

Standards, Audit and Risk Committee

Committee Room 2, Fife House, North Street, Glenrothes /
Blended meeting



Thursday, 21 August 2025 - 10.00 am

AGENDA

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|-----|--|-----------|
| 1. | APOLOGIES FOR ABSENCE | |
| 2. | DECLARATIONS OF INTEREST – In terms of Section 5 of the Code of Conduct, members of the Committee are asked to declare any interest(s) in particular items on the agenda and the nature of the interest(s) at this stage. | |
| 3. | MINUTE – Minute of the meeting of the Standards, Audit and Risk Committee of 30 June 2025 | 3 – 7 |
| 4. | COMPLAINTS UPDATE – Report by the Executive Director - Communities | 8 – 33 |
| 5. | INFORMATION REQUESTS ANNUAL REPORT 2024-25 – Report by the Head of Customer and Online Services, Communities | 34 – 45 |
| 6. | DATA PROTECTION OFFICER ANNUAL REPORT – Report by the Head of Legal and Democratic Services | 46 – 53 |
| 7. | REGULATION OF INVESTIGATORY POWERS (SCOTLAND) (RIPSA) ACT 2000 – Report by the Executive Director - Finance and Corporate Services | 54 – 57 |
| 8. | ISSUED AUDIT REPORTS – Report by the Service Manager - Audit and Risk Management Services | 58 – 61 |
| 9. | RISK MANAGEMENT UPDATE – Report by the Service Manager - Audit and Risk Management Services | 62 – 133 |
| 10. | STANDARDS, AUDIT AND RISK FORWARD WORK PROGRAMME – Report by the Executive Director, Finance and Corporate Services | 134 – 140 |

<p>Members are reminded that should they have queries on the detail of a report they should, where possible, contact the report authors in advance of the meeting to seek clarification.</p>

Lindsay Thomson
Head of Legal and Democratic Services
Finance and Corporate Services

Fife House
North Street
Glenrothes
Fife, KY7 5LT

14 August 2025

If telephoning, please ask for:

Wendy MacGregor, Committee Officer, Fife House 06 (Main Building)

Telephone: 03451 555555, ext. 442178; email: Wendy.MacGregor@fife.gov.uk

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BLENDED MEETING NOTICE

This is a formal meeting of the Committee and the required standards of behaviour and discussion are the same as in a face to face meeting. Unless otherwise agreed, Standing Orders will apply to the proceedings and the terms of the Councillors' Code of Conduct will apply in the normal way

For those members who have joined the meeting remotely, if they need to leave the meeting for any reason, they should use the Meeting Chat to advise of this. If a member loses their connection during the meeting, they should make every effort to rejoin the meeting but, if this is not possible, the Committee Officer will note their absence for the remainder of the meeting. If a member must leave the meeting due to a declaration of interest, they should remain out of the meeting until invited back in by the Committee Officer.

If a member wishes to ask a question, speak on any item or move a motion or amendment, they should indicate this by raising their hand at the appropriate time and will then be invited to speak. Those joining remotely should use the "Raise hand" function in Teams.

All decisions taken during this meeting, will be done so by means of a Roll Call vote.

Where items are for noting or where there has been no dissent or contrary view expressed during any debate, either verbally or by the member indicating they wish to speak, the Convener will assume the matter has been agreed.

There will be a short break in proceedings after approximately 90 minutes.

Members joining remotely are reminded to have cameras switched on during meetings and mute microphones when not speaking. During any breaks or adjournments please switch cameras off.

THE FIFE COUNCIL - STANDARDS, AUDIT AND RISK COMMITTEE – BLENDED MEETING

Committee Room 2, Fife House, North Street, Glenrothes

30 June 2025

10.00 am – 1.40 pm

PRESENT: Councillors Dave Dempsey (Convener), Tom Adams, David Alexander, Lesley Backhouse, John Beare, Aude Boubaker-Calder, Al Clark, Gordon Pryde and Ann Verner.

ATTENDING: Eileen Rowand, Executive Director, Finance and Corporate Services, Elaine Muir, Head of Finance, Tracy Hirst, Finance Operations Manager, Ashley Breckenridge, Accountant, Matthew Ross, Finance Business Partner, Anne Bence, Accountant, Paul Noble, Accountant, Finance Services; Les Robertson, Head of Revenue and Commercial Services, Gary Moyes, Category Manager, Procurement Services; Pamela Redpath, Service Manager, Audit and Risk Management Services, Clare Whyte, Risk Management Team Leader, Hazel Hastie, Auditor, Carolyn Ward, Audit Team Manager, Shona Slayford, Audit Team Manager, Audit and Risk Management Services, Finance and Corporate Services; Shelagh Mclean, Head of Education and Childrens Services, Kevin Funnell, Service Manager, Education and Childrens Services; Diarmuid Cotter, Head of Customer and Online Services, Kerry Hutchison, Revenues Manager, Customer and Online Services; Ross Spalding, Service Manager, Climate Change and Zero Waste; Jane Findlay, Lead Consultant, Climate Change and Partnerships; Jill Blair, Events Management Officer, Emma Palmer, Emergency Resilience Lead Officer, Emergency Resilience Team; Allan Barclay, Service Manager, Brian Fairie, Team Manager, Building Services; David Paterson, Community Manager (Levenmouth), Communities and Neighbourhoods Service; Lynne Johnston, Business Change Manager, Alan Hall, Business Change Manager, Mhairi Mullen, Service Manager, Housing Services; Sharon Murphy, Community Investment Manager; Policy and Communications; Martin Kotlewski, Service Manager - Solutions Service Assurance, BTS; Avril Sweeney, Manager (Compliance), HSCP Health and Social Care Localities; Pam Ewen, Head of Planning, Planning Service; John Mitchell, Head of Roads and Transportation Services, Danny Jack, Team Manager (Fleet Compliance), Roads and Transportation Services; Lindsay Thomson, Head of Legal and Democratic Services, Kerry Elliott and Wendy MacGregor, Committee Officers, Legal and Democratic Services.

ALSO ATTENDING: Callum Justice, Audit Manager, Internal Audit, Glasgow City Council.

145. DECLARATIONS OF INTEREST

No declarations of interest were submitted in terms of Standing Order No.22

146. MINUTE

The committee considered the minute of the meeting of the Standards, Audit and Risk committee of 29 April 2025.

Decision

The committee approved the minute.

147. CONTROLLER OF AUDIT'S SECTION S102 REPORT - ABERDEEN CITY COUNCIL

The committee considered a report by the Service Manager, Audit and Risk Management Services providing the Controller of Audit's Section 102 Report – Aberdeen City Council. The report also detailed the actions taken by the Service Manager, Audit and Risk Management Services in response to the report and accompanying letter from the Account Commission.

Decision

The committee noted:-

- (1) the key messages and lessons detailed in the report; and
- (2) the actions taken by the Service Manager, Audit and Risk Management Services.

148. ISSUED AUDIT REPORTS

The committee considered a report by the Service Manager, Audit and Risk Management Services summarising findings from the Internal Audit Reports finalised since the previous meeting of the committee. The report highlighted areas of concern and, if applicable, instances where Services were not taking appropriate action.

Decision

The committee:-

- (1) noted the contents of the report, including the summary of findings detailed at Appendix 1 to the report; and
- (2) expressed concerns over number of lone worker fobs issued and not in use and requested all audit recommendations for Children's and Families Service were complete by required implementation date of 31 October 2025.

The committee adjourned at 11.30 am and reconvened at 11.45am.

