools
10260	FGOUWS	Learning Estates - Option Appraisals	2,492,089	134,363	5.39%	134,363	-2,357,726	5.39%	2,357,726	Anticipated underspend to be c/fwd and reprofiling to be undertaken as part of 2026/27 budget process in line with Council decision 21st August 2025.
10321	Stuart Graham	Remedial works at The Whins and Ludgate House	78,000	0	0.00%	0	-78,000	0.00%	78,000	Whins Resource Centre & Ludgate - Options appraisal. An ongoing consultation exercise for Ludgate house is currently underway and a report is due in the coming months which will determine required works which will be unlikely to commence until 2026/27.
10328	IMCDONALD	Dollar Changing Facilities	26,000	0	0.00%	26,000	0	100.00%	0	Full Spend Anticipated
10341	KWELLS	Alloa Family Centre Investment Programme	100,000	0	0.00%	100,000	0	100.00%	0	Full Spend Anticipated with works to be undertaken in Q4
10342	KWELLS	Town Hall Investment Programme	100,000	0	0.00%	100,000	0	100.00%	0	Full Spend Anticipated with works to be completed by end of Q3
10344	LGRAHAM	Sauchie ELC Adaptation	50,000	37,644	75.29%	50,000	0	100.00%	0	Full Spend Anticipated
10345	LGRAHAM	Sunnyside PS	50,000		0.00%	50,000	0	100.00%	0	Full Spend Anticipated
10346	LGRAHAM	Park ELC	90,030	17,630	19.58%	90,030	0	100.00%	0	Full Spend Anticipated
10352	LGRAHAM	Menstrie ELC	74,826	0	0.00%	74,826	0	100.00%	0	Full Spend Anticipated
			4,230,112	308,916	7.30%	1,314,386	-2,915,726	31.07%	2,771,726	
Roads Asset Management Strategy										
10051	GMACLACHLAN	Carriageways - Roads	1,800,000	1,571,643	87.31%	1,800,000	0	100.00%	0	Full spend anticipated
10054	SCULLEN	Bridge Improvements	84,945	6,262	7.37%	84,945	0	100.00%	0	Full spend
10056	Craig McCARTNEY	Lighting Replacement	154,786	317,554	205.16%	154,786	0	100.00%	0	Full Spend Anticipated -budgets in 10339/10340
10309	SCULLEN	SG Road Safety Improvement Fund	116,345	13,239	11.38%	116,345	0	100.00%	0	100% grant funding from Transport Scotland. Full spend anticipated.
10049	SCULLEN	Flood Prevention	86,000	24,374	28.34%	86,000	0	100.00%	0	Full Spend Anticipated
10050	SCULLEN	Cycle Routes	55,000	11,796	21.45%	55,000	0	100.00%	0	Full Spend Anticipated
10310	SCULLEN/S Paterson	National Cycle Network Accessibility Improvements	19,100	0		19,100	0			Full Spend Anticipated
10311	SCULLEN	Bus Infrastructure Fund	262,225	23,837	9.09%	257,000	-5,225	98.01%	5,225	The is funded by General Capital Grant received in August 2025. Anticpated spend in line with budget

Project ID	Project Manager	Project ID Description	Amended Budget	Total Expenditure at September 2025	% completion to September	Projected Outturn to 31 March 2026	Projected (Under)/Overspend at Q2	% Projected Outturn to Budget	Anticipated C/fwd to 2026/27 Budget	Comment
			£	£	%	£	£	%	£	
10312	SCULLEN	Cycling, Walking and Safer Routes 2023/24 (now Tier 1) - Transport Scotland	670,155	204,164	30.47%	670,155	0	100.00%		100% grant funding from Transport Scotland. Full spend anticipated.
10319	SCULLEN	Active Travel Route - Fishcross to Alva	400,000	388,904	97.23%	400,000	0	100.00%	0	Full Spend Anticipated - £400k council allocation for 2025/26 will be claimed against CRD Active Travel.
10329	SCULLEN	People and Place Project -SESTRANS	120,845	57,689	47.74%	120,845	0	100.00%	0	Grant funding from Sustrans for 2025/26 of £91,000. Will be fully spent by end of FY
10336	SCULLEN/S Paterson	Greenways -SUSTRANS	15,096	0	0.00%	15,096	0	100.00%	0	Fully grant funded by Sustrans
10337	SCULLEN/S Paterson	Local Authority Direct Award- Transport Scotland	29,438	24,815	84.30%	29,438	0	100.00%	0	Fully Grant Funding form Transport Scotland- Local Authority Direct Award (LADA).
10339	Craig McCARTNEY	LED Street Lighting Conversion	51,000	0	0.00%	51,000	0	100.00%	0	Full Spend Anticipated
10340	Craig McCARTNEY	Street Lighting Column Replacement	233,000	0	0.00%	233,000	0	100.00%	0	Full Spend Anticipated
10351	NRAMSAY	EBIKES -Energy Savings Trust	22,338	22,338	100.00%	22,338	0	100.00%		Project complete
10350	SCULLEN	20MPH Speed Limits	42,704	2,455	5.75%	42,704	0	100.00%	0	Full Spend Anticipated
x	#		4,162,977	2,669,071	64.11%	4,157,752	-5,225	99.87%	5,225	
Total Capital Programme			34,900,194	8,735,896	25.03%	29,018,599	-5,881,596	83.15%	5,737,590	

CLACKMANNANSHIRE COUNCIL

Report to: Audit & Scrutiny Committee

Date of Meeting: 11 December 2025

Subject: HRA Financial Performance 2025/26 as at September 2025

Report by: Chief Finance Officer

1.0   Purpose

1.1.   This paper provides an update on the financial performance, as at 30 September 2025, in respect of:

- the Housing Revenue Account (HRA) revenue and capital spend for the financial year 2025/26.

2.0   Recommendations

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

- the HRA revenue forecasted surplus of £(5,825)m which is £(1.169)m greater than budgeted for the year to 31 March 2026, and

- the HRA Capital programme forecast underspend of £(2.998)

3.0   Background

3.1.   This report summarises the forecast financial position of the Housing Revenue Account (HRA) for the financial year as at 30 September 2025.

4.0   Revenue

4.1.   The HRA budgeted surplus is £(4.656)m and the forecast as at 30 September 2025 is £(5.825)m, which is £(1.169)m higher than budgeted. This is a favourable increase of £(0.780)m since last reported.

4.2.   The main variances contributing to the forecast overspend are:

- £(1.385)m underspend within employee related expenditure, movement of £(0.978)m. There are several vacancies within the HRA operations, repairs and administration teams. Recruitment activity is being progressed to a number of trade operative posts with expectation that

current vacancies within the establishment will be significantly reduced by final quarter of the current financial year.

- £0.110m overspend within premises related expenditure, movement of £0.101m. The overspend and movement is primarily due to an increase in void rent losses of £0.085m, an increase in rates of £0.016m above budgeted and a £0.025m projected overspend on internal recharges from Land Services related to staffing vacancies noted above.

- £(0.016)m underspend within transport related expenditure, movement of £0.004. The majority of the underspend relates to vehicle maintenance costs with additional underspends on employee travel costs.

- £(0.039)m underspend within supplies and services, movement of £(0.069)m. This is mainly comprised of underspends across legal expenses (£0.014)m and scaffolding hire (£0.021)m.

- £0.171m underachievement of income, movement of £0.171m. This is due to lower income than initially budgeted as a result of the decanting of RAAC properties and a decrease in DLO income from public building repairs due to the limited internal resource.

4.3. Any surplus achieved within the year can contribute to financing capital spend and reduce borrowing. **Appendix 1** provides a summary of the variances and movement by expenditure category and reasons for the variances.

5.0 Capital

5.1. The HRA Capital Programme for 2025/26 has a net budget of £17.058m in line with the approved budget including carry forwards from 2024/25. The budget has also been increased by an additional £1m for work on RAAC affected properties under the Roof and Render project as approved by Council in June 2025. This was brought forward from the budget allocated to Roof and Render work in 2026/27.

5.2. The forecast net expenditure for the year is £14.060m resulting in an underspend of £(2.998)m. This is an increase of £(1.723)m from last reported, mainly as a result of the delay in progressing the Lochies Road – HRA new Build £(1.261)m.

5.3. The underspend of £(2.998)m reflects underspends on several projects which are now expected to continue into 2026/27. This main variances in excess of £0.150m include:

- £(1.261)m forecast net underspend on Lochies Road – HRA New Build. Efforts are ongoing to put in place the required procurement and governance necessary to take forward this planned development work however, there is now a significantly reduced opportunity for spend

against this project within the current financial year. It is anticipated that works on-site will not likely commence until Q1 of the new financial year 2026/27 with full budget carry forward required.

- £(0.350)m forecast underspend within Demolitions. This is due to a delay in initiating the procurement process. Work is now progressing with demolitions at Park St Chalet units in Tillicoultry, Carnaughton Place Lock ups in Alva and Chapelle Crescent Pigeon Lofts in Tillicoultry.

- £(0.321)m forecast underspend within the Kitchen Replacement programme due to delays in initiating the procurement process.

- £(0.305)m forecast underspend within Central Heating Design and Installation which is delayed and due to continue into 2026/27.

- £(0.250)m forecast underspend within Safe Electrical Testing due to a delay in work commencing.

- £(0.150)m forecast underspend within Structural Upgrades due to a delay in initiating the procurement process.

5.4. As many of the projects are across multiple years it is proposed that the underspend of £(2.998)m is carried forward to 2026/27 in full. Appendix 2 provides the forecast spend, variance and movement from the previous report for all projects along with comments on their progress.

6.0 Conclusions

6.1. As at 30 September 2025 the HRA revenue is forecast to achieve an additional surplus of £(1.169)m against its budgeted surplus for the year to 31 March 2026.

6.2. As at 30 September 2025 the HRA Capital programme is forecast to underspend by £(2.998)m for the year to 31 March 2026.

7.0 Sustainability Implications

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

8.0 Resource Implications

8.1. Financial Details

8.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate.   Yes ☒

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

8.4. Staffing

9.0 Exempt Reports

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

7.0 Declarations

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

(1) **Our Priorities**

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all	☐
Our families; children and young people will have the best possible start in life	☐
Women and girls will be confident and aspirational, and achieve their full potential	☐
Our communities will be resilient and empowered so that they can thrive and flourish	☐

(2) **Council Policies**

Complies with relevant Council Policies ☒

8.0 Impact Assessments

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

Yes ☐

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

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

9.0 Legality

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

10.0 Appendices

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

Appendix 1 – HRA Revenue Forecast Variances as at September 2025

Appendix 2 – HRA Capital Forecast Variances as at September 2025

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 ☐

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

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Nicola Mack	Chief Accountant	
Lindsay Sim	Chief Finance Officer	2022

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Strategic Director of Partnership & Performance	████████████

Place Directorate
HRA Forecast Variances at 30 September 2025 **Appendix 1**

Housing Revenue Account	Annual Budget 2025/26	Forecast to March 2026 as at Sept 2025	Variance Forecast to Budget at Sept 2025	Previous variance at June 2025	Variance movement June to Sept 2025	Narrative
	£'000	£'000	£'000	£'000	£'000	
Employee related expenditure	10,669	9,283	(1,385)	(407)	(978)	**£(1.385)m forecast underspend, Movement of £(0.978)m.** **£(1.386)m** due to delays with recruitment across the service mainly within HRA repairs £(1.150)m. There have also been a number of retirements and staff reducing hours worked. Recruitment activity is being progressed to a number of trade operative posts with expectation that current vacancies within the establishment will be significantly reduced by final quarter of the current financial year. **£0.001m** overspend on long service awards.
Premises related expenditure	1,757	1,867	110	9	101	**£0.110m Forecast overspend, movement of £0.101m.** **£0.085m** overspend relates to an increase in void rent loss, due to a higher number of voids at the end of the period. Senior Management are monitoring this and will review further at the end of quarter 3. **£0.016m** overspend relates to actual rates costs being higher than budgeted. **£0.025m** overspend due to internal recharges from land services. This is related to the lower staffing availablity within HRA. **£(0.016)m** underspend relating to cleaning materials, council tax and electricity.
Transport related expenditure	543	527	(16)	(21)	4	**£(0.016)m forecast underspend, Movement of £0.004m.** **£(0.011)m** forecast underspend on vehicle maintenance recharges. **£(0.005)m** forecast underspend on staff mileage.
Supplies and Services	3,980	3,942	(39)	30	(69)	**£(0.039)m Forecast underspend, Movement of £0.069m.** **£(0.014)m** forecast underspend on legal expenses. **£(0.021)m** forecast underspend on scaffold hire. **£(0.004)m** various forecast underspends within stationery/storage & removal costs/publications.
Third Party Payments	1,937	1,928	(9)	0	(9)	**£(0.009)m forecast underspend, Movement of £0.010m.** **£(0.009)m** forecast underspend on payment to contractors.
Support Services	1,240	1,240	0	0	0	Spend expected in line with budget.
Capital financing costs	2,422	2,422	0	(0)	0	Spend expected in line with budget.
Total Gross Expenditure	**22,548**	**21,208**	**(1,340)**	**(389)**	**(951)**	
Income	(27,204)	(27,033)	171	0	171	**£0.171m** forecast under budget, movement of **£0.171m,** due to RAAC properties being decanted and a decrease in income to DLO from public building repairs due to limited internal resources.
Total Net Expenditure	**(4,656)**	**(5,825)**	**(1,169)**	**(389)**	**(780)**	

Place Directorate
HRA Capital Forecast Variances at 30 September 2025   **Appendix 2**

Housing Revenue Account	Annual Budget 2025/26	Actual spend to Sept 2025/26	Forecast to March 2026 as at Sept 2025	Variance Forecast to Budget at Sept 2025	Variance at June 2025	Movement forecast June to September	Potential budget carry forward into 2026/27	Narrative
	£'000	£'001	£'000	£'000	£'000	£'000	£'000	
Vehicle Purchase	40,000	0	40,000	0	0	0	0	Expected to spend on budget
New Build	87,000	0	87,000	(0)	0	(0)	0	Expected to spend on budget
Roof & Render Upgrading 2023-27	2,500,000	949,937	2,500,000	(0)	0	(0)	0	Nil forecast variance and movement. £1.000m budget brought forward from 2026/27 as approved by Council in June to enable works to take place on RAAC properties in the current year alongside the programmed roof and render works.
Central Heating Design & Installation 2022-26	1,060,000	434,284	755,000	(305,000)	(260,000)	(45,000)	305,000	Forecast underspend **£(0.305)m,** movement of **£(0.045)m** Reduced forecast by a further £45k, underspend is due to the limitations of third party contractors who will be unable to fully meet the programme of work within the current year. Anticipated underspend to be carried forward to 2026/27.
Energy Performance Certificates Programme - HRA	50,000	0	50,000	0	0	0		Expected to spend on budget
Renewable Central Heating Systems - HRA	450,000	0	450,000	0	0	0		Expected to spend on budget
CCTV Security	329,000	36,082	230,000	(99,000)	0	(99,000)	99,000	**£(0.099)m** forecast underspend, movement of **£(0.099)m** Due to limited resources, a delay in commencing the procurement process has led to a delayed start for the CCTV project which, while now procured, will be unlikely to spend the full budget within the year. Anticipated underspend to be carried forward to 2026/27.
Demolitions	622,500	44,224	272,500	(350,000)	(272,500)	(77,500)	350,000	**£(0.350)m** forecast underspend, movement of **£(0.078)m** A further reduction in the works able to be completed within the current year due to third party limitations of labour. Anticipated underspend to be carried forward to 2026/27.
Damp Rot Works 19-23	400,000	232,828	400,000	0	0	0		Expected to spend on budget
Structural Upgrades	300,000	0	150,000	(150,000)	0	(150,000)	150,000	**£(0.150)m** forecast underspend, movement of **£0.150m.** Forecast spend has been reduced due to limited internal resources which delayed the start of the procurement process. Currently project is due to start in December 2025. Anticipated underspend to be carried forward to 2026/27.
IT Infrastructure - HRA	174,000	1,333	87,000	(87,000)	(87,000)	0	87,000	**£(0.087)m** forecast underspend on hardware, nil movement. Underspend due to a delay in the implentation of the Civica Update (HRA property) without this update the hardware related purchases will be delayed into 2026/27. Anticipated underspend to be carried forward to 2026/27.
Lock-up Strategy	94,400	78,539	94,400	0	0	0	0	Expected to spend on budget
Aids & Adaptations 2017-20	447,000	314,750	447,000	(0)	0	(0)	0	Expected to spend on budget
Kitchen Replacement 2017/20	1,421,000	309,141	1,100,000	(321,000)	(321,000)	0	321,000	**£(0.321)m** forecast underspend, nil movement due to the delay in procurement start due to internal limitations of staffing, work is expected to continue into 2026/27. Anticipated underspend to be carried forward to 2026/27.

Housing Revenue Account	Annual Budget 2025/26	Actual spend to Sept 2025/26	Forecast to March 2026 as at Sept 2025	Variance Forecast to Budget at Sept 2025	Variance at June 2025	Movement forecast June to September	Potential budget carry forward into 2026/27	Narrative
Landscaping and Communal Environment	150,000	0	150,000	0	0	0		Expected to spend on budget
MCB Tenant Community Imp Fund	229,000	53,845	170,000	(59,000)	(59,000)	0	59,000	**£(0.059)m** potential underspend due to internal employee capacity limitations. These works will continue into 2026/27. Anticipated underspend to be carried forward to 2026/27.
Roads & Footpath Improvements	200,000	12,000	175,000	(25,000)	(25,000)	0	25,000	**£(0.025)m** potential underspend, nil movement due to internal employee capacity limitations.These works will continue into 2026/27. Anticipated underspend to be carried forward to 26/27.
Conversions & Upgradings	250,000	0	250,000	0	0	0	0	Expected to spend on budget
Fencing, Gates & Paths	336,000	3,950	245,000	(91,000)	0	(91,000)	91,000	**£(0.091)m** forecast underspend, £(0.091)m movement due to limitation of internal staffing. Anticipated underspend to be carried forward to 2026/27.
Safe Electrical Installations 2022-26	1,050,000	358,055	800,000	(250,000)	(700,000)	450,000	250,000	**£(0.250)m** underspend, movement of £0.450m. £(0.250)m underspend relates to external contractor delays and is anticipated to be carried forward into 2026/27. Movement of £0.450m following reallocation of budget to the Window Replacement Programme.
Lochies Road - HRA New Build	1,880,749	0	0	(1,880,749)	0	(1,880,749)	1,880,749	**£(1.881)m** underspend and movement. Significantly reduced opportunity for spend against this project within the current financial year, efforts are ongoing to put in place the required procurement and governance necessary to take forward this planned development work. It is anticipated that works on-site will not likely commence until Q1 of the new financial year 2026-27 with full budget carry forward required
Window Replacement 2022-26	1,550,000	1,148,176	1,550,000	0	450,000	(450,000)	0	Nil variance, movement of **£(0.450)m** following reallocation of budget from safe electrical installations to this project due to the increased cost of installing windows within the conservation area of Tilliicoultry.
Westhaugh Travelling Site	4,642,443	1,908,105	4,642,443	(0)	0	(0)	0	Expected to spend on budget
Off the Shelf Purchase	3,197,000	2,124,246	3,197,000	0	0	0	0	Expected to spend on budget
Total Gross Expenditure	**21,460,092**	**8,031,081**	**17,842,343**	**(3,617,749)**	**(1,274,500)**	**(2,343,249)**	**3,617,749**	
Lochies Road - HRA New Build	(620,000)	0	0	620,000	0	620,000	(620,000)	Income from SG to be drawndown in line with spend, now anticipated to be in 2026/27
Westhaugh Travelling Site	(1,682,097)	0	(1,682,097)	0	0	0	0	Income from SG relating to the project
Off the Shelf Purchase	(2,100,000)	0	(2,100,000)	(0)	0	(0)	0	Income from SG relating to the project
Total Income	**(4,402,097)**	**0**	**(3,782,097)**	**620,000**	**0**	**620,000**	**(620,000)**	
Total Net Expenditure	**17,057,995**	**8,031,081**	**14,060,246**	**(2,997,749)**	**(1,274,500)**	**(1,723,249)**	**2,997,749**	

	THIS PAPER RELATES TO ITEM 6 ON THE AGENDA
CLACKMANNANSHIRE COUNCIL	

Report to: Audit & Scrutiny Committee

Date of Meeting: 11th December 2025

Subject: Corporate Risk Register

Report by: Senior Manager, Partnership & Transformation

1.0   Purpose

1.1.   This report provides Committee with the 2025/26 Quarter 2 update on Clackmannanshire Council's Corporate Risk Register (Appendix A).

2.0   Recommendations

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

3.0   Considerations

3.1.   Purpose of Risk Management

3.1.1.   The Council has set out key priorities in the Be the Future programme and Wellbeing Economy Local Outcomes Improvement Plan (LOIP) 2024-34. In order to ensure we achieve our goals, planning must also consider the challenges that may prevent or hinder progress. An effective risk management approach ensures that we are aware of such factors and, where appropriate, take mitigating action to ensure the success of initiatives.

3.1.2.   The purpose of risk management is not to prevent activities from happening, but to ensure all relevant factors are taken into account in planning and implementation so that the best possible outcomes are realised. On a daily basis, Council services and staff deal with a wide variety of operational risks in relation to individuals, communities and internal processes. This must be complemented by a strategic view that considers short-, medium- and long-term implications, as well as (often complex) interdependencies.

3.1.3.   The impact of a range of recent national and global issues on Council services and the local community has been significant, and risk management remains critical to ongoing planning. The hierarchy of registers from team, service, directorate and partnership up to the corporate register should ensure holistic oversight of significant issues that must be managed at each level. In relation to Civil Contingencies and Incident Management in particular, risk assessment is critical in supporting the Council to respond and manage service provision safely.

3.2. Corporate Risk Management Process

3.2.1. The corporate risk register is owned by the Senior Leadership Group, and the Strategic Director – Partnership & Performance is responsible for the corporate risk approach. All employees have responsibilities for managing risk, as do Elected Members in their remit of strategic planning, decision-making, resource allocation, scrutiny and challenge. The Council follows a systematic process, reporting corporate and service risks to Committee on a regular basis. The process is assessed via internal and external governance mechanisms, and peer-reviewed by other authorities and partners.

3.2.2. Each quarterly review involves 'environmental scanning' of information from internal and external sources to inform discussions with a range of individuals and groups. Issues are considered by the Corporate Risk & Integrity Forum (including risk owners and/or delegated officers) to:

- Review changes and developments in existing corporate and service risks;
- Assess emerging externally-identified risks for potential local relevance;
- Evaluate emerging internally-identified risks (Internal Audit/self-assessed); and
- Consider significant risks, or those with cross-service implications, for escalation to the corporate level, or demotion if severity has reduced.

3.2.3. It is impossible to remove all risk from our operations as most functions have inherent risks, as do most changes. Moreover, not making changes would expose us to other risks, such as failing to comply with new legislation, develop our workforce/practices, or take advantage of new opportunities, collaborations and innovations. The aim, therefore, is not to be 'risk averse' but 'risk aware'.

3.3. Current Risk Profile & Development Activity

3.3.1. Mitigation efforts continue across the range of risks, either to reduce the likelihood of them occurring or the impacts, which often relate to worsening external factors. In this review, the scores of 3 risks increased, mostly relating to resourcing and capacity to implement actions. In Governance, this is associated with vacancies in a number of key posts and compliance concerns. Defects in the Learning Estate, as well as capacity to rectify are also of concern. Compliance with the United Nations Convention on the Rights of the Child (UNCRC) has been revised following assessment of actions required to ensure full compliance.

3.3.2. The Risk Management Strategy delivery plan (presented to Committee in August) continues to be rolled out to enhance the organisation's governance assurance and risk maturity level. This includes actions around training and engagement on risk and the Pentana performance management system. Work is ongoing to improve integration with other risk handling and governance mechanisms, including Internal Audit, the Annual Governance Statement, and Best Value audits.

3.3.3. Iterative improvements are also being made to the report to improve accessibility, alignment with the Risk Appetite Statement (also presented in August), and focus on mitigating actions to reduce risks. In this instance, artificial intelligence tools have been used to verify the grouping and ordering of existing risks, as well as for horizon scanning of potential emerging risks, for

review by the Corporate Risk & Integrity Forum. A more visual summary of the register is included, and risks are no longer presented by 'approach' but by category grouping to show the input, process and output relationships between risks, focusing again on targeted solutions.

4.0   Sustainability Implications

4.1.   No direct sustainability implications arising from this report.

5.0   Resource Implications

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

5.2.   The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate.   Yes ⊠

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

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

6.0   Exempt Reports

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

7.0   Declarations

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

(1)   Our Priorities

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all	⊠
Our families; children and young people will have the best possible start in life	⊠
Women and girls will be confident and aspirational, and achieve their full potential	⊠
Our communities will be resilient and empowered so that they can thrive and flourish	⊠

(2)   Council Policies

Complies with relevant Council Policies	⊠

8.0 Impact Assessments

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

Yes ☐

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

There are no direct 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 A – Corporate Risk Register

11.0 Background Papers

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

Yes ☐ (please list the documents below) No ☒
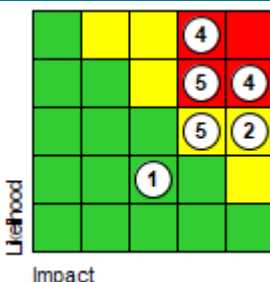
Author(s)

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

Approved by

NAME	DESIGNATION	SIGNATURE
Cherie Jarvie	Senior Manager, Partnership & Transformation	
Chris Alliston	Strategic Director – Partnership & Performance	███████████

Appendix A - Corporate Risk Register

Summary of Changes	Score Distribution
At the end of quarter 2, 2025/26 there are 21 risks on the corporate register. **Status** • 13 risks are red (increase from 11 at the end of quarter 1) • 7 risks are amber (same as previous report) • 1 risk is green (decrease from 3 - green often demoted for scrutiny via other registers) **Approach** • 15 risks are being **Treated** (same as previous) • 5 risks must be **Tolerated** (same as previous) • 1 risk will be **Transferred** from the register (due to partial duplication of another risk) **Change in Scores Since Last Review** • 3 risks have increased as shown below (details in risk summaries) • 17 risks remain the same (including the one being **R**emoved) • 1 **N**ew risk has been added (highlighted via Risk Forum discussions)	(Abbreviations in the list below are expanded in risk details further through the report. Shading in 'code' column indicates category grouping, explained in the following pages.)

Code	Risk Title	Score	Status	Approach	Change
COU CRR 008	Insufficient Financial Resilience	20	🔴	Treat	▬
COU CRR 033	Major Governance Failure	20	🔴	Treat	⬆
COU CRR 055	Lack of Affordable & Suitable Housing Supply	20	🔴	Treat	▬
COU CRR 057	Worsening Health Inequalities	20	🔴	Treat	▬
COU CRR 012	Health & Safety Breach	20	🔴	Treat	▬
COU CRR 059	Harm to Staff Through Violence & Aggression	20	🔴	Treat	N
COU CRR 046	IT System/Cyber Security Failure	20	🔴	Treat	▬
COU CRR 050	Supply Chain & Labour Market Disruption	20	🔴	Tolerate	▬
COU CRR 056	Increasing Levels of Poverty	16	🔴	Treat	▬
COU CRR 047	Inadequate Workforce Planning	16	🔴	Treat	▬
COU CRR 058	Inability to Meet Increased Social Care Demand	16	🔴	Transfer	R
COU CRR 053	School Estate Condition Disrupts Education Provision	16	🔴	Treat	⬆
COU CRR 009	Information Not Managed Effectively	16	🔴	Treat	▬
COU CRR 049	Continued Contribution to Climate Change	15	⚠	Treat	▬
COU CRR 040	Failure of Public Utility Supply	15	⚠	Tolerate	▬
COU CRR 034	Insufficient Pace & Scale of Organisational Transformation	12	⚠	Treat	▬
COU CRR 054	Limited Assurance Around Management of RAAC	12	⚠	Treat	▬
COU CRR 031	Failure to Prepare for Severe Weather Events	12	⚠	Tolerate	▬
COU CRR 022	Public Health Emergency	12	⚠	Tolerate	▬
COU CRR 052	Failure to Comply with UNCRC	12	⚠	Treat	⬆
COU CRR 023	Industrial Unrest	6	✅	Tolerate	▬

Risk Register Guidance

Purpose   Risk is key to planning, and involves thinking about what might get in our way and stop us achieving our goals. We all do this every day, probably without thinking about it – checking for cars to cross a road safely, or watching the weather forecast and taking an umbrella.

Aims   Reports consider what's likely, but also the worst possible results. We think about how to prevent them or how we'll react if they do happen. Predicting the future can't be exact, but we need to show that we've thought it through, checked the facts, and are aware of the current situation.

Summary   What's changed since the last report and totals for some key factors below (the current profile).

Scores   We use guidance to score how likely the risk is to occur and possible results. These go from 1 to 5, and are multiplied to give overall severity. If it's very likely, with serious impacts, it's 5 x 5 = 25.

Status   Scores are grouped to give the status: ✅ green, low risk (9 or less), ⚠️ amber, medium risk (10-15), or 🔴 red, high risk (16 or more). This highlights major issues that need dealt with as a priority.

Change   Whether the score's gone up ⬆️, down ⬇️, or stayed the same ➖ since last time. Ideally, they'll go down, but there's often issues we can't control so, even if we've taken action, it might still increase.

Approach   If we're doing something to prevent the risk or plan what we'll do if it happens, the approach is 'Treat'. If we can't prevent it, or already have plans, it's 'Tolerate' (with ongoing checks that plans still make sense). 'Transfer' (pass to someone else) and 'Terminate' (stop the risky activity), are less common due to laws about Council responsibilities and services we must provide.

Lead Officer   The person with overall responsibility for dealing with the risk and providing updates.

Title   The issue we're worried about – very negative but may never occur because of actions we'll take.

Risk   More detail about what might cause the risk, and the event we need to prevent or react to.

Impact   The worst possible results on the Council or local communities, considering the categories below.

Notes   An update on the current situation, progress with actions, and any data that tells us how likely the risk is to occur, the timing, or the impacts (so that assessments are based on facts, not guesswork).

Controls   Things already in place to prevent the risk, or plans for how we'll respond. These make the risk less likely or the impact less severe, so we think about these when setting the current score.

Actions   Things we're doing just now, or in the future, to reduce the risk more. We think about these when setting the target score to show how the actions will improve our position once complete.

Categories   Areas the Council must manage to ensure things go smoothly (groups explained on the next page).

Assets	Buildings, computer systems and other equipment needed to run our services.
Community	Helping people to stay strong and happy, and looking after them in difficult times.
Continuity	Making sure the services people rely on keep running without disruption.
Environment	Looking after the planet, animals and plants, and reducing pollution and waste.
Finance	The money we have to run services and keep doing all the other things on this list.
Governance	Obeying the law and other rules about behaving responsibly and fairly.
Information	Learning from facts and data we trust, and being honest about how things are going.
Reputation	How other people see us, and how happy they are with how we do things.
Security	Making sure only the right people get into buildings/systems, and use them properly.
Strategy	What we'll do and changes we'll make so that services work better for everyone.
Wellbeing	Keeping people safe and healthy so they're not hurt in accidents or by other people.
Workforce	The staff and skills we need to do all of the above to a high standard.

Outcomes   The Council's key priorities, duties and areas where we want to improve things for local people.

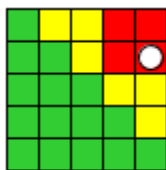| Local Outcomes Improvement Plan	Transformation plan (Be the Future)	Best Value Duties
Wellbeing	i Digital & Data Transformation	1 Balancing the quality of services with cost
1.1 Physical & Mental Health	ii Asset Strategy	
1.2 Outcomes for Young People	iii Sustainable Transport	2 Ensuring services are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

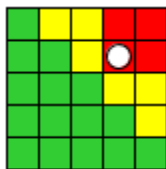# Summary of Corporate Risks by Category Grouping

While risks may originate in one category, the focus here is not on causes but solutions, which may lie elsewhere. Please also note that the shading here does not indicate the status of risks.
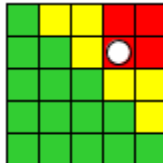
Current risks relate to:
- Financial Resilience
- Workforce Planning
- School Estate Condition
- Information Management
- Transformation
- Management of RAAC
- Industrial Unrest

- **Information**
  - well-informed, evidence-led & transparent
- **Assets**
  - suitable buildings, systems, & equipment
- **Workforce**
  - right people, right skills, right work
- **Finance**
  - best value, savings, income & benefits

- **Strategy**
  - transformational change & continuous improvement
- **Reputation**
  - standards, quality, engagement & public trust
- **Security**
  - safeguarding access to buildings & data
- **Governance**
  - compliance with regulations & local policy

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

Current risks relate to:
- Governance
- Health & Safety
- Violence & Aggression
- IT/Cyber Security
- Supply Chain & Labour Market
- Public Utility Supply
- Severe Weather

Inputs & Resources:
Mitigation focuses on securing & targeting resources effectively

Making sure everything works

Resources to make it happen

The outcomes & priorities it all supports

Outputs & Outcomes:
Mitigation focuses on long-term strategy & service delivery priorities

Current risks relate to:
- Housing Supply
- Health Inequalities
- Poverty
- Social Care Demand
- Climate Change
- Public Health
- Children's Rights

- **Community**
  - empowerment, resilience, equality, life chances, poverty & economy
- **Environment**
  - sustainability, just transition, waste, travel, air quality & biodiversity
- **Continuity**
  - emergency planning, civil contingencies & minimising disruption
- **Wellbeing**
  - healthy & safe behaviours to prevent physical & psychological harms

1. Inputs & Resources (Mitigation focuses on securing & targeting resources effectively)

Insufficient Financial Resilience

Outcome	BV 1.	Balancing the quality of services with cost

Lead	Senior Manager Finance & Revenues	Categories	Finance, Assets, Strategy	Approach Treat

Risk: The Council does not have a balanced budget to meet essential service demands, customer needs, or external agendas, or sufficient resilience to reduce the budget gap for future years.

Potential Impact: Reputational and legal implications and severe, extended loss of service provision. Possibility of Alliance, Health & Social Care and other partners also experiencing budget pressures contributes to potential impact, given the interdependencies.

Note: The budget for 2025/26 was approved in February reflecting a balanced position and including savings to be achieved during the year. Due to the use of reserves and cash savings to balance the 25/26 budget, the budget gap for 26/27 has been estimated at £7m. The budget gap is also subject to the settlement funding from Scottish Government which will be known towards the end of the year. Target is set based on gap projections for next 5 years.

This Review	17-Sep-2025	20
Last Change	26-Jul-2024	25
Target	31-Mar-2029	15

Related Actions			Existing Controls	
Audit of 2024/25 Accounts by Audit Scotland	COU EXA 245			Budget Strategy & Monitoring
Use the agreed strategic change framework & design principles to implement organisational redesign	EXA BVA 1A0			Contract Standing Orders
Balance savings drive with need for officer time & skills to support change & use of external assistance	EXA BVA 4F0			Financial Regulations

Inadequate Workforce Planning

Outcome	BtF vii.	Workforce Strategy

Lead	Strategic Director - Partnership & Performance	Categories	Workforce, Strategy	Approach Treat

Risk: Due to lack of workforce planning the Council fails to ensure sufficient capacity/resource to deliver key Council service or fails to adequately develop its workforce to ensure that skills, knowledge and structures are appropriate, sustainable financially viable and compatible with our corporate vision.

Potential Impact: Reduction in sustainable staffing levels and loss of knowledge (such as those identified as single points of dependency, including statutory officers), leading to inability to delivery key functions and lack of adequate professional advice to Council Officers/Elected Members.

Note: Failure to implement sufficient or proper workforce planning controls (at both service and strategic level) risks loss of key staff from posts identified as single points of dependency, failure to address the challenges of an ageing workforce, and failure to upskill current staff to meet current / future demands. Development of a new Strategic Workforce Plan is linked to the Council's Target Operating Model (which is essential to providing a consistent and clear strategic thread for workforce development / planning - as such, this workforce plan cannot be drafted in full until further developments with the TOM are made, thereby highlighting the risks noted above.

This Review	30-Sep-2025	16
Last Change	18-Dec-2024	12
Target	30-Sep-2026	12

Related Actions		Existing Controls	
Develop & implement the strategic workforce plan 2022-25	CRR P&P HR4		Strategic Workforce Plan

School Estate Condition Disrupts Education Provision

Outcome	WELOIP 1.2 Wellbeing - Outcomes for Young People
Lead	Strategic Director - Place
Categories	Assets, Finance, Wellbeing
Approach	Treat
Risk	Failure to adequately invest in the school estate results in degradation in the condition of establishments below acceptable standards for continuation of service delivery, requiring displacement into alternative accommodation
Potential Impact	Health & Safety implications, unusable assets, disruption to learning & attainment, workforce & financial capacity to manage transport & temporary accommodation, reputational & legal implications relating to provision of statutory function

Note	Five priority primary schools to be refurbished. To minimise disruption work will be scheduled for out of hours/weekends/holidays. We anticipate works starting Jan-2026 with planned completion currently expected by Apr-2027. Project management resource within the Property team is limited and presents further risks to completion of works. The scope of work is extensive and there has recently been a default in our Primary and Early Learning Estate, resulting in a near miss and an incident. As a result, the service has instructed a series of structural roof surveys of our Primary and Early Years estate. This will likely identify further potential defaults which will require to be addressed. Until this information is received the risk remains high.