149. POST AUDIT REVIEW (PAR) REPORT

The committee considered a report by the Service Manager, Audit and Risk Management Services, updating members on progress towards implementing internal audit recommendations previously agreed with Management.

Decision

The committee noted the contents of the report and the progress made in implementing recommendations.

150. 2024/25 INTERNAL AUDIT ANNUAL REPORT

The committee considered a report by the Service Manager, Audit and Risk Management Services, presenting the 2024/2025 Internal Audit Annual Report. The report provided an independent annual internal audit opinion on the overall adequacy and effectiveness of the organisation's governance, risk management and control framework and summarised the key activities from which the opinion was derived.

Decision

The committee considered and noted the contents of the report, including the overall audit opinion reached for 2024/25 that reasonable assurance could be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and control.

151. ANNUAL GOVERNANCE STATEMENT FOR THE YEAR TO 31 MARCH 2025

The committee considered a report by the Executive Director, Finance and Corporate Services, presenting the Annual Governance Statement for consideration, approval and inclusion into the unaudited Annual Accounts for the year ended 31 March 2025.

Decision

The committee:-

- (1) noted the contents of the covering report;
- (2) approved the Annual Governance Statement as detailed at Appendix 1; and
- (3) noted that following approval, the Executive Director, Finance and Corporate Services would include the Annual Governance Statement in the Annual Accounts for the year to 31 March 2025.

152. FIFE COUNCIL UNAUDITED ACCOUNTS 2024-25

The committee considered a report by the Executive Director, Finance and Corporate Services containing the unaudited accounts for Fife Council and its group for 2024-25.

Decision

The committee considered and noted the unaudited accounts for 2024-2025.

153. FIFE COUNCIL CHARITABLE TRUSTS - UNAUDITED ANNUAL REPORT AND FINANCIAL STATEMENTS 2024-25

The committee considered a report by the Executive Director, Finance and Corporate Services containing the unaudited annual accounts for Fife Council Charitable Trusts for 2024-25.

Decision

The committee considered and noted the unaudited accounts for 2024-2025.

154. 2025/26 INTERNAL AUDIT PLAN

The committee considered a report by the Service Manager, Audit and Risk Management Services, detailing the Internal Audit Plan for the 2025/26 financial year, the outcome from the review of the 2024/25 Internal Audit Plan and update on progress made towards delivering planned audit assignments.

Decision

The committee:-

- (1) reviewed and approved the 2025/26 Internal Audit Plan as detailed at Appendix A to the report;
- (2) reviewed and approved the amendments made to the 2024/25 Internal Audit Plan at paragraph 2.2 in the report; and
- (3) noted the update on progress made towards delivering the 2023/24 and 2024/25 Internal Audit Plans at Appendix B to the report.

155. STANDARDS, AUDIT AND RISK COMMITTEE WORK PLAN

The committee considered a report by the Executive Director, Finance and Corporate Services outlining the workplan for future meetings of the committee.

Decision

The committee reviewed the content of the work plan and agreed it would be updated as required.

The committee resolved, under Section 50(a)(4) of the Local Government (Scotland) Act 1973, as amended, to exclude the public and press from the meeting for the following item of business on the grounds that it involved the disclosure of exempt information as defined in paragraph 14 of Part 1 of Schedule 7a of the Act.

156. ISSUED AUDIT REPORT - BUSINESS TECHNOLOGY SOLUTIONS (BTS), CYBER SECURITY

The committee considered a report by the Service Manager, Audit and Risk Management Services, summarising findings from the Business Technology Solutions, Cyber Security Report – Threat and Vulnerability Management IT

2025 SA 66

Internal Audit Report. The report highlighted four areas for improvement including required management actions and provided an overall risk grading of High.

Decision

The committee noted the content of the report, including the summary of findings at Appendix 1 to the report.

Councillor Clark left the meeting during consideration of the above item.

21 August 2025
Agenda Item No. 4

Complaints Update

Report by: Mike Enston Executive Director - Communities

Wards Affected: All

Purpose

To provide an update on complaints closed between 1 April 2024 and 31 March 2025 (performance and information)

Recommendation(s)

The Committee is asked to consider the report on complaints received noting the complaints responded to in target timescales and the proportionality of Service complaints.

Resource Implications

There are no direct resource implications arising from this report.

Legal & Risk Implications

There are no direct legal and risk implications arising from this report.

Impact Assessment

An EqIA has not been completed and is not necessary as the report does not propose a change or revision to existing policies and practices.

Consultation

No specific consultation has been carried out in relation to this report however there is continuous consultation with Services through weekly status updates that provide a RAG status of open cases, further responsiveness information is uploaded quarterly to Pentana (the Council's performance management system) through the Performance and Information Team and several areas receive bespoke and ad hoc reporting as requested. CET have also provided scrutiny to much of the information contained in this report.

1.0 Background

- 1.1 The Council responds to millions of contacts from customers across Fife every year. This figure then puts into context the comparatively small number of corporately defined complaints received. When we do receive complaints, we aim to resolve these quickly, and to learn from feedback to improve future services.
- 1.2 Reports on customer complaints made to the Council are presented annually to this Committee. We also publicly report complaints performance information quarterly online and benchmark with other local authorities.
- 1.3 The area highlighted for improvement from the 2023/24 report:
- Child friendly complaint process
 - Challenging behaviour
 - MP & MSP enquiry increase
- 1.4 Scottish Councils must follow the model complaint handling procedure developed by the Scottish Public Services Ombudsman (SPSO). The model was designed to provide a simpler, more consistent process for customers to follow and encourages local authorities to make best use of lessons learned from complaints. A revised version of the procedure with minor changes was launched in April 2021.

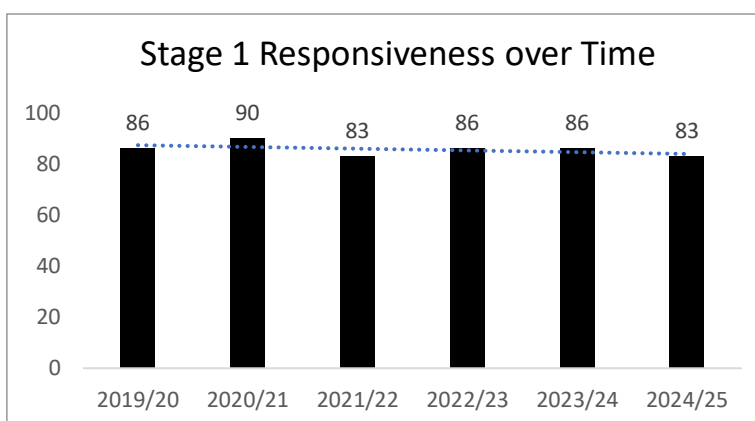
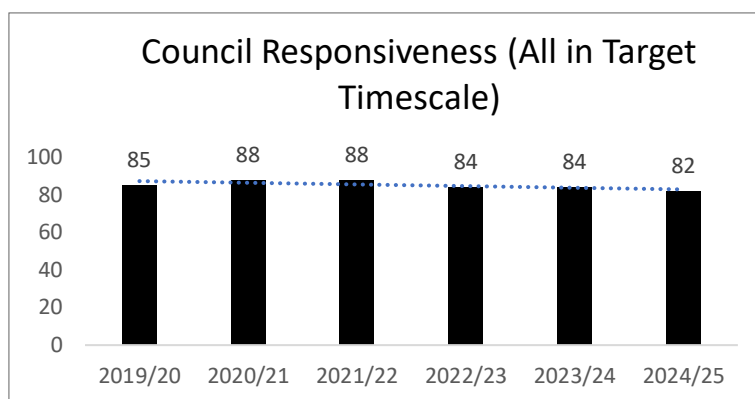
2.0 Performance (Responsiveness)

Volume & Responsiveness

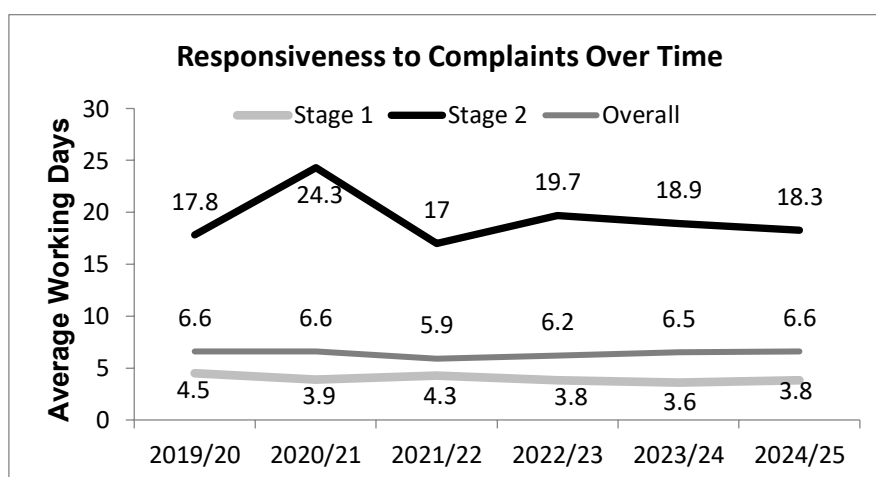
- 2.1 From the 2,940 complaints received from 1st April 2024 to 31 March 2025, 2,969 were closed (difference being complaint rolling from previous fiscal year). This is a 3.6% increase on the same period last year when 2,837 complaints were received. This period's volume is greater than the 2,425 complaints received before the pandemic.
- 2.2 To improve customer satisfaction and reduce costs, we aim to complete 80% of complaints at Stage 1, and within 5 working days and the remaining 20% at Stage 2, within 20 working days. 82% of complaints were successfully handled at stage 1 in period, 83% of which were handled in the target timescale.

Stage	Total No. of complaints closed	No. closed in target timescales	% closed in target timescales
	2,969	2,423	82% (84% in 23-24)
Stage 1 (5 days)	2,405 (82%)	1,999	83% (86% in 23-24)
Stage 2 (20 days)	564 (18%)	424	75% (75% in 23-24)

- 2.3 The graphs below show our performance over the last 7 years. The general trend would appear to be one of performance worsening over time despite the spike of 2020/21 caused by high volumes of readily addressable complaints made about service provision during the pandemic. This year sees a continuation in the downturn in the responsiveness performance of stage 1 cases (5 working days) and therefore the overall performance in terms of responding to all complaints in timescale.



- 2.4 This period sees poorer performance with most Services worse than the year before (see 2.9). This is likely due to Services making more use of the extension periods allowed by the procedure. Planning tactically use the extension on stage 2 cases as they have a high proportion that reach the SPSO. By taking extra time to perfect a stage 2 response that covers the full evidence behind findings can prevent an in depth SPSO enquiry downstream.
- 2.5 The following graph shows the average working days to close a complaint and that from 2019 we have generally become quicker at responding to stage 1 complaints.



2.6 The following table provides a breakdown of the average working days at each stage by selected Services including complaint volume. The volume context offers some scale between the volume of complaints against the number of Service activities; service uses or customer base. The context was provided by Services in 2024/25. The table is ordered by working days all, from longest to shortest. The table shows selected Services in receipt of greater than 94% of all Council complaints. Red indicates above the target timescales of working days for each complaint stage and amber reflects a count above the Council average.

Service	W days St 1	W days St 2	W days All	Total Volume	Volume Context (info from 2024)
Children & Families	5.5	27	12.8	82	Approximately 800 looked after children and 2,000 receiving support.
Protective Services	3	21.9	17.9	33	Food and workplace safety alone has >4000 jobs per annum.
Planning	3.7	20.6	16.6	59	4,388 planning applications managed and >500 enforcement cases undertaken.
Education	4.7	19.9	12.4	308	134 schools with >49,000 pupils
Housing	5	17.4	7.2	869	Over 30,000 homes owned, 2267 allocations made, over 2715 homeless applications and nearly 78,000 repairs.
Sustainability	3.1	16.7	4.8	71	>1 million visits to recycling centres.
Building Services	3.3	16.6	3.7	314	>181,000 repair jobs undertaken.
Roads & Transportation	4	16.4	5.8	361	2,400km of roads maintained, approximately 40,000 square metres of repairs from >10,000 issues identified.
Grounds Maintenance	3.1	16.3	3.9	107	>4000 jobs per annum (grass cutting, street cleaning etc).
Catering Cleaning & Facilities Management	3.8	12.3	4.4	39	Every day regularly clean around 200 buildings and public toilets, serve 27,000 meals across schools, deliver 700 meals on wheels.
Financial Wellbeing & Revenues	2.8	10.4	4	84	Over 118,000 annual calls managed, Housing Benefit caseload of >15,000, Council Tax Reduction caseload of >30,000 and 175,331 chargeable dwellings for council tax.
Domestic Waste	2.1	6.7	2.3	420	>13 million bins serviced.
Contact Centre	2	3	2.1	54	>122,000 repair calls and >37,000 emails, 159,000 calls to general team & >200,000 community alarm calls
Total (includes remaining Services)	3.8	18.3	6.6	2,969	

- 2.7 Complaints that necessarily run into extra time (procedural extensions) are counted for statistical purposes as having not met the target timescales of 5 or 20 working days. Customers are however generally informed when an extension becomes strictly necessary. The procedure allows for such extensions. Overall, 66% of cases detailed in this report as out of timescale were procedurally given extensions. When these extensions are factored into a within timescale calculation then 93.8% of all complaints were in a timescale allowed by the procedure.
- 2.8 Arguably the customer experience will be impacted the longer it takes to provide a formal response. Protracted complaint investigations that ultimately provide a decision of not upheld will impact upon customer satisfaction and possibly account for some of the lower satisfaction survey results. (see 4.0)

2.9 The table shows complaint responsiveness by the Services / departments in receipt of approximately 95% of FC complaints. Ordered by percentage all in target timescale, worst to best. Please note that 4% of all complaints were attributed to sub-contractors (118 out of the total of 2,969 (down 27% from last year). Mostly supporting Housing, Building Services and Roads & Transportation).