	Date	
This Review	14-Oct-2025	16
Last Change	14-Oct-2025	12
Target	31-Mar-2026	12

Related Actions			**Existing Controls**	
Seek Council approval to focus investment on the identified schools (graded as "Poor")	CRR PLC PT1			Property Asset Management Strategy
Carry out options appraisal on the full learning estate	CRR PLC PT2			Condition Surveys (Hollis Report)

Information Not Managed Effectively

Outcome	BV 4. Being accountable and transparent
Lead	Senior Manager - Legal & Governance
Categories	Information, Security, Strategy
Approach	Treat
Risk	Information is not protected, managed or used effectively due to lack of compliance with information sharing, data protection, records management or IT principles/protocols, potentially leading to data breaches, inefficiency/duplication and strategic/performance management decisions based on poor quality/inaccurate business intelligence.
Potential Impact	Legal/reputational/financial implications from breaches (regulators being the ICO and SIC can impose monetary penalties and enforcement notices), inefficiencies costing time/money, non-completion of (possibly statutory) duties. Loss of productivity, impacting morale, or misinformed decision-making if information not available/used.

Note	Records management plan is accepted by Keeper of Records for Scotland. To be rolled our over next 6 months to all services. Scottish Information Commissioner next review due end September. Work continues around opportunities from MS365. Review of data sharing / processing agreements are well underway with the Council's data protection solicitor. FOI handling improving but continued effort is still required by all directorates. Guidance documents are being updated and policies for FOI and EIR being prepared, and completion rates for mandatory FOI training are improving. Target date is based on estimated implementation of action plan by a small team (who will also need to deliver an election within that period), and success is dependent on engagement by all staff.

	Date	
This Review	04-Sep-2025	16
Last Change	09-Jun-2022	12
Target	31-Dec-2026	12

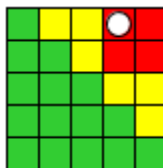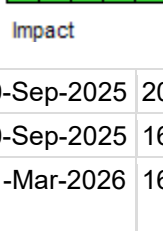| **Related Actions**		**Existing Controls**	
Data Protection & Freedom of Information training as part of 25/26 mandatory corporate programme	CRR COU MT1		Data Sharing Agreements
Develop & deliver the Council's Digital Transformation Strategy	CRR P&P IT1		GDPR Guidance & Training
Actions from Scottish Information Commissioner letter on 06-Dec-24 regarding Freedom of Information intervention	P&P L&G SIC		

⚠️ ▬ **Insufficient Pace & Scale of Organisational Transformation**	Outcome	BV 2.	Ensuring services are sustainable		
Lead	Chief Executive	Categories	Strategy	Approach	Treat
Risk	The Council fails to proactively drive the fundamental redesign of services and organisational planning/development with the speed required to address the funding gap due to ineffective change management.				
Potential Impact	Failure to maintain the required level of provision for statutory services. The corporate business improvement programme does not establish sustainable service delivery and a sustainable cost base for the future.				

Impact / Likelihood risk matrix

Note	Benefits realisation framework and approach were agreed by Council. Key measures (qualitive & quantitative) have been agreed at project level. Work underway on measures for outcomes of programme overall. This will be key to track Council investment and the impact this has delivered. In parallel a new Communications and Engagement strategy is being developed to transform the Council's approach to internal and external engagement and participation as well as developing a transformed capacity and approach re engagement and participation. This piece of work to develop the strategy and implementation plan will conclude by the end of October. Resource and capacity with the organisation is a risk Council wide. However there is additional resource assigned to the Transformation and Capital programme which should mitigate some of this risk. No further changes at this time.	This Review	17-Sep-2025	12
		Last Change	23-Jul-2025	8
		Target	31-Mar-2026	8
Related Actions	Be the Future Transformation Programme	COU TRN	Existing Controls	Be the Future Board
				Digital, IT & Security Programme Board
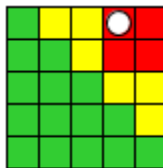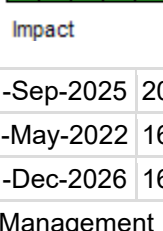
⚠️ ▬ **Limited Assurance Around Management of RAAC**	Outcome	WELOIP 3.1	Places - Sustainable Places		
Lead	Strategic Director - Place	Categories	Assets, Community, Reputation	Approach	Treat
Risk	Potential deterioration of buildings with RAAC (Reinforced Autoclaved Aerated Concrete) into unsafe structures, requiring options appraisal that addresses both strategic implications (financial, assets and duty of care for residents), and the needs of individuals directly affected by uncertainty and other personal impacts, including financial				
Potential Impact	Domestic properties become uninhabitable, increasing voids & pressure demand on housing/homelessness services, with affordable housing already in high demand & short supply (see separate Housing Supply risk). Unbudgeted financial cost to housing services, community impacts and reputational damage through activism & negative media publicity.				

Impact / Likelihood risk matrix

Note	We continue the 'maintain and monitor' regime where Structural Engineers carry out 6 monthly surveys of the closes in occupied blocks. Staff also check these blocks and perimeters of vacant blocks on a week to 10 day basis. We have instructed for valuations be carried out of private properties in vacant blocks and have obtained costs from the contractor and provided to owners. This has allowed owners to seek advice and we await a formal decision from a few remaining owners, however owners are also exploring a potentially innovative owner-led solution. We now have information from the Structural Engineer in reference to extensive assessments in tenanted blocks and discussions are ongoing to move this forward.	This Review	13-Nov-2025	12
		Last Change	20-Nov-2023	N
		Target	31-Mar-2026	8
Related Actions	Focused resource to manage RAAC survey programme, communications and resident support actions	PLC DRR 003	Existing Controls	RAAC Survey Programme
				Scottish Government RAAC Cross-sector Working Group
	Housing service leads part of Scottish Government RAAC Cross Sector Working Group	PLC DRR 004		Housing Needs & Demand Assessment

		Industrial Unrest		Outcome	BtF vii.	Workforce Strategy		
Lead		Chief Executive		Categories	Workforce, Continuity		Approach	Tolerate
Risk		Industrial action by Council staff, partners or suppliers arises, normally in relation to local or national budget-related changes to terms and conditions, or restructuring.						
Potential Impact		Immediate effects on service delivery & those dependent on services, with financial and reputational damage, and residual impact on staff morale & productivity. In case of partners/suppliers may have to support or reduce activity/service delivery.						

			This Review	30-Sep-2025	6
Note	A 2 year pay settlement has been agreed and ballots withdrawn by Trade Unions. With no need for pay negotiations for 25/26 this also decreases the risk of imminent industrial unrest. This risk will be reviewed in line with any budget discussions for 26/27.		Last Change	23-Jul-2025	9
			Target	31-Mar-2026	3

Related Actions	Ongoing strengthening of controls (further detail will be provided on actions for 'tolerate' risks in future)	CRR COU TOL	Existing Controls	Business Continuity Plans
				Trade Union Communications Protocol
				Forth Valley Local Resilience Partnership
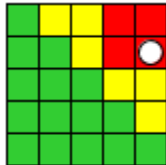
2. Assurance & Responsiveness   (Mitigation focuses on governance, compliance & flexibility to manage situations as they arise)
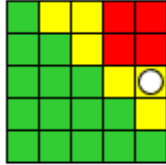
Major Governance Failure

Outcome	BV 4. Being accountable and transparent
Lead	Strategic Director - Partnership & Performance
Categories	Governance, Reputation
Approach	Treat

Risk: A significant failure of compliance with statutory duties through non-adherence to and/or lack of awareness or understanding of law, contract standing orders, scheme of delegation or financial regulations.

Potential Impact: Significant reputational damage, injury or loss of life, legal action, financial loss or disruption to service delivery and challenge by third parties. Staffing changes and re-design reaffirm need to closely monitor & manage compliance with statutory requirements & good practice.

Note: The Corporate Risk & Integrity Forum discuss governance & compliance mitigations on a quarterly basis and the agreed Internal Audit plan provides structure to raise risks in respect of requirements. Training is a high ongoing priority, with a targeted programme of sessions delivered to officers, senior managers and elected members throughout the year. Despite this, concerns remain regarding breach of governance and the law, particularly in light of current capacity and workforce issues within certain Council services, and the lack of supervision due to vacancies in strategic management roles, hence the increase in risk score.

This Review	30-Sep-2025	20
Last Change	30-Sep-2025	16
Target	31-Mar-2026	16

Related Actions

Action	Ref		Existing Controls
Annual Internal Audit & Fraud Programme	COU IAF	Existing Controls	Scheme of Delegation
Governance improvement actions across all services	CRR P&P LG1		Governance & Audit Processes
Addition of Governance to annual mandatory training suite	CRR P&P LG3		Committee Structures & Remits
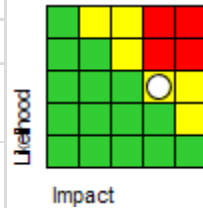
Health & Safety Breach

Outcome	WELOIP 1.1 Wellbeing - Physical & Mental Health
Lead	Chief Executive
Categories	Wellbeing, Workforce, Community
Approach	Treat

Risk: Incident or statutory breach results in injury or death of staff member or customer due to lack of awareness or non-compliance with policies and procedures. Incidents may also arise from third parties actions, outwith Council control.

Potential Impact: The effects on individuals and their families, financial penalties (including Health & Safety Executive intervention fees), criminal proceedings, adverse publicity, increased insurance or damage to Council assets.

Note: Progress is being made on ensuring that the basic foundations are in place, but we are still experiencing pockets where there is a fundamental lack of understanding of manager responsibilities which leaves the risk as high. Work on Health, Safety & Wellbeing Strategy 2025-28 in progress.

This Review	11-Sep-2025	20
Last Change	24-May-2022	16
Target	31-Dec-2026	16

Related Actions

Action	Ref		Existing Controls
Revised Health & Safety Strategy & Actions Plan	CRR P&P HR1	Existing Controls	Health & Safety Management System
Governance improvement actions across all services	CRR P&P LG1		Health & Safety Corporate Training Programme

Harm to Staff Through Violence & Aggression 🛑 N

Harm to Staff Through Violence & Aggression	Outcome	WELOIP 1.1	Wellbeing - Physical & Mental Health	
Lead	Chief Executive	Categories	Workforce, Wellbeing, Governance	Approach	Treat

Risk: Incidents of violence and aggression towards Council staff result in serious injury and high levels of mental ill-health. Incidents come from a variety of service users and general members of the public.

Potential Impact: Potential for fatalities and significant ongoing psychological harm, affecting individuals and families. High levels of staff absence, affecting minimum staffing, potential continuity disruption and achievement of service and corporate objectives. Potential for property damage and/or legal action, with associated financial and reputational impacts.

Note: A notable increase in incidents, near misses and sickness absence relating to stress is evident. Increased incidents and near misses, is partly due to a heightened focus on recording a reporting. We take a trauma-informed approach where we understand many causes of threatening behaviour, however ,it is unacceptable for staff to feel exposure to this risk is 'part of the job'. Work is required to ensure all staff are protected, along with continuity of service delivery to ensure the achievement of outcomes. Targeted training (incorporating external guidance) is initially being rolled out to the Health & Social Care Partnership and Social Services, to then extend wider, alongside process review to ensure staff are monitored and supported to manage and de-escalate situations as they arise.

This Review	30-Sep-2025 20
Last Change	30-Sep-2025 N
Target	31-Mar-2027 16

Related Actions

Action	Ref		Existing Controls
Review compliance with newly published Scottish Government guidance on violence & aggression	CRR P&P HR6	Existing Controls	Potentially Violent Persons Register
Roll out violence & aggression training programme, initially targeting the most vulnerable services	CRR P&P HR7		Mental Health & Wellbeing Policy
Ensure measures in place to protect staff via lone working and PVP processes	CRR P&P HR8		Personal Safety Policy

IT System/Cyber Security Failure 🛑 ▬

IT System/Cyber Security Failure	Outcome	BtF i.	Digital & Data Transformation	
Lead	Senior Manager Partnership & Transformation	Categories	Information, Security	Approach	Treat

Risk: Full or partial loss of network/hardware/software/telecoms technologies (temporary or prolonged) due to cyber attack/other emergency, failure to manage maintenance/backups/suppliers/contracts, or lack of investment in systems/staff/training (i.e. failure of IT services to uphold priorities of Confidentiality, Integrity and Availability).

Potential Impact: Financial impact from loss of productivity, service disruption (inc. statutory/vulnerable groups), inability to communicate, harm to staff/customers (access to records/Potentially Violent Persons register) & legal/regulatory/reputational implications.

Note: A number of recent global issues and cyber incidents means this remains a high risk. Work is ongoing to raise awareness across the workforce of cyber risks and mitigations. The Council is also investing in ICT infrastructure and security as part of its Digital Transformation Strategy & roadmap. This will introduce security policies and tools, cloud hosted services, retire/replace legacy systems, invest in modern technology to support delivery, future ways of working & Digital Transformation ambitions. Implementation of MS365 is well underway and already improving resilience, stability and security of systems.

This Review	14-Nov-2025 20
Last Change	11-Sep-2023 15
Target	31-Mar-2026 15

Related Actions

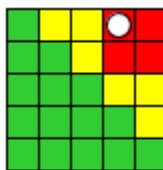| Action	Ref		Existing Controls
Develop & deliver the Council's Digital Transformation Strategy	CRR P&P IT1	Existing Controls	Business Continuity Plans
Complete actions from IT Asset Management Plan	CRR P&P IT2		Service Level Agreements & Contracts

Supply Chain & Labour Market Disruption			Outcome	WELOIP 2.1	Economy & Skills - Labour Market & Fair Work		
Lead	Chief Executive		Categories	Continuous, Finance, Workforce		Approach	Tolerate
Risk	Disruption to UK supply chains & labour markets as a result of EU withdrawal, increasing costs & delays in sourcing goods (particularly in construction), already materialising and could continue for an extended period or escalate						
Potential Impact	The Council could fail to recruit or retain staff with the required knowledge & experience, and/or be subject to direct or third-party impacts if suppliers are unable to source goods/materials or staff to fulfil contractual obligations						

Risk matrix: score 20

Note	Impact and Likelihood remain unchanged. Ongoing pressures on supply chain impacted by Supply issues due to overseas conflicts affecting in particularly food inflation also availability of Skilled staff with key suppliers. Brexit still impacting plus recruitment difficulties particularly for key roles internally and the availability of skilled staff internally. The increase in National Insurance Contributions for employers and the increase in National Living Wage, announced in the UK budget, will increase employment costs for suppliers delivering public services, creating financial sustainability concerns and supplier failure

This Review	02-Sep-2025	20
Last Change	20-Oct-2021	N
Target	31-Mar-2026	15

Related Actions	Ongoing strengthening of controls (further detail will be provided on actions for 'tolerate' risks in future)	CRR COU TOL	Existing Controls	Service Level Agreements & Contracts
				Recruitment & Retention Policy
				Procurement Processes & Procedures
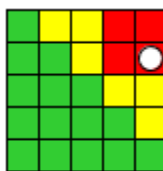
Failure of Public Utility Supply			Outcome	BtF 2.	Empowering Families & Communities		
Lead	Strategic Director - Partnership & Performance		Categories	Continuity, Community, Wellbeing		Approach	Tolerate
Risk	Sustained loss of gas, electricity, water and communications over a significant area due to failure of a provider's infrastructure as a result of a local or national event.						
Potential Impact	Fatality, injury or health risk, requirement to evacuate & find alternative accommodation, including for vulnerable people. Disruption to businesses, with potentially large costs, and impact on contact with health, care and emergency services.						

Risk matrix: score 15

Note	No change, awaiting further UKG and SG guidance

This Review	26-Aug-2025	15
Last Change	14-Mar-2023	20
Target	31-Mar-2026	12

Related Actions	Ongoing strengthening of controls (further detail will be provided on actions for 'tolerate' risks in future)	CRR COU TOL	Existing Controls	Business Continuity Plans
				Major Incident Procedures
				Emergency Response Plan
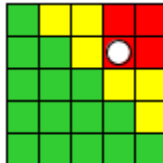
	Failure to Prepare for Severe Weather Events	Outcome	WELOIP 3.1	Places - Sustainable Places	
Lead	Strategic Director - Place	Categories	Environment, Continuity, Wellbeing	Approach	Tolerate
Risk	Inability to respond to severe weather events due to lack of appropriate planning & equipment (e.g. 4x4 vehicles). Most likely flooding from rain/coastal surge, winter weather or heatwave (increasing frequency & severity due to climate change).				
Potential Impact	Widespread community dislocation (including possible risk to life), damage to property, businesses, roads & utility infrastructure (inc. telecoms & power), or inability of staff to get to workplace. Impact on delivery, reputation & finances, and increased workload in numerous services to support communities, including clearing roads and core paths (e.g. from fallen trees & other debris).				

			This Review	26-Aug-2025	12
Note	No change based on the ongoing uncertainty of Scottish Weather		Last Change	30-May-2013	15
			Target	31-Mar-2026	9

Related Actions	Ongoing strengthening of controls (further detail will be provided on actions for 'tolerate' risks in future)	CRR COU TOL	Existing Controls	Business Continuity Plans
				Winter & Flood Management Plan
				Forth Valley Local Resilience Partnership
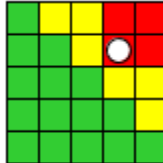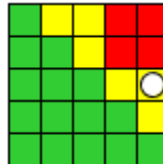
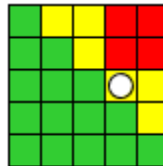## 3. Outputs & Outcomes (Mitigation focuses on long-term strategy & service delivery priorities)

🛑 ▬ Lack of Affordable & Suitable Housing Supply

		Outcome	WELOIP 3.1 Places - Sustainable Places	
Lead	Senior Manager - Housing	Categories	Community, Finance, Governance	Approach Treat

Risk: Increasing demand for mainstream, homeless and care leaver accommodation and decelerating new build programmes mean demand is outstripping supply, resulting in unmet housing need, alongside challenges around cost of living & home energy costs.

Potential Impact: Diminished capacity to comply with statutory obligations of Housing (Scotland) Act, "The Promise" and supporting sustainable tenancies, implications for wellbeing (particularly mental health), lack of stability, inclusion & adapted properties, reputational damage & regulatory impacts.

Note: Similar issues are being experienced across Scotland, Clackmannanshire Council's caseload has increased by 93% since 2020, despite the existing mitigation of an increased proportion of lets going to homeless applicants (47% in 19/20 up to 68% in quarter 2, 25/26). The service is currently in breach of the Unsuitable Accommodation Order due to utilisation of stock outwith area for extended durations. This is expected to worsen further as a result of increased mortgage interest rates, potential for repossessions and pressure on private landlords which may increase rents and evictions. There are additional obligations on local authorities as part of the newly passed Scottish Government Housing Bill, with detail on timelines expected by end of 25/26 financial year.

This Review	12-Nov-2025 · 20
Last Change	06-Aug-2025 · N
Target	30-Jun-2026 · 16

Related Actions:

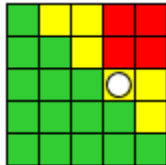|			
Housing champion for The Promise – this is included within new housing role in HBMT structure	HSG SRM 08a	Existing Controls	Local Housing Strategy
Focused & targeted approach to reducing void property turnaround time and associated void rent loss	HSG SRM 08b		Allocations Policy
Comprehensive review of use of homeless temporary accommodation (HRA stock, RSL and Private)	PLC 213 307		Strategic Housing Investment

🛑 ▬ Worsening Health Inequalities

		Outcome	WELOIP 1.1 Wellbeing - Physical & Mental Health	
Lead	Chief Executive	Categories	Wellbeing, Community, Strategy	Approach Treat

Risk: Failure to improve health & wellbeing, particularly in financial/social determinants of physical & mental health, such as community safety, substance use, and domestic abuse results in exacerbation of pre-existing health inequalities.

Potential Impact: Widened gap in health outcomes & life expectancy, prevalence of chronic conditions, suicides & isolation, particularly in vulnerable groups, such as females, unpaid carers & older people, impacts on economic opportunities, lowered resilience/increased dependence on services & support.

Note: Central to the Wellbeing Economy Local Outcomes Improvement Plan, with evidence demonstrating that outcomes on poverty & economic/employment opportunities can be positively influenced by improving physical and mental health & wellbeing. Being taken forward in community planning partner actions around promoting health & wellbeing supports and preventative resources. Equalities & Fairer Scotland Impact Assessments are integral to decision-making, with templates & guidance recently revised. Activities continue around active travel, green spaces, safe spaces for women & girls, nutrition and affordable housing & heating.

This Review	14-Nov-2025 · 20
Last Change	05-Aug-2025 · N
Target	31-Mar-2026 · 15

Related Actions:

Improve the health and wellbeing of women and girls in Clackmannanshire	WEL 244 102	Existing Controls	Alcohol & Drugs Partnership
Improve access to whole systems community based mental health support, resources and services	WEL 244 103		Sport & Active Living Framework
Simplify and integrate plans and partnerships in place around the theme of wellbeing.	WEL 244 107		Violence Against Women & Girls Partnership

Increasing Levels of Poverty

Outcome	WELOIP 1.3 Wellbeing - Poverty	

Lead	Strategic Director - People	**Categories** Community, Wellbeing, Strategy	**Approach**	Treat

Risk: A lack of suitable supports around employment & financial advice, and barriers to economic activity results in failure to alleviate the increasing cost of living and deprivation in the area, pushing more people, including children, into poverty.

Potential Impact: Increasingly poor outcomes for individuals, associated with educational, employment & economic potential, health & wellbeing, and other socio-economic factors, with cycles and behaviours continuing and worsening in future generations

Note: The Tackling Poverty Partnership has conducted a strategic needs assessment and threat risk analysis to identify key strategic areas of collaboration for 2025/26. The Family Wellbeing Partnership (Fairer Futures Partnership) continues to work to reduce poverty and inequality, remove barriers and pioneer new ways of working through the One Fund, One Plan, One Report approach, including the Clackmannanshire Transformation Space. Leveraging funding has led to improved outcomes for priority families as noted in a recent Horizon report, providing early indications evidencing reduced poverty levels. The Child Wellbeing Partnership provides extensive supports around childcare, breakfast/after school clubs, and tailored whole family support for priority families including young parents. Family Support Collaborative and Family Support Hubs seek to provide the right support at the right time. Outreach options continue to be sought, including via Clacks Works, Street Soccer, One Stop Support Shops & collaboration with the Department for Work & Pensions, Citizens' Advice, fair debt collection, local employers and NHS Forth Valley. Partnership supports include crisis payments, benefits, income maximisation checks, employability and health/family advice.

This Review	22-Sep-2025 16
Last Change	05-Aug-2025 N
Target	31-Mar-2026 12

Related Actions

Action	Code		Existing Controls
Ensure place based whole family support is available at the point of need	CWP 245 103		Tackling Poverty Partnership
Test and deliver a system of All Age Childcare for identified communities of need; alleviating poverty by reducing the cost of living and increasing household income	CWP 245 401	Existing Controls	Safeguarding Through Rapid Intervention (STRIVE)
Cost of living and income maximisation opportunities are prioritised	CWP 245 402		Family Wellbeing Partnership

Inability to Meet Increased Social Care Demand

Outcome	WELOIP 1.1 Wellbeing - Physical & Mental Health	

Lead	Interim Health & Social Care Chief Officer	**Categories** Wellbeing, Workforce, Continuity	**Approach**	Treat

Risk: Workforce & service capacity is insufficient, and/or not appropriately redesigned, to meet increasing needs and demand in relation to the ageing population & complexity of care.

Potential Impact: Unmet care needs in older/vulnerable groups, impacting resilience/quality of life/independence and exacerbating inequalities and isolation, increased pressure on staff/budgets/unpaid carers, and potential legal/reputational issues around statutory duty of care & protection.

Note: Following the decision that the previous risk on Poverty, Inequality & Changing Demographics was too broad, in the last report this was split into 3 areas (see also Poverty & Health Inequalities). Demands on Social Care services remains a significant challenge, and demographic data evidences that this is of greater severity in Clackmannanshire than across the partnership as a whole. This risk is highlighted on the Integration Joint Board register as high/red (HSC 011 – Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety). As responsibility for actions & controls rests with the IJB, and to avoid the partial duplication, this will now be removed from the corporate register for management via the IJB risk register.

This Review	14-Nov-2025 16
Last Change	05-Aug-2025 N
Target	31-Mar-2026 12

Related Actions

Action	Code		Existing Controls
Care Home Assurance Tool & Caseload Review	CRR HSC CHA	Existing Controls	HSC Integration Joint Board
Clackmannanshire & Stirling Integration Joint Board Strategic Commissioning Plan 2023-2033	CRR HSC SDP		HSC Strategic Planning Group

Continued Contribution to Climate Change

	Outcome: WELOIP 3.2 Places - Environmental Sustainability
Lead	Strategic Director - Place
Categories	Environment, Wellbeing
Approach	Treat

Risk: The Council fails to play its part in addressing the climate emergency, such as by not adapting to climate change, reducing waste and travel, making available resources, using/promoting sustainable practices, materials & technologies or failing to act as an ambassador for national & international good practice as it emerges.

Potential Impact: Worsening environmental impacts including flooding (see Severe Weather risk), impact on health/social well being, increased fuel poverty, missed efficiency savings/economic opportunities and poorer air quality. Reputational impacts of not supporting national/international policy, and legal implications of not meeting targets or demonstrating progress.

Note: Internal Strategic Energy Management Group established to assist delivery of the Local Heat & Energy Efficiency Strategy. Strategic environmental assessments of Climate Change & Pollinator strategies complete. Interim carbon reduction targets leading to net zero emissions by 2040 established. Climate Emergency Board (CEB) continues to meet quarterly and Climate Emergency Action Plan (CEAP) continues to be developed and updated. Climate Change & Pollinator strategies scheduled for presentation to Council on 02-Oct-25 and regional partnership with Stirling & Falkirk currently agreeing Terms of Reference for Regional Adaptation Strategy.

This Review	26-Aug-2025	15
Last Change	16-Dec-2024	10
Target	31-Mar-2026	10

Related Actions:

Action	Code
Climate Change Strategy and Climate Emergency Action Plan	PLC 213 101
Develop routemap to compliance with EESSH2 for all Council Housing stock.	PLC 213 104
Deliver CRD programme in line with delivery plan/financial profile	PLC 213 111

Existing Controls:
- Local Biodiversity Action Plan
- Regional Energy Masterplan
- Sustainable Food Growing Strategy

Public Health Emergency

	Outcome: WELOIP 1.1 Wellbeing - Physical & Mental Health
Lead	Chief Executive
Categories	Wellbeing, Continuity
Approach	Tolerate

Risk: Significant numbers of Council staff and customers become ill due to the occurrence of a public health emergency, such as a flu pandemic, with spread potentially exacerbated through failure to vaccinate or follow hygiene protocols.

Potential Impact: Short- & long-term health implications for public & staff (inc. absence if ill or caring for others). Disruption to support & front-line services, inc. to already vulnerable groups. Consideration required of minimal service provision requirements.

Note: Expectation of reduction in 2026 upon issue of UK Pandemic Plan and updating of Councils plan

This Review	26-Aug-2025	12
Last Change	26-Jul-2024	20
Target	31-Jan-2027	8

Related Actions: Ongoing strengthening of controls (further detail will be provided on actions for 'tolerate' risks in future) — CRR COU TOL

Existing Controls:
- Business Continuity Plans
- Pandemic Flu Plan
- Major Incident Procedures

		Failure to Comply with UNCRC	Outcome	WELOIP 1.2 Wellbeing - Outcomes for Young People			
Lead		Chief Executive	Categories	Community		Approach	Treat
Risk		Lack of cross-service action to implement requirements of the UN Convention on the Rights of the Child results in poor staff awareness and/or lack of process review to ensure children's rights are upheld across all aspects of service delivery					
Potential Impact		Failure to act in a child's best interests, possibly exacerbating inequalities for vulnerable individuals/groups, or failure to demonstrate corporate commitment, with associated legal, financial & reputational implications of a regulatory breach					

Note	The UNCRC (United Nations Convention on the Rights of the Child) (Incorporation) (Scotland) Act 2024 became law on the 16th of July 2024. The Act expects that Scottish public bodies act in a child's best interests in all matters that affect them, ensuring their voices are heard, and that upholding children's rights is evident across all public service delivery. There is an ongoing focus across all Directorates on UNCRC principles, supported by an internal working group, which looks at key work strands, including staff development/awareness, Youth Voice / accreditation, child-friendly complaints and information, policy development and compatibility assessments. UNCRC "How Ready Are You" audits have been completed across service areas, with high-level reports shared to develop targeted action plans. Guidance from the Scottish Government, Scottish Public Services Ombudsman and the Improvement Service is being followed, and the Council will be required to document and evidence steps towards implementation in a report to the Scottish Government in March 2026.Procedures are being established to ensure consistent Council engagement with children and young people, including reporting aligned with this Scottish Government timeline for March 2026. The risk score has been amended to reflect the considerable volume of work still to be undertaken across the Council.	This Review	15-Sep-2025	12
		Last Change	15-Sep-2025	8
		Target	31-Mar-2026	8

Related Actions	Carry out 'How Ready are You?" audit to check compliance & identify priority actions	CRR COU CR1	Existing Controls	Equalities Impact Assessment
	Implement Child Friendly Complaints process (no later than 31-Mar-25)	CRR COU CR2		Team Leader/Senior Manager Forum
	Communicate UNCRC duties to staff, customers & partners to raise awareness of implications	CRR PPL ED1		Youth Voice Forum

CLACKMANNANSHIRE COUNCIL

Report to: Audit & Scrutiny Committee

Date of Meeting: 11th December 2025

Subject: Internal Audit Actions – Progress Report

Report by: Strategic Director – Partnership and Performance

1.0   Purpose

1.1.   The purpose of this report is to provide the Audit & Scrutiny Committee with a 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 Enrolement 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 20242/25	6	2	33%
Capital Arrangements 24/25	6	3	50%

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
	N/A	Assurance Not Applicable	✖	Cancelled	✖	Cancelled

2017/18 Internal Audit & Fraud Plan

Current Status			Expected Outcome	Due By	% Complete
🛑	IAF A04 SDB	Sundry Debtors	🔺	**31-Mar-2021**	**33%**

2019/20 Internal Audit & Fraud Plan

Current Status			Expected Outcome	Due By	% Complete
🛑	IAF A16 HRC	Housing Rent Collection & Arrears Management	🔺	**31-Aug-2020**	**67%**

2020/21 Internal Audit & Fraud Plan

Current Status			Expected Outcome	Due By	% Complete
🛑	IAF A07 CRM	Corporate Risk Management Arrangements	🔺	**30-Sep-2023**	**87%**

2021/22 Internal Audit & Fraud Plan

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

2022/23 Internal Audit & Fraud Plan

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

Current Status			Expected Outcome	Due By	% Complete
🛑	IAF A16 SSB	Supplier Set Up & Supplier Bank Account Changes	⚠️	**31-Dec-2023**	**71%**

2023/24 Internal Audit & Fraud Plan

Current Status			Expected Outcome	Due By	% Complete
🛑	IAF A08 CCD	Public Body Climate Change Duties 22/23 Annual Report	⚠️	**01-Nov-2024**	**91%**
✅	IAF A09 FOI	Freedom of Information Requests	⚠️	**30-Jul-2024**	**100%**
🛑	IAF A09 LBF	Leisure Banking Follow Up	⚠️	**31-Jan-2024**	**90%**
🛑	IAF A10 APO	Adult Social Care Purchase Order Arrangements	⚠️	**31-Jul-2024**	**39%**
🛑	IAF A11 CHM	Care Home Residents' Monies	⚠️	**31-Aug-2024**	**75%**
🛑	IAF A14 OVR	Overtime Arrangements	⚠️	**31-Oct-2024**	**93%**
✅	IAF A15 UPC	Use of Purchase Cards	⚠️	**31-Dec-2024**	**100%**

2024/25 Internal Audit & Fraud Plan

Current Status			Expected Outcome	Due By	% Complete
🛑	IAF A03 CCD	Climate Change Act Public Body Duties	✅	**31-Oct-2025**	**67%**
🛑	IAF A09 OP1	Adult Social Care Staff Potential Overpayments – Phase 1	✅	**31-Jan-2025**	**56%**
🛑	IAF A09 OP2	Adult Social Care Staff Potential Overpayments – Phase 2	✅	**31-Mar-2025**	**60%**
🛑	IAF A11 LBF	Leisure Banking Follow-up	✅	**31-Oct-2025**	**37%**
🛑	IAF A12 ISG	IT & Information Security Governance	✅	**31-Jul-2025**	**63%**
▶️	IAF A15 AMA	Asbestos Management Arrangements	✅	**31-Dec-2025**	**80%**
▶️	IAF A13 G1R	Follow Up of Grade 1 Recommendations 24/25	✅	**31-Dec-2025**	**33%**
▶️	IAF A14 CAP	Capital Arrangements 24/25	✅	**31-Dec-2025**	**50%**

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

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

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

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
SMD 001	The points relating to the content of the Social Media Policy and Guidelines should be considered when it is next updated.	Policy and Guidelines recognised as requiring revision during review of Communications Strategy. These points will be considered as part of these projects and incorporated if appropriate. Action Due date is as per new Communications Strategy Action Plan.		🛑	31/12/22	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

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		-

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
BSC 033	Resource Centre whins Road: A building security risk assessment should be undertaken, and a building security incident log should be in place to record the occurrence of security issues.	Resource Centre whins Road: A building security risk assessment should be undertaken, and a building security incident log should be in place to record the occurrence of security issues.	2	🛑	31/05/23		-
BSC 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

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

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

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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 agreement on an appropriate process for evidence of approval. Business Matching Unit (BMU) will develop a Quality Assurance process for reconciliation purposes.	1	🛑	31/05/24	RAG for LTC and SRAG for high tariff cases now established and this avoids the potential for 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.

BMU QA process to be developed to ensure what we have been invoiced has been delivered. | Joanna MacDonald |

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
APO 012	Officers responsible for approving payments on Techone should have sufficient information in order to ensure only valid payments are made. For example, the service or goods have been provided and where appropriate these reconcile to a current contract.	Health and Social Care Partnership Management advised that a Resource Allocation Group (RAG) process for approval of Long Term Care is under development and expected to be implemented by the end of January 2024. This will include the process for budgetary and commissioning consideration. It would not be feasible nor practical to implement a similar process for Care at Home delivery given the volume of work and turnover of clients indicated in this area. Explore ways of getting Manager assurance that appropriate checks had been undertaken. E.g. approval of care plan and actual costs incurred. Health and Social Care Partnership Management advised that there needs to agreement on an appropriate process for evidence of approval. Business Matching Unit (BMU) will develop a Quality Assurance process for reconciliation purposes.	1	🛑	31/05/24	LTC RAG process in place. Quality Assurance process for reconciliation developed. The manager assurance element is really SDS outcome based assessment so links to systematic implementation of SDS policy - going to IJB June 24. 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
APO 016	Adult Care Management should review non contract care and support expenditure to ensure compliance with the Care and Support Contract Standing Orders Exception Report.	These will be reviewed and action taken as appropriate.	1	✅	31/05/24	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

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

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

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
OVR 002	Service Management in conjunction with HR should develop one set of standard operational procedures for Overtime Arrangements detailing responsible Officer arrangements for approving, checking, and monitoring overtime.	Operational Procedures will be developed in line with review of the Overtime Protocols.	2	🛑	31/10/2024	Work to harmonise Overtime SOPs has been undertaken via the iTrent team through meetings with service management. However, challenges remain with creating one standard procedure which fit the nuances of each service within the Council. Work is ongoing.	Alastair Hair
OVR 005	Specific training is provided for overtime approving managers in relation to compliance with the overtime related Policies and the approving, monitoring, and management of overtime levels. Signed records of completion of training should be retained. This provides evidence of responsible officers having read and understood overtime related policies and operational procedures.	Overtime approval training will be developed and added to clacks academy / how to video can be added to the People Manager module in iTrent Communications will be developed and issued to line mangers / authorised signatories regarding responsibilities and compliance with regulations.	1	🛑	31/07/2024	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 |

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
OVR 015	A clear audit trail will be maintained detailing specific hours and duties undertaken for overtime and this will include a record of management checking and approval. The audit trail of overtime hours worked will be included in the communications to be developed for authorised signatories. The requirement for the audit trail of overtime hours worked will also be included in the training resource.	Approving Managers should ensure that an audit trail including supporting documentation is retained for overtime and additional payments and this includes validation checks.	1	✅	31/07/2024	This matter has been raised with Senior Staff within the Department. With the two cases resulting in disciplinary investiigation and a whistleblowing claim, the Director is unable to give full assurance in this area, however can confirm that there has been a recording sheet for overtime (for example in Housing Repairs – their sheet requires notification of the job number work is being undertaken against and checked back). Further development are being developed as referenced within IAF OVR 011. There is regular monitoring (high level) of overtime levels at Senior Management, SLG and BiPartite meetings. The Director has also hosted a meeting with TU representative to better understand the Departments approach to OT.	Kevin Wells
OVR 020	The overtime payment errors should be investigated, rectified, recovered, and monitoring measures put in place to ensure that they are not ongoing.	Overpayment errors identified by Internal Audit will be investigated, however, recovery of historical over payments may not be possible given the passage of time, plus these have been authorised as being correct. Where issues are identified that caused the overpayment will result in measures being put in place to ensure that the overpayment does not recur.	2	✅	31/07/2024	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	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 wihin an appropriate timeframe.	An appropriate timeframe will be agreed by the service.	3	🛑	31/10/2025	The staff travel plan is currently being updated (as per Active Travel Project Manager). A staff survey is about to go live to establish some baseline data. In the process of having a fleet of staff ebikes to use during the day.	Stuart Cullen
CCD 004	Waste emissions figures from Coucnil operations must be consistently compiled and included in future returns.	When national figures are produced in September / October the details will be placed into the report.	2	✅	31/10/2025	Waste 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 cardon data to calculate the emissions savings.	There are ongoing investigations into a suitable tool. Costs and available resources will have an impact on the ability to introduce a service wide tool.	3	🛑	31/10/2025	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 Councils 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

	Recommendation	Management Response	Priority	Status	Date	Update	Responsible Officer
IAF OP1 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
IAF OP1 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
IAF OP1 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)
IAF 0P1 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
IAF OP1 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

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

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

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

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 & 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

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
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 2024Options will be considered on a Security Operation Centre following conclusion of PSN programme of work.	Cherie Jarvie

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

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
AMA 002	Appropriate asbestos management training should be provided for the formally appointed responsible officers.	An approved asbestos management training provider has been contacted to obtain dates to provide industry standard Management of Asbestos in Buildings (including Asbestos Removal) training for additional member(s) of staff.	2	✅	31/01/2025	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

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

IAF A13 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

G1R 003	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. 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 mangers are automatically alerted to when a recommendation has been allocated to them and further reminders of when it is due.	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. 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.	2	🔴	31/08/2025	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. Internal Audit outstanding actions are a standing item on the P&P SMT monthly meeting agenda.	Chris Alliston
G1R 004	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. 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 mangers are automatically alerted to when a recommendation has been allocated to them and further reminders of when it is due.	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. 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.	2	🔴	31/08/2025		Kevin Wells

Code	Finding/Recommendation	Agreed Action	Grade	Status	Due Date	Latest Note	Lead
G1R 005	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. 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 mangers are automatically alerted to when a recommendation has been allocated to them and further reminders of when it is due.	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. 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.	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
G1R 006	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. 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 mangers are automatically alerted to when a recommendation has been allocated to them and further reminders of when it is due.	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. 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.	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

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. | Consideration will be given to adding RAG on the progress status of projects:
• On track – project is progressing as planned (Green);
• At risk – project unlikely to complete within timescale (Amber); and
 • Stalled – will not complete this year (Red).
 Two indicators have also been added to the quarterly outturn reports showing Spend to Budget and Forecast to Budget. | 2 | ✅ | 30/04/2026 | This action is complete. | Wendy Robertson |

CAP 005	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.	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. 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. Through March to November 2025, the HRA Planned Works oversight has been directly managed by the Strategic Director of Place Services whilst in transition. 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. 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).	1	🛑	31/10/2025		Kevin Wells

CAP 006	In relation to learning lessons from completed capital projects: • arrangements should be established for monitoring the Lessons Learned Log, and the log should also be regularly reported to the Capital Operations Group; and • 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.	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.	2	✅ 30/06/2026	This is now actioned. Complete.	Wendy Robertson

	THIS PAPER RELATES TO ITEM 8 ON THE AGENDA
CLACKMANNANSHIRE COUNCIL	

Report to: Audit & Scrutiny Committee

Date of Meeting: 11th December 2025

Subject: Clackmannanshire and Stirling Integration Joint Board Annual Performance Report 2024-2025

Report by: Head of Strategic Planning and Health Improvement

1.0   Purpose

1.1.   This report offers assurance that the Integration Joint Board continues to fulfil its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the delegated functions, and as set out in the Strategic Commissioning Plan 2023 - 2033.

1.2.   Health and social care integration is about ensuring that those who use services get the right care and support based on assessed needs. There is a greater emphasis on community-based and joined-up, anticipatory and preventative care, the principles of integration aim to improve outcomes as well as care and support for those who access health and social care services.

1.3.   The Health and Social Care Partnership vision is "to enable people in the Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within supportive communities".

1.4.   The purpose of the Annual Performance Report (APR) is to provide an overview of performance in planning and carrying out integrated functions and is produced for the benefit of Partnerships and their communities.

1.5.   The Integration Joint Board has a statutory responsibility to ensure effective performance monitoring and reporting of all services delegated in the Health and Social Care Partnership (HSCP). This is encompassed in our 2024/25 Annual Performance Report (Appendix 2).

1.6.   The content of this Performance Report is routinely and actively monitored, and the information supports wider planning and delivery in areas such as Strategic Commissioning Plan delivery, operational service planning, work supporting our transformation programmes and aligns to the priorities of the agreed Delivery Plan programme of work presented as part of budget planning and reporting.

1.7.   The APR was presented to the Integration Joint Board on 24th September 2025, comments reflected members satisfaction that this APR continues to highlight and celebrate successes across different services internally, and from our

partners. As well as noting their pleasure at being able to see the progress being made across the Partnership, and the positive impacts that this is having on those who access services within our community.

1.8. The Annual Performance Report (Appendix 2) reflects our progress as a HSCP from 1 April 2024 to 31 March 2025. An Executive Summary which focussed on both the highlights and areas for further development is compiled in Appendix 1.

1.9. The HSCP, alongside colleagues in our partner organisations across the statutory, third & independent sectors, worked tirelessly to ensure the continued safe and effective provision of health and social care support to people in all our communities.

1.10. The Performance Report is continuing to be developed based on areas of focus and feedback from members of this Board, the Strategic Planning Group and wider stakeholders.

2.0   Recommendations

2.1. Note the Annual Performance Report 2024/25 and note that this has been published on the Partnership website as required.

3.0   Considerations

3.1. As set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 the Annual Performance Report must contain the following:

- An assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning.

- Financial planning and performance.

- Best value in planning and carrying out integration functions.

- Performance in respect to Localities.

- Inspection of services.

- Review of Strategic Plan.

- Any other information the Integration Authority considers relevant to assessing performance during the reporting year in planning and carrying out their integration functions.

3.2. This Performance Report uses a range of data to describe and illustrate performance across delegated service in the HSCP, and when data is used the source will be noted. Local data is gathered within social work recording systems across both Councils and NHS Forth Valley.

3.3. This Performance Report uses a range of data to describe and illustrate performance across delegated service in the HSCP, and when data is used the

source will be noted. Local data is gathered within social work recording systems across both Councils and NHS Forth Valley.

3.4. This Performance Report uses a range of data to describe and illustrate performance across delegated service in the HSCP, and when data is used the source will be noted. Local data is gathered within social work recording systems across both Councils and NHS Forth Valley.

3.5. This Performance Report uses a range of data to describe and illustrate performance across delegated service in the HSCP, and when data is used the source will be noted. Local data is gathered within social work recording systems across both Councils and NHS Forth Valley.

3.6. It has been agreed, with the Chief Officer and Senior Leadership Team, that where national data is available, this would be included in the report.

3.7. This report highlights each of the sources of the data i.e. from national reports (which means that when it is NHS data it will include all residents of the HSCP area who may have attended more than one acute hospital), local NHS systems or local authority social care recording systems.

3.8. The data within the Report provides information on the people supported by our services within Forth Valley, it is not always possible to compare this local data to other HSCPs or national figures. However, this report seeks to ensure that data is as accessible as possible to a range of readers and is therefore following guidance around the presentation of information and data which is reflective of the work of staff in supporting those within our communities.

3.9. In line with requirements, data is principally presented to report activity at an HSCP level and where it is appropriate data may be reported at health board, local authority or locality level. However, where numbers are lower than 5, these will be noted to prevent the risk of identification of an individual.

3.10. The level of support required for people in the Clackmannanshire & Stirling communities is changing due to an increasing proportion of older adults and increasing numbers of people with more than one long term condition (also known as co-morbidities).

3.11. This is compounded by the challenging financial picture we are operating within, and the savings that need to be made, which does not look to ease in the coming years. This picture has also affected the workforce issues including recruitment and retention of staff. It should also be reflected that Brexit and migration controls have also restricted the pool of new staff to fill vacancies.

3.12. For a summary of highlights related to activities and work over the past year please review the Executive Summary document (Appendix 1).

3.13. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Scheme, as set out in the Strategic Commissioning Plan. This report represents the process in terms of presenting a formal performance report to the Integration Joint Board.

3.14. Performance reports are being used across service areas to inform planning, priorities and management actions. This data is quality assured at a local level

and may differ from nationally reported data. Work continues to align the performance reporting with the Integrated Performance Framework, which was agreed in June 2024. As well as, being based on access to activity data and performance information for all delegated NHS and Council services.

3.15. As agreed in June 2024, reporting of activity data from the three partner organisations' systems for activity data is developing however the collation of service level data continues often to be a manual task from individual systems. As can be seen within this report, mechanisation of the data using Pentana is already in place, in some areas of service, and will continue to be developed through 2026 and 2027.

3.16. Performance and operational colleagues are working to add further service level targets onto Pentana and the programme of modernisation and transformation has built in performance measures and measurement of outcomes for people as part of the developing dashboards. This increased reporting will be seen through the quarterly performance reports presented to the Board throughout 2025 and 2026, which also inform our annual reports.

4.0 Sustainability Implications

4.1. N/A

5.0 Resource Implications

5.1. Financial Details

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes ☒

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

5.4. Staffing

5.5. Workforce is considered in the report.

6.0 Exempt Reports

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

7.0 Declarations

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

(1) **Our Priorities**

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

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

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

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

(2) **Council Policies**

Complies with relevant Council Policies ☐

8.0 Impact Assessments

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

Yes ☐

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

This paper is for noting only and does not require an Equality Impact Assessment as it does not propose any changes to policy, practice, or service delivery.

9.0 Legality

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

10.0 Appendices

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

Appendix 1 Annual Performance Report (1st April 2024 to 31st March 2025) Executive Summary

Appendix 2 Annual Performance Report (1st April 2024 to 31st March 2025)

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)

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Approved by

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

Clackmannanshire & Stirling

Integrated Joint Board

Annual Performance Report (2024/25)

Executive Summary

Strategic Theme 1 Prevention, Early Intervention & Harm Reduction

Highlights

Delayed Discharge
Local data shows a 37% decrease in the total number of delayed discharges from March 2024 to March 2025 with a 55% decrease in the number of standard delays over the same period with a reduction in the number of bed days lost over the year. This reduction is aligned to the implementation of the Discharge without Delay programme, with a specific focus on a discharge to assess/ home first approach.

District Nursing
2024/25 showed an increase in District Nursing activity, the number of home visits attended over the year is over 10,000 more than in 2023/24. This is reflected against the context that there have been no extra staffing or increases in resources over the past four years. Instead, the increases in performance over the last few years can be attributed to multiple factors including; more care taking place in community settings instead of hospitals, earlier discharges from hospital following surgery, increase in palliative and end of life care patients remaining at home, and more proactive discussions around anticipatory care enabling those in hospital to return home sooner.

Falls
The falls rate per 1,000 population (aged 65+) has reduced from 23.5 in 2022/23 to 20.6 in 2024/25. This is thanks to collaborating with the Scottish Ambulance Service (SAS), to encourage the use of community support services to reduce the conveyance of uninjured and well fallers to hospital. MECS (Telecare) is also used to attend uninjured fallers and help return them to their feet to improve capacity within SAS. This is also within the wider context of consistently informing and continuing to education both our staff and those within communities.

Independent Advocacy
During summer and autumn 2024, a comprehensive consultation was undertaken with internal and external stakeholders to inform the commissioning strategy for advocacy. This culminated in the development of the HSCP's Independent Advocacy Strategic Commissioning Plan. The advocacy commissioning consortium was convened in early 2025, building on the Strategic Commissioning Plan's foundations.

Areas of Focus

For the Recovery Community attendance numbers at Recovery Community activities fluctuated throughout the year. However, the focus for 2025-26 is to develop a sustainable contract for delivery of autonomous recovery activity, building on the thriving work already carried out. In addition, our collective ambition is to enhance the Recovery Community's autonomy and sustainability with additional investment made possible by the Alcohol and Drugs Partnership Commissioning Consortium.

Strategic Theme 2: Independent living through choice and control

Highlights

Lived and Living Experience
The Lived Experience Panel was formed at the end of 2024. The group made up of people who have accessed care themselves or have experience through their caring role meet regularly. Their aim is to ensure their experiences are reflected to help further develop practices and be used as a basis to drive forward meaningful change.

Raising Awareness
It is important that everyone, including members of staff, are aware of the ethos of Self-directed Support (SDS). Work is ongoing internally and externally to ensure both staff and members of the public are aware of their rights under SDS legislation. Staff need to understand how to put knowledge into practice to continue to embed a consistent and holistic approach to social care.

Area of Focus
The percentage of adults supported at home who agreed that they are supported to live as independently as possible has decreased from 72.5% to 67.2%. This is below the Scottish average of 72.4% and below our comparators average of 71.9%. The work outlined above is actively looking to change this position.

Strategic Theme 3: Achieving care closer to home

Highlights

Digital Supports
Mobilise provides digital supports for carers. Over the past year 81% of people assessing this resource identified themselves as having been caring for a while.
78.6% sought information about caring outside working hours (9am-5pm on weekdays). In addition, 79% of those who accessed Mobilise had not accessed support before. This clearly reinforces the need for a range of supports to be available, around the clock. Clearly supporting the impact digital supports can have in ensuring people are able to access the information and support they need at a time that suits them.

GPs
The percentage of people with positive experience of the care provided by their GP practice has increased from 67.3% to 72.3% in 2023/24 which is above the Scottish average of 71.3% and our comparators average of 68.5%.

Palliative and end of life care
The Forth Valley Strategic Commissioning Plan for P&EOLC was published in November 2024. This followed engagement across Stirling, Clackmannanshire as well as Falkirk between April and May 2024. In August and September a follow up consultation took place. Across both rounds of consultation, in person sessions and online surveys, a total of 161 views were contributed from both Stirling and Clackmannanshire. As part of the IJB's directions a Commissioning Consortium was convened in January 2025 to determine a Forth Valley approach moving forward.

Inspection Gradings of Services
The proportion of care services graded 'good' (4) or better in Care Inspectorate inspections has increased from 80.8% in 2022/23 to 84.6% in 2023/24 which is above the Scottish average of 77% and our comparators average of 78.7%.

Area of Focus

The percentage of people who required reduced or no care after reablement fell from 65% in 2022/23 to 59% in 2024/25. Work is underway to develop a test of change that can look at additional ways people can be supported and re-abled.

Strategic Theme 4: Supporting empowered people and communities

Highlights

Short Breaks for carers
In March 2025 the IJB agreed the Carers Short Breaks Statement which provides information on what a short break is, how to access one and what it may look like. As well as providing details for seeking further information to those in our communities.

Welfare Rights Project for Carer
Citizens Advice Bureau provides support for carers to provide immediate holistic person-centred advice and information. Over the past year 54 clients reported a financial gain of £144,435. With almost 400 more clients accessing other supports.

Community Link Workers
The main aim of the Community Link Worker (CLW) Project is to support activities that provide a person-centred and human rights approach. The impact of people accessing these supports is shown through their wellbeing evaluation. In Clackmannanshire a score of 170 was recorded as an initial wellbeing score, this increase to 222 as the recorded final score after CLW input. Likewise in Stirling an initial wellbeing score of 180 increased to 225 after people received supports.

Area of focus

The total combined % of carers who feel supported to continue in their caring role increased from 25.57% in 2021/22 to 32.80% in 2023/24. Carers' support continues to be a priority for Clackmannanshire and Stirling HSCP, the Carers' Lead and Short Breaks Co-ordinator are progressing work to widen the scope of support and compliment the support already provided by both Carers Centres.

Strategic Theme 5: Reducing Loneliness and Social Isolation

Highlights

Community Mental Health and Wellbeing Fund
The Community Mental Health and Wellbeing Fund supports grassroots initiatives aimed at improving mental health and wellbeing, with a focus on prevention and early intervention, annually it provides £400k of funding to groups across the HSCP area.

Information for communities
The Clackmannanshire & Stirling Carers Support Pack has been compiled and is regularly updated to provides information on local community supports which are aimed at both carers and those they care for.

Area of focus

In 2024/25 613 Carers were offered Adult Carer Support Plans by the Carers Centres of those 389 people choose to complete one. While it is the choice of a carer to progress a Support Plan, work is underway to ensure carers are aware of their rights and the supports they are able to access as a carer.
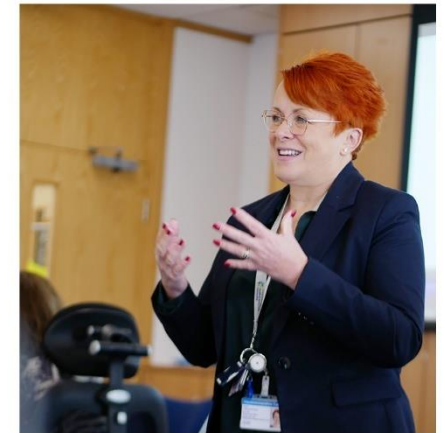
Clackmannanshire & Stirling
Health & Social Care
Partnership

Clackmannanshire and Stirling Integration Joint Board Annual Performance Report 2024-2025

Contents

Message from the Chair

Whilst 2024-2025 had brought its own challenges through the continuation of the cost-of-living crisis and increasing demand for health and social care across the country, our vision for Clackmannanshire and Stirling remains the same – to enable people to live full and positive lives in supported communities.

We have seen progress across our five key strategies: prevention and early intervention; independent living; care closer to home; empowering people and reducing social isolation. However, we still face the challenge of meeting the increasing needs of an ageing population against the backdrop of limited resources.

Given the increased demand on resources, we need to ensure money is spent where it will most positively impact on people's health and wellbeing. That involves transforming our model of care. In Clackmannanshire and Stirling, one in five of us is over the age of 65, by 2038 this will be one in four.

And we need to make sure everyone has a say in how health and care is seamlessly delivered in their communities.

Finally, I would like to acknowledge the hard work and dedication of our staff, GP practices, third sector and independent providers in making a positive difference to thousands of lives. And reserve a special thank you to our unsung heroes - the 21,000 unpaid carers who look after their loved ones in Clackmannanshire and Stirling.

Thank you.

David Wilson

Chair

Integration Joint Board

Message from the Interim Chief Officer

I want to express my sincere thanks to all staff across the Partnership area, including colleagues across both Councils and the NHS. In addition to colleagues within the third and independent sectors who have continued to work tirelessly to ensure the safe and effective provision of community health and social care and support across our communities. I have seen first-hand the dedication of both staff and our partners in supporting and championing people to achieved their outcomes.

This report reflects some of the significant work and efforts of everyone who worked and continues to work alongside the communities of Clackmannanshire and Stirling. We have seen improvements in progressing key pieces of transformational work, that directly impact our communities and staff, which will continue into 2025-26.

This Annual Performance Report, the Partnership's tenth, evidences that there is much to be proud of, and outlines how we are working to increasingly support people to remain in their communities for as long as they are able to, which is aligned to what people have told us they want. However, whilst there continues to be progress the report also reflects that we continue to seek to meet the challenges of our growing aging population and those living with increasing levels of complex needs. This is all set against a backdrop of significant financial challenges now and going into the future. With that said our focus now, as it continues to be, is on supporting and empowering our communities.

Addressing these pressures requires ongoing transformation focussed on how we deliver a range of supports and services across the partnership area in the coming years. It is important to look at the need for continued engagement with those within our communities to co-produce solutions to allow us to continue to understand what matters to best inform our response.

I would like to thank everyone involved in developing, delivering and those who access the tapestry of supports that we and our partners offer across our communities.

Joanna MacDonald

Interim Chief Officer

Introduction and background

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board (IJB) to publish an Annual Performance Report. This is the tenth Annual Performance Report for Clackmannanshire and Stirling IJB. This document outlines and reflects on work and projects carried out in 2024/25 and reviews the progress made in delivering the priorities set out in our Strategic Commissioning Plan 2023 - 2033. The Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) is the delivery vehicle of the IJB, services are delivered in line with the Strategic Commissioning Plan 2023 - 2033. See Appendix 1 for a list of the functions delegated to the IJB.

The Strategic Commissioning Plan is a ten year plan based on the principles of human rights, equality and ecology. Five strategic themes reflect our strategic priorities which align our focus to our vision of health and social care services in Clackmannanshire and Stirling.

- Prevention, early intervention & harm reduction
- Independent living through choice and control
- Care Closer to Home
- Supporting empowered people & communities
- Loneliness & isolation

In our Strategic Commissioning Plan we set out our key strategic themes and priorities based on what our communities, staff and partners have told us; where they wish for us to focus our activity and resources based on local demographics, population and need. The participation and engagement work carried out with communities, partners and stakeholders and how this feedback, alongside current data informed our priorities within the strategic themes. We have also linked our priorities to the national and local environment to reflect how our enabling activities support our delivery. On page 5 we have detailed links across our strategic themes to the National Health and Wellbeing Outcomes set by the Scottish Government.

This report is a review of service delivery across Clackmannanshire and Stirling Health and Social Care Partnership outlining outcomes for communities, key achievements, effective partnership working and challenges as well as reporting on the significant programme which has been delivered to modernise and transform services post-COVID and the continuing challenging financial position we face.

Engagement

The Public Bodies (Joint Working) (Scotland) Act 2014 requires full consultation and engagement with stakeholders in the development of all plans and policies that impact people. Stakeholders include the public, people with lived and living experience, people who access services, unpaid carers, staff, providers, third sector and independent sector. Clackmannanshire and Stirling Health and Social Care Partnership are committed to the co-design and coproduction of community health and social care. Engagement with people helps us all understand need, demand and work out how to deliver this in partnership with a wide range of people and organisations.

Have your say and get involved in shaping community health and social care. You can find out more here: Get involved.

Our Strategic Commissioning Plan 2023-2033 - plan on a page

Strategic Commissioning Plan

Our vision & ethos

Enabling people in Clackmannanshire & Stirling to live full and positive lives within supportive communities by working together and promoting wellbeing.

Human Rights	Equality	Ecology

Our aim is to ensure our services are person-centred, based on fairness, respect, equality, dignity and autonomy.

Our Aims

Prevention, early intervention & harm reduction	Independent living through choice and control	Achieving care closer to home	Supporting empowered people and communities	Reducing loneliness and isolation
Promoting positive health and wellbeing, providing early support and information to help people make informed lifestyle choices. Reducing negative consequences of health behaviours.	Building confidence, maintaining independence. Helping people make the right decisions for them and providing the right level of support at the right time.	Transforming services that are needs led, resource bound and modern. Supporting people to live in their homes and communities for as long as possible.	Coordination of effort for partners and communities. Empowering people to design and deliver services. Supporting unpaid carers and people delivering services in their role.	Connecting people to their communities, reducing loneliness and isolation and the impact on people's health and wellbeing.

Our Plans

Mental Health | Substance Use | Health Improvement | Self-Directed Support | Learning Disabilities | Physical Disabilities | Dementia | Transforming Care | Carers | Locality Plans

Enabling Plans

Medium Term Financial Strategy | Workforce Plan | Commissioning Consortium | Transforming Care | Data & Performance | Communication & Engagement

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National Health & Wellbeing Outcomes

All themes and priorities of the Strategic Commissioning Plan are linked to the National Health and Wellbeing Outcomes. Each theme will demonstrate improvement for people and communities, how we are embedding a human rights based approach, consideration for equalities and evidencing improvement across the services we deliver.

Health and Wellbeing Outcomes

	Prevention, early intervention & harm reduction	Independent living through choice and control	Care Closer to Home	Supporting empowered people & communities	Loneliness & isolation
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	●	●	●	●	●
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	●	●	●	●	●
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	●	●	●	●	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	●	●	●	●	●
5. Health and social care services contribute to reducing health inequalities.	●	●	●	●	●
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring role on their own health and wellbeing.		●	●		
7. People who use health and social care services are safe from harm.	●	●	●		

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Enabling Activities

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Overview of the demographics within Clackmannanshire and Stirling

Our Population (NRS 2023 mid-year)

Total Population

145,490

Stirling 93,550

Clackmannanshire 51,940

Clackmannanshire and Stirling Total population by age

0-15	16-64	65+
23,370	91,816	30,304

Currently 21%, over a fifth of the population, is aged 65+. This is expected to increase to 25% by 2038 (NRS 2018 projections).
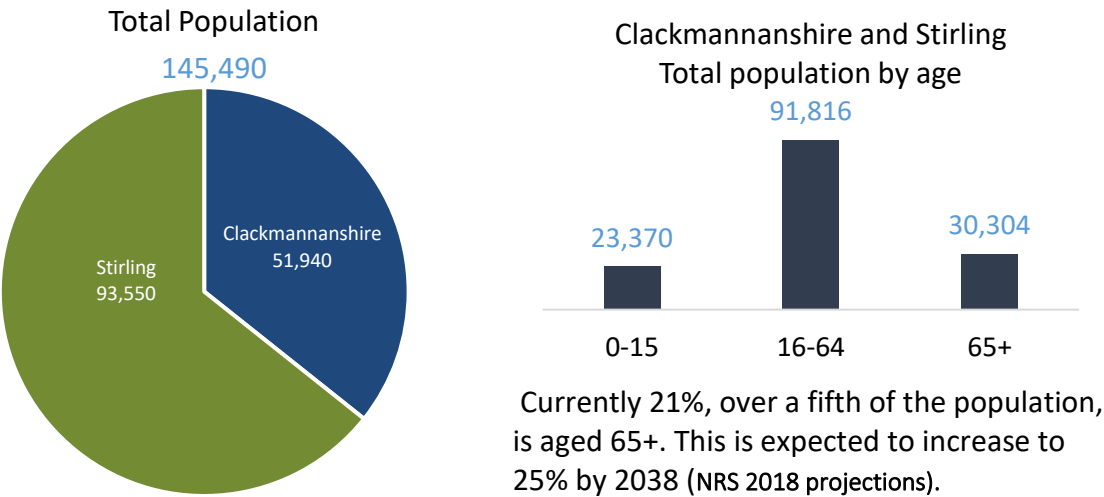
Average Life Expectancy (ScotPHO 2021-2023 3 Year aggregates)

Females	2020-22	2021-23	Direction
Clackmannanshire	80.0	80.3	▲
Stirling	81.6	81.2	▼
Scotland	80.7	80.8	▲
Males	2020-22	2021-23	Direction
Clackmannanshire	76.0	75.8	▼
Stirling	77.3	78.3	▲
Scotland	76.5	76.8	▲

Female life expectancy is generally higher than male life expectancy.

When compared to Scotland, our population in Clackmannanshire has a lower life expectancy whereas our population in Stirling has a higher life expectancy.

Health and Social Care Needs

- 68% of people living in Clackmannanshire and 72% of people living in Stirling consider their health to be good or very good. This compares to 70% in Scotland (Scottish Household Survey).

- In Clackmannanshire 39% of people are living with a limiting long term illness or condition. In Stirling, 38% of people are living with a limiting long term illness or condition. This compares to 37% in Scotland. (Scottish Household Survey).

- In 2025, 1001 adults with learning disabilities (410 in Clackmannanshire and 591 in Stirling) were known to the HSCP (Adult Social Services).

- There are approximately 21,250 unpaid carers in Clackmannanshire and Stirling area. 12,958 people identify themselves as unpaid carers and it is estimated that there are an additional 8,000 unknown unpaid carers.

- In Clackmannanshire 23.3% and in Stirling 19% of the population were prescribed medication for anxiety, depression or psychosis in 2023-24. This compares to 20.9% in Scotland. (ScotPHO)

- 18% of adults in Clackmannanshire and 17% in Stirling are current smokers, compared to 15% in Scotland. (Scottish Health Survey)

- In Clackmannanshire 13,426 people (26.1% of the population) live in the 20% most deprived areas of Scotland. In Stirling, 11,110 people (11.8% of the population live in the 20% most deprived areas of Scotland (SIMD 2020).

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How we measure our performance

The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting. The IJB needs to be able to monitor performance and measure impact for our communities against our Strategic Commissioning Plan priorities and be able to share with communities and stakeholders.

Our Integrated Performance Framework relies on an integrated approach to managing, using, and understanding our data. This is because driving performance is most efficiently achieved based on a sound understanding of the systems and processes involved. Analysing our data alongside listening to our supported people and other stakeholders provides the best way to do that and provides advantage in planning change, deploying preventative approaches, evidencing our functions under legislation and driving process and cost efficiency.

Due to the nature of the delegated services (Appendix 1) within the Health and Social Care Partnership, the data we require to report and analyse is held across systems in NHS Forth Valley, Clackmannanshire Council and Stirling Council, national datasets and a collection of smaller datasets across a range of wider partners. The complexity of multiple organisations is further complicated by the fact that each organisation works with multiple systems. This leads to challenges in pulling Partnership wide information together. However we continually work to make our reporting processes as efficient as possible. Local data is reported throughout the relevant Strategic Themes and priorities in this report.

Appendix 2 shows our performance for the Ministerial Strategic Group (MSG) indicators which support the delivery of the National Priorities Partnerships. The MSG information covers a range of activities under the umbrella of 'unscheduled care'. These activities support people to remain in their own homes, and return to their homes as quickly as possible when hospital treatment is required, prevent related re-admission to hospital and include end of life care.

In Appendix 3 we have provided an assessment of our performance against the National Core Indicators (NCI) and includes comparisons with the Scottish average and with our comparator HSCP's. The 'Outcome' indicators above are reported every 2 years from the Scottish Health and Care Experience Survey commissioned by the Scottish Government with the latest information being published in 2023/24. The 'Data' Indicators measure mainly contain health activity, community related information as well as data associated with deaths.

Performance Summary

Performance (MSG and NCI) 25 indicators	12 Improving performance	3 Static	10 Declining performance
Strategic Theme 1 - Prevention, early intervention, and harm	6	1	3
Strategic Theme 2 - Independent living through choice and control	1	1	2
Strategic Theme 3 - Achieving care closer to home	4	1	5
Strategic Theme 4 - Supporting empowered people and communities	1	0	0

Benchmarking (NCI only) 18 indicators			
Scotland	9 Better than average	4 Within 5%	5 Worse than average
Comparators	8 Better than average	4 Within 5%	6 Worse than average

Strategic Theme 1 - Prevention, early intervention & harm reduction

Prevention, early intervention, and harm reduction is focused on working with partners and communities to improve overall health & wellbeing and preventing ill health. By promoting positive health and wellbeing, physical activity and reducing exposure to adverse behaviours we can prevent pressures on people's health and in turn health and social care services. Early intervention and harm reduction is about getting the right levels of support and advice at the right time, maintaining independence, and improving access to services at times of crisis.

There has been a small increase in the rate of emergency admissions per 100,000 population for adults (18+)(NI-12) from 13,076 in 2023-24 to 13,424 in calendar year 2024. This is above the Scottish average and the average for our comparator HSCP's.
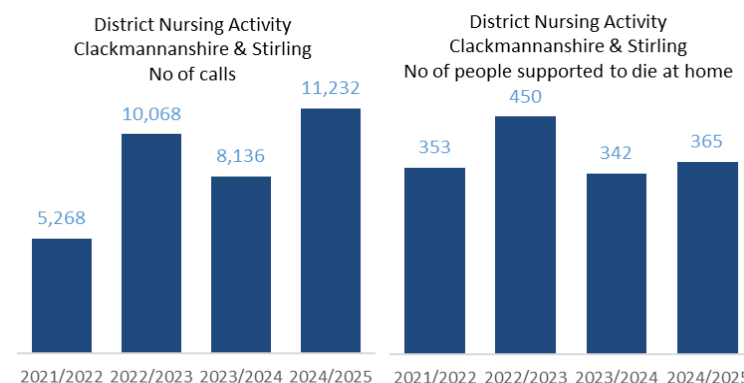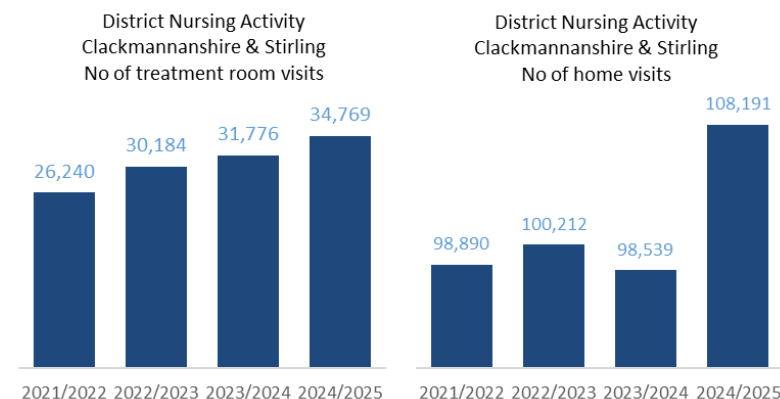
The rate of emergency bed days per 100,000 population for adults (18+)(NI-13) has reduced slightly from 116,414 in 2022/23 to 116,095 in 2023-24. This is below the Scottish average of 112,883 and the average of our comparator HSCP's.

District Nursing

Many adults and older people can be supported at home, even when unwell, as staying in hospital when there is no need to can be detrimental to a person's ability to be reabled or rehabilitated. The community nursing team is available 24 hours a day, 365 days a year, and provides planned and unplanned care and support.

In 2024-25 there has been an increase in District Nursing activity. This is reflected against the context that there have been no extra staffing or increases in resources over the past four years. Instead, the increases in performance over the last few years (see graphs to the right) can be attributed to:

- More care taking place in a community settings.
- Increase in frail elderly patients being nursed and kept in their own homes instead of a hospital setting, which correlates with an increase in age profile in our communities. This also links to more people living with several long-term conditions (comorbidities) at once.
- Proactive discussions around anticipatory care so that those who do go to hospital return to their own homes sooner.
- Increase in palliative and end of life patients being supported to remain in their own homes.
- Earlier discharges from hospital following surgery, due to the support the district nursing team can provide at home.

District Nursing Activity
Clackmannanshire & Stirling
No of treatment room visits

2021/2022	2022/2023	2023/2024	2024/2025
26,240	30,184	31,776	34,769

District Nursing Activity
Clackmannanshire & Stirling
No of home visits

2021/2022	2022/2023	2023/2024	2024/2025
98,890	100,212	98,539	108,191

District Nursing Activity
Clackmannanshire & Stirling
No of calls

2021/2022	2022/2023	2023/2024	2024/2025
5,268	10,068	8,136	11,232

District Nursing Activity
Clackmannanshire & Stirling
No of people supported to die at home

2021/2022	2022/2023	2023/2024	2024/2025
353	450	342	365

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The falls rate per 1,000 population (aged 65+)(NI-16) has reduced from 23.5 in 2022/23 to 23.2 in 2023/24. This is higher than the Scottish average of 22.7 and the HSCP comparator average of 22.5.

Preventing Falls

In Scotland, falls are the most common cause of emergency hospital admission for unintentional injuries in adults and can have a major impact on people's health and wellbeing. From an organisational perspective we know the significant pressures that falls puts on hospital beds, requests for packages of care and community rehabilitation services. In light of these pressures a key objective of the Allied Health Professional (AHP) Falls Prevention Lead is to both improve the accessibility of our services and increase awareness about falls and the many components involved that increase a person's risk of falling. The Community Falls webpage has been redeveloped and Local Falls Awareness Events have been held to help support self-management strategies within the community and encourage people to act earlier to seek the right support at the right time. Also, a Falls Local Community Support leaflet is available to provide information on what local support is available to the community in relation to falls prevention.

Through collaboration with the Scottish Ambulance Service (SAS), we encourage the use of community support services to reduce the conveyance of uninjured and well fallers to hospital. We also explored using MECS (Telecare) to attend uninjured fallers and help return them to their feet to improve capacity within the SAS.

Provisional Local Data for 2024/25 shows an admission rate of 20.6 per 1,000 population (age65+) with 616 admissions.

Informing and continuing to education both our staff and those within communities is very important.

For our care staff, we held 8 Reablement training sessions which included an innovative Falls Simulation to support the 91 carers who attended to be more confident having conversations with service users regarding falls and identifying risk factors. You can find a link to a You Tube video of our first session here.

We ran 20 community engagements sessions across 2024/25, reaching out to approximately 200 people across Clackmannanshire & Stirling. The central focus of these sessions was to have conversations around falls, frailty and bone health. This has been targeted through various existing groups such as:

- Dementia friendly Dunblane
- Alzheimer's Scotland (Alloa)
- Inspiring Communities
- OTAGO Exercise Classes
- Stirling Libraries
- Falkirk & Clackmannanshire Carers Centre

More information from Falls Awareness week 2024 can be found here.

Delayed Discharges

A delayed discharge is when someone is assessed as ready to go home after being admitted to hospital, however, they are unable to leave because of issues relating to them being able to move to a safe environment. For example, sometimes a person needs social care, or adaptations to their home or they are moving into a care home. We aim to reduced delayed discharges, as extended delays without a medical need to be there can lead to poorer outcomes for the individual this delay in throughput also means that people who need medical attention may need to wait longer.