Service	Vol Stage 1	% Stage 1 in Timescale	Vol Stage 2	% Stage 2 in Timescale	Total Vol 24/25	Total Vol 23/24	% Complaints upheld /partially upheld	% All in timescale 2024/25	Adjusted for Extension	% All in timescale 23/24	Change from last year
Children & Families	54	61.1%	28	39.3%	82	97	28.0%	53.7%	86.6%	66.0%	-18.6%
Planning	14	92.9%	45	51.1%	59	72	37.8%	61.0%	90.0%	75.0%	-18.7%
Education	153	74.5%	155	69.0%	308	288	45.5%	71.8%	95.8%	76.4%	-6.0%
Housing	714	70.2%	155	81.3%	869	886	37.5%	72.2%	90.4%	76.2%	-5.2%
Roads & Transportation	308	83.1%	53	81.1%	361	346	46.8%	82.8%	89.8%	88.7%	-6.7%
Catering & Facilities	36	86.1%	3	66.7%	39	47	61.5%	84.6%	92.3%	93.6%	-9.6%
Building Services	304	88.8%	10	80.0%	314	262	55.4%	88.5%	96.2%	89.7%	-1.3%
Sustainability	62	88.7%	9	100.0%	71	59	16.9%	90.1%	95.8%	84.7%	6.4%
Protective Services	7	100.0%	26	88.5%	33	38	36.4%	90.9%	100.0%	78.9%	15.2%
Grounds Maintenance	101	92.1%	6	83.3%	107	108	38.3%	91.6%	96.3%	88.9%	3.0%
Financial Wellbeing	71	97.2%	13	92.3%	84	133	44.0%	96.4%	100.0%	98.5%	-2.1%
Bereavement Services	28	96.4%	2	100.0%	30	21	80.0%	96.7%	96.7%	95.2%	1.6%
Domestic Waste	405	98.5%	15	100.0%	420	336	71.7%	98.6%	99.5%	98.8%	-0.2%
Contact Centre	52	100.0%	2	100.0%	54	50	57.4%	100.0%	100.0%	98.0%	2.0%
Total FC Overall (includes remaining Services)	2,405	83.1%	564	75.2%							
					2,969	2,836	47.0%	81.6%	93.8%	84.0%	-2.9%

NB: Grey areas highlight poorer comparative performance over the previous year

- 2.10 The type of service provided by Children & Families, Planning, Education and Housing, can generate more complex cases to be investigated and therefore require using the procedural extensions to respond fully and cover the necessary complexities. Education's complaints have risen by 6.9% over last year and alongside the rest of the Council are increasingly responding to more complex complaints often complicated by the challenging behaviours from a minority of complainants.
- 2.11 Escalation & Resolution continued to support Services including providing information, procedural support, qualitative review, and information around performance. They are also engaged daily in reminding Services of due dates in advance of their deadlines, weekly RAG status on cases, and supporting the administration of extensions and maintaining compliance with process and procedure.
- 2.12 Further in-depth complaint performance information remains in development however responsiveness data continues to be uploaded to Pentana (Council's performance management software) and increasingly Services are in receipt of both scheduled and ad hoc in-depth performance information.

3.0 Learning from Complaints

- 3.1 One key element of handling complaints is using customer feedback to rectify or improve upon the service provided. Every upheld or partially upheld complaint presents an opportunity for the Council to address the failings identified and this is also a requirement of the procedure.
- 3.2 Corrective action statements required by the procedure remain challenging where there remain instances where recorded statements refer simply to the outcome of the complaint rather than specific actions that would potentially prevent future reoccurrence. Ideally upheld complaints should contain details of effective counter measures or plans that would attempt to eradicate failures within the limits of resources available.
- 3.3 There are examples when the Council listens to customer feedback and makes improvements to future service provision. Where complaints were about the actions of employees (behaviour, poor driving, wrong information provided, process / procedure not followed etc.) the complaint has been addressed directly with employees, so they are aware of the impact on their customers.
- 3.4 Additional examples of corrective actions that include revision to process or changes to practice are described in the following table.

Service	Example of corrective actions
Insurance	To improve response timescales, we have provided additional support and training to colleagues in the Roads and Transportation Service. They have also allocated additional resource to deal with claim reports and requests for further information.
Bereavement Services	Reviewed greeting at reception and for dispersals and have put an additional quality check in place to reaffirm instructions.

Service	Example of corrective actions
Building Services	Reminded the contractor that a manager should attend all jobs at the end of the day to make sure all works are complete, and rubbish has been removed.
Business Support Service	Amended our internal process by changing the wording to match the selection within the Service system to ensure this situation does not happen again
Catering Cleaning & Facilities Management	Will recommend to holding service (Communities) that the policy is reviewed. Have put a disclaimer in place to allow for graffiti to be removed from private properties with no risk to Fife Council.
Customer & Online Services	We have decided to remove the sign-in requirement for booking a bulky uplift. This change should be implemented by the end of this month.
Democratic Services	The contact methods during an election are to be reviewed to ensure that they are more robust in future.
Children & Families	Practice changes have taken place within the Disability Team which should mean families receive clear information about the progress of referrals.
	Revised procedure in relation to accessing the commissioned service and communication with families.
Education	A series of notices will be erected in the school playground which clearly state that the car park is for the use of school staff and visitors to the school.
	Behaviour Management policies and procedures will be updated in line to deal with incidents of managing challenging behaviour.
	Look at how we can add emails to the one SMS number.
	We are working to improve our communication tracking system with a new system ready to be implemented in term 4.
Financial Wellbeing and Revenues	Internal processes to be reviewed regarding communications and information provided to customers. We will consider whether the pre-recorded message advising customers that calls may be recorded for quality and training purposes should be amended.
Grounds Maintenance	Team will be provided with hoovering receptacles instead of leaf blowers for this type of task.
Housing	Additional resources recruited to manage backlog.
	Permissions Process has been updated to provide more info on EV chargers.
	Process to be updated to include an additional check on ownership during consultation period.

Service	Example of corrective actions
	The Occupancy agreement is being reviewed by Legal including the policy relating to the Equality's Act 2010. Management review of the hostel rules and conditions.
Planning	Process is reviewed so that greater clarity is provided in these circumstances in the future.
	Process to be reviewed to include a step which requires Officers to check if a revised location plan has been submitted at any point, and to re-plot the site boundary in the GIS software if necessary.
Property Services	Future tenders will take place earlier to provide more notice to affected parties.
	The sections case management system was retired some time ago without replacement due to BTS not being able to support it. We are actively pursuing a replacement in conjunction with legal services. This should prevent case being forgotten about by officers. Spot checks will be conducted of historic cases to emphasise the need for transparency.
Protective Services	A review of the way we manage our Public Safety inbox is already underway.
Roads	Provide additional resources to grit bin filling during periods of high demand.
	Review process for land searches.
	Will review process for 12-year-olds transitioning to secondary school and their transportation requirements.
Sustainability	To avoid future incidents where elderly or disabled customers need to park as close to recycling bins as possible, I have instructed staff to use the car parking spaces by the gate where possible.

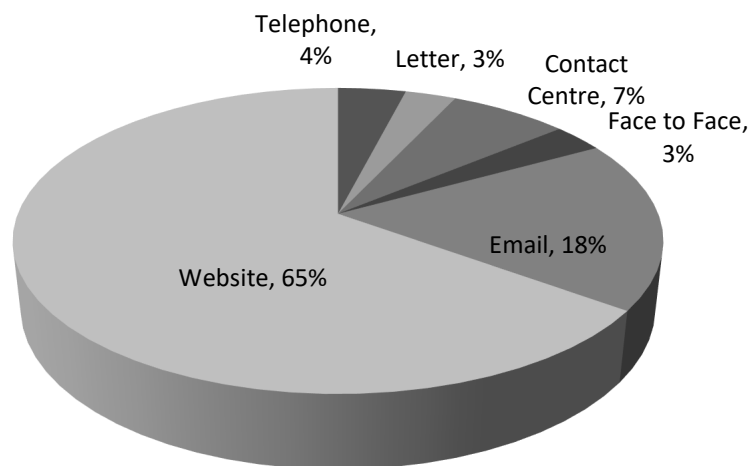
- 3.5 The Escalation and Resolution team continues to support customer service through the lens of complaints.
- 3.6 Over 2024-25 the team have focussed upon:
- Improving compliance to the procedure and supporting Services
 - Supporting the Council's Unacceptable Actions Policy and providing advice on how to use the policy and how to approach customers whose behaviours are described by same
 - Developing a process and setting standards for handling child friendly complaints
- 3.7 The approach to consider the quality of complaint handling includes surveying complaints that the organisation did not uphold. This presents a challenge as it is accepted that it may be difficult for complainants to separate out any redeeming

features in how this was handled when the Council did not uphold their substantive matter. See section 4 Complaint Satisfaction.