Local data shows a 37% decrease in the total number of delayed discharges From March 2024 to March 2025 with a 55% decrease in the number of standard delays over the same period with a reduction in the number of bed days lost over the year.
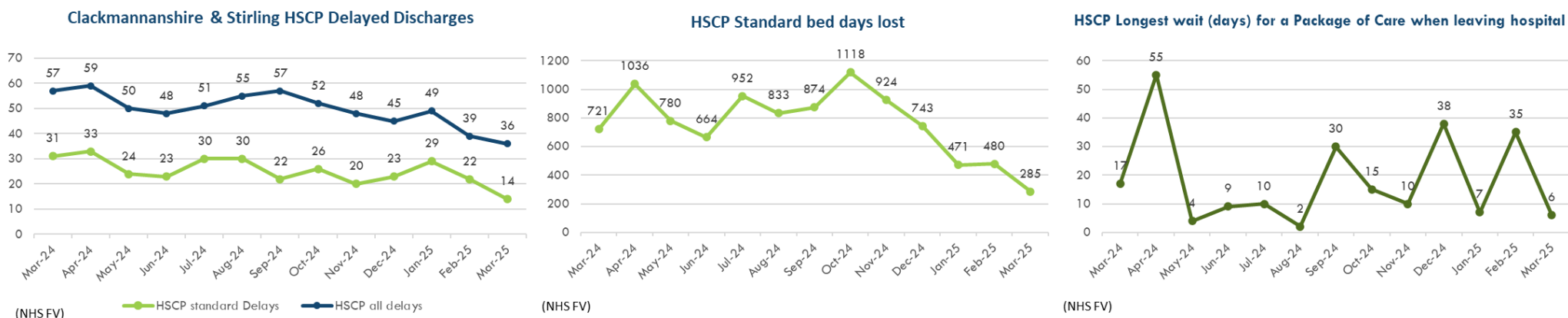
These improvements are due to work reducing length of stay, timely admission from acute and discharge home from community sites under the Discharge Without Delay (DWD) programme. This is evidenced by the decrease in waits for those coming out of hospital, which can be attributed to improvements in working across the whole system. The aim of this work is aligned to the understanding that reduced waits in acute settings ensures better outcomes for people around reduced risk of hospital acquired infections and deconditioning. This is coupled with taking an assets-based approach to what people require, as the majority of people wish to return home after hospital. To this end there has been a particular focus on the discharge to assess/ home first approach and the community hospital and step-down rehabilitation unit parts of the DWD programme, and how this can facilitate swifter discharges (see right hand graph), which align people wishes with their abilities to ensure discharges home are safe. This programme of work has been sustained while aligning budgets to deliver our services more effectively and efficiently.

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Stop Smoking Services

The service collects client feedback through the Care Opinion Platform.   One client said "Great support and advice was offered through my 12-week program. Very beneficial program and I highly recommend."

The Specialist Stop Smoking Service, in partnership with Community Pharmacies, provides free behavioural support and pharmacotherapy for individuals who want to stop smoking. Referrals to the Specialist Stop Smoking Service are received through various clinical and community pathways, as well as self-referrals.

Of the 435 individuals referred to Stop Smoking Services in Stirling in 2024-25, 40% (176) reported they had not smoked in the prior four weeks. Moving into the measured quit attempt period, this fell to 28% (123) at the twelve week mark. The definition we use for a 'successful quit' is an indiviudals not smoking for at least 12 weeks.

Data related to those who did not smoke for 4-week and then 12-week is only accurate at the time of reporting, leading to variation in quarterly reporting.

Variation occurs due to differences in follow-up timing and validation of quit attempts. The entire reporting period for any 'quit success' is 16-20 weeks after the date an individual last smoked. Therefore, final reporting for 2024-25 will not be available until late 2025.

PH5-HW2 Smoking Quit Rate

	Q1	Q2	Q3	Q4
Referrals	105	103	99	128
4 Week Quit	48	46	38	44
12 week Quit	35	38	30	20

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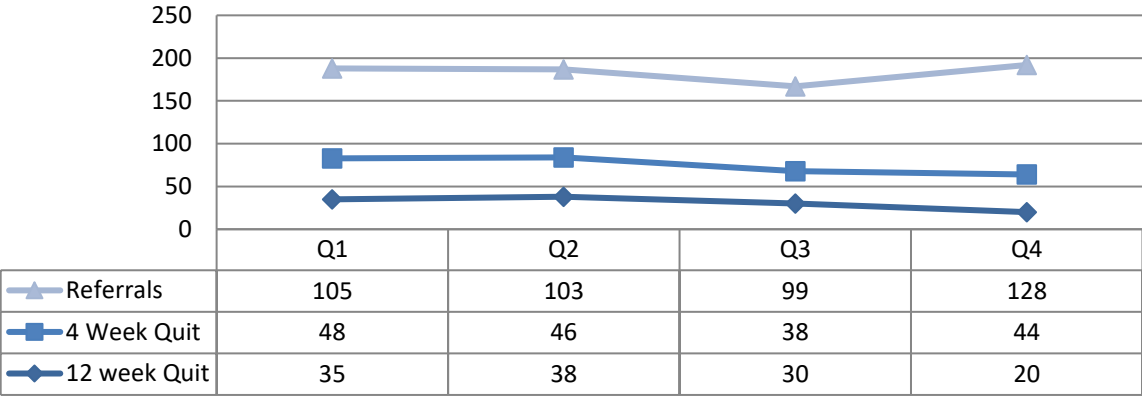
Priority 1 Mental Health and Wellbeing

Mental health and wellbeing is as important as physical health and wellbeing. There have been significant changes regarding how we deliver mental health services, through redesign of existing services and developing additional resources to meet increasing needs.

A Joint Strategic Inspection of Adult Services in the Clackmannanshire and Stirling Health and Social Care Partnership took place in November 2024. Which specifically focussed on adults living with mental illness (under the age of 65) and their unpaid carers.

Areas for improvements were identified and reported as part of the finalised Report published in November 2024. Staff and partners working with people across the Partnership area were highlighted as providing good care and support to people living with mental illness in Clackmannanshire and Stirling. Their care and compassion was noted as contributing to good outcomes for some people and improved their quality of life. There were specific actions around local systems and the processes linked to working across three employing organisations as well as specific supports for carers of people with issues of mental health.

An Improvement Plan was developed with staff, partners and supported people's representatives in December 2024; the subsequent Plan was approved by Chief Executives from all partner bodies in January 2025, presented to governance bodies of each constituent organisation and approved at Integration Joint Board before submission to the Care Inspectorate. The Plan was focused on the identified key areas for improvement within the published Inspection Report. The need to focus on local systems and processes is being progressed and should create increased consistency across the Partnership area. This will also ensure developing processes for capturing robust data focussed on outcomes which can be used to inform service planning and ongoing improvement. There is work underway to improve integrated processes for assessment, care planning and treatment to support more effective collaboration between staff. As well as developing a more proactive approach to emergency and future care planning.

Work continues to progress in line with the actions outlined within the Improvement Plan, the Plan is monitored by a monthly Inspection Group meeting chaired by Chief Officer.

The total number of unplanned bed days (mental health) 18+ financial year (MSG 2c) has continued its downward trend from its baseline of 24,851 in 2015/16 to 21,605 in 2023-24.

In 2024/25 there were 414 referrals to Adult Social Care services for Mental Health Clients. This is a 43% increase from 232 in 23-24.

(Adult Social Services)

In March 2025 the percentage of people who commenced treatment within 18 weeks of referral to Psychological Therapies in Forth Valley was 79.9% which is an increase from 73.6% at March 2024. This is below the Target of 90% (PHS) but is above the Scottish average of 78.6%.

What is the Mental Health Act?

The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to people who have a "mental disorder" - this is defined under the Act and includes any mental illness, personality disorder or learning disability. This includes Emergency Detention Certificates and Compulsory Treatment orders.

Clackmannanshire & Stirling	2022-23	2023-24	2024-25
Number of Emergency Detention Certificates (Mental Health) Section 36	62	66	58
Number of Short Term Detention Certificates (Mental Health) Section 44	139	134	104
Number of Compulsory Treatment Orders (existing)	31	45	41
Number of Compulsory Treatment Orders (new applications)	107	90	72

(Adult Social Services)

What is a Guardianship?

This is a court appointment which authorises a person to act and make decisions on behalf of an adult with incapacity.

Clackmannanshire & Stirling	2022-23	2023-24	2024-25
Total number of Existing Guardianships (private and local authority)	473	561	629

(Adult Social Services)

Anyone with an interest can make an application for a guardianship order. When we refer to an adult, this is someone who is aged over 16. Someone would require a guardian if they were not able to look after their own affairs.

Across April 2024 to March 2025, Forth Valley Advocacy supplied 9,500 hours of support to people, which equates to supporting just over 700 people. As this service is based on demand it is important to note that their annual levels of support provided is based purley on referrals and their complexity.

Independent advocacy enables individuals to articulate their needs, make informed choices, and build the confidence to speak up. It is not only a statutory entitlement for many service users, which safeguards people who are vulnerable, but also a vital support in navigating complex systems and service pathways. During summer and autumn 2024, a comprehensive consultation was undertaken with internal and external stakeholders to inform the commissioning strategy for advocacy.

Key finding from that engagement process identified that for those with lived and living experience, independent advocacy is primarily to support individuals to make their own decisions about they want and assist them in expressing their needs to other people and organisations, especially during statutory procedures. However, they widely agreed that advocates should also help people to understand their options and help them gain access to information, particularly in supporting earlier interventions. Individuals also overwhelming expressed the importance of speaking to someone in person about their eligibility and their views, but widely requested that a variety of means of communication be available to support varying needs.

The consultation process culminated in the development of the Clackmannanshire & Stirling HSCP Independent Advocacy Strategic Commissioning Plan 2024–27, which incorporates stakeholder feedback and sets out a corresponding action plan. The strategy received formal approval in October 2024.

The current advocacy service is commissioned until 31 October 2025. In preparation for this contractual milestone, the advocacy commissioning consortium was convened in early 2025, building on the Strategic Commissioning Plan's foundations. The consortium's objective is to co-produce a Model of Care in collaboration with individuals with lived and living experience, as well as practitioners. This model, taking into account what people have told us, will reflect

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statutory duties around independent advocacy, with a strong emphasis on early intervention, prevention, and community capacity building.

The Mental Health Money and Benefits Advice Project led by Stirling District Citizen's Advice Bureau (CAB) was supported by the Health Improvement Fund from NHS Forth Valley in partnership with The Robertson Trust.

The Mental Health Money and Benefits project delivers an accessible, collocated and holistic person-centred specialist advice service for people in treatment (or recovery) for/ from chronic or episodic mental ill health. The project provides client led advice, information and representation/advocacy services and is fully accessible throughout the existing CAB outreach sites for Stirlingshire residents in the Forth Valley Health Board area. It also collocates twice weekly within Livilands Community Mental Health Hospital and Action in Mind Mental Health support service.
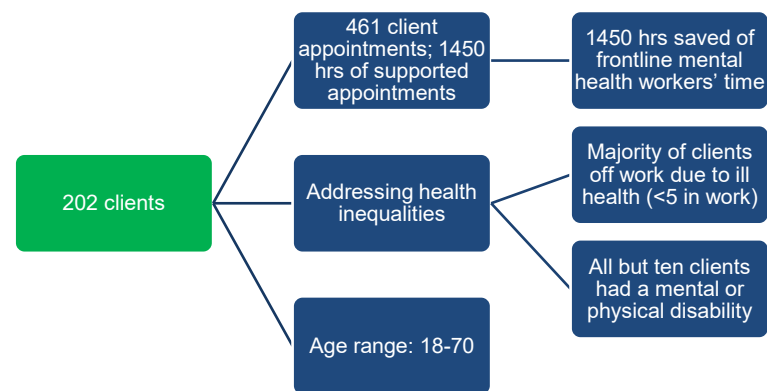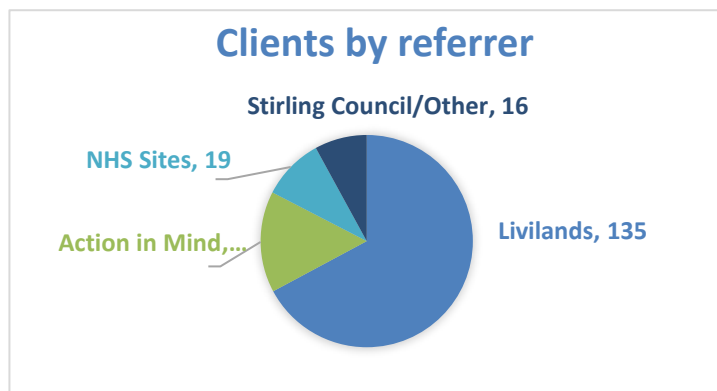
The project encompasses a second-tier consultancy support service to front line mental health professionals on rights, financial inclusion and associated social/ welfare/ legal matters for their clients or patients. This project adopts an early intervention educative element through the delivery of financial capacity building and welfare reform mitigation workshops for service user groups. Bespoke training delivered through the project helps build capacity of front-line mental health professionals.

In the period 1st April 23 to 31st January 24 the Mental Health Money & Benefits Outreach advice service:
- Supported 202 clients
- Generated reported client financial gains of £340,123.35

Please note the above figure is likely an underestimation of actual client financial gain as it is based on what clients choose to share.

The last year of operation has seen an unprecedented level of organisational development that has allowed the project to provide a wider variety of services to more people. However, it has also brought forward challenges around ensuring that the team are able to respond to the increased opportunities.

Clients by referrer

Stirling Council/Other, 16
NHS Sites, 19
Action in Mind,…
Livilands, 135

202 clients

461 client appointments; 1450 hrs of supported appointments → 1450 hrs saved of frontline mental health workers' time

Addressing health inequalities → Majority of clients off work due to ill health (<5 in work)
→ All but ten clients had a mental or physical disability

Age range: 18-70

Key actions for 2025/26
- For Independent Advocacy approval from the Intergration Joint Board will be sought for a proposed Model of Care, which is currently being developed through the commissioning consortium. Followed by procurement activity aligned with the strategic aims for delivering independent advocacy.
- Publication of the Mental Health and Wellbeing Strategic Commissioning Plan, and a subsequent workplan which will provide the direction of travel going forward for mental health services.

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Priority 2 Drug and alcohol care and support

The Clackmannanshire and Stirling Alcohol and Drug Partnership (ADP) is responsible for the planning of local support services in partnership with Clackmannanshire and Stirling Councils, NHS Forth Valley, Police, Fire, and Third Sector colleagues.

Commissioning

The Alcohol and Drug Partnership (ADP) continues to focus on the transformation of the substance use system ahead of the end of the National Drugs Mission in 2026. Work continues to implement a model of mobile prescribing in primary care as agreed by the IJB in August 2024, with funding reinvested in harm reduction outreach and recovery oriented supports. We anticipate that our system will support comprehensive delivery of prescribing MAT Standards* by April 2026.

Lived Experience and Human Rights

We continue to work with our ADP Lived Experience Advisory Panel (LEAP) to facilitate lived and living experience input to ADP Strategic Planning. The group has advised on the expansion of our lived experience data gathering and the strategic commissioning of recovery and harm reduction support. We continue to work also with family and loved ones who are supported through the Scottish Families Affected by Alcohol and Drugs (SFAD) service. Human rights empowerment and accountability activity is now being included in contract monitoring arrangements in line with the IJB Strategic Commissioning Plan 2023-33. Collaboration with the Health Improvement Service is increasing this activity to other areas of HSCP work.

MAT Standards and Harm Reduction

MAT Standards* implementation has been key to ADP work, supported by Public Health Scotland. Harm reduction activity is now being coordinated by ADP support team and has reduced response time to new harms from months to less than 48 hours. People at risk of overdose receive more comprehensive support from partners who are able to share knowledge and wrap around each person's own needs. The rebalancing of ADP investment agreed in 2024-25 will be enacted in 2025-26 and is expected to sustainably resource improvements from the National Drugs Mission period within available resource.

Performance against the Scottish Government LDP Target that 'People seeking Drug and Alcohol treatment are supported within 3 weeks' has been met consistently across the Forth Valley area (most local dataset available) since Q1 2024-25.

Waiting times data is currently available from two sources. DAISy, local data which is gathered and reported to Public Health Scotland who use this data to form their online dashboard. The Public Health Scotland published data shows different levels of compliance than our own local data. Generally, data for Clackmannanshire and Stirling shows higher rates of compliance than the Forth Valley wide figures that are published nationally.

There has been no national publication of Alcohol Brief Intervention delivery data since 2020, and local recording is still being examined for validity. This is not being reporting on locally or nationally but it remains a national target.

*MAT Standards are Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery oriented systems of care. For more detailed information about MAT Standards please see the Scottish Government web page Medication Assisted Treatment (MAT) standards: access, choice, support - gov.scot (www.gov.scot).

Forth Valley Recovery Community

Workshops with community members and ADP partners in 2024-25 have been supported by Scottish Recovery Consortium and reflected on the delivery of recovery services. We have flourishing recovery communities across Clackmannanshire and Stirling but our collective ambition is to enhance their autonomy and sustainability with additional investment made possible by the ADP Commissioning Consortium. In 2025-26 we will recontract provision for Recovery Communities to make foster the enthusiasm of people in recovery and wide support of stakeholders.

Recovery cafés and Recovery Drop-ins (mini cafés) provide support seven days per week.

Locations in Clackmannanshire and Stirling

- Recovery café in The Gate at Alloa.
- Recovery drop-in, in Alva at The Baptist Church.
- Recovery café in Stirling at The Mayfield Centre.
- Women's mini -cafe in Stirling at Kildean Business and Enterprise Hub.
- Recovery drop-in, Stirling at Kildean Business and Enterprise Hub.

Peer Support sessions run at the following locations:

- The FV Royal Hospital in Larbert
- The SMS clinics

Recovery Ramble walks and Recovery in the Wild events continued to be popular activities which contributed to improving the physical and mental wellbeing of community members. Employment, training and education and self development along with various other activities and events were are also held.

Find out more information at <u>Forth Valley Recovery Community website</u>.

Attendance numbers at Recovery Community activity fluctuate throughout the year. Our focus for 2025-26 is to develop a sustainable contract for delivery of autonomous recovery activity, building on the thriving work already done so far.

Forth Valley Recovery Community Clackmannanshire and Stirling Individuals at face to face group sessions

2022/23	2023/24	2024/25
4,938	5,806	5,247

Forth Valley Recovery Community Clackmannanshire and Stirling Individual sessions

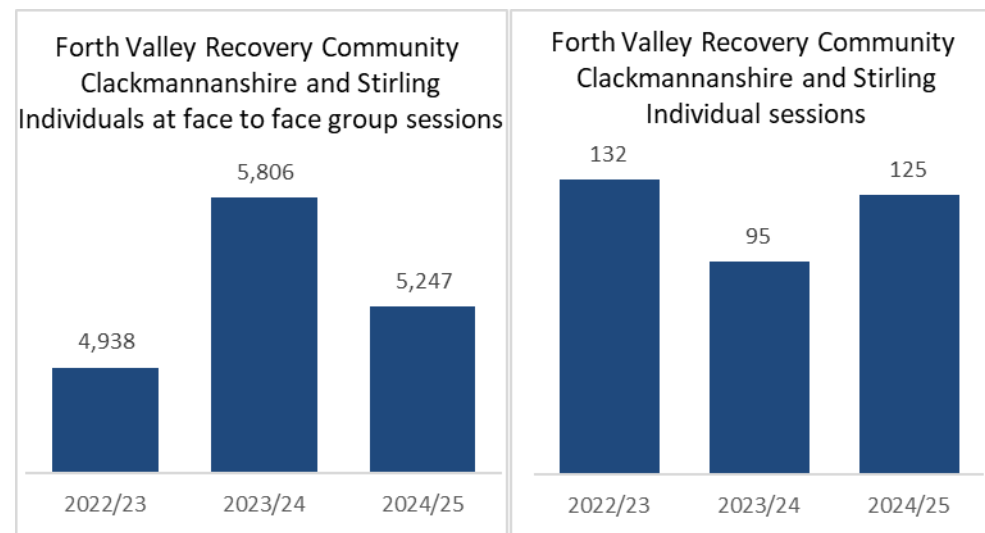| 2022/23	2023/24	2024/25
132	95	125

Key actions for 2025-26

- Continue work to assure delivery of MAT Standard care within available resource from end of National Drugs Mission in April 2026
- Continue transformational redesign of system of care and support through further commissioning activity
- Develop practical Human Rights Based Approach, building on successful development of LEAP and other activity to date.
- Align ADP support for prevention messaging to Health Improvement planning and delivery.
- Continue coordination of harm reduction activity across localities.

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Strategic Theme 2 - Independent living through choice and control

This Strategic Theme focuses on how the HSCP supports people and carers to actively participate in making informed decisions about how they live their lives and meet agreed outcomes. Services are focussed around helping people identify what is important to them to live full and positive lives and make decisions that are right for them.

Percentage of adults with intensive care needs receiving care at home (NI-18)(has increased from 69.3% in 2022/23 to 74.6% for 2023/24 which is above the Scottish average of 65% and our comparators average of 64.5%.

Percentage of adults supported at home who agreed that they are supported to live as independently as possible (NI-2) has decreased from 72.5% to 67.2%. This is below the Scottish average of 72.4% and below our comparators average of 71.9%

Priority 3 Self-Directed Support information and advice promoted across all communities

Self-Directed Support, supports people's rights to provide choice, dignity and being able to take part in the life of their communities. As part of our response to the Self Directed Support Act, we have developed, in partnership with staff and supported people, a new Self Directed Support Policy which was published in June 2024. Since the outcomes focused policy was approved the emphasis has been on implementation and operationalisation of the policy in practice.

Self Directed Support (SDS) is the way that social care is delivered across the Partnership. To enable more empowered individuals to make decisions through the adoption of an asset-based approach the Care at Home Review Team was established as a test of change with work commencing in Stirling on 20 May 2024. The financial impact of the changes made by this team are reflected in reporting around the IJB's Delivery Plan.

When considering the team and the agreed measures which would evidence success, each point can clearly be evidenced from their first nine months in post:

- Ensuring that those requiring care are accessing supports they need to, taking into account an asset-based approach and non-statutory supports.
- An aligned performance against wait times in Locality Teams leading to reductions in length of wait and number of people waiting.
- Improved oversight and governance arrangements in relation to unmet need, vulnerability and risk.
- Increase in signposting or referrals to third sector, where appropriate.

The Review Team in Stirling over a short period of time has increased consistency through their application of the SDS principles and practices throughout the HSCP through adopting an asset-based approach. In Clackmannanshire, where there is not a dedicated Care at Home Review Team, data gathered clearly shows that numbers and duration of outstanding reviews continues to grow in the absence of a dedicated review team.

Although a challenging and often lenghty task, there is a growing body of positive testimony from supported people, families and carers relating to their experience of their reviews, and also from providers.

Supported People Testimony (As this has been anonymized, SP = Supported Person, RTW = Review Team Worker)
SP1's Family: The below testimony Paraphrases what the supported person's wife and daughter said of the worker within the Review Team:
"I would like to sincerely thank you for your invaluable efforts in helping reunite our family. After months of conflict and misunderstanding, your support, patience, and guidance have brought us back together. We are truly grateful for the compassion and dedication you showed throughout this journey. Your role in restoring peace and harmony within our family will always be deeply appreciated."

Asset Based Approach

An asset based approach looks at someone's personal strengths, familial supports and community resources, this may include assistance from family or friends or attending activities within the community. For some individuals they can achieve their outcomes and have their needs met through their own assets/community resources and therefore will not require formal supports to achieved their assessed needs.

This approach is being used to ensure that as a Partnership we are able to provide as much care and support to as many people as possible, through ensuring that we are working with individuals to define the right amount of support for them. This process also means that through looking to our partners in the community and third sector we are able to continue providing support, where there is an assessed need in line with available resources and supports that enable that goal. This approach is about enabling individuals to live well in their communities for as long as they are able to.

Lived and Living Experience

Learning from the experiences of those with lived experience is important in influencing and driving how we work and continue to develop through providing insight and understanding from the perspective of those who access service that we provide.

The Lived Experience Panel was formed at the end of 2024. They has an agreed terms of reference and meet regularly. The group wants to ensure their experiences are reflected to help further develop practices and be used as a basis to drive forward meaningful change. The group are also looking at ways to extend the membership of the group, to enable more views and experiences to be reflected, ensuring the voice of lived and living experience remains at the heart of informing developments that affect those within our communities.

Raising Awareness

Self-directed Support Forth Valley have been working, through Support In the Right Direction funding from Scottish Government, to raise public awareness of SDS. They have been delivering 'Know Your Options' presentations across various locations across Stirling and Clackmannanshire to ensure communities, third sector organisations and leaders are aware of what the SDS options are, what they entail and how to access them.

35 Carers reported feeling better supported in their caring role. An average of 42 Carers accessed information or received support regarding their cared for person throughout the year.
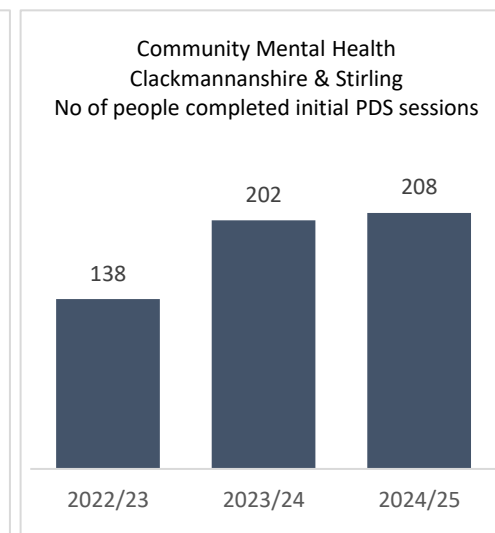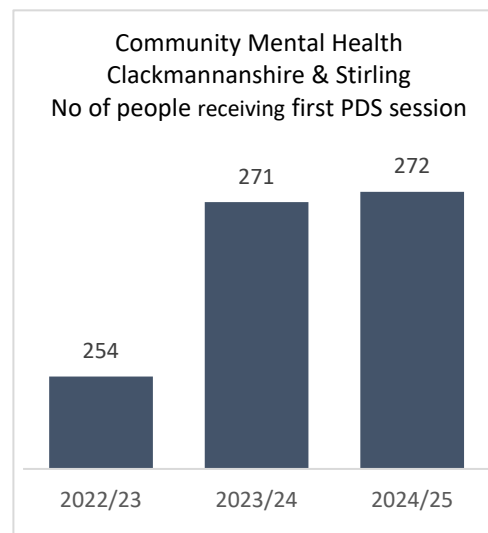
Staff Training:

It is important that everyone, including members of staff, are aware of the ethos of SDS. Staff need to understand how to put knowledge into practice to continue to embed a consistent and holistic approach to social care. In light of this, Self-directed Support Forth Valley (SDSFV) have developed and rolled out 'SDS - Putting It Into Practice' training. This is a whole day session which covers the values and principles, legislative and duties and practical application. 10 members of staff across the HSCP attended this training on the 6th May and feedback from both SDSFV and staff who attended was positive. Further sessions have been scheduled with SDSFV to deliver this training throughout the year. These sessions will continue to run throughout the year to enable any new members of staff joining the HSCP to attend as part of their induction.

Priority 4 Support those affected by dementia at all stages of their journey.

We aim to support people living with dementia to live well within their own communities following their diagnosis as well as reducing the amount of time people with dementia spend unnecessarily in a hospital environment. Good quality post diagnostic support is a priority of the HSCP in order to achieve good outcomes for people diagnosed with dementia, their family, carers and wider support networks.

Delivery of one year's post-diagnostic support to every individual who is diagnosed with dementia is a Local Delivery Plan commitment from the Scottish Government. Below are details of this support from the perspective of the Community Mental Health Teams across both Clackmannanshire and Stirling, who provide initial sessions to those newly diagnosed with dementia.

In 2024-25 269 people received a diagnoss of dementia. 272 people had their first post diagnostic support (PDS) session with a member of the Community Mental Health Team (CMHT), compared to 208 people who completed their initial sessions of PDS with the same teams.

Community Mental Health Clackmannanshire & Stirling No of people receiving first PDS session

2022/23	2023/24	2024/25
254	271	272

Community Mental Health Clackmannanshire & Stirling No of people completed initial PDS sessions

2022/23	2023/24	2024/25
138	202	208

Commissioning

At the March 2025 meeting members of the commissioning consortium agreed to take forward a Hub and Spoke model. A Community Hub Model would allow people to access the information, advice and resources they need, within a collocated space with the Community Mental Health Team and third sector, that would be able to offer a wide range of advice and supports. It should be made clear that this approach would not replace home visits for those who need them. This would complement, not replace, community and peer support out with a fixed location.

The Hub and Spoke model takes into account the supports and interconnections of supports available to those living with dementia. We propose a community hub would be created to be at the centre of this model. The purpose of the hub would be to:

- Provide a space for information, advice and signposting

- Provide activities and respite for those living with dementia

- Be a place where both clinicians and third sector organisations can come together and share knowledge/ information.

- Be a place that has support from clinicians so that people can be supported closer to home until later into their diagnosis, and provide a mechanism for

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early intervention and prevention, before a crisis.

- Bring together carers supports and those for people living with dementia

The emphasis is on supporting someone's functional impairment, which is wider than solely people wit a diagnosis of dementia, by providing information, advice, signposting and supports that will aid that person in their community.

Key actions for 2025-26

- Develop tools that mean asset based and good conversations can be evidenced on our systems, after assessments, support plans or reviews take place.

- Continue to inform and educate both staff and communties about SDS and their right, and how these can be implemented in a way that meets an invidiuals outcomes.

- Work related to dementia commissioning will focus on developing the Hub and Spoke Model and determining what commissioning activities are required going forward to ensure sustainable service deleivery that can meet increasing demand.

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Strategic Theme 3 - Achieving care closer to home

Achieving care closer to home shifts the delivery of care and support from institutional, hospital-led services towards services that support people in their community and promote recovery and greater independence where possible. Investing in and working in partnership with people, their carers and communities to deliver services. Improving access to care, the way services and agencies work together, working efficiently, improving the supported person's journey, ensuring people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home. It is also about providing people with good information and supporting our workforce.

In 2023-24 there was small increase in the number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population (NI-19) to 785 in 2023-24 from 776 in 2022-23. This is under the Scottish average of 867 and lower than our comparators average of 844.

The percentage of people with positive experience of the care provided by their GP practice (NI-6) has increased from 67.3% to 72.3% in 2023-24 which is above the Scottish average of 71.3% and our comparators average of 68.5%.

The total percentage of adults receiving any care or support who rated it as excellent or good (NI-5) has decreased from 67.8% to 64.8% in 2023-24. This is below the Scottish average of 70% and below our comparators average of 70.5%

Reablement

Reablement is an approach within health and social care that helps individuals to learn or re-learn skills necessary to be able to engage in activities that are important to them. It is goal focussed and involves intensive therapeutic work. There is a focus on a person's strengths and abilities and what they can do safely, rather than focus on what they cannot do anymore. Reablement can support people recovering from an illness or accident and may prevent acute hospital admission, delay an admission to long-term care, supports timely discharge from hospital and maximises independent living and can reduce the need for ongoing care.

Reablement	2022-23	2023-24	2024-25
Number of people who completed reablement in year	367	587	598
% of people who required reduced or no care after reablement	65%	65%	59%

Planned Care in Place in People's own Homes

At the end of March 2025, 2,186 people received care and support in their own homes . At the same time 38,860 hours of care and support were commissioned from providers. An average of 104.9 placements start each month so there has been a steady increase in placements over the last 3 years.

Waiting list for Care and Support

Unfortunately, system pressures can cause delays or waiting lists. We work hard to avoid this, however there are challenges such as high demand and staff shortages, as seen nationally. This is an important area for the Partnership as we know that behind each of these numbers there is a person.

In March 2025, 26 people without care already in place were waiting for care and support . This time last year 46 people were waiting.

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Palliative and end of life care

The World Health Organisation (Palliative care) defines palliative care as encompassing "the care and support which is provided to support someone to live well following diagnosis of a life-threatening illness. This includes the support that is provided to their loved ones and carers." Palliative and end of life care (P&EOLC) remains a national and local priority for change and improvement. In response to this, Clackmannanshire and Stirling Integration Joint Board, Falkirk Integration Joint Board and NHS Forth Valley agreed a joint approach to develop and produce a Strategic Commissioning Plan and to subsequently commission community palliative and end of life care across Forth Valley. This is a whole system partnership approach to identify need in particular areas of health and care provision, and agreeing how to provide services to meet that need. Clackmannanshire and Stirling have led this pan Forth valley work.

Engagement meeting hosted by our previous Interim Chief Officer, David Williams

To inform the drafting of a Forth Valley Strategic Commsisining Plan for P&EOLC, engagement took place across Stirling, Clackmannanshire as well as Falkirk between April and May 2024. Engagement was sought from those who had views on palliative and end of life care. In Stirling and Clackmannanshire six engagement events took place. The questions asked focussed on what was good, what could be improved, and what should be aspired to. The feedback gathered from this initial engagement contained a good mix between people with professional experiences, both within the NHS and third sector organisations, and those with personal experiences.

In August and September a follow up consultation took place, and in Stirling and Clackmannanshire two engagement events were held, as well as an online survey. Across both rounds of consultation, in person sessions and online surveys, a total of 161 views were contributed from both Stirling and Clackmannanshire.

Based on views sought from engagement the following vision was developed, *"Health and wellbeing is important throughout everyone's lives, although some may need additional support to enable them to live well with long term conditions. However, we want all people with palliative and end of life care needs to be able to access compassionate, responsive and coordinated holistic care and support throughout their palliative journey in their preferred location."*

Upon agreement of the P&EOLC Strategic Commissioning Plan in November 2024, by both IJBs in Clackmannanshire and Stirling, and Falkirk, a commissioning consortium was convened.

The Commissioning Consortium had its first meeting in January 2025 and has wide representation from across Clackmannanshire, Stirling and Falkirk. The consortium has a focus on discussing and considering how to better financially resource supports in the community, as this is where people have told us they want to be, that provides consistency and equity to those at the end of their life.

Projected main underlying cause of death associated with palliative care need by disease group up to 2040

Ref: Finucane AM, Bone AE, Etkind S, et al. How many people will need palliative care in Scotland by 2040? A mixed-method study of projected palliative care need and recommendations for service delivery. BMJ Open 2021;11:e041317. doi:10.1136/bmjopen-2020-041317
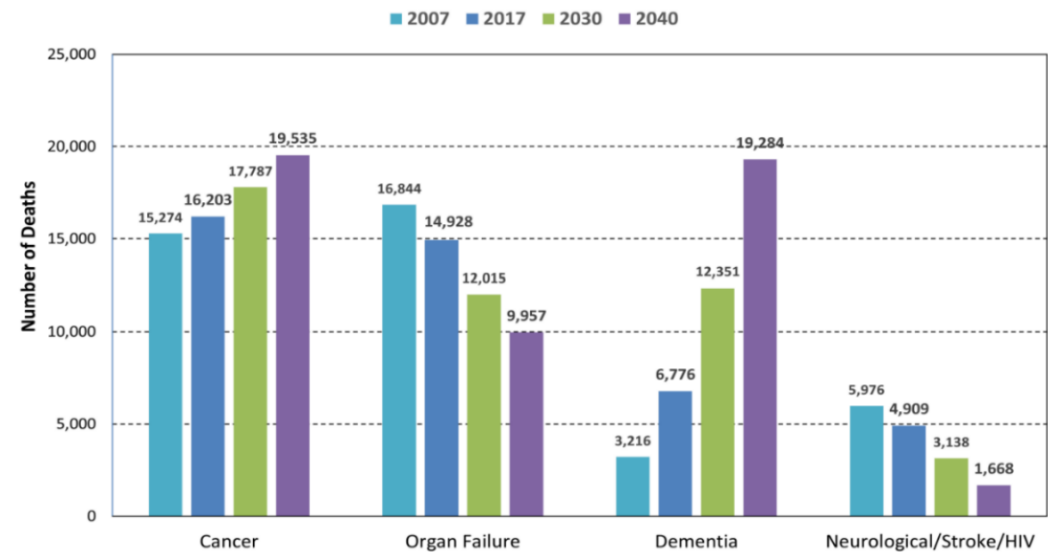

Our health and social care system needs to evolve and transform to keep pace with the changing PEOLC needs of FV residents. An ageing population, increasing multi-morbidities and complexity, rising demand, equity of access, changes in location of care and death, in addition to rising pressures on resources. As well as staff constraints related to recruitment and retention all mean that the status quo in the way that people are currently supported through their palliative care and at end of life is not a viable option moving forward.

It is also important to note that the projected increase in the over 85 population is likely to increase by 42% between 2024 and 2035 and by 68% between 2024 and 2043, which will likely add increasing pressures onto the system of health and care.

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Priority 5 Good public information across all care and support working

Digital Information

How would you describe yourself?

18.6%

81.4%

■ Been Caring for a While ■ New to Caring
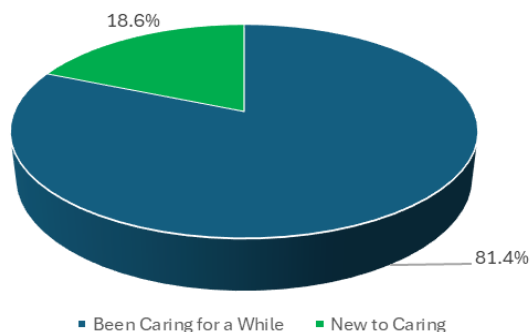
How we access information is quicker and easier than ever before. A quick search on the internet and we can order food, supplies, book events and trips, learn something new, and diagnose ourselves.

We know that digital information and support helps a lot of people navigate their conditions, disabilities and illness and can also be a place of support though social media groups for example. But how do people find relevant information for Clackmannanshire and Stirling? This year, we have been planning how we can improve the provision of information to those within Clackmannanshire and Stirling, with our third sector interfaces and partners. Over the next year, what we have learned will be developed into better digital support and communication with people.

When are people using the Mobilise website?

21.4%

78.6%

■ Outwith working hours ■ Working Hours (9am-5pm)
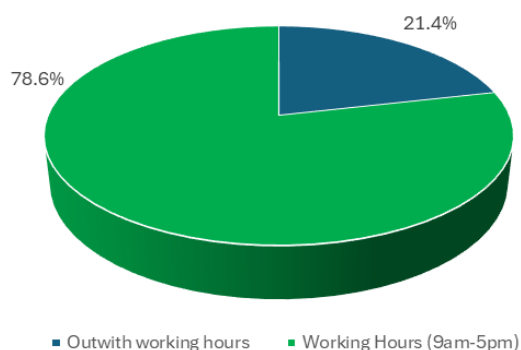
Mobilise provides digital supports for carers and was commissioned in 2024 in response to carers wanting more choice and the ability to have access to more digital supports to complement existing ones. Mobilise provides access to virtual meetings, telephone support and a wide range of advice and guidance to support carers in their caring role and improve their health and wellbeing. This approach enables carers to access light touch support 7 days a week to self-manage and improve their emotional wellbeing.

The top graph outlines the self-identity profile of people accessing Mobilise, over the past year 81% of people identified themselves as having been caring for a while.

The second graph shows that over the past year the majority of people (78.6%) sort information about caring were outside working hours (9am-5pm on weekdays). In addition, 79% of those who accessed Mobilise had not accessed support before. Which reinforces the need for a range of supports to be available for people.

Priority 6 Workforce capacity and recruitment

Workforce data is important to the planning and delivery of services. Work has taken place to better understand gaps in recruitment and the challenges of recruitment and retention in health and social care. This work has was carried out in collaboration with HR leads in all three employing bodies to understand trends and analysis linked to recruitment and retention of our health and social care workforce. The three employing organisations are also building on collation and analysis of workforce data to better understand the future needs of our workforce. In response to issues identified in terms of consistency with regards to data an HR lead has been appointed who will operate across the HSCP, to work towards and ensure there is cohesion across the piste.

This year we have:

Review of Roles

Over the year all partners have been working collaboratively to review and re-design job roles cantered around the staff involvement. This work focusses on considering the skills, knowledge and competence to deliver roles confidently and safely, while building on the Fair Work Principles. For example, the senior role within Assessment and Locality teams was approved and evaluated, which has provided career development for staff. In addition, there has been collaborative working in terms of role design, to reduce dependence on agency staffing in some of our services.

Recruitment and Work with Partners to increase employability

All three employing organisations currently have vacancy controls in place, which mean only essential posts are able to go out to advert. This has an impact on teams where there are vacancies, but the roles are considered non-essential.

Despite challenges there are regular recruitment drives via social media, as well as through partners and community partnerships. Engagement is in place in line with our staffing needs as demand changes across the seasons.

The HSCP continues to work with partners to ensure that the recruitment process is positive, timely, inclusive and supportive. Whist there are a number of programmes that support this, some examples of this approach are outlined below:

- The NHS Forth Valley/ Department of Work and Pensions Sector Based Work Academy Programme for HCSW roles was piloted in Forth Valley Royal Hospital with a view to expanding into community hospitals. This programme provides training, work experience and a guarantee of a job interview upon completion.
- Stirling Council continues to work with local schools, Forth Valley College and Universities which continue to be developed to support young people into health and care careers. Through a multi-agency partnership approach opportunities are widened within health and care for young people. In addition there was a pilot for a new pre-foundation apprenticeship programme in health and care with SQA qualification. This mirrors the work of the Employability Team within Clackmannanshire.

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Training

Community development with partners is encouraged, for example, through the continued offer for programmes of recruitment for staff in our rural locations. In addition to the standard health and social care mandatory training. The HSCP, through the Multi- Agency Public Protection Learning and Development Advisor, offers a robust multi-agency public protection training programme that covers child protection, adult support and protection and violence against women and girls. The programme of learning and development opportunities is available across the general, specific and intensive workforces.

The multi-agency public protection training calendar is produced annually. To accompany the calendar, we provide a learning and development framework and guidance document which outlines the learning outcomes for each of the learning and development opportunities available. The learning opportunities help support those we serve; the needs of the service and our practitioners own professional development.

Key actions for 2024 - 2025

Guiding Principles

Work is underway to develop a set of guiding principles across the three employing organisations, this is important as it will outline which organisation's policy should be used in instances such as the grievance process, which means all those involved in these matters are clear about which policy is being used. This is important as staff are sometimes managed by managers who are employed by a different organisation than themselves, having guiding principles will also mean there is consistency and fairness in these matters.

The proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (NI-17) has increased from 80.8% in 2022/23 to 84.6% in 2023/24 which is above the Scottish average of 77% and our comparators average of 78.7%.

Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated (NI-4) has decreased from 61.7% to 56%. This is below the Scottish average of 61.4% and below our comparators average of 59.8%

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Strategic Theme 4 - Supporting empowered people and communities

Working with communities to support and empower people to continue to live healthy, meaningful, and satisfying lives as active members of their community. Being innovative and creative in how care and support is provided. Support for unpaid carers; helping people live in their local communities, access to local support, dealing with isolation and loneliness. Planning community supports with third sector, independent sector and housing providers. Neighbourhood care, unpaid carers, third sector supports. It is also about providing people with good information and supporting our workforce.

Priority 7 Support for Carers

In 2023/24 32.8% of carers felt supported to continue their caring role (NI-8). This is above the average for Scotland of 31.2% and above the average of 31.9% in our LGBF family. This is an increase from 25.6% in the 2021/22 survey.

Carers' support continues to be a priority for Clackmannanshire and Stirling HSCP, the Carers' Lead and Short Breaks Co-ordinator are progressing work to widen the scope of support and compliment the support already provided by both Carers Centres.

In March 2025 the IJB agreed the Carers Short Breaks Statement which provides information on what a short break is, how to access one and what it may look like. As well as providing details for seeking further information.

 In collaboration with the HSCP, Carers Centres and Citizens Advice Bureau (CAB) a Welfare Rights Project for Carers facilitated by Citizens Advice Bureau provides support for carers to provide immediate holistic person-centred advice and information. They provided representation to unpaid carers and supports colleagues working with unpaid carers and, where necessary, refer individuals to appropriate advice agencies. There were 451 contacts with unpaid carers during 2024/25 with 54 clients reporting a financial gain of £144,435 over the year.

Please note CAB are only permitted to disclose financial gains unless reported by the client as it is their right to decide. CAB are not permitted to report amounts beyond a one year period (i.e. if a £30k award is granted for 3 years they are only permitted to report £10k and the remaining £20k goes unreported). Therefore, such figures are likely to be far greater than those reported and should not be considered comparable to other providers that report on client financial gain.

Key actions for 2025-26

- Provide good information and support to carers around Self-Directed Support.
- Continue to develop and update the Carers Support Pack, providing current information on community groups and organisations supporting carers and supported people throughout Clackmannanshire and Stirling. In response to requests for a local support pack and developed in collaboration.
- The Short Breaks Bureau will be a hub for information and support to carers for access to short breaks and respite.

Priority 8 Early intervention linking people with third sector and community supports

Community Connectors & Social Prescribing

The main aim of the Community Link Worker Project is to support activities that provide a person-centred and human rights approach. This is done by utilising social prescribing, which is an important self-management tool, enabling people to continue to live in their community, independently, safely and well. It widens choice and control through signposting to third sector organisations and statutory agencies.

The Community Link Workers (CLWs) promote the understanding of and access to self-directed support. It has been recognised that CLWs also provide one-to-one support to enable people to gain confidence to access local activities. The CLW programme was developed through partnership collaboration. Clackmannanshire Third Sector Interfect and Stirlingshire Voluntary Enterprise, the Third Sector Interfaces in each of their respective local authority areas, are the employing organisations and the lead partners in the project. The interfaces provide the necessary resources, training, and supervision to ensure effective service delivery and professional development for the CLWs.

The CLW project ascertains the impact of their service in terms of the affects it has had on someone wellbeing. Using the ONS4 Wellbeing survey they focus on life satisfaction, meaning and purposefulness and someone's emotions. The impact of CLW supports clearly show a positive impact on those who used the services wellbeing.

New Referrals	Reason for referral to CLW	Onward referrals
248 Stirling 142 Clacks 106	Social prescribing 94 Financial problems 60 Social isolation 50 Housing 38 Physical disability 27 Carer support 26 Stress 18	Financial support 74 Mental health support 50 Housing 30 Community groups 29 Self-help 19
Total Encounters **1238** Stirling 727 Clacks 511	Duration of encounter/appointment 0 – 30 minutes 455 30 – 60 minutes 233 60 – 90 minutes 105 90 – 120 minutes 57 120 + minutes 46	Onward referrals to other services CAB Stirling Council on Disability Wellness exercises HSTAR Mental Health Nurse Scottish Autism Reachout with Arts in Mind Stirling Council Inspiring Communities

Wellbeing Evaluation 2024/2025
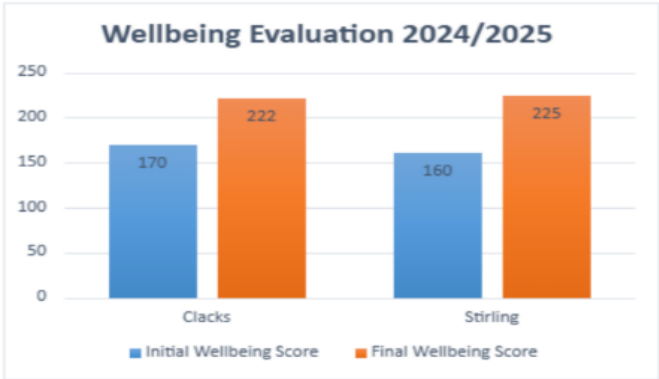
Priority 10 Ethical Commissioning

Clackmannanshire and Stirling Health and Social Care Partnership have developed a collaborative approach to understand, plan and commission local services and care & support. The Commissioning Consortium is based on co-production regarding assessment and focus on delivery of services. The aim is to create, develop, maintain and grow high quality service delivery. In the past year, there has been a focus on carers' support (Strategic theme 4), alcohol & drug partnership funding priorities (Strategic theme 1) , dementia support (Strategic theme 2), palliative & end of life care support (Strategic theme 3) and independent advocacy (Strategic Theme 1) with a new programme focused on mental health and well-being currently under deveelopment.

This approach relies on a partnership with the third and independent sector, people with lived experience, carers and their representatives as well as Health and Social Care Partnership delivered services. There is a focus on ethical commissioning, of choice & control and the principles of Human Rights-Based, to ensure we are future proofing the commissioning model to comply with current and future policy direction. The approach creates the conditions for open discussions around the right care at the right time whilst ensuring the budgets are managed effectively i.e. services are needs led but resource bound - creating a discussion with partners and supported people focused on best use of available financial spend, rather than cost pressures within the system.

The Commissioning Consortiums have agreed shared principles of partnership working:
- To have an interest in, support, and promote the Consortium approach and its development across the whole system.
- Provide high quality, innovative services in collaboration with others and towards the delivery of the National Health and Social Care Outcomes.
- Have clear health and social care objectives whether delivering universal or specialist services.
- Be involved in delivering health and social care services, or aspiring to be involved in delivering services within Clackmannanshire and Stirling; with existing providers being asked to demonstrate their track record of providing high quality and robust care and support in the area.

The principles of the consortia approach ensure, in equal measure, a commitment to involvement and participation for those in receipt of care and support as well as a commitment to Best Value and resource efficiency across the whole system.

In 2024/25 there were commissioning consortium meetings covering the following topics:

- Dementia

- Alcohol and Drugs Partnership

- Carers

- Independant Advocacy

- Palliative and End of Life Care (this covers the whole of the NHS Forth Valley board area)

In 2025/26 there will be commissioning consortiums developed with a focus on learning disablities and mental health (the latter will be pan Forth Valley).

Impact of the Commissioning Consortium approach

A key success factor for the Commissioning Consortium has been the ability to communicate the principles across the sector by targeting the right partners and stakeholders; explaining the ethical commissioning model approach; what it will mean for providers and people with lived experience; and finally how each can play a part in planning and commissioning the right care and support.

We have recognised that the approach is resource and time intensive to deliver, with officers offering safe spaces for discussions with all external stakeholders and internal providers, with the models of care which have been developed are more robust, person centred and economically viable. As well as more focused on outcomes for people and their carers.

The process of the commissioning consortium meetings has ensured all partners and stakeholders to be at same place when making commissioning recommendations to the Integration Joint Board, the IJB is committed to the approach as it provides detailed and robust feedback from supported people, providers, Health and Social Care Partnership staff and communities about the type and level of service required. There have been more positive and mature relationships created with internal and external commissioned services as well as a clarity of the role of the Third Sector Interfaces as key delivery partners of Consortium.

Feedback from providers has been mostly positive around openness of commissioning conversations and the opportunities to be flexible in their offering; feeling more able to participate meaningfully in planning and commissioning conversations.

Feedback from supported people and their carers has been really positive, individuals feeling that can influence the model of care, create flexibility in system, ensure they have choice & control as well as an ongoing commitment to the delivery of Human Rights-Based Approach across all services.

There has already been interest from Scottish Government colleagues as this approach aligns to current policy directives linked to human rights legislation as well as from IJB Chief Officers Network nationally.

The Commissioning Consortium across Clackmannanshire and Stirling is demonstrating the strength in relationships between Health and Social Care Partnership, third sector and independent sector providers to ensure care and support can continue to be delivered with those receiving care and their carers as key influencers and partners in the planning and commissioning of services.

Strategic Theme 5 – Reducing Loneliness and Social Isolation

Connecting people to their communities, reducing loneliness and isolation and the impact on people's health and wellbeing.

Priority 11 Reducing levels of Loneliness and Isolation

In 2024/25 613 Carers were offered Adult Carer Support Plans by the Carers Centres with 389 people choosing to complete one

Reducing lonliness and social isolation is important for everyone, whether someone is being cared for, they require care and support themselves, or whether they are supporting themselves without the use of statutory services. Our communties provide an important network of supports. There are numerous supports avalible in our communties throughout Stirling and Clackmannashire, that cater to a range of interests and host a number of different activites for different groups of people.

Carers Centres provide support to unpaid carers, there is currently one that covers Clackammanshire and another that supports those living within Stirling. They empower people to understand their rights, and also provide options to develop peer supports. In the past year 642 new Adult Carers were registered with both Carer's Centres with 389 choosing to complete and adult carer support plan. As at 31st March 2025 there were 2926 Adult Carers registered with 1914 one to one appointments carried out throughout the year.

Another way that carers and those they care for can be supported is through our local directory of community supports and services. The Clackmannanshire & Stirling carers support pack has been compiled and is regularly updated, it is aimed toward both carers, and those they support. The resource is split into different catagories, to make it easier to use, and enable someone to see what services avaliable locally that would support specific needs.

Our third sector partners provide a wealth of care and support within our communties. The Community and Mental Health Wellbeing Fund is now entering its fifth year and distributes around £400k annually between Clackmannanshire and Stirling.

The Community Mental Health and Wellbeing Fund supports grassroots initiatives aimed at improving mental health and wellbeing across Scotland, with a focus on prevention and early intervention. One of the key priorities is to address Social Isolation and Loneliness, specially looking at initiatives aimed at connecting individuals and fostering community support networks.

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Financial, Best Value Governance and Risk

Annual Financial Statement

The Integration Joint Board will continue to use the funding available to the partnership to improve services for people and pursue our Strategic Commissioning Plan priorities. Over time our alignment of use of resources (both financial and non-financial) to Strategic Commissioning Plan priorities and key performance indicators will continue to improve and evolve.

Financial Performance

The funding available to support delivery of the Strategic Commissioning Plan comes from Clackmannanshire and Stirling Councils and NHS Forth Valley and funding from Scottish Government.

This forms the Integrated Budget and the Set Aside budget for Large Hospital Services. The IJB then directs partners to deliver and/or commission services on its behalf.

The operational financial position on the Integrated Budget (the partnership budget excluding set aside budget for large hospital services) was a net overspend of £6.991 million after taking account of the impact of financial recovery measures.

£286.9m total IJB Strategic Plan Budget 2024/25

£6.991m net overspend after use of reserves

The 2024/25 Revenue Budget was approved by the IJB on 27 March 2024. The plan was predicated on a savings requirement of £14.041 million on the Integrated Budget and £6.469 million in relation to the Set Aside Budget for Large Hospital Services with risk assessed plans in place to deliver these. The budget was also predicated on utilisation of £3.947 million of reserves, fully depleting general reserves balances. Approximately 55.9% of the planned savings and efficiencies programme were achieved in the year in relation to the Integrated Budget with a c£1.5m reduction in costs pressures delivery being observed in relation to the Set Aside Budget for Large Hospital Services.

The overspend on the Integrated Budget was predominantly met by additional payments from the constituent authorities including £1.327m from Clackmannanshire Council which the Council have provided on the basis of this being repayable in 26/27. The unresolved risk share amount totals £0.421m and the dispute resolution process, in line with the requirements of the extant Integration Scheme is ongoing. The IJBs Annual Accounts are published here: Clackmannanshire and Stirling HSCP – Finance (clacksandstirlinghscp.org).

Best Value, Governance & Risk

Clackmannanshire Council, Stirling Council and NHS Forth Valley (the partnership authorities) delegate budgets to the Integration Joint Board (IJB). The IJB decides how to use the budget to achieve the priorities of the Strategic Commissioning Plan and to progress towards the National Health and Wellbeing Outcomes set by the Scottish Government. Put in a simpler way, the Board identify our priorities and plan how we will deliver our services, improve outcomes for people and support people to live independent lives with the care and support they need.

The governance framework are the rules, policies and procedures that ensure the IJB is accountable, transparent and carried out with integrity. The IJB had legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling.

The Partnership monitors performance to measure progress in delivering the priorities of the Strategic Plan with financial performance a key element of demonstrating Best Value.

We monitor Best Value through:
- The Performance Management Framework and performance reports
- Development and approval of the Annual Revenue Budget
  - Development of and reporting on the Transforming Care Programme
- Regular Financial reports
  - Regular reporting on Strategic Improvement Plan
  - Topic specific progress reporting e.g. Primary Care Improvement Plan
  - Reporting on Strategic Plan Priorities to the IJB and topic specific reports.
  - Best Value Statement

The IJB accounts contain an Annual Governance Statement which reports progress on the review and improvement of governance arrangements identifies any weaknesses apparent during the year and sets out a governance action plan for the coming year to continually improve governance arrangements.

The IJB is supported by the Finance, Audit & Performance Committee which report to the IJB through committee chairs who are voting members of the IJB.

There was a change in the committees in January 2025, where the Finance, Audit & Performance Committee meetings convened its first meeting, both the Audit and Risk Committee and Finance and Performance Committees. The Finance, Audit and Performance Committee's purpose is to provide an effective scrutiny role to support the corporate governance of the IJB and its performance and risk management arrangements.

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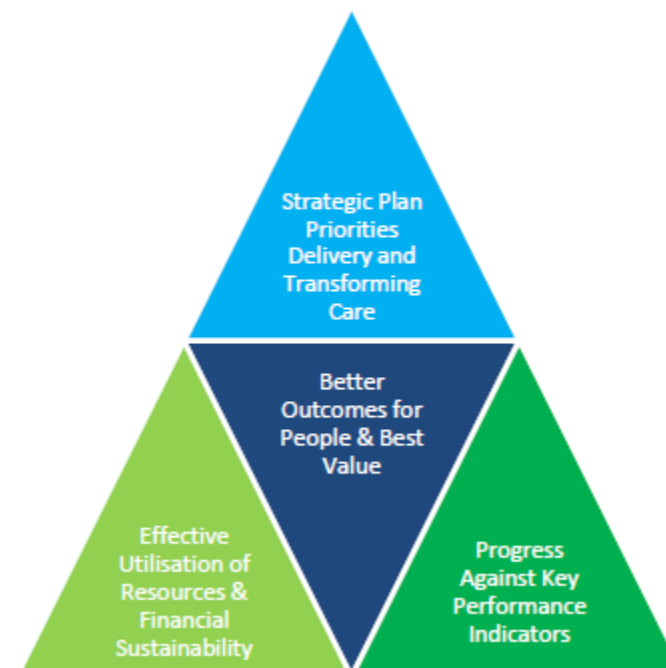
Appendix 1 - Functions delegated to Clackmannanshire and Stirling IJB

Clackmannanshire and Stirling Health and Social Care Partnership is responsible for planning and commissioning integrated services and overseeing their delivery. These services cover adult social care, adult primary and community health care services and elements of adult hospital care. We have strong relationships with acute health services and wider Community Planning Partnerships, the third sector and independent sector to jointly deliver flexible locality based services. Planning and designing outcome focused care and support in collaboration with communities and people with lived and living experience.

NHS services delegated to HSCP

- Primary Care (as of April 2023)
- Mental Health (as of April 2023)
- Health Improvement (as of April 2023)
- District Nursing
- Substance use services
- Allied Health Professional services in outpatient clinics/out of hospital
- Public dental services/Primary medical services including out of hours, general dental, Ophthalmic & Pharmaceutical services
- Geriatric medicine and palliative care outwith hospital settings
- Community Mental Health & Learning Disability services
- Continence and kidney dialysis outwith hospital

Clackmannanshire and Stirling Council services delegated to HSCP

- Social work services for adults aged 16+
- Services and support for adults with physical disabilities
- Services and support for adults with learning disabilities
- Mental health services
- Drug and alcohol services
- Adult Protection
- Carers support services
- Community Care Assessment Teams
- Support services
- Care home services
- Adult Placement services
- Aspects of housing support and assistance including aids and adaptations
- Day services
- Respite provision
- Occupational therapy, equipment and telecare

Appendix 2 – Ministerial Strategic Group (MSG) Indicators

 To support the delivery of the National Priorities Partnerships we completed a self-assessment and improvement action plan as well as agreeing local targets for key areas. Nationally this is monitored by the Ministerial Strategic Group for Health and Community Care (MSG).

The MSG information covers a range of activities under the umbrella of 'unscheduled care'. These activities support people to remain in their own homes, return to their own homes as quickly as possible when hospital treatment is required, prevent related re-admission to hospital and include end of life care. Unscheduled care is a core element of the health and social care system and as such, our services need to be responsive to need whilst being transformative in that contact with patients is shifted from reactive to proactive planned engagement, and from hospital settings to the community where appropriate.
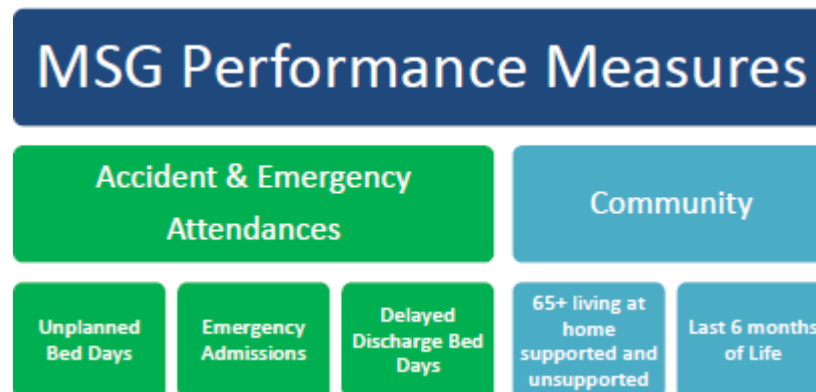
MSG Performance Measures

Accident & Emergency Attendances — Unplanned Bed Days | Emergency Admissions | Delayed Discharge Bed Days

Community — 65+ living at home supported and unsupported | Last 6 months of Life

Ref	Indicator	Strategic Theme	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Desired trend or target
MSG1a	Number of emergency admissions (all ages)	For Info only	16,710	14,249	16,385	16,444	16,693	17,694*	↓
	% change from previous year		22.08%	-14.73%	14.99%	0.36%	1.51%	6.00%	
	Number of emergency admissions (aged 18+)	ST1	14,579	12,640	13,941	14,202	14,595	15,738*	↓ 5% decrease from 2015/16 to 10,584
	% change from previous year		24.61%	-13.30%	10.29%	1.87%	2.77%	7.83%	
MSG2a	Number of unscheduled hospital bed days (all ages); acute specialties	For Info only	103,032	85,668	98,920	109,855	109,827	108,888*	↓
	% change from previous year		7.09%	-16.85%	15.47%	11.05%	-0.03%	-0.85%	
	Number of unscheduled hospital bed days (aged 18+); acute specialties	ST1	100,118	83,708	96,410	107,090	106,697	106,699 *	↓ 5% decrease from 2015/16 to 88,804
	% change from previous year		7.60%	-16.39%	15.17%	11.08%	-0.37%	0.00%	
MSG2c	Number of unscheduled hospital bed days (all ages); mental health specialties	For Info only	24,177	23,648	21,860	23,292	23,061	Not available	↓
	% change from previous year		-12.35%	-2.19%	-5.76%	-0.39%	-23.41%		
	Number of unscheduled hospital bed days (aged 18+); mental health specialties		23,640	23,026	21,629	23,044	22,601	Not available	↓ 18% decrease from 2015/16 to 20,378
	% change from previous year	ST1	-9.61%	-2.34%	-7.43%	6.55%	-0.99%		

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Ref	Indicator	Strategic Theme	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Desired trend or target
MSG3a	A&E attendances (all ages) - patients from all areas	For Info only	40,552	28,388	36,805	36,430	32,769	30,727	↓
	% change from previous year		5.17%	-30.00%	29.65%	-1.02%	-10.05%	-6.23%	
	A&E attendances (aged 18+) - Patients from all areas	ST1	32,040	23,092	28,512	28,398	26,053	24,847	↓ Maintain 2015/16 baseline of 26,585
	% change from previous year		5.80%	-27.93%	23.47%	-0.40%	-8.26%	-4.63%	
MSG4a	Delayed discharge bed days (aged 18+) - All Reasons	ST1	12,630	9,355	13,518	14,786	15,624	19,792	↓ Maintain 2015/16 baseline of 10,069
	% change from previous year		14.65%	-25.93%	44.50%	9.38%	5.67%	26.68%	
MSG4b	Delayed discharge bed days (aged 18+) - Code 9	For Info only	2,540	3,482	2,608	5,446	6,963	9,571	↓
	% change from previous year		-13.66%	37.09%	-25.10%	108.82%	27.86%	37.46%	
MSG5a	Percentage of last 6 months of life spent in community (all ages)	ST3	88.19%	90.97%	89.59%	89.25%	89.45%**	Not available	↑ 4.1% increase from 2015/16 baseline to 90%
	% change from previous year		0.41%	2.78%	-1.38%	-0.34%	0.20%		
MSG6	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (supported) C&S HSCP	For Info only	4.95%	4.91%	4.40%	4.63%	4.93%	Not available	↑
	Scotland		4.49%	4.51%	4.13%	4.19%	4.35%		
	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (unsupported) C&S HSCP	For Info only	92.00%	92.00%	92.00%	92.00%	92.00%	Not available	↑
	Scotland		91.62%	91.98%	92.29%	92.16%	92.07%		
	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (Supported and unsupported)	ST3	96.96%	97.41%	97.29%	96.85%	96.53%	Not available	↑ 0.1% increase from 2015/16 baseline to 96.6
	Scotland	For Info only	96.11%	96.49%	96.43%	96.35%	96.42%		

∗ Completeness issues

∗∗ Figures for 2023/24 are provisional (p):- NRS deaths data for 2024 is provisional and may be revised in the future, SMR data in some areas may be affected by data completeness issues.

MSG report advises this data should not be published for peer partnership/Scotland comparison.

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Appendix 3 - National Core Indicators

The national core indicators are a requirement of the Annual Performance Report. Sourced from the latest release of the Core Suite of Integration Indicators published in July 2025.

Desired Trend ↑ increase ↓ decrease					
Performance	🟩	Improving performance	🟧	Static	🟥	Declining performance
Benchmarking	🟩	Better than average	🟧	Within 5%	🟥	Worse than average

	Ref	Indicator	Strategic Theme	2015/16	2017/18	2019/20	2021/22	2023/24	Desired Trend	Comparator Average	National average
Outcome Indicators	NI-1	Percentage of adults able to look after their health very well or quite well.	ST2	94.56%	93.64%	93.57%	91.74%	90.80%	↑	91.84%	90.70%
	NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	ST2	81.65%	81.87%	76.05%	72.48%	67.20%	↑	71.90%	72.40%
	NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	ST2	76.40%	73.54%	74.37%	64.28%	57.90%	↑	63.73%	59.60%
	NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	ST3	72.94%	76.47%	68.80%	61.68%	56.00%	↑	59.77%	61.40%
	NI-5	Total % of adults receiving any care or support who rated it as excellent or good.	ST3	77.64%	77.57%	75.20%	67.77%	64.80%	↑	70.51%	70%
	NI-6	Percentage of people with positive experience of the care provided by their GP practice.	ST3	86.72%	86.55%	78.79%	67.28%	72.30%	↑	71.34%	68.50%
	NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	ST3	77.05%	79.43%	79.12%	79.18%	66.10%	↑	69.46%	69.80%
	NI-8	Total combined % carers who feel supported to continue in their caring role.	ST4	32.36%	38.32%	29.65%	25.57%	32.80%	↑	31.87%	31.20%
	NI-9	Percentage of adults supported at home who agreed they felt safe.	ST3	81.60%	85.98%	83.51%	75.26%	66.80%	↑	71.43%	72.70%

The 'Outcome' indicators above are reported every 2 years from the Scottish Health and Care Experience Survey commissioned by the Scottish Government (latest 2023/24). Please also note that 2021/22 results for some indicators are only comparable to 2019/20 and not to results in earlier years. This data is also available on the Public Health Scotland Website, you can access this here: publichealthscotland.scot. Our Comparator HSCP's are Angus, East Lothian, Falkirk, Moray and Perth & Kinross

Ref	Indicator	Strategic Theme	2020	2021	2022	2023	2024	Desired Trend	Comparator Average	National average
NI-11	Premature mortality rate per 100,000 persons by Calendar Year	ST1	458	439	409	386	Not available	↓	396	441
			2019/20	2020/21	2021/22	2022/23	2023/24			
NI-12	Rate of emergency admissions per 100,000 population for adults (18+).	ST1	13,211	11,776	12,835	13,076	13,424 *2024	↓	12,659	11,859
NI-13	Rate of emergency bed day per 100,000 population for adults (18+).	ST1	109,741	96,425	106,686	116,414	116,095	↓	119,501	120,407
NI-14	National Indicator 14 Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)	ST1	130	153	130	126	122	↓	115	104
NI-15	Percentage of adults who rated their care or support as excellent or good.	ST3	88.2%	91.0%	89.6%	89.2%	89.4%	↑	89.2%	88.9%
NI-16	Falls rate per 1,000 population aged 65+	ST1	23.5	20.2	23.6	23.5	23.2	↓	22.5	22.7
NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	ST3	91.0%	91.1%	87.0%	80.8%	84.6%	↑	78.6%	77.0%
NI-18	Percentage of adults with intensive care needs receiving care at home	ST2	69.8%	69.2%	71.2%	69.3%	74.6%	↑	65.0%	64.5%
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	ST3	665	448	743	776	785	↓	844	867
NI-20	% of health and care resource spent on hospital stays where the patient was admitted in an emergency.	NA	23.0%	Not reported after 2019/20						

Data for indicators 12 is reported for the calendar year 2024 as a proxy for 2024/25 as data for the full financial year is incomplete at this time. Data for indicator 11 for calendar year 2024 is not currently available. Data is derived from various organisational/system datasets. This data is also available on the Public Health Scotland Website, you can access this here: publichealthscotland.scot. Our Comparator HSCP's are Angus, East Lothian, Falkirk, Moray and Perth & Kinross

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Appendix 4 - Inspection of Services

Registered services operated by the Partnership are inspected annually by the Care Inspectorate. There were three registered service inspections during 2024/25. Additional information and full details on inspections can be found at the Care Inspectorate website. Since 1 April 2018, the new Health and Social Care Standards have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a new framework for inspections of care homes for older people.

Inspection Summary

Registered Service	Date Inspection Completed	How well do we support people's wellbeing?	How good is our leadership?	How good are our staff team?	How good is our setting?	How well is our care and support planned?	Recommendations	Requirements	Areas for improvement
Menstrie House Care Home Service	02/10/24	Very good	Not assessed	Very good	Not assessed	Not assessed	0	0	0
Bellfield Centre Care Home Service	22/11/2024	Very good	Not assessed	Very good	Not assessed	Not assessed	0	0	1
Riverbank Centre & Streets Ahead Support Service	08/02/25	Very good	Very good	Not assessed	Not assessed	Not assessed	0	0	0
Care Inspectorate									

Between April and September 2024 a Joint inspection of adult services Integration and outcomes – focus on people living with mental illness took place. The report was then published in November 2024.

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CLACKMANNANSHIRE COUNCIL

Report to: Audit and Scrutiny Committee

Date of Meeting: 11th December 2025

Subject: HSCP – Clackmannanshire Locality Performance Report 2025/26 Q1 & Q2 (1st April to 30th September)

Report by: Head of Strategic Planning and Health Improvement

1.0 Purpose

1.1. Highlight the work and performance of the Clackmannanshire and Stirling Health and Social Care Partnership in relation to performance for the locality of Clackmannanshire.

2.0 Recommendations

2.1. Note this paper and the continuing work being undertaken across Clackmannanshire.

2.2. Note the performance of Clackmannanshire Locality within the Clackmannanshire & Stirling HSCP.

3.0 Considerations

3.1. Integration Joint Boards are responsible for effective monitoring and reporting on the delivery of Health & Social Care services, relevant targets and measures aligned to the themes in the **Strategic Plan 2023-2033**.

3.2. The Scottish Government developed National Health and Wellbeing Outcomes to help Health and Social Care Partnerships better understand how well integrated services are meeting the individual outcomes of people as well as the wider community. Appendix 1 details the links between the Strategic Themes and the National Health and Wellbeing Outcomes.

3.3. Appendix 2 provides a Clackmannanshire quarterly overview for the period 1st July to 30th September 2025.

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

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

4.0 Sustainability Implications

4.1. N/A

5.0 Resource Implications

5.1. Financial Details

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate.   Yes ☐

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

5.4. Staffing

6.0 Exempt Reports

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

7.0 Declarations

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

(1) Our Priorities

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all	☐
Our families; children and young people will have the best possible start in life	☒
Women and girls will be confident and aspirational, and achieve their full potential	☒
Our communities will be resilient and empowered so that they can thrive and flourish	☒

(2) Council Policies

Complies with relevant Council Policies	☐

8.0 Impact Assessments

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

Yes ☐

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

This paper is for noting only and does not require an Equality Impact Assessment as it does not propose any changes to policy, practice, or service delivery.

9.0   Legality

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

10.0   Appendices

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

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

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

11.0   Background Papers

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

Yes ☐ (please list the documents below)   No ☒

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Ann Farrell	Principal Information Analyst	

Approved by

NAME	DESIGNATION	SIGNATURE
Joanna MacDonald	Interim Chief Officer	

All themes and priorities are linked to the Health and Wellbeing Outcomes. Each theme will demonstrate improvement for people and communities, how we are embedding a human rights based approach, consideration for equalities and evidencing improvement across the services we deliver.

Health and Wellbeing Outcomes

Health and Wellbeing Outcomes	Prevention, early intervention & harm reduction	Independent living through choice and control	Care Closer to Home	Supporting empowered people & communities	Loneliness & isolation
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	●	●	●	●	●
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	●	●	●	●	●
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	●	●	●	●	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	●	●	●	●	●
5. Health and social care services contribute to reducing health inequalities.	●	●	●	●	●
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring role on their own health and wellbeing.		●	●		
7. People who use health and social care services are safe from harm.	●	●	●		
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. 9. Resources are used effectively and efficiently in the provision of health and social care services.	Enabling Activities				

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Enabling Activities

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Appendix 2 Clackmannanshire locality data 2025/26 Q1 & Q2 (April to September).

ST1 Prevention, early intervention and harm reduction - Clackmannanshire

Working with partners to improve overall health and wellbeing and preventing ill health. Promote positive health and wellbeing, prevention, early interventions and harm reduction. Promoting physical activity, reduce exposure to adverse behaviours. Right levels of support and advice at the right time, maintaining independence and improving access to services at times of crisis.

PI Code	Description	Q1 2025/26			Q2 2025/26			2025/26	2024/25	Latest Note
		Value	Target	Status	Value	Target	Status	Value	Value	
ADC MHO 001	Number of Emergency Detention Certificates (Mental Health) Section 36	19		📈	5		📈		34	
ADC MHO 002	Number of Short Term Detention Certificates (Mental Health) Section 44	25		📈	18		📈		60	
ADC MHO 007	Total number of Existing Guardianships (private and local authority)	199		📈	219		📈		190	
ADC MHO 025	Total number of new Private & Local Authority Guardianship Orders	16		📈			📈		53	
ADP.CGL.CLACK.01	Number of HSCP residents attending Face to Face group sessions with Forth Valley Recovery Community	566		📈	523		📈	1,089	2,883	
ADP.CGL.CLACK.02	Number of Clackmannanshire residents individual sessions with Forth Valley Recovery Community	0		📈	<5		📈	<5	16	
ADP.CLACK	Referral to Treatment Waiting Times for Clackmannanshire Substance Misuse Services (excl Prisons) against 3 Week HEAT Target. These data pertain to Experienced Waits where adjustments have been made to account for periods of unavailability	100%	90%	✅	100%	90%	✅	100%	98.7%	
DD.09.CLACK	All Forth Valley Delayed Discharges (Code 9) for Clackmannanshire residents at census point.	9		📈	13		📈	9.86	8.75	
DD.100.CLACK	All Forth Valley Delayed Discharges (Code 100) for Clackmannanshire residents at census point.	0		📈	0		📈	0	0	

Appendix 2 Clackmannanshire locality data 2025/26 Q1 & Q2 (April to September).