- 3.8 The following tables provide the details of complaint decisions and compared with last year.

FC Overall	Not Upheld	Partially Upheld	Resolved	Upheld
Overall 24/25	36%	19%	17%	28%
Overall 23/24	35%	21%	20%	24%
Stage 1 24/25	33%	16%	20%	31%
Stage 1 23/24	32%	15%	20%	33%
Stage 2 24/25	50%	28%	4%	18%
Stage 2 23/24	50%	27%	4%	19%

- 3.9 The majority of complaints remain being entered from the online form on our website, the table displays the shift over time towards electronic, best value channels. Social media policy dictates that we do not accept complaints made over this medium however when posts escalate towards a fuller expression of dissatisfaction users are signposted to the way they can make a complaint.



% Complaints Received by Channel

	21/22	22/23	23/24	24/25
Website	72%	70%	64%	65%
Contact Centre				
	3%	5%	8%	7%
Letter / Form	3%	2%	4%	3%
Telephone	6%	5%	4%	4%
Email	14%	17%	17%	18%
Face to Face	1%	1%	4%	3%
Social Media	0%	0%	0%	0%

4.0 Complaint Satisfaction

- 4.1 In historic reports to CET before 2021-22 the data used to provide satisfaction with complaint handling was obtained from a more generic transactional survey of four questions emailed out on a four-weekly basis. Following changes to both the Council's website and the customer management system this transactional survey became obsolete with a replacement pending development.
- 4.2 The complaints procedure requires that complainants are surveyed so the previous generic survey was replaced in January 2022 with a bespoke version that covers standard questions as agreed by the SPSO and the Local Authority Complaint Handlers Network. These questions allow benchmarking amongst network members.
- 4.3 The complaint satisfaction survey methodology remains from last year and has us ask customers how much they agree or disagree with the following statements generally 4-8 weeks after their complaint has closed.
- Information about the complaint procedure was easily accessible.
 - I found it easy to make my complaint.
 - I was happy that the person considering the matter fully understood my complaint.
 - I was given the opportunity to fully explain my complaint.
 - The points of my complaint were identified and responded to.
 - The response to my complaint was easy to understand.
 - Overall, I was satisfied with the handling of my complaint.
 - I was told if the response was going to take longer than the set timescales (five working days at stage 1 and 20 working days at stage 2).
 - I was clearly told what the next stage of the complaints process was for me.
- 4.4 The survey requires a manual issue of these questions by email however has the added benefit over the historic generic transaction survey as the text from a complainant's actual complaint is given in the invitational email as a reminder to make the survey more focussed.
- 4.5 There were 366 responses (down from 475 returned last year), and a breakdown of some general comments follows. Like last year many of the comments in some manner alleged the Council's failure to respond.
- 4.6 Given the methodology used to gather this information (see 4.12) it remains impossible to evidence the accuracy of such statements. The survey was therefore modified slightly into 2024-25 with the following additional question included. *If you consider that you have had no response to your complaint, please in your own words explain the Council area or function that caused you to complain e.g. Housing, repairs, bins, roads, grounds, schools, planning etc.*

Positive

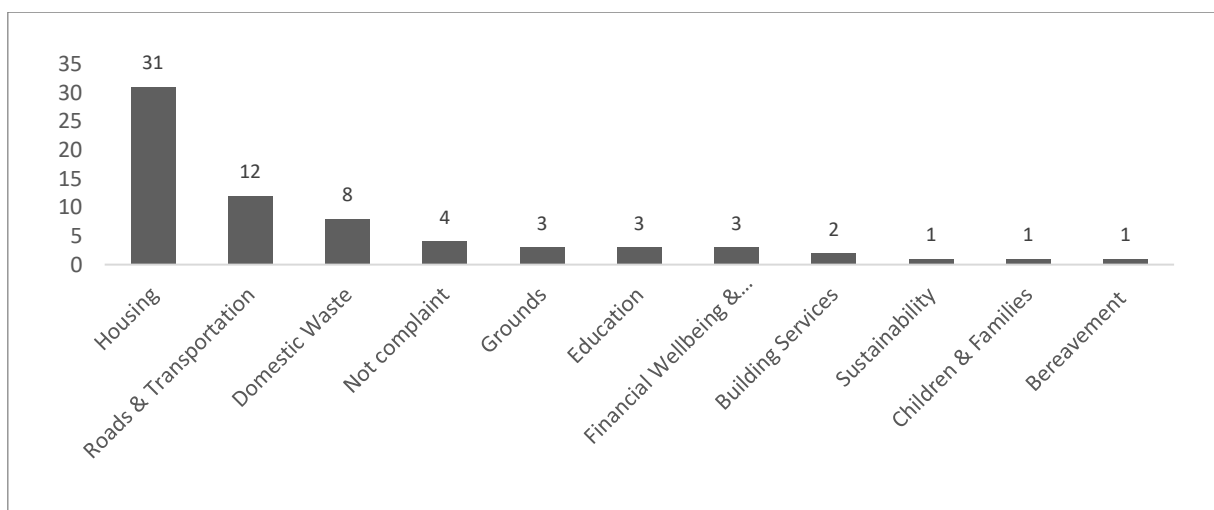
- The matter was dealt with very quickly, efficiently and I was happy with the outcome.
- There was unbiased, independent investigation into our complaint
- Thanks for your help resolving my issue. It was resolved for me.
- The complaint was handled, and I am strongly satisfied with how it was handled.

- I have been meaning to find a way to thank the gentlemen who visited re. The complaint. Everything is ok now, please pass on my thanks.
- I was pleasantly surprised that the Council took on board what I was saying and came to the same conclusion
- I am pleased the complaint was given the immediate attention it merited and resolved without delay
- The man who dealt with my complaint was excellent sorted it there & then. Fantastic customer service very helpful

Negative

- Waste of time to be honest
- I was left unhappy and no further forward with the response. I appreciate FC is busy, but I felt fobbed off
- Very little if nothing has been rectified following my complaint or the issues/matters raised
- Nobody answered my complaint
- Just brushed off by fife council, ignoring our concerns
- This complaint was ignored. I have still had no response.
- fife council are not interested
- I had no response.
- I've yet to receive a response to my original complaint!
- My complaint hasn't been dealt with
- My complaint had not been answered!