PI Code	Description	Q1 2025/26			Q2 2025/26			2025/26	2024/25	Latest Note
		Value	Target	Status	Value	Target	Status	Value	Value	
DD.2WK.CLACK	All Forth Valley Delayed Discharges Over 2 Weeks for Clackmannanshire residents at census point.	6			6			5.86	7.17	
DD.OBD.CLACK	Occupied Bed Days attributed to standard Delayed Discharges at census point, for Clackmannanshire residents.	193			247			294.57	432.08	
DD.ST.CLACK	All Forth Valley Standard Delayed Discharges (excl Code 9 and Code 100) for Clackmannanshire residents at census point.	8			14			10	10.42	
DD.TOT.CLACK	Clackmannanshire Delayed Discharges - Total number of delays (inc Code 9 and Code 100) Census Point	17			27			19.86	19.17	

Appendix 2 Clackmannanshire locality data 2025/26 Q1 & Q2 (April to September).

ST2 Independent living through choice and control - Clackmannanshire - QUARTERS 2025-26

Supporting people and carers to actively participate in making informed decisions about how they will live their lives and meet their agreed outcomes. Helping people identify what is important to them to live full and positive lives, and make decisions that are right for them. Coproduction and design of services with people with lived experience who have the insight to shape services of the future.

PI Code	Description	Q1 2025/26			Q2 2025/26			2024/25	Latest Note
		Value	Target	Status	Value	Target	Status	Value	
ADC ADA 011B	Number of Adult Support Plans for carers offered in Clackmannanshire locality HSCP	80			70			210	
ADC ADA 011C	Number of Adult Support Plans for carers accepted in Clackmannanshire locality.	30			31			81	
ADC ADA 011D	Number of eligible Adult Support plans for carers completed.	<5			<5			13	
ADC ADA 011	% of Adult Support Plans for carers completed in Adult Social Care	6.7%	39.0%	🔴	9.7%	39.0%	🔴	16.0%	

Appendix 2 Clackmannanshire locality data 2025/26 Q1 & Q2 (April to September).

ST3 Achieving care closer to home - Clackmannanshire - QUARTERS 2025-26

Shifting delivery of care and support from institutional, hospital-led services towards services that support people in the community and promote recovery and greater independence where possible. Investing in and working in partnership with people, their carers and communities to deliver services. Improving access to care, the way services and agencies work together, working efficiently, improving the customer journey, ensure people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home.

Clackmannanshire & Stirling
Health & Social Care Partnership

PI Code	Description	Q1 2025/26			Q2 2025/26			2025/26	2024/25	Latest Note
		Value	Target	Status	Value	Target	Status	Value	Value	
ADC ADA 01md	Number of new local authority reablement clients in the month who have stepped up into the service from their own home. Clackmannanshire	12			34				116	
ADC ADA 01sc	Average length of wait (days) from community referral date to start of local authority reablement service. Clackmannanshire	12	11	⚠️	16	11	🛑		14.5	
ADC ADA 01p	% of clients with reduced care hours at the end of local authority reablement period in Clackmannanshire	31%	2%	✅	30%		❓	31%	31%	
ADC ADA 002c	Number of clients who went home from bed based intermediate care with a package of care. Clackmannanshire	0			1				6	
ADC ADA 002d	Number of clients who went home from bed based intermediate care with no package of care. Clackmannanshire	0			0				<5	
ADC ADA 01mc	% of local authority reablement double up staff clients who completed the service. Requires 2 members of staff to help client - impacts on capacity to pick up new cases. Clackmannanshire	17.27%	10%	🛑	15.83%	10%	🛑		15.51%	Sep 25: 5 clients due to medical conditions/moving and handling; 1 client palliative/moving and handling; 2 clients (Joint POC) due to behaviour/moving and handling; 1 client due to moving and handling/controlled medication; 2 clients due to controlled medication only – one was later removed.

Appendix 2 Clackmannanshire locality data 2025/26 Q1 & Q2 (April to September).

PI Code	Description	Q1 2025/26			Q2 2025/26			2025/26	2024/25	Latest Note
		Value	Target	Status	Value	Target	Status	Value	Value	
ADC ADA 01pb	% of clients with increased care hours at end of local authority reablement services. Clackmannanshire	9.8%	10.0%	✅	10.0%	10.0%	✅	9.9%	15.2%	Sep 25: 1 client to allow support workers to collect medication once a week; 2 clients (Joint POC) to safeguard staff due to dementia causing behaviour issues.
ADC ADA 01q	% of clients receiving no care after local authority reablement in Clackmannanshire	36%	30%	✅	28%	30%	⚠️	32%	25%	
ADC ADA 01sd	Length of wait (days) from hospital referral date to start of local authority reablement services. Clackmannanshire	5	6	✅	7	6	🛑		4.75	
ADC ADA 002a	Total number of intermediate beds occupied by clients in period. Clackmannanshire	0		📈	<5		📈		28	Sep 25:- Admissions: 0 admitted and discharged in Q2; Discharges: 2 admitted in Q1 and discharged in Q2; Ongoing: 0 admitted in Q1 and still ongoing; 2 admitted in Q2 and still ongoing
ADC ADA 002b	Number of Clackmannanshire clients who moved from bed based intermediate to care home long term care	2		📈	<5		📈		8	
ADC ADA 01me	Number of new local authority reablement clients in the month who have stepped down into the service from CCHC or FVRH. Clackmannanshire	10		📈	35		📈		99	
ADC ADA 01mf	Number of new reablement clients in the month who entered service from bed based intermediate care. Clackmannanshire	3		📈	6		📈		39	
ADC ADA 002L	Number of Clackmannanshire clients entering bed based intermediate care from community (home) preventing admission to hospital	1		📈	0		📈		7	
ADC ADA 002M	Number of Clackmannanshire clients entering bed based intermediate care from hospital. Reducing delayed discharges.	0		📈	<5		📈		7	
ADC ADA 002q	Average wait in weeks for assessment to be completed in local authority reablement care. Clackmannanshire	5	4	🛑	7	4	🛑		5	

Appendix 2 Clackmannanshire locality data 2025/26 Q1 & Q2 (April to September).

PI Code	Description	Q1 2025/26			Q2 2025/26			2025/26	2024/25	Latest Note
		Value	Target	Status	Value	Target	Status	Value	Value	
ADC ADA 021	% annual reviews completed within timescale in Adult Care Clackmannanshire Social Services	39.2%	100.0%	🛑	25.9%	100.0%	🛑		29.2%	
ADC ADA 035	Number of completed social care assessments in period.	712	672	✅	719	672	✅		2,391	
ADC ADA 002f	Average length of stay (weeks) for service users who were discharged in period who had used bed based intermediate care in Adult Social Care Clackmannanshire.	7	8	✅	<5	8	✅		5.29	
ADC ADA 002r	Average length of wait at end of local authority reablement care in Clackmannanshire for a Framework Provider (weeks).	1	3	✅	2	3	✅		3	
ADC ADA 002w	Average total length of stay in local authority reablement for those clients transferring to a care provider. (Average stay for those who are independent is less). Clackmannanshire	6	9	✅	8	9	✅		8	
ADC ADA 01mg	Total number of new clients in the month for local authority reablement service in Clackmannanshire.	25		📈	75		📈		254	
ADC ADA 01n	Number of hours care post local authority reablement (after 6 weeks) in Clackmannanshire	546.0		📈	645.0		📈		2153.5	Sep 25: 212 hours completed; 24.5 hours not completed
ADC ADA 01s	% clients enabled through reablement service (completed outcomes 1-4) Clackmannanshire	43.88%		📈	43.17%		📈	43.53%	42.77%	
ADC ADA 002N	Number of clients who moved from intermediate care to hospital. Clackmannanshire	<5		📈	0		📈		<5	
ADC ADA 01m	Number of hours care at start of local authority reablement for all clients receiving a service in Clackmannanshire - shows demand on service.	796.75		📈	782.75		📈		2,832.25	

Appendix 2 Clackmannanshire locality data 2025/26 Q1 & Q2 (April to September).

ST4 Supporting empowered people and communities - Clackmannanshire - QUARTERS 2025-26

Working with communities to support and empower people to continue to live healthy, meaningful and satisfying lives as active members of their community. Being innovative and creative in how care and support is provided. Support for unpaid carers; helping people live in their local communities, access to local support, dealing with isolation and loneliness. Planning community supports with third sector, independent sector and housing providers. Neighbourhood care, unpaid carers, third sector supports.
Generated on: 11 November 2025

PI Code	Description	Q1 2025/26		Q2 2025/26		2024/25	2024/25	Latest Note
		Value	Status	Value	Status	Value	Value	
ADC ADA 011B	Number of Adult Support Plans for carers offered in Clackmannanshire locality HSCP	80		70		210	210	
ADC ADA 011C	Number of Adult Support Plans for carers accepted in Clackmannanshire locality.	30		31		81	81	
ADC ADA 011D	Number of eligible Adult Support plans for carers completed.	<5		<5		13	13	
ADC ADA 011	% of Adult Support Plans for carers completed in Adult Social Care	6.7%		9.7%		16.0%	16.0%	

Appendix 2 Clackmannanshire locality data 2025/26 Q1 & Q2 (April to September).

Inspection of Services

Registered services owned by the Partnership are inspected annually by the Care Inspectorate. There was 1 registered service inspection during April to September 2025. Additional information and full details on any inspections can be found at the Care Inspectorate website. Since 1 April 2018, the new Health and Social Care Standards have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a new framework for inspections of care homes for older people.

Ludgate House Resource Centre Care Home Service, Unannounced inspection, Completed on 25th June 2025

Key messages:

People were supported by staff who were kind and interactions were respectful. The leadership team needed to use the audit activity and outputs to drive improvement across the service. The staff team were consistent and worked well together. The service needed to make some changes to the environment to better support outcomes for people. Care plans were well informed about people but needed reviewed to include individual outcomes and permissions around restrictive practices

How well do we support Service Area people's wellbeing?	4 - Good	Areas for improvement - 1
How good is our leadership?	3 - Adequate	Areas for improvement - 1
How good is our staff team?	4 - Good	No Areas from improvement
How good is our setting?	4 - Good	Areas for improvement - 1
How well is our care and support planned?	4 - Good	Areas for improvement - 2

There was one requirement made on 20th January 2025. This was met out with the timescales by this inspection.

CLACKMANNANSHIRE COUNCIL

Report to: Audit and Scrutiny Committee

Date of Meeting: 11 December 2025

Subject: Management Information: Voluntary Severance, Early Retirement, and flexible Retirement Packages

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Report by: Senior Manager (HR and Workforce Development)

1.0   Purpose

1.1.   This paper provides Committee with an overview of the number of early retirements, voluntary severances, and flexible retirements approved during the previous financial year, including any associated costs and savings.

2.0   Recommendations

2.1.   That Committee notes, comments and challenges as appropriate.

3.0   Considerations

3.1.   In October 2025 Council approved that an annual report would be submitted to the Audit and Scrutiny Committee detailing the number of early retirements, voluntary severances, and flexible retirements approved during the previous financial year, including associated costs and savings.

3.2.   Clackmannanshire Council has a number of Council approved policies related to redesign, redundancy and retirement.

3.3.   The Council's organisational change protocols and Severance Policy were approved in 2020, with the Flexible Retirement Policy approved in 2021.

3.4.   The Local Government Pension Scheme – Employer's Discretionary Functions Policy was approved in 2015 and amended in 2018 following the introduction of the LGPS (Scotland) Regulations 2018.

3.5.   These policies apply consistently to all staff, regardless of grade or level, and align with the relevant pension scheme provisions.

3.6.   Under the Councils financial regulations any extraordinary payments made to staff such as payments made for mutual termination, redundancy or severance, that are outwith the standard terms of the policy, must be approved by the S95 Officer.

3.7. Under the Local Government Pension Scheme, members after age 55 and before Normal Pension Age (including those released on flexible retirement grounds) can choose to access their benefits but may incur an early payment penalty (actuarial reduction). Clackmannanshire Council will not, as a matter of course, waive in whole or in part any reduction that would be applied under the regulations meaning there is no cost incurred by the Council.

3.8. Approval for flexible retirement is granted by the Section 95 Officer and endorsed by the Strategic Director (Partnership and Performance), provided:

- There is no strain cost;

- The proposed reduction in grade or hours aligns with policy; and

- The revised salary and pension do not exceed the pre-retirement salary.

3.9. All exit packages related to Voluntary Severance are considered by the Council's Clearing House, which is comprised of the Chief Executive and S95, supported by the Senior Manager HR and Workforce Development.

3.10. The purpose of the Clearing House is to ensure fairness to individual employees whilst balancing the financial needs/minimising costs to the Council when agreeing to packages being offered

3.11. The Clearing House are provided with details of the financial settlement available to staff together with the associated costs to the Council and an indication as to whether or not the costs can be recovered within 2 years.

3.12. When deciding whether to offer Compensatory Added Years (if applicable) the Clearing House will consider the full financial settlement and the associated cost and agree the appropriate amount of years to be added.

3.13. In line with Council policy, where a Voluntary Severance situation is approved but the post is to be maintained alternative savings must be identified which meet the criteria for affordability.

Numbers and associated costs

3.14. Full figures relating to early retirement, voluntary severance, and flexible retirement are outlined at table 1 below.

	Early Retirement	Voluntary Severance	Flexible Retirement
Health & Social Care Partnership	6	1	1
Partnership & Performance	7	1	1
People	16	4	3
Place	8	3	5
Grand Total	**37**	**9**	**9**

3.15. Costs associated with voluntary severance are outlined in table 2 below:

	Early Retirement		Voluntary Severance		Flexible Retirement	
Health & Social Care Partnership	£	-	£	-	£	-
Partnership & Performance	£	-	£	49,151.58	£	-
People	£	-	£	-	£	-
Place	£	-	£	97,087.87	£	-
Grand Total	**£**	**-**	**£ 146,239.45**		**£**	**-**

3.16. It should be noted that some voluntary severances do not attract costs (e.g. strain payments) where the member of staff is above the state pension age, and therefore where a figure may appear in table 1, there may not be any associated cost as outlined at table 2.

3.17. Savings associated with voluntary severance are outlined at Table 3 below.

	VS Savings
Health & Social Care Partnership	£1,203.00
Partnership & Performance	£43,009.00
People	£46,766.00
Place	£92.444.00
Grand Total	**£183,422.00**

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:

This reports presents number and financial figures for noting as part of regular updates on HR policy implementation. There is no decision required, and as such no EQIA is to be undertaken.

9.0 Legality

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

10.0 Appendices

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

None.

11.0 Background Papers

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

Yes ☐ (please list the documents below)   No ☒

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Sarah Langsford	Senior Manager – HR & Workforce Development	

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Strategic Director – Partnership and Performance	

CLACKMANNANSHIRE COUNCIL

Report to Audit and Scrutiny Committee

Date of Meeting: 11 December 2025

Subject: Absence Compliance Update

Report by: Senior Manager (HR and Workforce Development)

1.0   Purpose

1.1.   This paper provides Committee with:

(i)   an update on the Maximising Attendance and Well-being action plan,

(ii)   an update on the work being undertaken by the Absence Compliance Officer role.

2.0   Recommendations

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

3.0   Considerations

Maximising Attendance and Employee Wellbeing Action Plan

3.1.   The Maximising Attendance and Employee Wellbeing Action plan was originally development in 2019 and updated in 2023. (Appendix 1).

3.2.   The action plan outlined a number of recommendations and proposals, which aimed to promote measures on attendance and wellbeing across the Council. The update in 2023 renewed our focus on the wellbeing of our staff. The action plan is now complete. Whilst one action was not progressed this is as a result of the Health Working Lives scheme no longer being offered by Public Health Scotland. However, the standards, as a framework, continue to inform the work of the Healthy Working Lives group in order to promote staff health and wellbeing.

3.3.   The Councils recently approved Health, Safety and Wellbeing Strategy will continue to monitor and report on staff wellbeing progress, with updates provided to the Committee on a regular basis.

Absence Compliance Officer Post

3.4.   In order to provide a targeted and focused approach on absence management, and in particular management compliance with policies and processes, the Strategic Oversight Group agreed the introduction of a 2-year fixed-term Absence Compliance Officer post, commencing from October 2024.

3.5.   The first year of this new post has been focused on two key areas of absence management.

3.6.   Firstly, the compliance aspect addresses consistency and accountability of managers across the Council, by ensuring they follow the agreed Maximising Attendance processes. This has been an on-going piece of work including:

- more regular and detailed management reports submitted to Senior Managers;

- detailed reports on return to works and other support measures; and

- ensuring absence is a regular agenda item at management meetings, and that it forms part of constructive conversation meetings.

3.7.   The second aspect of the post has been upskilling managers and developing new training courses, materials, templates and best practice examples. Coaching is also being provided in key areas where more bespoke support is required.

3.8.   In addition to this, to focus on the root causes of absence, there has been a spotlight on wellbeing, with measures such as fully utilising and promoting the employee assistance programme, and undertaking a number of initiatives in conjunction with the healthy working lives programme.

3.9.   Appendix 2 provides an overview of work being undertaken on an ongoing basis in support of reducing the Council's absence levels, and increasing staff wellbeing.

3.10. The Absence Compliance Officer has also sought to develop a range of supports for staff and managers, with a focus on support, and absence management. This has included signposting and assisting managers implement existing policies aimed at supporting staff, such policies include

- A Menopause policy;

- Carers Policy;

- Pregnancy Loss Policy;

- Review of the Maximising Attendance Policy;

- Flexible Working and Work / Life Balance Policy (in review); and

- Special Leave provisions (in review).

3.11. Moving forward, the Absence Compliance Officer role will continue to develop the Council's approach to absence management, with the aim not only to reduce absence levels as a whole but create an organisational culture where the wellbeing of staff is prioritised, both through our policies, processes, and daily interactions.

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   ☒

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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 – Maximising Attendance and Employee Wellbeing Action Plan

Appendix 2 – Absence Compliance Officer Sample Highlight Report

11.0 Background Papers

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

Yes ☐ (please list the documents below) No ☒

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Sarah Langsford	Senior Manager – HR & WFD	

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Strategic Director – Partnership and Performance	

APPENDIX 1: MAXIMISING ATTENDANCE AND EMPLOYEE WELLBEING CAMPAIGN - ACTION PLAN

No.	Action	Reason for Action	Tasks required	Lead/ Owner	Action Due	Q1 19/20 Update	Action update – as at May 2023	Action Update – as at November 2025
1.	Points arising out of Internal Audit report to be considered in relation to the content of the Maximising Attendance Policy and Procedures.	To ensure the consistent and transparent application of robust controls.	HR will ensure, that these points are included, as part of the next scheduled review of the Maximising Attendance Policy / Procedures / Managers' Guide.	HR Service Manager	31 December 2019	Work is on track to address the recommendations contained within the IA report.	COMPLETE The Maximising Attendance Policy and Procedure has been recently reviewed through the policy group process and was agreed by Council in June 2023.	COMPLETE
2.	A review/refresh of the corporate record outlining who has attended Maximising Attendance training is required.	The corporate record must be updated to ensure that that all officers with supervisory responsibilities have undertaken the mandatory Maximising Attendance training.	HR to send email reminder to all managers with supervisory responsibilities to establish who has attended a Maximising Attendance training course within the last 3 years. This will determine who requires training or a refresher course.	HR Service Manager	19 April 2019	HR email has been sent and returns are being collated to determine training/ refresher course requirements.	COMPLETE This is now captured on an ongoing basis via the itrent/clacks academy system, with maximising attendance training offered on an ongoing basis	COMPLETE

3.	A programme of communications aimed at Maximising Attendance will take place throughout 19/20.	To emphasise the level of corporate priority in relation to absence/wellbeing and the impacts to the Council/Services and Teams of non-compliance. To remind all staff and line managers of their responsibilities for complying with the Maximising Attendance Policy and Procedures.	a)	Initial comms piece will be sent from Chief Executive following recent attendance at parliamentary committee to raise the profile of employee wellbeing and emphasise the corporate priority of reducing absence levels (increasing resilience, wellbeing, engagement and capacity, and reducing the financial impact of absence).	Chief Exec/ Strategic Director	By end April 19	COMPLETE	COMPLETE	COMPLETE
			b)	A focused communications strategy will run throughout the year to raise the profile of the impact of sickness absence, and continue the focus on promoting wellbeing (This will include a series of e-communications on Connect, posters, the video clips/podcasts, digital information screens at staff entrances)	Comms team	December 2019	COMPLETE Posters designed for imminent issue; costing for tv screen in staff foyer at Kilncraigs being obtained; Comms plan timings being developed.	COMPLETE	COMPLETE
			c)	Staff roadshows will take place during early June 2019 and absence management will be a key topic.	SLG	June 2019	COMPLETE First roadshow took place on 13 June 2019.	COMPLETE As a result of pandemic further roadshows were not undertaken. Engagement mechanisms with staff will be considered as part of the interim workforce plan	COMPLETE
			d)	Working with partners and other local authorities to consider and apply good practice.	SLG	Sept 2019	Teleconference being set up with East Ayrshire Council to discuss supportive approaches.	COMPLETE	COMPLETE

No.	Action	Reason for Action	Tasks required	Lead/ Owner	Action Due	Q1 19/20 Update	Action update – as at May 2023	Action Update – as at November 2025
4.	A systematic approach will be taken to review current long-term sickness absence within each directorate, ensuring that the instances of non compliance with the Policy and recording are addressed.	To ensure compliance with the Maximising Attendance Policy and Procedures. To ensure a strong ongoing focus to improve attendance at work.	All Directors will work with Service Managers, HR BPs and OH where appropriate to review current long term sickness absences and ensure that individual plans are in place to support employees back to work.	Directors	Summer 2019	People portfolio meetings completed in June for Social Services and Education. Place/P&P meetings to follow in Q2 19/20.	COMPLETE here are meetings in place in each directorate to ensure absence management is being followed consistently and a new 3 month review process period between senior managers/ HR and strategic directors is also in place	COMPLETE Senior HR BP has followed up and ensured BPs are continuing to have these meetings. Absence compliance officer also links in where required, with monthly MI generated to inform senior management meetings.
5.	Refresh commitment to provide meaningful, regular updates to absence information held on Pentana.	To ensure the data contains up to date action on how short and long term absence is being addressed across the council.	Directors to ensure that Pentana updates are provided for their directorates.	Directors/ Service Manager	August 2019	Meetings ongoing to assess whether current Pentana requirements remain fit for purpose. Thereafter data requirements will be refreshed and rolled out at ESLG in August.	Pentana reports are tabled on a regular basis to ESLG/SLG	COMPLETE Reports continue to be provided and scrutinised as appropriate, with absence levels recorded on the Pentana performance management system.
6.	Review whether automation/ prompts on iTrent can be set for sickness absence over 7 days	Efficiencies have been achieved regarding annual leave requests via the use of automated prompts. Rolling this out to sickness absence is expected to increase efficiency for procedural compliance and reporting of sickness absence.	HR Service Manager to identify whether automated prompts/ escalation can be set up on iTrent for sickness absence over 7 days.	HR Service Manager	June 2019	New prompts have been set up and communications to roll out are in progress.	COMPLETE	COMPLETE Additional prompts have been put in place by the Absence Compliance Officer.

No.	Action	Reason for Action	Tasks required	Lead/ Owner	Action Due	Q1 19/20 Update	Action update – as at May 2023	Action Update – as at November 2025
7.	Ensure employee wellbeing and improving attendance is placed on team/department meetings as a standing agenda item and that updates tie in with corporate priorities.	Ensure messages during campaign are reiterated during team/directorate meetings.	All line managers with supervisory responsibilities required to report progress on actions/updates through line management routes.	All line managers	August 2019	Cascade required through Strategic Directors and Senior Managers – Action ongoing	COMPLETE This is an ongoing agenda item on SMTs/ bipartites etc as well as absence specific review meetings with HRBPs. Senior Managers should be discussing absence and steps being taken with supervisors as part of their 1-2-1 engagement.	COMPLETE As noted above HR team meet three monthly with appropriate Senior Managers/Team Leaders on absence. HR Team have absence discussions on an ongoing basis Absence Compliance Officer will also work with managers to create action plans for specific cases.
8.	Embed employee attendance and wellbeing into the PRD process.	Integrate objective as a positive indicator of performance.	All line managers to ensure that all PRDs make reference to all absence management to the extent that: a) Managers have already undertaken or will undertake the required training or ensure they attend a refresher session b) Managers will ensure they comply with Council policies and reporting requirements c) Embed these requirements within guidance and on iTrent.	All line managers	By end March 2020	Strategic Directors to seek assurance from Senior Managers that actions are embedded in PRD process. – Action ongoing	The PRD process has been replaced with Constructive Conversations where individual wellbeing is a main focus. Objective setting should include consideration of absence levels. Business Plans should include targets related to absence levels.	COMPLETE Constructive Conversations process now embedded as the Council's staff performance management framework. .

No.	Action	Reason for Action	Tasks required	Lead/ Owner	Action Due	Q1 19/20 Update	Action update – as at May 2023	Action Update – as at November 2025
9.	Review/create family friendly policies that offer/promote flexible options aimed at reducing sickness absence: a) Develop and implement a Menopause policy b) Review and refresh family friendly policies to promote a variety of options that provide an ongoing focus to improve attendance at work.	Ensure that policies provide a range of options to support employees and improve attendance at work.	HR Service Manager will lead the development of a menopause policy and review family-friendly policies to provide options to improve attendance at work.	HR Service Manager	Ongoing	Reviews for Flexible working, Carers policy currently going through internal governance routes. Special Leave policy due for imminent approval. Development of menopause policy has commenced.	COMPLETE The menopause policy is in place. In addition we developed and implemented a carers policy and pregnancy loss policy. In addition flexible working. Special leave have been updated.	COMPLETE Menopause policy is currently being reviewed alongside a new policy looking to support Menstrual Health, we have also created a neo natal policy recently in line with recent updates. All special leave arrangements including bereavement leave support are being reviewed. Carers policy has been reviewed and a number of sessions held by HRBP team over all council locations for Carers week to highlight the supports available and to bring carers together.

No.	Action	Reason for Action	Tasks required	Lead/ Owner	Action Due	Q1 19/20 Update	Action update – as at May 2023	Action Update – as at November 2025
10.	Continue to promote wellbeing in order to progress the 'Gold' Healthy Working Lives award.	Embed actions to promote wellbeing with the campaign to improve attendance at work.	Link HWL campaign actions with efforts to improve attendance at work.	HWL Group	Ongoing	Comms team due to meet with HWL group to align campaign dates	NOT COMPLETE Council approved the Wellbeing Strategy 2022 – 2025 and the HWL Group will take forward the identified actions	NOT COMPLETE HWL standard no longer offered by Public Health Scotland, however the standards as a framework continue to inform work of the HWL group in order to promote staff health and wellbeing. As such, this action cannot be completed.
11.	Embed outputs of wellbeing focus group arising out of the Staff Survey results/actions into the Workforce plan.	Ensure links are made to embed and integrate actions where possible.	OD Adviser to ensure links with staff survey, workforce plan and sickness absence actions.	OD Adviser	June 2019	Strategic Director (People)/ OD Adviser meeting took place in July 2019 following council approval of Strategic workforce plan to align actions. Ongoing.	COMPLETE Completed and included within Council's workforce Programme (which has since closed down following completion).	COMPLETE Actions included and addressed via the Workforce Programme (now closed). Further actions re: wellbeing taken forward via the Interim Workforce Strategy (now closed).

No.	Action	Reason for Action	Tasks required	Lead/ Owner	Action Due	Q1 19/20 Update	Action update – as at May 2023	Action Update – as at November 2025
12.	Review progress by conducting random iTrent checks/quality assurance and committing to an annual review to ensure procedural compliance.	To ensure good practice is followed consistently. To track progress in sickness absence reporting.	Internal Audit to devise review plan that addresses actions outlined.	Internal Audit	Random checks ongoing culminating in 12-month annual review	Action not yet commenced.	COMPLETE Reports are sent to Bipartites which show the number of Support and Guidance and Return to work completed and outstanding. HRBPs review absence reports regularly and highlight issues to services. Work is currently ongoing in relation to amending the process related to submission of and recording of medical/self certificates.	COMPLETE Absence levels reported via working together structure of Bipartites and Tripartite meetings (half yearly and annual reporting). Absence Compliance Officer issues bespoke information for managers involved with managing staff absence.

APPENDIX 2: Sample Highlight Report

Update – September 2025

For your information and grateful if you can cascade the undernoted update at your next Senior Management/TU Bipartite and LNCT meeting.

Here are some bullet points of some of the exciting things that are happening as part of HWL and Absence Compliance and our continual drive to maximise good health, wellbeing and attendance at Clackmannanshire Council:-

1. **Champion Health App -** new Champion Health portal and app officially launched and replaces the current PAM Assist Wellbeing App.

   Managers to encourage staff to watch the **15 minute YouTube video re what Champion Health is and to register** during working/wellbeing time. You can view the Champion Health/PAM Wellness App demonstration video below, which will walk you through the platforms features.

2. **PAM Wellness Overview** - a 2nd Lunch and Learn webinar session took place on Tuesday 26th August. Although promoted, this was very poorly attended. A recording has been uploaded to Clacks Academy and Managers should encourage staff to watch this during working/wellbeing time. **Staff Health and Wellbeing>Staff Wellbeing>PAM Wellness – An introduction to your Employee Assistance Programme (EAP) Service.**

3. Ongoing work on the **rebranding of HWL** and the creation of new content (i.e. webinars, podcasts, good news stories, up and coming local events i.e. Rangers Services – nature walks, Sports Physical Activity Programme, wild water swimming, voluntary work etc) for Sharepoint. Focus on key core areas including mental health and wellbeing, physical health and wellbeing, financial health and wellbeing etc.

4. Continual promotion of **HWL calendar and campaigns** – Autumn Programme.

5. **National Wellbeing Week (1st - 7th September).** A week long programme of free online sessions designed for professionals across health, social care, social work, local government and the third sector was promoted across the Council. **(Unable to get feedback from the National Wellbeing Champions as to numbers registered from Clacks but the event overall was a success).**

6. **Know Your Numbers Week (8ᵗʰ – 14ᵗʰ September).** This was poorly attended. The total checks carried out were 18, 10 male and 8 female.

   Kilncraigs   9 people checked
   Kelliebank   5 people checked
   Forthbank   4 people checked

   3 people had high blood pressure and recommended that they get it checked.
   2 people had mild/high blood pressure and recommend they get checked.
   The rest were generally ok.

   Managers should continue to signpost staff to the Keep Well Health Assessment Service.

7. **World Mental Health Day on 10ᵗʰ October**

"Trees of Courage" leading up to World Mental Health Day on 10ᵗʰ of October 2025.

Throughout Clackmannanshire, we would like to create a mental health campaign that encourages children, teenagers, and adults to hang anonymous, supportive messages to themselves on a tree based in a central area of their school or workplace as part of our offering for **World Mental Health Day on the 10ᵗʰ of October 2025.**

Background: The tree is a symbol that throughout all of the seasons and against all weather conditions, remain steadfast, planted in the soil, changing, growing, blossoming despite all its challenges.

Writing a personal message to yourself and attaching it to the tree is an affirmation of personal feelings and advice to younger selves. To do this the person will need to take stock of where they are and how they feel – before leaving a message for themselves.

The messages could be collected at the end of the campaign and used as a barometer of issues, thoughts, and ideas that our people are expressing. This would lead to focused and targeted follow up materials aimed at addressing the volume of messages left on the trees.

8. **Mental Health & Wellbeing Training** – this training is open to everyone to learn about mental health and wellbeing. It is a 2 day course and delivered on a first come basis. Staff can register on Clacks Academy.

Mental Health & Wellbeing

Mental Health & Wellbeing
2 day course

09:00 on 07 October 2025 (2 days)

5 spaces(s) remaining

Show more ⊕

Register

09:00 on 18 November 2025 (2 days)

8 spaces(s) remaining

Show more ⊕

Register

09:00 on 02 December 2025 (2 days)

12 spaces(s) remaining

Show more ⊕

Register

09:00 on 14 January 2026 (2 days)

11 spaces(s) remaining

Evotix Health & Safety System training

9. **World Menopause Day on the 18th October** – next campaign being delivered. Potentially looking to set up focus groups etc thereafter.

10. Continual promotion of **PAM Wellness Calendar and online webinars**. Recent events included **Movement for Mental Health (21st August)** and **How to Approach Suicide Prevention (18th September**). Next one is **Neurodiversity – support in the workplace** on the 16th October.

11. Continual promotion of access to the **Step on Stress Programme** for all staff.

    Next dates to be promoted are:-
    Series 45 – 20th, 27th October & 3rd November, 6:30 pm - 7:45 pm   Series 46 – 10th, 17th & 24th November, 10:00 am – 11:15 am   Series 47 – 2nd, 9th & 16th December, 2pm – 3.15 pm

12. Continual promotion of **Keep Well Health Assessments** for all staff.

13. **Toolbox Talk and Employee Wellbeing Survey** will be launched **w/c Monday 29th September** council wide. All Managers will receive an email this week instructing them to deliver the **Supporting Mental Health, Stress and Wellbeing in the workplace** toolbox talk which will include a run through of the different supports available to staff, watching the recent PAM Wellness recording and time to complete the online Employee Wellbeing Survey. Wellbeing Champions will be on hand to help support Managers deliver this and there will be a mop up session delivered in the Chambers in October (tbc). The results of the survey will help the HWL Group Co-ordinators shape and inform the new **Health & Safety and Wellbeing Strategy. (We are aiming for 100% response rate so encourage Managers to make sure that staff are completing the survey!).**

14. **Ongoing work** with Managers **re absence compliance**, weekly MI absence compliance reports being sent to Senior Managers and Managers. (Abatements/Minor Illness/IHR/3 months/6 months/1 year/Attendance Improvement Targets etc).

15. Monthly **Stress Risk Assessment MI reports** are being set up to ensure that SRA actions are being taken by Managers and support and signposting is in place quickly.

16. Ongoing work re development of **HR and HWL processes** for Managers which will be made available soon.

17. Examples of good quality **Return To Works, Support and Guidance, Long Term Support and Guidance forms** for Managers, example **Attendance Improvement Targets** being created and will be **rolled out to all Managers.**

18. **Separate meetings** to be set up with Susan (Children's Services)/Natalie (Education)/Diana (Kelliebank) to meet with Services re absence management and compliance at their request.

19. Review of the current **Maximising Attendance at Work training, redesign** and **deliver** with Service HRBP's to all Managers. **Provisional dates have been set up for next January and February** and Managers will be able to book themselves on via Clacks Academy soon.

20. Ongoing work on the creation of a **Manager Support Booklet** and an **Employee Support Booklet** for all staff.

Let's work together to create a mentally healthy workplace for everyone.

CLACKMANNANSHIRE COUNCIL

Report to: Audit and Scrutiny Committee

Date of Meeting: 11th December, 2025

**Subject: Public Bodies' Climate Change Report Duty (PBCCRD):
Clackmannanshire Council Annual Report 2024/25 Internal
Audit**

Report by: Strategic Director (Place)

1.0   Purpose

1.1.   To present the findings of Internal Audit's review of the Council's Public Body Climate Change Duties (PBCCD) 2024/25 Annual Return.

2.0   Recommendations

2.1   Committee is asked to:

(a)   note the contents of the internal audit report on Clackmannanshire Council's progress in delivering its climate change duties (Annex 1), as delivered to the Scottish Government,

(b)   Note the substantial assurance provided on the Council's PBCCD reporting arrangements.

(c)   Endorse the recommendations for improvements:

- Aim to ensure that all carbon reduction projects include estimated and actual carbon savings and investigate tools to capture emissions savings data.
- Review and update governance documents referenced in the PBCCD return that predate the 2024/25 reporting period (Annex 1 ref P 10)

3.0   Considerations

3.1.   Clackmannanshire Council has statutory duties under Section 44 of the Climate Change (Scotland) Act 2009 to contribute to reducing Scotland's greenhouse gas emissions; to contribute to helping Scotland adapt to a changing climate; and to act in the way that it considers most sustainable.

3.2.   The Climate Change (Emissions Reduction Targets) (Scotland) Act 2019 sets targets to reduce Scotland's emissions of all greenhouse gases to net-zero by 2045, with interim targets for reductions of at least 56% by 2020, 75% by 2030, and 90% by 2040.

3.3. The Council has committed to achieving net zero greenhouse gas emissions by 2040 for its operations and 2045 for the wider area, in line with the Climate Change (Emissions Reduction Targets) (Scotland) Act 2019.

3.4. The guidance associated with the legislation recommends that public bodies embed climate change action in all core corporate and business planning processes and report on their progress annually.

3.5. The Scottish Government expects Local Authorities to lead by example in combating climate change and making a valuable contribution towards achieving the country's emissions reduction targets.

3.6. The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order requires public bodies to report annually on their compliance with the duties. Clackmannanshire Council's most recent Public Sector Climate Change Reporting Duties (PBCCRD) report covered the year 2024/25 and was submitted to Sustainable Scotland Network (SSN), the government reporting body, by the deadline of 30 November 2025.

3.7. Internal Audit reviewed the PBCCD return as part of the 2025/26 Audit Plan approved by the Committee on 12 June 2025.

3.8. *Audit Scope*

The PBCCD return covers six areas:

1. Profile of Reporting Body

2. Governance, Management & Strategy

3. Emissions, Targets & Projects

4. Adaptation

5. Procurement

6. Validation & Declaration

Our Internal Audit focused on:

➢ Accuracy of reported data

➢ Adequacy of governance and reporting arrangements

3.9. *Outcome of audit*

3.9.1 The PBCCRD report was submitted to internal audit for review at the start of October, the purpose being to assess the reporting arrangements and accuracy of the information contained within the 2024/25 report and also to consider whether the recommendations of their previous review of 2023/24 had been put in place. The key findings were as follows:

- *Process Improvements:* Previous recommendations (2024) on timetables and central records were implemented with the draft return being available for review in October, (in line with the agreed timetable). N.B. Waste data could

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not be provided until mid November as this is when the Scottish Government releases the information. Internal Audit were aware of this in advance.

- *Governance:* The information submitted was accurate, however it was noted that some of the documents required to be updated e.g. Local Transport Strategy 2009 -2014 and Travel Plan 2013.

- *Emissions* **Scope 1 and 2** are stable[1] however our **Scope 3[2] emissions** increased significantly (6,162 – 12,074 tCO2e) this was attributed to improved data capture and expanded reporting boundaries, such as procurement and waste (household recycled and non recycled waste), in line with with PBCCD guidance. This aligns with sector-wide changes to ensure comprehensive reporting.

- *Projects:* There was a lack of quantified carbon savings in most projects, (which is partially associated with the absence of a corporate monitoring tool). The Energy and Sustainability team were able to provide estimates of carbon saviongs for the work carried out in the Council's Energy Efficiency Scotaland Area Based Scheme (EES ABS)

- *Adaptation:* Progress was noted in several areas (regional adaptation planning with Stirling and Falkirk Councils, a network of flood risk monitoring volunteers and development of natural flood management initiatives which have resulted in an award-winning community-led natural flood management project in Muckhart).

- *Procurement:* Information provided was accurate (strategy last updated 2019–2022).

3.10 *Assurance Level* – Internal Audit have provided **SUBSTANTIAL ASSURANCE** (see Annex 1 for assurance category definitions) on the Council's reporting arrangements and the accuracy of the information in the report. Their recommendations are in Annex 1 ref page 9, and Annex 1 ref page 10 details supporting governance documents that need to be updated.

Significant progress has been made in the last year both in response to the recommendations of the previous review and to the Climate Emergency declared by the Council in August 2022. These include:

- The Energy and Sustainability team are continuing to make substantial in roads into reducing carbon emissions. During 2024/25 the team delivered Energy Efficiency improvements to 31 properties that equated to savings of 50.8 tonnes CO2/year and achieved advocacy[3] savings worth 386.78 tonnes CO2. Since commencing the Scottish Government housing energy efficiency schemes the team have carried out improvements to 14,532 properties involving 17,616 measures (including external wall and loft insulation, solar

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[1] **Scope 1:** Direct Emissions
These are emissions from sources that an organization owns or controls directly.
Scope 2: Indirect Emissions from Energy
Emissions from the generation of purchased energy (electricity, steam, heating, cooling) that the the Council consumes.

[2] **Scope 3** emissions are the indirect greenhouse gas emissions that occur in an organization's value chain, outside its direct control. **Examples** Purchased Goods and Services, Fuel, Transport, Business Travel, Waste generated in operations, Investments, Waste generated from operations

[3] **Advocacy** – work associated with the provision of energy efficiency advice resulting in a reduction of energy use

panels and boiler replacements). The total lifetime carbon savings for all of the projects is 310,550 tonnes CO2 plus 68,353 tonnes CO2 of advocacy savings

- In October, the Council approved the Climate Change strategy and associated Pollinator strategy;

- Our Scope 1 and 2 greenhouse gas emissions remain stable;

- Clackmannanshire achieved a **57.2% household recycling rate in 2024**, the highest of any council in Scotland—well above the national average of **44.3%**

- The Strategic Energy Management Group continues to meet regularly to review and evaluate the delivery of the Council's Local Heat and Energy Efficiency Strategy;

- the Climate Emergency Action Plan (CEAP) continues to be developed and updated by members of the Climate Emergency Working Group;

- the Climate Emergency Board (CEB) continues to meet quarterly to create, implement and own annual greenhouse gas emission reduction targets for Clackmannanshire Council's own operations and the wider area.

4.0 Sustainability Implications

4.1. Ongoing improvements laid out in the Council's Climate Emergency Action Plan will enable the Council to better meet its sustainability and climate change duties. Delivery of these improvements will contribute towards fewer adverse impacts on the environment, a reduction in greenhouse gas emissions, and better preparedness for the likely impacts of a changing climate

5.0 Resource Implications

5.1. Financial Details

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate.

Yes ☒

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

Yes ☒

5.4. Staffing

There are increasing pressures on staff to deliver Climate Change initiatives and to comply with statutory returns. The updating and development of these plans and strategies have proved challenging during the past year due to resource limitations in the Energy and Sustainability team, as well as other services, and other legislative and Government priorities requiring the development of new strategies, statistical data and formal returns.

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 ☒

- Climate Emergency Declaration (2022); Net Zero Targets (Council by 2040 and Area by 2045)

- Climate Change Strategy

- Pollinator Strategy

8.0 Impact Assessments

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

Yes ☒

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

EFSIA is not required

This report is not proposing to carry out actions that require an EFSIA, it is asking for Committee to note findings of an internal audit report. Although the report identifies reports that require updating, these reports, when updated by the appropriate service, will have an EFSIA carried out prior to being presented to Committee/Council.

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".

Annex 1: Internal Audit – Public Sector Climate Change Duties Report 2024/25 (includes assurance category definitions)

Annex 1 Page 9: Recommendations and Action Plan

Annex 1 Page 10 : List of Outdated Governance Documents

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 ☐

- o PBCCD Report 24/25

- o Internal Audit – Public Sector Climate Change Duties Report 2024/25

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Lawrence Hunter	Energy and Sustainability Team Leader	Ext 2681

Approved by

NAME	DESIGNATION	SIGNATURE
Kevin Wells	Executive Director (Place)	████████

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MEMO

To:	Lawrence Hunter, Energy and Sustainability Strategy Officer
Copy To:	Nikki Bridle, Chief Executive Kevin Wells, Strategic Director, Place Chris Alliston, Strategic Director, Partnership and Performance Lorraine Sanda, Strategic Director, People Isabel Wright, Internal Audit Manager
From:	Jason Ross, Internal Auditor
Date:	17 November 2025
Subject:	**INTERNAL AUDIT – PUBLIC BODY CLIMATE CHANGE DUTIES DRAFT REPORT**

Background

1. As part of our Internal Audit Plan for 2025/26 as agreed by the Audit and Scrutiny Committee on 12 June 2025, Internal Audit has recently completed validation work on the Council's Public Body Climate Change Duties (PBCCD) 2024/25 Annual Return.

2. The Climate Change (Scotland) Act 2009 (the Act) introduced the requirement for public bodies to report on their climate change duties. The Council is due to submit its 2024/25 return to the Sustainable Scotland Network (SSN) by the deadline of 30 November 2025. This is in line with the timescales laid down in the Act.

3. The Climate Change (Emissions Reduction Targets) (Scotland) Act 2019 sets targets to reduce Scotland's emissions of all greenhouse gases to net-zero by 2045, with interim targets for reductions of at least 56% by 2020, 75% by 2030, and 90% by 2040.

4. On 11 August 2022, the Council agreed to set a target for the Council's own operations to reach net zero greenhouse gas emissions by 2040 at the latest and set interim targets leading up to 2040. They also set a target for the Clackmannanshire area to reach net zero greenhouse gas emissions by 2045 at the latest.

Internal Audit Findings

5. To ensure the consistency of returns across public bodies, the annual return format is a standard template split into six required areas:

    - Profile of Reporting Body;
    - Governance, Management, and Strategy;
    - Corporate Emissions, Targets, and Project Data;
    - Adaptation;
    - Procurement; and
    - Validation and Declaration.

6. The return is made up of the completion of a checklist, which confirms that the information has been validated by the organisation's Internal Audit section. Our work, therefore, focused on reviewing the reporting arrangements and the accuracy of the information included in the return. Our previous review in 2024 of the 2023/24 Public Sector Change Duties Annual Return stated that there were delays in receiving the information and there was also some ambiguity around who compiled the data resulting in several amendments being made.

7. As a result, we made the following recommendations in the 2024 Audit report:

    - a PBCCD annual return compilation timetable should be developed with the final return completed and ready for Internal Audit validation one month before the submission deadline; and
    - a central record should be held by the Climate Emergency Working Group identifying what information was provided by which officer.

8. We found that the recommendations made in 2024 were implemented with a completed draft PBCCD return for 2024/25 being issued to Internal Audit for checking at the start of October 2025. There was one exception (the waste figures) which were not available until mid-November due to when the waste information was provided by the Scottish Environmental Protection Agency. In addition, for the 2024/25 return there was a central file consisting of folders, which contained supporting documents for the responsible officer's figures in the return. Internal Audit were, therefore, able to review the accuracy of the information included in the return within agreed timeframes.

9. We identified some weaknesses during our validation work and made recommendations. Governance documents noted in the return were accurately recorded, however, we found a number of these documents were out of date and predated 2024/25 (the PBCCD Reporting Period); and greenhouse gas emissions reduction projects information did not contain carbon savings figures.

Internal Audit Assurance

10. The attached **Annex 1** contains a summary of our findings. We can provide **SUBSTANTIAL ASSURANCE** (see **Annex 2** for assurance category definitions) on the Council's reporting arrangements and the accuracy of the information in the report. Our recommendations are in **Annex 3**, and **Annex 4** details supporting governance documents that need to be updated.

2

11. We understand that that the Energy and Sustainability Strategy Officer will report on Climate Change Duties to the Council as soon as it can be tabled.

12. Finally, I would like to thank the Energy and Sustainability Team for their assistance and co-operation provided during this review and for the implementation of previous recommendations. This supported Internal Audit's timely verification of the PBCCD return prior to the submission deadline.

Jason Ross
Internal Auditor
17 November 2025

CLIMATE CHANGE ACT PUBLIC BODY DUTIES ANNUAL REPORT
INTERNAL AUDIT FINDINGS

Section 1 – Profile of Reporting Body

1. We were content that Section 1 had been fully completed with information being provided from Human Resources and Accountancy. Information recorded includes the number of full-time equivalent staff, floor area of the operational and non-operational estate, and the Council's budget for 2024/25. The budget figures originally provided had to be amended to reconcile to the supporting data.

Section 2 – Governance, Management, and Strategy

2. The information provided in Section 2 is provided from a variety of sources across the Council and we were content that it had been accurately recorded.

3. While the Climate Change Public Body Duties Report includes narrative on governance arrangements, Section 2a also states that a diagram / chart to outline the governance structure within the body should be provided in the report and this is not included. The Energy and Sustainability Strategy Officer contacted the Sustainable Scotland Network (SSN) to clarify this and the SSN Policy and Programme Manager stated that submitting diagrams and charts to outline the governance structure within the body is no longer a standard requirement for this section as the information provided is no longer included on the SSN website.

4. The Council has established a Climate Emergency Board (CEB), a Climate Emergency Working Group (CEWG), and a Strategic Energy Management Group (SEMG) to oversee compliance with the Climate Change (Scotland) Act 2009. The CEB developed and regularly reviews the Climate Change Strategy and Climate Emergency Action Plan to help deliver on zero targets and to align priorities. The CEWG develop new emissions reduction ideas to be escalated to the CEB for consideration, monitor progress of reduction activity, and provide information required for the PBCCD Report. The SEMG governs the delivery of Clackmannanshire's Regional Energy Masterplan and Local Heat and Energy Efficiency Strategy and monitors carbon reduction projects progress and benefits realisation. The return originally noted in section 2a that the CEB met two times in 2023/24, but was subsequently amended to detail the number of meetings undertaken by CEB, CEWG, and SEMG in the 2024/25 reporting period.

5. It was originally noted in section 2c that the Statement of Corporate Priorities 2023/24 was included as an example of having specific climate change mitigation and adaptation objectives in its corporate plan, but this was subsequently amended to include the Statement of Corporate priorities 2024/25 in line with the reporting period.

6. For Section 2e a list and related links are provided for Council governance documents that relate to PBCCD topic areas. We were content that these documents were accurately recorded, however, we found a number of these documents were out of date and predated 2024/25 (the PBCCD Reporting Period). This includes the Local Transport Strategy and the Council Travel plan. A full list of outdated governance documents are detailed at **Annex 4** and we **recommend** that the outdated governance documents should be reviewed and updated, and approved within appropriate timeframes.

7. Section 2f of the report sets out the Council's top five priorities for Climate Change, governance, management, and strategy for the year ahead. These were confirmed as approved by the Strategic

Director of Place for the 2024/25 Annual Return, and that these are in line with the priorities of the Climate Change Strategy and Net Zero Targets. These priorities are:

- To obtain Council approval of our Climate Change Strategy and Pollinator Strategy, which incorporates additional governance measures in the form of a Climate Emergency Board and Climate Emergency Working Group;
- Embed our Climate Emergency Action Plan and actions / key performance indicators into our Pentana Corporate Performance Management System (documenting key performance indicators, action plan & thematic risk assessment and managing via system to ensure following good practice in governance / performance reporting, plus potential efficiencies in PBCCD data gathering);
- To work with Scottish Climate Intelligence Service (SCIS) to track our carbon emissions;
- Approval of the Fleet Services - Management Plan 2025 – 2035; and
- Development and approval of the Public Buildings Asset Management Plan.

8.   In delivering these top priorities the Council will need to take cognisance of a number of Scottish Government priorities. These include:

- The Climate Change (Emissions Reduction Targets) (Scotland) Act 2019. This sets targets to reduce Scotland's emissions of all greenhouse gases to net zero by 2045;
- The Wellbeing Economy. The Council is working with the Scottish Government to support the development of a local economy that works for its residents, businesses, and natural environment. Key to developing a Wellbeing Economy is to make the economy more humane and more sustainable; and
- Scottish Government budget (2024/25) initiatives to tackle the climate emergency.

Section 3 – Emissions, Targets, and Projects

9.   The emissions data is based on greenhouse gas emissions which the Council can directly influence.

10.   The Council's Energy Officer sources the data from records of usage. The Carbon Footprint and Project Register Tool (CFPR) has not been used this year. The CFPR tool was developed by Zero Waste Scotland and the SSN, to support the public sector with implementing effective carbon management processes. The in-built calculators within the PBCCD report were utilised and there is consideration in future years to utilise the government's Public Sector Climate Adaptation Network (PSCAN) tool.

11.   We were content that the information provided in relation to Scope 1 (gas, LPG, fuel oil, diesel, and biomass), Scope 2 (grid electricity) emissions was consistent with that in the 2018/19, 2019/20, 2020/21, 2021/22, 2022/23, and 2023/24 reports.

12.   The information at **Table 1** confirms that the Council's greenhouse total gas emissions have increased compared to last year. This increase is primarily due to Scope 3 emissions having increased significantly from 6,162 tCO2e to 12,074 tCO2e. The large increase in Scope 3 emissions was due to improved data capture and expanded reporting boundaries in line with PBCCD guidance. For example, additional categories such as procurement and waste (household recycled and non recycled waste) were included this year, and more accurate activity-based data replaced previous estimates. This aligns with sector-wide changes to ensure comprehensive

reporting. Scope 1 and Scope 2 remained stable, confirming the increase is primarily due to Scope 3 methodology improvements rather than operational changes.

Table 1
Greenhouse Gas Emissions

Year	Scope 1	Scope 2	Scope 3	Total	Units
2017/18	3,940	3,096	503	7,538	tCO2e
2018/19	3,445	2,418	421	6,285	tCO2e
2019/20	3,468	2,139	379	5,986	tCO2e
2020/21	3,137	1,663	245	5,045	tCO2e
2021/22	3,098	1,890	7,327	12,315	tCO2e
2022/23	3,163	1,800	173	5,136	tCO2e
2023/24	3,071	1,777	6,162	11,010	tCO2e
2023/24	3,114	1,646	12,074	16,834	tCO2e

13. We reviewed the data for Sections 3a, 3b, and 3c of the report. We were content that they fully reconciled to supporting documentation.

14. Section 3c: "Generation, consumption and export of renewable energy" the biomass figure was initially stated as 114,000 kWh and this figure was amended to 302,016 kWh which we were content was accurate and reconciled to biomass materials deliveries data.

15. In Section 3d the Council states its annual targets for reducing emissions of greenhouse gases culminating in net zero by 2040. We are content that the targets stated reconcile to the Council's Climate Change Strategy.

16. Section 3e details the estimated total annual carbon savings from all projects implemented by the body in the report year. The supporting evidence cannot be provided as it is noted there is insufficient data available on projects to quantify the carbon savings. Only one of the 3 projects, the EES Schemes contained estimated carbon savings figures based on carbon reductions on Energy Performance Certificates as a result off EES Scheme measures. This was clarified as a lack of resource available to gather the data required to calculate the savings and that a tool to help the services capture this information is being investigated going forward. We **recommend** in order to improve the extent of carbon savings data further investigation should be undertaken to develop a tool that can assist the services to capture the relevant carbon data to calculate the emissions savings.

17. The Council's top ten carbon reduction projects for 2024/25 are recorded in Section 3f. These include completion of a feasibility study for a heat network in Alloa, repairs to heating systems, boiler replacements to Council owned housing and public buildings, active travel routes, electric bike scheme, Hydrotreated Vegetable Oil (alternative fuels) trial, ongoing LED lighting upgrade on streetlights and improvements to roads electrical infrastructure, and Energy Efficiency Scotland (EES) Schemes. Internal Audit could not validate all the carbon reduction projects due to the lack of estimated savings recorded in the return. We **recommend** that all of the Council's carbon reduction projects should involve a calculation of potential carbon savings as part of the project plan, and actual carbon savings realised from project implementation should also be quantified. These figures should be included in future PBCCD annual returns.

18. We are content that the reduction in annual emissions figure at Section 3g, the annual carbon savings figure at Section 3h, and the total carbon reduction project savings at Section 3j could be reconciled to supporting documentation.

Section 4 – Adaptation

19.   The objective and themes covered in Section 4 are part of the standard template fields. The Energy and Sustainability Team (EST) provided an update on the progress made and comments in the return from their knowledge of corporate developments. Although there has not been a thorough and systematic assessment of all current and future climate-related risks, as with last year, climate change is featured in the corporate risk log. Climate related risks are identified by the Climate Emergency Working Group's responsible services and reported to the Climate Emergency Board. Climate related risks are then managed with actions on the Climate Emergency Action Plan. We were able to review source documentation and are content with the progress made, and comments in the return.

20.   The Council has proactively established a Climate Emergency Action Plan that details specific strategies for both mitigating and adapting to climate change. Oversight of these initiatives is provided by the Climate Emergency Board, ensuring alignment with broader objectives and accountability. The Climate Emergency Working Group is responsible for implementing these strategies on the ground, driving tangible progress towards enhancing resilience and reducing greenhouse gas emissions. This comprehensive approach reflects the Council's commitment to addressing the challenges posed by climate change.

21.   Significant work has been undertaken across a variety of areas. This includes discussions with Falkirk Council and Stirling Council to develop a regional adaptation plan, developing a network of flood risk monitor volunteers to monitor key choke points in watercourses, and working in partnership with Forth Rivers Trust to consider where natural flood management measures could be introduced. This is following the success of an award-winning community-led natural flood management project in Muckhart.

Section 5 – Procurement

22.   Internal Audit found that the report accurately reflects the information supplied by the Procurement Manager for Section 5. Progress relating to the Procurement Strategy (2019-2022) and action plan is updated annually and presented to Committee as part of the Procurement Annual Report.

Section 6 – Validation and Declaration

23.   We were content with the arrangements for the internal validation of the 2024/25 report (with this review contributing to the process).

ANNEX 2

DEFINITION OF ASSURANCE CATEGORIES

Level of Assurance	Definition
Substantial assurance	The systems for risk, control, and governance are largely satisfactory, but there is some scope for improvement as the present arrangements could undermine the achievement of business and/or control objectives and/or leave them vulnerable to some risk of error/abuse.
Limited assurance	The systems for risk, control, and governance have some satisfactory aspects, but contain a number of significant weaknesses that are likely to undermine the achievement of business and/or control objectives and leave them vulnerable to an unacceptable risk of error/abuse.
No assurance	The systems for risk, control, and governance are ineffectively designed and/or are operated ineffectively such that business and/or control objectives are not being achieved and the risk of serious error/abuse is unacceptable. Significant improvements are required.

CLIMATE CHANGE ACT PUBLIC BODY DUTIES ANNUAL REPORT

RECOMMENDATIONS AND ACTION PLAN

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

Rec No.	Recommendation	Agreed Management Action	Responsible Owner	Action Due
1.	The Council governance documents noted in the PBCCD return that pre date the 2024/25 reporting period should be reviewed and updated and where required should be approved by Council within an appropriate timeframe. **Annex 1 Paragraph: 6, and Annex 5** **Grade 3**			
2.	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 and these figures included in future Public Bodies Climate Change Duties annual returns. In order to improve the extent of carbon savings data further investigation should be undertaken into a tool that can assist to capture the relevant carbon data to calculate the emissions savings. **Annex 1 Paragraph: 16 and 17** **Grade 2**			

LIST OF OUTDATED GOVERNANCE DOCUMENTS REFERENCED IN PBDR

Section	Title	Sub - Section	Document Name and Date
2	**Governance**	**e**	**Local Transport Strategy 2009-2014**
2	**Governance**	**e**	**Council Travel Plan / Kilncraigs Travel Plan 2013**
2	**Governance**	**e**	**Fleet Strategy (Draft) 2025-2035**
2	**Governance**	**e**	**Fleet Asset Management Plan 2013-2018**
2	**Governance**	**e**	**Local Development Plan 2015**
2	**Governance**	**e**	**Housing Strategy 2012-2017**
5	**Procurement**	**c**	**Procurement Strategy 2019-2022**

CLACKMANNANSHIRE COUNCIL

Report to Audit & Scrutiny Committee

Date of Meeting: 11 December 2025

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

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Report by: Strategic Director, Partnership & Performance

1.0   Purpose

1.1.   The report updates the Committee on the half year progress of the 2025/2026 Partnership and Performance Business Plan.

1.2.   The report outlines progress as of 30 September 2025. A comprehensive overview is available in Appendix 1; however, key highlights and considerations are presented below.

2.0   Recommendations

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

3.0   Considerations

3.1.   Partnership & Performance delivers a diverse range of services, including a number of statutory and essential support functions. This report provides the Committee with an update on performance, risks and achievements, relating to the Business Plan 2025/26 agreed by Council on 21st August 2025. (link https://www.clacks.gov.uk/document/meeting/1/1288/8208.pdf)

3.2.   The Partnership and Performance Directorate continues to play a pivotal role in enabling the Council to deliver high-quality services, ensure robust governance, and achieve its corporate priorities.

3.3.   The 2025/26 Business Plan set out a clear and ambitious programme of work aligned to the Council's *Be the Future* vision and transformation roadmap. The key themes of the 2025/26 Business Plan included:

Digital and Data Transformation: Continued implementation of the 5-year roadmap, including further M365 rollout, infrastructure upgrades and enhanced cyber security, digital solutions for customers and data led decision making.

Governance and Assurance: Targeted improvements to strengthen internal controls and compliance to shift the internal audit assurance rating from "limited" to "substantial."

Workforce Resilience: Delivery of the Strategic Workforce Plan, leadership development programmes, and succession planning to address demographic and capacity risks.

Collaboration and Innovation: Expansion of joint working with Falkirk Council, supported by PwC, to explore shared service models beyond audit, unlocking efficiencies and building critical mass.

Performance and Risk Management: Strengthening the "golden thread" between strategic plans and operational delivery, with a focus on continuous improvement and evidence-based decision-making.

Customer and Stakeholder Engagement: Implementation of refreshed communications and engagement strategies, including a new staff intranet and refreshed and accessible complaints system and supporting policies and procedures.

3.4.   Appendix 1 provides a more detailed description of performance and risk within our Business Plan, this cover report draws out a number of highlights, including achievements and areas for improvement.

HR and Workforce Development

3.5.   The HR & Workforce Development team continues to provide a cross-service support function across HR, payroll, health and safety and workforce development functions. In addition to day-to-day support, the Service works collaboratively with other teams and areas, to both develop the service it provides and identify new ways of working that support our Directorates and the communities they serve.

3.6.   In operational HR, the team has developed further supports with a view to reducing absence, particularly through the work of the Absence Compliance Officer post with bespoke support for long term absences being offered in conjunction with the HR Business Partners, as well as a revised approach to the Healthy Working Lives Group and their programme of events.

3.7.   Allied to this, the HR Business Partner team continue to support all Council services with a range of topics including maximising attendance, Disciplinary, Capability, Grievance and other policy areas. In addition, the team provides a revolving schedule of policy development and training delivery, ensuring that not only are the policies which the Council operates upon relevant and up to date, but that our staff and managers understand them, and are supported appropriately. The HR admin team support all areas of the Council with all

aspects of operational HR functions from recruitment and selection stage right through the employee life cycle.

3.8.   The Workforce Development team over the past six months has continued to develop supports for staff, despite a new Strategic Workforce Plan being placed on hold whilst work with the TOM is finalised (so as to ensure a relevant 'Clacks context' this work). Specifically, a revised SLF and TLF schedule was created and is now underway, creating networking events for our middle and senior management cohorts as a means to challenging current thinking, and developing the way services are delivered against the backdrop of the CIPFA Local Code of Governance.

3.9.   In addition, within the period the team also developed and rolled out the Step Forward Colleague Mentoring programme, designed to open up opportunities for learning and development in an informal mentoring environment between senior colleagues, and those wanting to develop within the organisation.

3.10.   As part of their standard offering, the Workforce Development team continues to deliver a range of learning and development opportunities for staff. Team members deliver a range of soft skills and policy focussed courses both hybrid (online) and face to face as part of the annual corporate training calendar, and on request (i.e. bespoke course requirements) from across Council service areas.

3.11.   The Health & Safety team remains committed to ensuring a safe working environment. Over the period, progress has been made in recording risk assessments with a view of building a comprehensive database to track risks and mitigation strategies, in addition to significant progress in bolstering the range of training courses being delivered in-house. This now includes IOSH, first aid, and violence and aggression, in addition to a catalogue of other H&S topic courses.

Finance and Revenues

3.12.   Following recommendations from the Best Value Report, a Medium Term Financial Strategy has been developed and was approved by Council in June. The annual budget strategy for 2026/27 was also approved by Council in May which set out the key dates and tasks. Officer Budget Challenge sessions with Directors and Senior Managers were held throughout June and proposals for savings were developed over the summer months. Briefing sessions on the output of these sessions were held with Elected Members and Trade Unions during August with the list of officer proposals being shared on a confidential basis. The second round of Officer Budget Challenge sessions were held in September where updated proposals were reviewed. Further refinement of proposals and briefing sessions are planned throughout the year to support the council in its decision making to agree a balanced budget.

3.13.   The first quarter outturn of 2025/26 was presented to the Audit and Scrutiny Committee in October which showed a positive forecasted underspend position on the Councils General Fund by the end of 31 March 2026. Good progress was also reported on the achievement of savings with 82% of the £3.8m approved savings achieved or expected to be achieved.

3.14. The Finance Team held a session with Senior Managers and Team Leaders on Financial Management. The objective of the session was to provide an overview of the Finance and Revenues Service, and to raise awareness of the governance supporting the Council's financial management responsibilities, including the Annual Accounts activity, and introducing the new medium-term Financial Strategy. The session was well attended and prompted discussion and questions.

3.15. Work continues to conclude the audit of the 2023/24 annual accounts. This has been challenging due to the volume of audit scrutiny and competing priorities and turnover and recruitment within the Finance Team. The capacity of the External Auditors has also added to the delay, however it is hoped that the accounts can be signed off within the next few months. The delay in the 2023/24 audited accounts has also impacted on the preparation of the 2024/25 draft accounts which will be finalised following conclusion of the 2023/24 audit process.

3.16. Annual billing for both Council Tax and Non-Domestic rates was completed in advance of the start of the 2025/26 financial year. Further developments have been carried out within the Revenues Citizen Access Portal which is an online platform that provides access to Council Tax information. The Portal allows taxpayers to view their bills, update their details and apply for exemptions. E-billing has been rolled out which also allows electronic mailing of Council tax Bills reducing paper bills and postage costs.

3.17. An exercise was also undertaken to review those taxpayers receiving Single Persons Discount. This has resulted in the updating of Council Tax accounts and additional income being due. This has impacted slightly on Council Tax Collection rates with a drop of 0.1% on this time last year but this is expected to increase during the second half of the year in line with the previous year.

3.18. The Councils Contract Orders have been reviewed with the support of an external legal resource. These revised Contract Standing Orders are anticipated to be presented for approval before the end of the financial year in line with target.

3.19. The longstanding vacancy for the Systems Developer Post was recruited to which will take forward development withing Finance and Revenues including developments within the Financial System. This includes: a new dashboard module which has been added to the financial system to enhance management information available to budget holders and managers, work Is also progressing to implement a new Procurement Module which is anticipated to be rolled out in the next few months and further review of the Debtors module is also being investigated to assist with the recovery of debt.

3.20. Recruitment and retention challenges remain within the Finance Team and work continues to recruit to both qualified and non qualified staff.

Partnership and Transformation

3.21.   The service continues to improve strategic and operational service delivery across a range of service delivery areas and transformational activities. Our work supporting civil contingencies response and preparedness continues with a focus on planning, exercising, training, and debrief activity as well as supporting response and recovery during significant and varied incidents that the Council responds to. The service also successfully achieved the armed forces employer recognition scheme accreditation at silver award, with elected members and officers attending the award ceremony in June 2025.

3.22.   Developments in the reporting period has included a full review of service business continuity plans, accredited workforce development and training for senior managers and team leaders; delivery of a major statutory multi-agency COMAH exercise at Blackgrange; participation in a national flu pandemic exercise (Pegasus); coordination of Covid 19 UK and Scottish Covid Enquiry submissions. Work has continued to prepare for the Protect Duty (Martyns Law) as well as wider security preparedness for the Council and Council premises. Work also continues through the multi-agency Local Resilience Partnership on joint planning and coordinated incident response. The Building Security Policy, Premises Duty Holder Policy and Major Emergencies Operational Plan for the Council have all been reviewed in the reporting period.

3.23.   The communications and customer services team continue to support customers through the contact centre and at Kilncraigs reception. The Councils main reception has returned to full opening hours and footfall is higher than previous periods as a result of the extended opening hours and the relocation of the cash office to Kilncraigs. The Councils customer team continue to provide high levels of service delivery responding to on average over 5000 telephone calls and 2500 emails with the average call waiting time of 55 seconds.

3.24.   Good progress has been made on IT and Digital Transformation over the reporting period. Key achievements have included the implementation of a new telephony system , major security and infrastructure programme of work for the reaccreditation of Public Sector Network compliance; and continued implementation of the technical design authority and Programme and Risk Management Office for IT and Digital. Almost all employees have also now been migrated to M365 Outlook/exchange with a very small number still being migrated. The service has also supported work to progress a new housing management system, social work system, upgrades to the Councils finance system has supported the technical and security enabling works for digital transformation.

3.25.   The service continues to support the development of Council and partnership strategies, including consultation and engagement activity. During the 6-month reporting period 5 large public consultations were carried out using our Citizen Space consultation software. The service also continues to provide support across the Council on business planning, risk planning and reporting, statutory performance reporting, continuous improvement and self-assessment activity, and integrated internal, external audit and Annual Governance Assurance improvements and reporting. Key strategies agreed during the reporting period include the new Mainstreaming Equalities,

Diversity and Human Rights Outcomes 2025/29, and review and implementation of a refreshed Equality and Fairer Scotland Impact Assessment process and guidance. Training was also delivered with Senior Managers and Team Leaders on EQIAs and the new guidance.

Legal & Governance

3.26. Legal & Governance continues to play a pivotal role in supporting the Council's strategic and operational delivery, responding to high levels of demand across a broad range of service areas. The service is actively embedding a culture of accountability, compliance, and continuous improvement through targeted initiatives and collaborative working.

3.27. Progress has been made in strengthening internal controls and assurance. Recruitment is underway for a Fraud Officer and Senior Internal Auditor, with both roles expected to enhance the delivery of the internal audit action plan and associated policy development. These appointments will support the Council's commitment to transparency and robust governance.

3.28. The Registrars team continues to enhance service delivery, with improvements to the Ceremony Room at the Speirs Centre aimed at increasing capacity for wedding ceremonies. A newly appointed Registrar has already contributed to improved service performance and customer experience.

3.29. The Legal Team has supported a number of major Council projects over the reporting period, including:

- The Wellbeing Hub

- Westhaugh development

- Transformation Vehicle (Foundation Scotland)

- CTSI Transformation Funds

- Community Asset Transfers

- Completion of approximately 20 housing acquisitions

3.30. Demand for legal services remains high, particularly in support of the Council's Transformation Programme. Recruitment is planned for a Grade 5 Legal Officer to assist with housing litigation and alleviate pressure on the team. Additionally, an internal officer will begin a traineeship to become the Council's Capital Solicitor, specialising in procurement and capital projects. This traineeship includes a unique partnership with external legal providers MFMac, offering reciprocal training opportunities that enhance both organisations' capacity and expertise.

3.31. The Legal Team is also working with services to develop a standardised instruction template, ensuring consistency and clarity in legal requests.

3.32. The Licensing Team continues to support the Licensing Board and Regulatory Committee, with ongoing work on Short Let licensing.

3.33. Legal Services as created a streamline process in respect of applications to the Sheriff Court in respect of rent arrears for Housing Service. This new approach will improve efficiency and productivity of the solicitor where applications were dealt with manually. It is envisaged that new process can be extended to include other volume Court applications including Adult and Child Services. The Licensing Team, have also, in conjunction Digital Transformation Team created an automation process for expired licenses (including alcohol and civic). The previous process was hard copy format with a number of manual requirements. Elected members of the Regulatory and Licensing have been invited to a demonstration to see the new system. Both of these automations are in line with the Council's digital transformation programme and will be of benefit to the two teams along with the customer experience. Both processes are being run as pilot projects.

3.34. Significant progress has been made in Information Governance, with the Scottish Information Commissioner noting improvements in recent correspondence. The team has implemented enhanced procedures for managing Freedom of Information and Subject Access Requests, alongside rolling out training across services. Recruitment is planned for a dedicated officer to support data protection requirements within the Place service area, further strengthening the Council's compliance framework.

Transformation

3.35. The Council's Be the Future Transformation Programme has made significant progress in the last 6 months. In terms of governance regular updates are provided to the Be the Future Board and Council , with a benefits realisation plan now in place. Work is progressing to establish a robust approach to measuring and realising the benefits of programme, ensuring that outcomes can be clearly demonstrated and reported. The highlights for the top three priority themes are as follows:

- Digital and Data Transformation- A 5-year roadmap is underway to make the Council more connected and efficient. The roadmap is structured across short, medium, and long-term phases, allowing flexibility to adapt to rapid technological advancements, particularly in generative AI and automation. Procurement is progressing on a new social care case management system and also a housing management system which will transform how we delivery these services

- Workforce Strategy -Development of a Strategic Workforce Plan (2025– 2028) is in progress, aligned with the Council's Target Operating Model. A Council-wide skills matrix is being created to support proactive workforce planning. HR and Workforce Development teams are enhancing management information and supporting strategic alignment across services.(further detail in the HR and Workforce Development section of the report above)

- Asset Management Strategy A new Corporate Asset Management Strategy is nearing completion and will be submitted for approval in late autumn. The strategy aims to align physical assets with Council priorities, maximise financial investment and community benefit and to enhance sustainability, resilience, and risk management.

3.36. Work on our TOM continues in parallel with the Collaboration work with Falkirk council. This Discovery work is complete which assessed the opportunities for collaboration, exploring the scope, potential benefits and financial sustainability of potential opportunities of working together.

Conclusion

3.37. The Partnership and Performance Directorate continues to deliver a broad spectrum of essential services that underpin the Council's operational resilience and strategic ambitions.

3.38. Over the first half of 2025/26, the Directorate has demonstrated tangible progress across key areas including workforce development, digital transformation, governance, and customer service.

3.39. Overall, the Directorate is not only maintaining core service delivery but is actively enabling the Council's transformation agenda. Continued focus on integration, innovation, and strategic alignment will be critical in sustaining this progress and realising long-term outcomes.