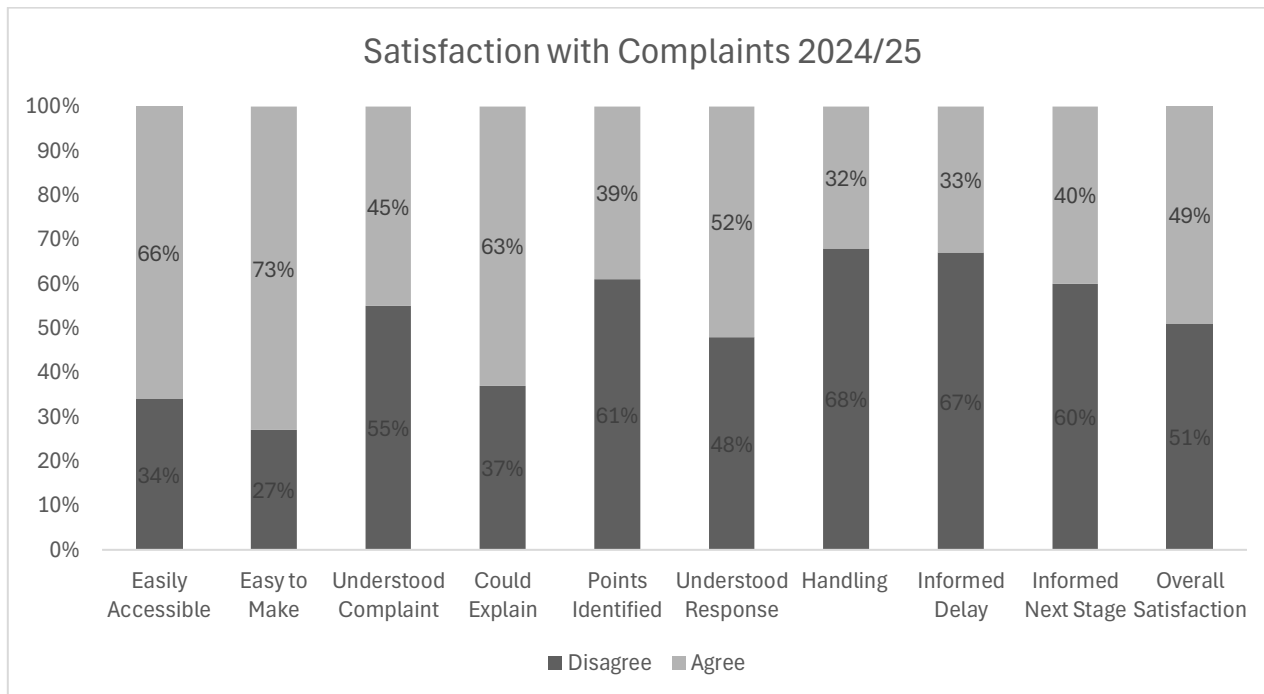
- 4.7 The results from the additional question that covered the perceived failure to respond had 69 responses that could be usefully considered. The following graphs this customer perception.



- 4.8 There is no complaint system evidence to suggest that these respondents received no response as the survey is generated from the record of the complaint that regularly contains details of the response (copies of emails, letters etc.). The inclusion of comments that reflect matters that would not be covered by the complaint procedure perhaps indicates that respondents on occasion do not read the copy of their complaint included within the survey invitation.
- 4.9 A further possible explanation behind respondent's claims of receiving no response is that the response provided did not adequately address the matters raised from the complaint and on occasion the matter raised have not been resolved or improved. This would align with the result that 61% of respondents disagreed with

the question “the points of my complaint were identified and responded to.” Services should therefore be careful to cover all matters raised and to ensure as far as is practical that responses are accurately delivered.

- 4.10 Overall satisfaction was 49% and is slightly worse than last year’s figure of 50% noting that the response volumes are slightly lower than the previous year. Satisfaction with each question is as shown on the following graph.



- 4.11 It would appear from the graph that improvement is required in carefully identifying the full complaint made from a complainant and thereafter adequately addressing those. We would also benefit from being more effective with extensions (when necessarily required), expressing potential delays as soon as possible and stage 1 email responses detailing what the next steps for a complainant would be should they remain dissatisfied following a stage 1 response.
- 4.12 The methodology used for the survey does not align a complaint reference number back to any responses received. This is due to GDPR, and the storage method used for satisfaction as the data is captured using Microsoft Forms against a single officer’s account. It would not be considered secure or an appropriate place to store a customer’s personal data. The survey is therefore fit for wider organisational learning in contrast to the previous version where Services could see satisfaction with their own complaint handling.

5.0 Other Customer Issues

- 5.1 The complaints procedure includes a clear definition of a complaint which means that some issues are recorded as fault reports or requests for service rather than as complaints.
- 5.2 Missed bins are generally considered as complaints however given the complexity and volumes, these are logged outside of the complaints system unless there is clear evidence of repeated failures or broader issues that are more than a missed collection.

Enquiry Type	Volume 2020/21	Volume 2021/22	Volume 2022/23	Volume 2023/24	Volume 2024/25	Remarks
Missed Bins	10,223	9,894	7,042	7,822	8,152	Actual complaints around missed bins will overlap with service requests.

- 5.3 Historically (until Oct 2022) the table above included data on street cleaning requests, reports of illegal dumping, dog issues and abandoned vehicles amongst others. Data provided has always come with the caveat that this was a very simple database extract and likely different data from what would be expressed by owning Services. The difference would be in terms of job sheets issued or capturing requests through other channels made directly into Services. Annual figures for all of Fife Council such as illegal dumping, grounds maintenance requests etc. are available. Committee members are likely to see reports from Safer Communities at Local Area Committees where data around these enquiry types is provided at the local level. Additional information may be available from the Place Directorate and Section/Service Performance Reports.

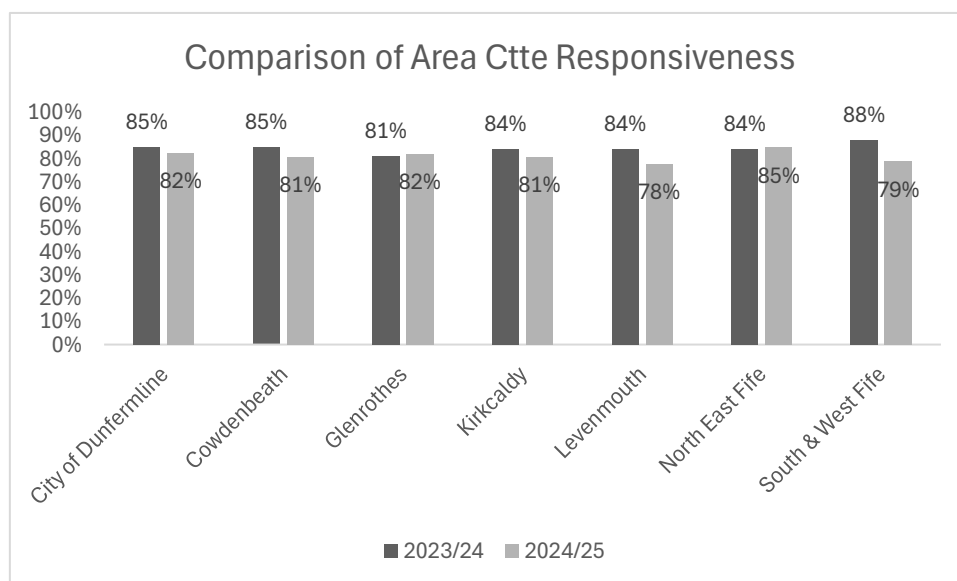
Area Comparison

- 5.4 The following table provides the latest comparison of the volume of main Service complaints by area (presented per million of the population to provide better readability). Note that complaints made anonymously or from outside of Fife are not attributed to any Area Committee (therefore the grand total will not sum to 2,969 complaints). Population information copied over from last year's report.