4.0   Sustainability Implications

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

5.0   Resource Implications

5.1.   Financial Details

5.2.   The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate.   Yes ☑

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

5.4.   Staffing

6.0   Exempt Reports

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

7.0   Declarations

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

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

Clackmannanshire will be attractive to businesses & people and
ensure fair opportunities for all   ☑
Our families; children and young people will have the best possible
start in life   ☑
Women and girls will be confident and aspirational, and achieve
their full potential   ☑
Our communities will be resilient and empowered so
that they can thrive and flourish   ☑

(2)   **Council Policies**

Complies with relevant Council Policies   ☒

8.0   Impact Assessments

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

Yes ☐   No ☑ Not applicable

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

9.0   Legality

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

10.0   Appendices

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

Appendix A – 2025/26 Performance Report

11.0   Background Papers

11.1   Have you used other documents to compile your report? (All documents must be
kept available by the author for public inspection for four years from the date of meeting at
which the report is considered)
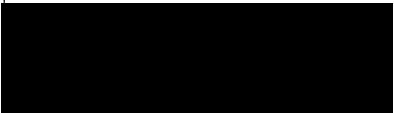
Yes ☑ (please list the documents below)   No ☐

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

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Chris Alliston	Strategic Director	2184

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Strategic Director	██████████

Partnership & Performance

Business Plan 2025-26

(Half Year Update)

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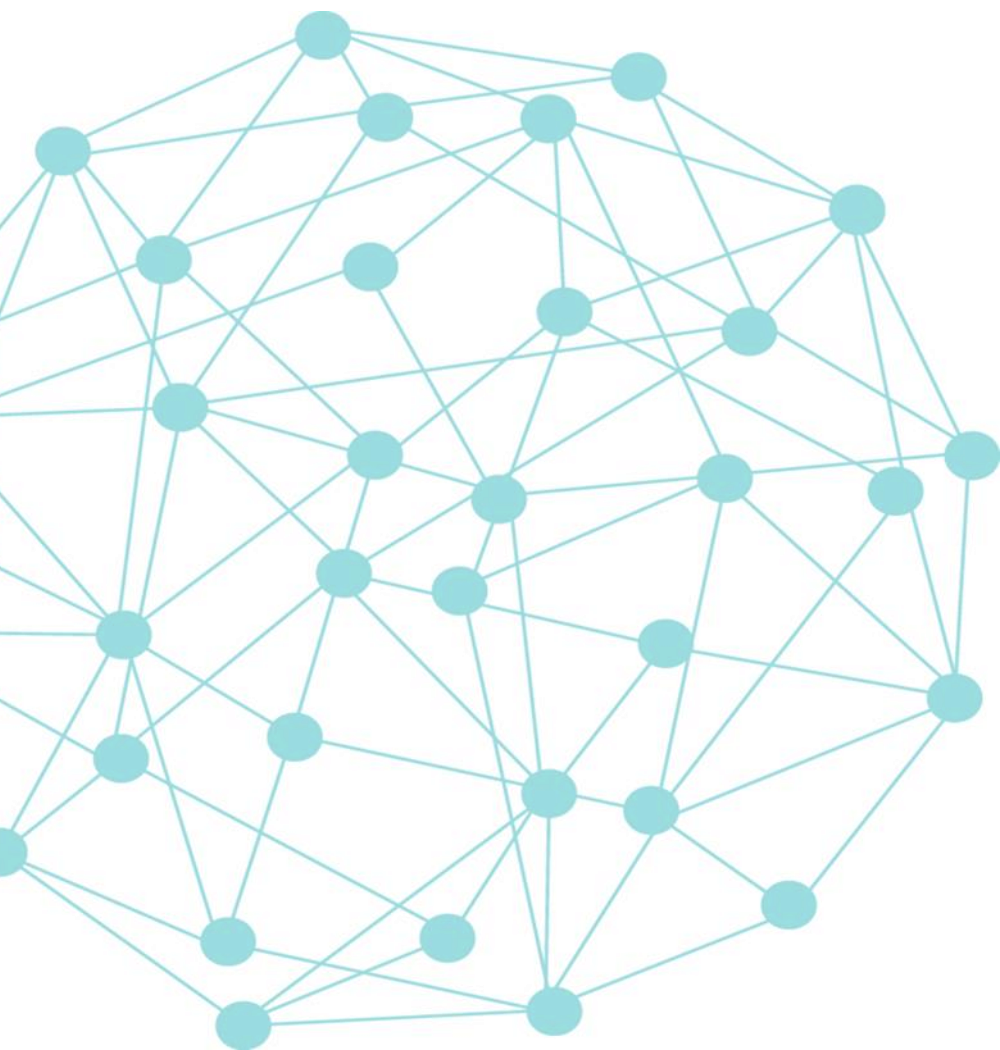
KEY SERVICE STRATEGIES & POLICIES REVIEW SCHEDULE

Strategy or Policy	Approved/ last reviewed	Date for review	Progress Update as at 30th September 2025
Annual Budget Strategy (reviewed on an ongoing basis)	2025	2026	Not due until 2026/27
Strategic Workforce Plan	2022	2025	Pending – to be developed in line with Council TOM
Gaelic Language Plan for Clackmannanshire	2021	2025	In progress
Procurement Strategy	2018	2025	In progress
Digital and Data Transformation Strategy (including AI)	2019	2025	In progress
Corporate Communications and Marketing Strategy	2013	2025	In progress
Major emergencies operational procedures and Civil Contingencies Guidance	2022	2025	In progress
Business Planning Guidance and Performance Management Framework	2019	2025	In progress
Consultation Guidance and Toolkit	2023	2026	The consultation guidance and toolkit was refreshed in 2023/24 and will be reviewed to align with the Communications and Engagement strategy in 2026
Council Complaints Handling Procedure	2021	2025	In progress
Standing Orders	2019	2025	In progress
Scheme of Delegation	2014	2025	In progress
Financial Regulations	2023	2026	Not due until 2026/27
Contract Standing Orders	2019	2025	In progress
Fraud and Anti-Corruption Policy		2026	Upon appointment of Fraud Officer Policy will be developed
Health and Safety Strategy	2022	2025	Review underway with submission to Council in Nov 25 (to be combined with Wellbeing Strategy)
Whistleblowing Policy.	2023	2026	Will be reviewed during 2026
Wellbeing Strategy	2022	2025	Review underway with submission to Council in Nov 2025 (to be combined with H&S Strategy)

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Regulation of Investigatory Powers (Scotland)	2019	2025	In Progress
Social Media Policy and Guidelines	2020	2025	In progress
Petition Guidance	2023	2026	Will be developed during 2026
Building Security Policy		2025	In progress

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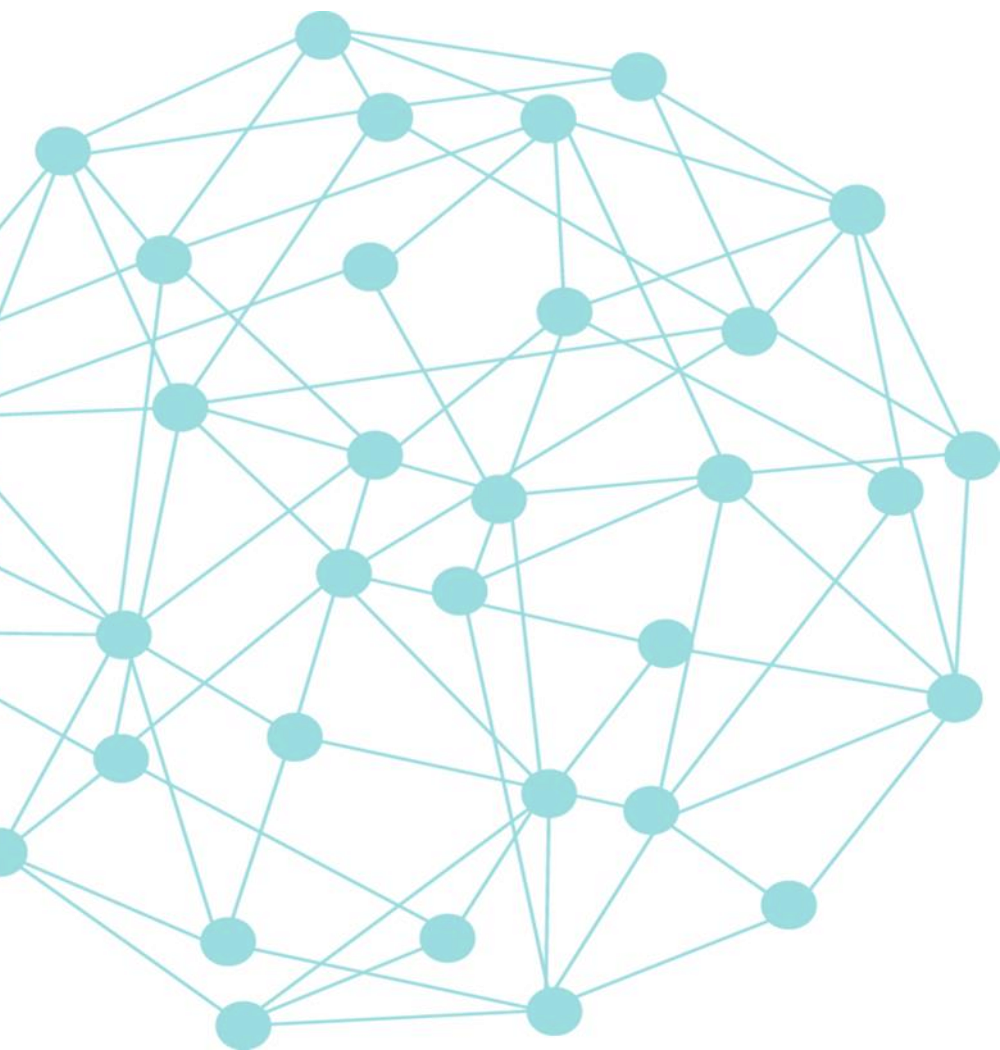
4   DELIVERY PLAN

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

Business Plan 2025-26

Service objective / priority

Key Organisational Performance Results

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	Progress Update as at 30 Sept 2025	Lead
		Value	Value	Value	Value	Target		
ALL FRD L&D	Instances of Fraud detected	0	0	1	0	0	There have been no Fraud detected to date of this Report.	Senior Manager Legal & Governance
ALL ICO L&D	Number of organisational data breaches reportable to the Information Commissioner	4	3	2	1	0	There have been 4 data breaches reported to the Information Commission with confirmed no further action required.	Senior Manager Legal & Governance
RAP CTA 002	Cost of collecting Council Tax (per dwelling)	£3.70	£5.27	£5.52	Not yet reported	24/25 Scottish average (not yet reported)	Not available until the end of the year	Senior Manager Finance & Revenues
RAP CTA 01a	Council tax collected within year (excluding reliefs & rebates)	96.2%	96.9%	95.9%	96.2%	24/25 Family Group median (not yet reported)	51.52% (0.1% down on prev year due to single person discount review)	Senior Manager Finance & Revenues
ALL AB1 GOV	Average FTE days lost through sickness absence per employee (Teachers plus all other local government employees)	13.57	14.02	14.90	12.99	12.00	6.82 for period 01.04.25 to 30.09.25	Senior Manager HR & Workforce Development

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	Progress Update as at 30 Sept 2025	Lead
		Value	Value	Value	Value	Target		
RAG CRD 003	Invoice Payment Within 30 Days	89.9%	88.6%	92.2%	91.7%	24/25 Scottish average (not yet reported)	Not available until the end of the year	Team Leader; Senior Manager Finance & Revenues
RAP PMT 001	Crisis grant decisions within 1 day	96.7%	99.3%	98.5%	99.7%	99.7%	Not available until the end of the year	Senior Manager Revenues & Finance
RAP PMT 002	Community care grant decisions within 15 days	95.8%	98.7%	99.5%	100.0%	100.0%	Not available until the end of the year	Senior Manager Revenues & Finance
GOV EQO 02b	The percentage of the highest paid 5% of earners among council employees that are women	59.8%	58.2%	50%	60.2%	51.1% (women in Scottish working age population)	LGBF figure and not yet available. 2024/25 is the latest data.	Senior Manager Partnership & Transformation
GOV EQO 03a	The gap between the average hourly rate of pay for male and female Council employees	2.1%	1.0%	0.1%	0.2%	0.0%	LGBF figure and not yet available. 2024/25 is the latest data.	Senior Manager Partnership & Transformation

Partnership & Performance: Financial Results

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	Progress Update as at 30 Sept 2025	Lead
		Value	Value	Value	Value	Target		
P&P SAV FRV	Percentage of Partnership & Performance budget savings achieved	83%	100%	43%	99.18%	100%	To be confirmed with Q2 Outturn	Strategic Director - Partnership & Performance
P&P VAR FRV	Outturn variance based on budget - Partnership & Performance	-	(£294k)	£276k	£(1.258m)	0	To be confirmed with Q2 Outturn	Strategic Director - Partnership & Performance

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Partnership & Performance: Customer Results

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	Progress Update as at 30 Sept 2025	Lead
		Value	Value	Value	Value	Target		
P&P C03 CUS	% formal complaints dealt with that were upheld/partially upheld - Partnership & Performance	17%	54%	27%	33%	0	In the reporting period the service responded to 8 complaints (7 at stage 1 and 1 at stage 2). 2 (25%) complaints were upheld and 6 (75%) were not upheld.	Strategic Director - Partnership & Performance
P&P C10 CUS	% formal complaints closed within timescale - Partnership & Performance	25%	33%	63.6%	67 %	100%	Of the 8 complaints responded to 6 (75%) were closed within the agreed timeframe and 2 were (marginally) late.	Strategic Director - Partnership & Performance
P&P CNQ BUS	% Councillor Enquiries responded to within timescale - Partnership & Performance	55%	62%	77.3%	66.66	100%	100% (10 enquiries all responded to within timelines)	Strategic Director - Partnership & Performance
P&P FOI GOV	% Freedom of Information requests responded to within timescale - Partnership & Performance	73%	88%	73.5%	74.8%	100%	Q1 (April – Jun) received 114 and 90 closed on time Q2 (July – Sept) received 111 and 87 closed on time Total 225 for first 6 months to 30/09/ of	Senior Manager Legal & Governance
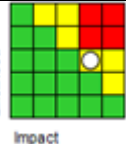
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Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	Progress Update as at 30 Sept 2025	Lead
		Value	Value	Value	Value	Target		
							which 177 closed on time = 79%	
P&P MPQ BUS	% MP/MSP enquiries responded to within timescale - Partnership & Performance	24%	50%	25%	83.33	100%	100% (4 enquiries all responded to within timelines)	Strategic Director - Partnership & Performance
NEW	% calls answered by Contact Centre	-	79%	83%	85.5 %	100%	Within the reporting period we have seen an increase in the % of calls answered with on average 89% of calls answered each month.	Senior Manager Partnership & Transformation
NEW	Average waiting times for calls to be answered (in minutes)	-	1.59	1.19	1.35	0	Within the reporting period we have seen on average reduced call waiting times of 0.55 seconds.	Senior Manager Partnership & Transformation

Partnership & Performance: People Results

Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	Progress Update as at 30 Sept 2025	Lead
		Value	Value	Value	Value	Target		
P&P MDT HWD	Percentage of employees who have completed mandatory training by the due date	24%	50%	52%	100%	100%	100% as of 30 Sept 2025	Strategic Director - Partnership & Performance

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Code	KPI	2021-22	2022-23	2023-24	2024-25	2025-2026	Progress Update as at 30 Sept 2025	Lead
		Value	Value	Value	Value	Target		
P&P AB1 GOV	Average FTE Days Sickness Absence (Partnership & Performance)	8.19	8.85	9.99	8.88	5.00	4.79 for period 01.04.25 to 30.09.25	Strategic Director - Partnership & Performance

Key to symbols used in this report

Pls		ACTIONS	RISKS		
Long Trend (Overall trend over longer term)	**Status** (Compares actual performance with target)	**Status**	**Current Rating** Likelihood x Impact (1 - 5)		**Status**
Performance has improved	Alert	Completed		Rating 16 and above
Performance has remained the same	Warning	In progress/Not started		Rating 10 to 15
Performance has declined	OK	Check progress		Rating 9 and below
No comparison available - May be	Unknown	Overdue	The likelihood of a risk occurring, and the impact if it does occur are each	

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	new indicator or data not yet available				scored on a scale of 1 to 5, with 1 being the least likely or the least significant impact. Detailed guidance on scoring is provided in the Risk Management Policy and guidance.
			☒	Cancelled	

Code	ACTION	Impact	By When	Expected Outcome	Latest Note as at 30th September 2025	Lead
New	Co-ordinate major incident response/recovery and ensure that statutory plans for resilience are in place, updated and tested as part of a scheduled programme of work. This includes implementing workforce development around Integrated Emergency Management and Business Continuity Management, and a review of appropriate plans including our Major Emergencies Operational Plan (MEOPs).	Enable meeting of statutory requirements Improve corporate governance Corporate risk mitigation Empowering Families & Communities Sustainable Inclusive Growth	31-Mar-2026	▷	We continue to work across established resilience partnerships on planning, preparedness, training and exercising. Locally a review of key plans and policies is underway including a review of our Major Emergencies Operational Procedures; corporate and service level business continuity plans and national power outage plans. A major statutory COMAH exercise was held in the reporting period supported by partners and the Council participated in Care for People Exercise in the Spring. The Council is part-way through participation in a UK wide flu pandemic exercise (Pegasus) which will complete in November 2025. The majority of incidents which have required a response have been weather related. Training is being developed and planned for SM and TL on Integrated Emergency Management in partnership with Scottish Government and which will take place in early 2026.	Strategic Director - Partnership & Performance
New	Ensure robust plans and processes are in place for managing CONTEST	Enable meeting of statutory requirements	31-Mar 2026		Work continues to ensure the Council is compliant and we work in partnership across Forth Valley through the multi-agency Contest	Senior Manager Partnership & Transformation

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Code	ACTION	Impact	By When	Expected Outcome	Latest Note as at 30th September 2025	Lead
	risks and ensuring compliance with statutory duties.	Improve corporate governance Corporate risk mitigation Sustainable Inclusive Growth		✅	Board. Progress made in this quarter has included a Prevent Multi-agency Panel multi-agency training with the Home Office hosted by Clackmannanshire Council and training attended by officers on Prevent risk assessments. One prevent case was subject to the Prevent Multi-agency panel process (which is statutory) during the reporting period by has since been closed. Additional training for staff on Prevent.	
P&P 20 003	Continue to support consultation and engagement activities (budget and corporate strategies).	Enable meeting of statutory requirements Improve corporate governance Corporate risk mitigation Empowering Families & Communities Health & Wellbeing Sustainable Inclusive Growth	31-Mar-2026	▶️	Consultation activity has continued to be supported during the reporting period. The following corporate consultation activities have been undertaken XX. Early work has commenced on the budget engagement process for 2026/27.	Senior Manager Partnership & Transformation
New	Ensure robust approaches are in place to comply with the Councils duties under the Equality Act 2010.	Enable meeting of statutory requirements Improve corporate governance Corporate risk mitigation Empowering Families & Communities Health & Wellbeing Sustainable Inclusive Growth	31-Mar-2026	✅	Council approved the Mainstreaming Equalities, Diversity and Human Rights refreshed outcomes in September 2025 which is now published on the Councils website. A review of our Equality and Fairer Scotland guidance and template have been undertaken by independent specialists to ensure it is fit for purpose. The updated versions have been shared with staff and published on Connect. Work is underway to refresh the Councils Gaelic Language plan due to be submitted to the Bord na Gadhlig in 2025. Arrangements are also being finalised to recruit a temporary Equalities Officer to lead the implementation	Senior Manager Partnership & Transformation

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Code	ACTION	Impact	By When	Expected Outcome	Latest Note as at 30th September 2025	Lead
					of our Mainstreaming Equalities Delivery Plan and other associated equalities plans and activities.	
P&P 20 013	Conclude the P&P Redesign, including implementation of immediate workforce plan priorities	Improve corporate governance Corporate risk mitigation	31-Mar-2026		Finance and Revenues: phase 2 of the redesign for Finance is on hold pending completion of the annual accounts. Legal & Governance: as a result of competing priorities the redesign of Legal & Governance continues to be challenging. The plan on redesign has been completed but further due diligence is required. It is anticipated this will be completed within the timelines provided.	Senior Manager Finance & Revenues Senior Manager Legal & Governance
	Approval of 2023/24 and 2024/25 Annual Accounts	Enable meeting of statutory requirements Improve corporate governance	31-Mar-26		Work is progressing in conjunction with the external auditors to finalise the 2023/24 accounts but remains challenging due to external audit capacity. Once completed this will allow progress to be made on the 24/25 accounts.	Senior Manager Finance & Revenues
	Ensure completion of identified Internal Audit Actions as reported to Audit and Scrutiny Committee	Enable meeting of statutory requirements Improve corporate governance	Ongoing		Actions arising from internal audit continue to be actions. Regular reporting is presented to A&S Committee and outstanding actions is a regular agenda item at SLG and Portfolio SMTs.	Strategic Director - Partnership & Performance
	Enable an approved balanced budget 2026/27	Enable meeting of statutory requirements Improve corporate governance Corporate risk mitigation Empowering Families & Communities Health & Wellbeing Sustainable Inclusive Growth	31-Mar-2026		Work is progressing through the year in line with the timeline presented in the Budget strategy report to Council in May.	Senior Manager Finance & Revenues
New	Review, streamline and integrate Performance Management and Best	Enable meeting of statutory requirements	31-Mar-2026		A best value ecosystem approach has been agreed by Senior Leadership Team with a focus on performance and risk management,	Senior Manager Partnership and Transformation

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Code	ACTION	Impact	By When	Expected Outcome	Latest Note as at 30th September 2025	Lead
	Value approaches and delivery models.	Improve corporate governance		▶	the Annual Governance Assurance process, self-assessment and integrated improvement action planning and reporting and engagement with Senior Managers and Team Leaders on continuous improvement. Work to refresh business planning guidance and processes and options for a sustainable performance and insight function are also being progressed.	
	Continue to deliver a focused programme of SLF and TLF sessions	Improved Governance Reduced risk of governance breach Improved Internal Audit Assurance	31 Mar 2026	✓	SLF/TLF sessions are programmed.	Strategic Director – Partnership and Performance
	Workforce Planning Sessions to be undertaken with all Directorates to inform the Strategic Workforce Plan 2025-2028 and creation of Directorate Workforce Plans.	Improved workforce insights Improved workforce resilience Improved health and wellbeing of staff	31-Mar-2026	▶	Development of the Strategic Workforce Plan (2025-28) has been placed on hiatus pending further work on the Council's TOM. As such these sessions have delayed, as it is critical to ensure there is strategic alignment between the Council's priorities, and the ongoing workforce development priorities of our services.	Senior Manager – HR and Workforce Development
	Training in combating fraud and corruption for relevant officers	Increased identification of potential fraud and corruption	31-Mar-26	▶	Recruitment to the post of Corporate Fraud Officer is ongoing. Health checks on Council's priorities and procedures will be key tasks for the successful candidate. Training will also be a key provision of the Fraud Officer.	Senior Manager Legal & Governance]
	Undertake a refresh of the Council's Digital Strategy also incorporating AI	Improved Service Delivery Smarter Use of Data Promoting Digital Inclusion Investing in People and Infrastructure Empowered and Skilled Workforce	30-June- 26	▶	A working draft is completed with the final strategy still on target to be completed by June 26. The draft aligns with the national digital and AI strategies and will also maximise opportunities to work with partners. The strategy will enable the Council to deliver inclusive, ethical, and innovative public services—empowering our people, communities, and partners through data, AI, and emerging technology.	Senior Manager Transformation and Capital

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Code	ACTION	Impact	By When	Expected Outcome	Latest Note as at 30th September 2025	Lead
		Collaborating and Innovating Locally				
NEW	Develop a timetable for review of all key governance documents which form part of our Local Code of Governance	Ensure policies and processes are fit for purpose to ensure robust decision making and greater scrutiny	31 March 2026	▷	Work has commenced with approx. 400 policies have been identified which have been put in place. To allow a review of these policies to ensure they are fit for purpose and comply with law, the key priorities of the Council and LCG the work will need to be phased. As such the phased work will go beyond the agreed timeline. Engagement with SLF/TLF in respect of the review (creating working groups of cross service officers) has started with an initial meeting in October.	Senior Manager, Legal & Governance
New	Complete Annual Governance Statement actions	The AGS explains how the Council has complied with the terms of the Local Code for the relevant financial year, and is part of the Councils annual audit process. Improvements to our AGS process have been implemented throughout 2025/26, with the AGS actions forming part of a consolidated corporate improvement action plan.	Annually	▷	Work has been progressed this reporting quarter to integrate all audit and AGS improvement actions into a single reporting plan and template. This work also ensures close alignment with the corporate risk register. Engagement has also taken place with SLF and TLF with identified leads tasked with progressing AGS themed actions working collaboratively across services. Work is progressing to complete all AGS outstanding actions with robust oversight being provided by SLG and the Risk and Integrity Group.	Senior Manager of Legal & Governance Senior Manager of Partnership and Transformation
NEW	Provide regular updates on the Council's Medium Term Financial Strategy (MTFS)	MTFS sets out how the Council intends to manage its finances through the medium term (5 years) Supports Financial Resilience	Nov & March	▷	No changes in assumptions, update will be provided as part of the 26/27 budget setting.	Senior Manager Finance & Revenues

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Code	ACTION	Impact	By When	Expected Outcome	Latest Note as at 30th September 2025	Lead
		Regular updates through Budget Strategy Report				
NEW	Deliver the Council's Strategic Workforce plan, ensuring that it is tied into and reflective of the Target Operating Model	Improved workforce insights Improved workforce resilience Improved health and wellbeing of staff Improved ability to respond to changing demands	31-Mar-26	▶	Development of the Strategic Workforce Plan (2025-28) has been placed on hiatus pending further work on the Council's TOM. It is still intended that this will be delivered within the noted timescale.	Senior Manager – HR &Workforce Development
NEW	Deliver leadership programmes as originally scoped within the Council's Interim Workforce Strategy	Improved leadership resilience Upskilled leaders and managers More collaborative and innovative workforce	Nov 25	▶	Tender process will begin in November with a supplier identified by year end (with a view to delivering programmes within Q1 of 2026).	Senior Manager – HR & Workforce Development
NEW	Undertake preparations and ensure resourcing for any election	Where the Council is unable to deliver any election (which may include a bye election) then it would result in the following: - breach of its statutory requirements. - reputation damage (political discourse); - personal liability on the Returning Officer (currently the Chief Executive) in not delivering an election	Ongoing	▶	Work has already commenced in delivery of the Scottish Parliamentary Elections. Training of key election officers has taken place. The first meeting for election working group which consists of Returning Officer and others has taken place. This action will be a continual action.	Senior Manager of Legal & Governance
NEW	Undertake a review of, and deliver on the Directorate's responsibilities under the UNCRC	Ensuring legal compliance	Ongoing	▶	The key action identified from the self assessment audit was the delivery of the Child Friendly Complaints process. Delivery of	Strategic Director – Partnership and Performance

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Code	ACTION	Impact	By When	Expected Outcome	Latest Note as at 30th September 2025	Lead
					this is part of the Portfolio Business Plan for 2025/26 and is also linked to implementation of new Corporate Complaint procedure. The Portfolio will work with the UNCRC Working Group in the delivery of identified actions/reporting requirements.	
NEW	Conclude work on a review of the Council's policy and strategic landscape, identifying opportunities for rationalisation	As part of work on the Councils ecosystem for best value, and linked with improvement actions in the AGS and business planning process, mapping and alignment of the Councils strategic and policy landscape will be completed.	31-Mar-26	▶	Work continues to be taken forward to review and streamline the Councils policy and strategic landscape. This work is an agreed AGS and Best Value action and work is being taken forward through the SLF and TLF collaborating with services. A mapping exercise has been undertaken on Councils strategies and policies aligned with corporate risks and is currently being reviewed. This mapping includes timeframe for strategies and plans to be reviewed.	Senior Manager of Partnership and Transformation
NEW	Subject to the completion, roll out the Council's Complaint system which includes review of the Council's policies and procedures	This new system will implement an improved Complaints Recording system, ensure a consistent approach to handling complaints supported by clear policies and procedures which are accessible and clearly articulated.	31 Dec 25	▶	Testing on the new comments and complaints system has now completed and the system will go live shortly. Work is underway to complete a refresh on the Councils complaints policies, guidance and customer facing information.	Senior Manager of Legal & Governance Senior Manager of Partnership & Transformation
NEW	Deliver a new staff intranet in line with the Council's digital transformation aspirations	In line with the Councils digital transformation, a new employee intranet will be delivered replacing Connect. This will make use of the latest technology available, but the content will also be shaped by employees through engagement ensuring that staff have access to	31 March 26	▶	Work is ongoing on replacing the employee intranet (connect) with a modern replacement using MS Sharepoint functionality with oversight through the IT and Digital Programme Board. Good progress has been on designing the site pages and on creating content and engagement is ongoing with key services to seek feedback and make final amendments. A socialisation and comms plan will be developed to support roll out anticipated in early 2026.	Senior Manager of Partnership & Transformation

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Code	ACTION	Impact	By When	Expected Outcome	Latest Note as at 30th September 2025	Lead
		the information to help them do their jobs and that key information is effectively communicated.				
NEW	Complete a programme to refresh ICT policies	Enable meeting of statutory requirements Improve corporate governance Reduced risk of governance breach Improved Internal Audit Assurance	Ongoing	▶	Work to complete a programme of ICT policies has been slower than anticipated due to available resource and capacity deployed onto key infrastructure and security projects. Consideration is being given to bringing in short term resource to refresh all outstanding policies. To date one policy has been completed and shared with the IT and Digital Programme Board.	Senior Manager of Partnership & Transformation
NEW	Deliver on the outputs of the Communications and Engagement strategy transformation programme.	Transform the Council's approach to internal and external engagement and participation (including but not exclusively the Be the Future programme) Develop a transformed capacity and approach re engagement and participation.	31-Mar-26	▶	The project is progressing on track, with various activities progressed in the reporting period as per the contract tender and agreed scope of work. This has included employee, elected member and stakeholder engagement and public consultation. A residents survey is currently live , with focus groups to follow. The output of these will be included in the strategy. A draft report with recommendations is on track to be shared in December.	Senior Manager Transformation and Capital Senior Manager of Partnership & Transformation
NEW	Implement the 25/26 Risk Strategy Delivery Plan	Enable meeting of statutory requirements Improve corporate governance Reduced risk of governance breach Improved Internal Audit Assurance	31 Mar 26	▶	Progress on the risk strategy delivery plan is reported separately to Audit and Scrutiny on a regular basis. Whilst there has been some slippage due to officer capacity and other workload pressures, significant focus remains on completing and finalising actions in the plan as early as is practicable. Oversight of implementation of the plan is through the Risk and Integrity Forum, with scrutiny provided through A&S Committee.	Senior Manager of Partnership & Transformation

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Code	ACTION	Impact	By When	Expected Outcome	Latest Note as at 30th September 2025	Lead
New	Continue our roll out of digital transformation, in line with our Digital and Data roadmap, supported by a modernised, robust and secure digital infrastructure.	Improved Service Delivery Smarter Use of Data Promoting Digital Inclusion Investing in People and Infrastructure Empowered and Skilled Workforce Collaborating and Innovating Locally	31 Mar 30	▶	The Digital and Data transformation programme has agreed to a 5year roadmap Significant progress has been made in putting in place the foundational systems and skills needed to grow and enhance the programme. The Council has successfully brought together several digital tools (the Customer Service Hub, Automation technology, and the Data platform) to create a single, easy-to-use framework for delivering services. The roadmap is structured across short, medium, and long-term phases, allowing flexibility to adapt to rapid technological advancements, particularly in generative AI and automation	Senior Manager Transformation and Capital
New	Implement further M365 functionality including delivery of SharePoint and One Drive.	Improved Service Delivery Smarter Use of Data Investing in People and Infrastructure Empowered and Skilled Workforce	31 Mar 26	▶	The IT and Digital Programme Board and Be the Future Strategic Oversight Group provide overall governance and monitoring of ongoing M365 implementation. A small number of users remain to be migrated to M365 with plans in place to achieve migration in 2025. A project is underway to create/migrate shared mailboxes and implementation of sharepoint to replace the corporate employee intranet.	Senior Manager of Partnership & Transformation
New	Strengthening of the Community Planning partnership in to implement the refreshed Local Outcomes Improvement Plan, adopting a focus on continuous improvement, performance and partnership working arrangements.	Collaboration, innovation and partnership working Improving outcomes for Clackmannanshire Improved service delivery	31 Mar 26	▶	Numerous discussions have taken place with the Community Planning Partnership and partners on arrangements for delivering the Wellbeing Local Outcomes Improvement Plan 2024/34. At the Alliance Board meeting in September a development workshop was agreed which is scheduled for November. This event for partners will be facilitated by Columba.	Senior Manager of Partnership & Transformation

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Business Plan Appendix - Service Risk Register

ID & Title	P&P SRR 001	Catastrophic Business interruption	Status	✅	Managed By	Strategic Director - Partnership & Performance	Current Rating	9	Target Rating	6
Potential Effect	Breakdown or significant interruption in service provision for internal and or external customers as a result of catastrophic systems or knowledge loss or major incident.									
Related Actions	New New	Co-ordinate major incident response/recovery and ensure that statutory plans for resilience are in place, updated and tested as part of a scheduled programme of work. This includes implementing workforce development around Integrated Emergency Management and Business Continuity Management, and a review of appropriate plans including our Major Emergencies Operational Plan (MEOPs). Continue our roll out of digital transformation, in line with our Digital and Data roadmap, supported by a modernised, robust and secure digital infrastructure. Ensure robust plans and processes are in place for managing CONTEST risks and ensuring compliance with statutory duties.	**Internal Controls**		Business Continuity Plans MEOPs Incident coordination structures and systems Emergency Response Plans ICT Policies					

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	New				
Latest Note	Concurrent risks from supply chain and labour issues, adverse weather, geopolitical events, cyber threats or major power outage continue to pose an ongoing risk to business continuity. IMTs continue to be convened as necessary and a substantial review of business continuity plans, response and recovery arrangements as well as testing and debrief activity continues. There is also significant effort being placed on upgrading systems and infrastructure to mitigate or minimise cyber threats. A review of relevant plans is also underway with partners, and a programme of testing and exercising is being taking forward through established structures. The RRP and LRP structures continue to provide the systems by which coordination of response and recovery to an incident is managed. A refreshed programme of resilience training is underway or scheduled including on business continuity management and incident management.				

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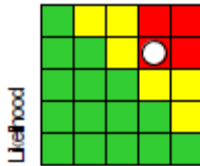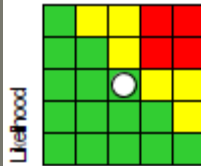
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	adopting a focus on continuous improvement, performance and partnership working arrangements.				
	Undertake a refresh of the Council's Digital Strategy		Complaints Handling Policy		
	Undertake a review of, and deliver on the Directorate's responsibilities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

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

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ID & Title	P&P SRR 006	Labour Shortages lead to Governance Failure	Status	🔴	Managed By	Strategic Director - Partnership & Performance	Current Rating	16	Target Rating	9
Potential Effect	There is a risk that the labour shortage environment amplifies the risk of a significant governance failure that could lead to a potential for serious financial, reputational or workforce harms.									

Related Actions	New	Ensure robust approaches are in place to comply with the Councils duties under the Equality Act 2010.	Internal Controls	Internal Audit Programme		
	P&P 20 012	Embed new Health & Safety Management System		External Audit Assurance & Improvement Plan		
	P&P 20 019	Lead on the approach to deliver approved Annual Accounts		Annual Governance Statement		
				Whistleblowing Policy		
	New	Review, streamline and integrate Performance Management and Best Value approaches and delivery models.				
	New					
	P&P 21 007	Procurement Strategy Review				
	P&P 21 014	Financial Regulations Review				
	New	Continue to deliver a focused programme of SLF and TLF sessions				
	New	Complete Annual Governance Statement actions				

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	New	Deliver leadership programmes as originally scoped within the Council's Interim Workforce Strategy				
	New	Ensure completion of identified Internal Audit Actions as reported to Audit and Scrutiny Committee				
	New	Develop a timetable for review of all key governance documents which form part of our Local Code of Governance				
Latest Note	Staff turnover and a stretched and ageing workforce has resulted in increased risks of failures of governance. Capacity remains variable across the directorate, and therefore this risk will require ongoing significant focus to mitigate where possible risks of non compliance. We have developed a workforce plan to identify and address a number of key areas of concern and a number of actions are focussed on improving compliance with governance within the Directorate and across the Council.					

ID & Title	P&P SRR 007	Financial Resilience		**Status**	🛑	**Managed By**	Strategic Director - Partnership & Performance	**Current Rating** 16	**Target Rating** 9
Potential Effect	Risk that current resource base cannot meet rising demand resulting from emerging environmental factors including the cost of living crisis, high inflation, financial constraint and climate change.								
Related Actions	P&P 20 023	Lead on the approach to deliver an approved balanced budget 2026/2027		**Internal Controls**		Budget Strategy & Monitoring			
	P&P 21 015	Contract Standing Orders Review				Financial Regulations			
						Medium Term Financial Strategy			
		Achieve savings for 2025/2026				Procurement Strategy			
		Regular Updates on Medium Term Financial Strategy							
Latest Note	Ongoing geopolitical events in Eastern Europe and the Middle East, previous high inflation, reduction in Government funding, increased Government priorities and cost of living crisis continue to impact on costs to the Council, it is also impacting on our communities, which in turn is increasing service demands. Given the extent of external environmental factors there is a large element of this risk that the Council may need to tolerate and react to in the short to medium term.								

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

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