Area Committee	Dunfermline	Cowdenbeath	Glenrothes	Kirkcaldy	Levenmouth	North East Fife	South West Fife
Population Volume	56,832	41,288	50,257	60,214	37,288	74,674	49,777
Service Complaints by 1 Million Population	Per 1M	Per 1M	Per 1M	Per 1M	Per 1M	Per 1M	Per 1M
Insurance	18	73	20	66	0	13	20
Bereavement	35	48	80	100	54	80	40
Building	475	1,187	1,393	996	724	589	201
Catering Cleaning	123	73	0	116	27	80	40
Children &	141	218	159	133	268	94	261
CLD	18	194	40	0	0	27	60
Contact Centre	70	48	179	116	134	201	100
Customer Service	53	0	20	66	54	40	20
Democratic	70	0	0	50	0	40	40
Domestic Waste	686	727	1,035	1,079	1,180	1,192	703
Education	950	799	736	482	510	509	1,045

Area Committee	Dunfermline	Cowdenbeath	Glenrothes	Kirkcaldy	Levenmouth	North East Fife	South West Fife
Grounds	211	291	279	183	295	187	321
Housing	1,936	3,536	2,686	2,624	2,414	1,446	904
Local Office	18	73	20	100	54	27	0
Planning	106	24	139	100	27	281	40
Protective	70	145	80	50	80	67	40
Roads	739	1,017	497	963	268	870	623
Sustainability	123	24	80	33	215	174	241
Wellbeing	246	170	139	216	241	228	161
TOTAL	6,141	8,840	7,720	7,556	6,570	6,214	4,902

- 5.5 The table identifies in bold the top 3 Services in receipt of complaints over all Committee areas. Variations of note across local area Committee postcodes include the proportionality of Education complaints highlighted for the City of Dunfermline and South & West Fife Committee areas. The City of Dunfermline was impacted by complaints received that related to the provision of a 3rd party provider of childcare and broadly the complaints on this topic were not upheld. The South & West Fife area was impacted by the closure of a local school's breakfast club and failures with the provision of a timetable for a local high school. Housing issues are notably low for the area given the proportionality of Council housing.
- 5.6 There is some variation in area responsiveness to complaints. This ranges from 82% (down from 85% in 2023-24) of all complaints responded to in target timescales in the City of Dunfermline area down to 79% (down from 88% in 2023-24) of all complaints responded to in target timescales in the South & West Fife area.



6.0 Progress and Future Improvements

- 6.1 In last year's Complaint Update paper there were 3 areas highlighted as future improvements and one area for continual improvement.
1. Child friendly complaint process
 2. Challenging behaviour
 3. MP & MSP enquiry increase
 4. Direct Service support (continual improvement)
- 6.2 The soft launch of the child friendly complaint (CFC) process in July of 2024 as described in last year's report was somewhat delayed due to several factors including the lack of quality guidance and training being available from the Ombudsman's office. Work did however progress towards development of guidance information, providing web content, revising complaint forms and writing pro forma content suitable for gathering informed consent from under 18's with the appropriate capacity to do so.
- 6.3 Following the SPSO's late provision of process guidance information and an online training course the organisation began a light touch introduction of the process in March of 2025. The basics of the process are that we seek a child's view on matters that affect them and where a child can, they provide their informed consent for complaints made on their behalf to continue. In considering the complaint we should consider the child's rights throughout.
- 6.4 We continue to work with Education to refine the exact process for CFC with a view to a formal launch with Education after the summer recess where Education will be mainly responsible for the process basics for complaints that affect them. The broad CFC process continues across the remainder of the organisation and is currently in place for Education where the SPSO have highlighted that the CFC process hadn't been followed in historic cases that reach this body.
- 6.5 It is anticipated that it will take a few months for the process to fully bed in across the organisation. Guidance and materials exist online and the SPSO has a £50 online awareness training course available.
- 6.6 This year has seen continuing behaviours from certain customers that the Council has found unacceptable. This aspect of complaint handling remains challenging from various perspectives including the impact on staff morale and the resource required to manage the behaviours presented. The working group convened in March 2024 with the aim of supporting the introduction of more robust measures to guide staff when faced with challenging customer behaviour however has had no further meetings. Current policy remains in place and was regularly used throughout 2024-25 with some success. The team continues to offer advice for as early as possible intervention using the policy before behaviours become too resource intensive.
- 6.7 Last year's report detailed there had been a 79% increase in MP / MSP enquiry since 2021-22 that were becoming challenging since they were administered by the Escalation & Resolution team. This administration has broadly been handed over to Business Support to manage. This Service is better able to manage this and their traditional other workloads by sharing over a range of support staff during busy periods.

- 6.8 Direct Service support continues and has been successful with Services building relationships with Escalation & Resolution, notable outcomes include improved understanding of the complaints process. The team will continue to support Services into 2025-26 and beyond with a view to increasing responsiveness to target timescales and maintaining guidance and administration where appropriate during the laborious child friendly complaint process.
- 6.9 To support improved responsiveness and more broader improvements in quality Escalation & Resolution will seek to develop an intervention policy so there is a structured approach to dealing with the challenges occasionally faced including internal responsiveness, failure to follow procedure, inadequate complaint responses, nonstandard apologies etc. The intervention policy is likely to mirror that of the SPSO's own and borrow from a similar escalation process used by the Information Management & Request Team.

7.0 Conclusions

- 7.1 Responsiveness (complaints in target timescales) is broadly the same as last year however many Services are showing worsening comparative performance to the 5 and 20 working days targets from last year. When figures are compiled to include extensions valid under the procedure the Council responds to 93.8% of complaints within target or extension agreed timescale this however is worse than last year where the comparative figure was 94.5%. It is worth noting that the complaint procedure states that for stage 2 cases an extension should be the exception, and that extended delays may have a detrimental effect on the customer.
- 7.2 Insight from the customer complaint survey suggests that complaint handlers should focus on picking up all substantive matters arising from customer complaints, being as responsive as possible and explaining any delays as soon as is practical. The next steps (particularly escalation to stage 2) should be properly set out in any written correspondence.
- 7.3 From Appendix 1 the issues customers complained about are generally the same as other years with Housing, Domestic Waste, and Building Services in receipt of the bulk (>50%) of the complaints raised with the Council. The main categorisation of complaints for these Services remains unchanged over previous years and apart from missed bins for Domestic Waste (volume low compared to activity undertaken) there must be scope to seek improvements in terms of "poor communication regarding work to be undertaken" for Building Services and "unsatisfactory responses to service requests, enquiries and reported faults for Housing."

List of Appendices

1. Appendix 1 Summary of main complaint categories and examples of complaints, complaint outcomes, and compliments received.
2. Summary of SPSO cases and decisions made in reporting period.

Background Papers

SPSO revised model complaint handling procedure – [Link](#)

Report Contacts

Diarmuid Cotter, Head of Customer & Online Services

Email Diarmuid.cotter@fife.gov.uk

Dave Thomson, Customer Experience Lead Officer / SPSO Liaison Officer

Email: david.thomson-crm@fife.gov.uk

Appendix 1: Complaints and compliments (from Services / departments collectively in receipt of >90% of Fife Council complaints)

Service	Summary data	Complaint & compliment examples, including details of any learning (all from upheld complaints)
Building Services	<p>Received: 11% of FC complaints</p> <p>Main categories:</p> <p>Poor communications - poor regarding work being/to be undertaken (25%)</p>	<p>Complaint example: We have been left with no main washing facilities for almost 4 months. Initially we reported a leak from our shower into our kitchen light. When nothing could be found it was advised that council would replace the bath and wet wall the bathroom hoping to seal any leaks. When it was advised that both my relation and I couldn't use the bath due to disabilities they said they wouldn't waste council money and that we should see an OT in regards to getting a low level shower tray or wet room installed. Week after week of wrong drawings being drawn up, 3 different people surveying the bathroom and having 3 different drawings drawn up between housing, OT & building Services. Eventually got a date for install from building services to find out all they had in drawings was a standard install while we agreed a set of drawings with the OT that it should be a disabled bathroom. The building services disagreed so the date was refused. Every time I speak to housing, OT I get promised that I would be contacted next day or next week I never receive any call from them. We're still, 4 months on from having main washing facilities as both my wife can't use the bath and we won't use the shower as it's water leak coming into an electrical system (despite the joiner who originally came to look at bath said ' it should be OK to use if your only a couple of minutes, due to disabilities it takes 5 min to get in and out!!). I have an app with carf next week to see what legal action we can take against fife council.</p> <p>Outcome: Complaint upheld. We visited the tenant to discuss her complaint. We apologised for the confusing procedure that was carried out. She is happy for the complaint to be closed as the correction has been made to the specification.</p> <p>Compliment: The tenant has called and advised that the workmen out to widen the step and also the joiner that fixed the bedroom door were all courteous and polite and could not do enough to help. The tenant said they were very helpful and listened and just overall fantastic. She said they do not get enough credit for all the good work they do</p>
Catering & Facilities	<p>Received: 1.3% of FC complaints</p> <p>Main categories:</p> <p>Inappropriate staff attitude / behaviour (23%)</p>	<p>Complaint example: School crossing patrol woman behaviour towards children is unacceptable. My relative's class was returning to school when she shouted at them and called my relative a horrible little s**t. I am horrified at learning about this. I'm led to believe my relative wasn't the only one. This person has not liked my son for crossing on his scooter, I must admit I wasn't aware he couldn't ride it over either. She stares at my relative as he passes her which is very intimidating for him at age. There was on another occasion my son went to the crossing himself as I watched from car to find the person chatting with another teacher ignoring the fact my son wanted to cross to which he crossed himself. She was the most chatty person before the scooter event she will gladly gossip about anything. This person clearly does not match the personal criteria for her job description. I am not happy about this situation. The school is <i>school name</i>.</p> <p>Outcome: Partially upheld. A monitor at her post was carried out, retrained and given a refresher on code of conduct.</p> <p>Compliment: A compliment was made to one of the facilities management team at the main reception in Brunton House. The customer (female) said she was very impressed with the service she received from Chloe Rankine. that she was so helpful and polite in dealing her enquiry.</p>
Children & Families	<p>Received: 2.8% of FC complaints</p> <p>Main categories:</p>	<p>Complaint example: I would like to make a complaint about Child social work services. I have asked several times to arrange a meeting with the team leader and the service manager to resolve a situation that has been running for over 2 years. I have emailed and received no response. The social worker has also emailed and copied in both team leader and service manager but neither has responded to a request for a meeting. Neither have responded in general not even to decline a meeting just radio silence. This is not good enough from a public service. I still require a meeting however I would like to escalate this complaint to whoever overseas</p>

Service	Summary data	Complaint & compliment examples, including details of any learning (all from upheld complaints)
	Inappropriate staff attitude / behaviour (23%)	<p>social services in area. This department is clearly not fit for purpose in its current form. I am happy to discuss this further and back up my claims with examples and facts.</p> <p>Outcome: Complaint upheld. Revised procedure in relation to accessing the commissioned service and communication with families.</p> <p>Compliment: The social worker I spoke with regarding adoption was very knowledgeable and I'd like to offer my thanks by way of a compliment.</p>
Contact Centre	<p>Received: 1.8% of FC complaints</p> <p>Main categories:</p> <p>Inappropriate staff attitude / behaviour (30%)</p>	<p>Complaint example: I phoned up to get someone out to change my locks as I've lost my keys. The woman instantly had an attitude and told me I will be charged. I said that was fine I just wanted into my house. She then hadn't asked my name or asked who was on the phone but said I better put the tenant on the phone because she won't deal with anyone that wasn't the tenant. I told her I was the tenant she hadn't actually asked just presumed. She was the most judgemental downgrading person I've ever spoke to.</p> <p>Outcome: Complaint partially upheld. Advisor has been given further training and will be monitored as part of her ongoing training to ensure a repeat of this issue does not occur. Telephone call made to complainant.</p> <p>Compliment: The people in the repair centre have been very helpful, they always try and do their best!</p>
Domestic Waste	<p>Received: 14.1% of FC complaints</p> <p>Main categories:</p> <p>Failure to collect / empty bin (31%)</p>	<p>Complaint example: Missed bins collection regularly. Missed bin collection on date and missed on date. No explanation given. We also DO NOT have access to recycling bins despite paying a high council tax band. I would like to know why we are regularly having missed bin collection as well as not being provided with recycling collection.</p> <p>Outcome: Complaint upheld. Customer emailed an apology. Customer advised that we have had a spate of breakdowns with our smaller vehicles over the last month or so but are doing a double uplift this week and will uplift any extra waste that is presented.</p> <p>Compliment: Customer states his brown bin needed emptied as his landlord has left him with so much rubbish, customer states that the bin men well so helpful and took away the extra rubbish and can't thank them enough. He also appreciates the TOR service so much as it helps him a lot.</p>
Education	<p>Received: 10.4% of FC complaints</p> <p>Main categories:</p> <p>Poor communications including lack of notice consultation engagement (23%)</p>	<p>Complaint: My complaint is in regards to my relative, name/DOB who attends Dunfermline High School. Name is now in school year throughout her time I have repeatedly expressed concerns about name general wellbeing and struggle within school. Her attendance is extremely poor due to anxieties. I have repeatedly contact her guidance and rarely does she reply. I had to contact the Neurodiversity parent helpline after seeking advice through my GP as the school were lacking any kind of Support. I have a meeting on Wednesday morning to discuss her with the educational psychologist, Guidance and SLT however I feel that the lack of support and acknowledgement goes beyond this. As name is age she has to stay in education until Christmas however her career choice means she can't do any the college courses until year and the school are encouraging her to go. She recently had a prelim and was not given a laptop as this was outlined previously, she was then told last week she could get this, this week but no date or any information about this. I have expressed my concern over this and sent proof of my relative not wanting to go to school and her general wellbeing concern and have had no response at all.</p> <p>Outcome: Complaint partially upheld. Meeting held to discuss concerns. Apology given. Arrangements for AAA will be reviewed to ensure no repeat. Other ways of communicating with the school going forward was discussed and agreed.</p> <p>Compliment: My daughter has come on leaps and bounds since discussing matters with her principal guidance teacher I'd like to compliment her approach.</p>

Service	Summary data	Complaint & compliment examples, including details of any learning (all from upheld complaints)
Financial Wellbeing & Revenues	<p>Received: 2.8% of FC complaints</p> <p>Main categories:</p> <p>Time taken to process enquiry (17%)</p>	<p>Complaint: I have made two Tax Enquiries and got no answer. The first enquiry was sent one year ago on date, no reference The second enquiry was sent on date no reference. Please, answer both of my enquiries.</p> <p>Outcome: Complaint upheld. Apology provided and response to original requests provided.</p> <p>Compliment: Customer would like to pass on a message to say thank you for getting the appointment set up for him, so hopefully get the rest of the issues resolved for the next appointment</p>
Housing	<p>Received: 29.3% of FC complaints</p> <p>Main categories:</p> <p>Unsatisfactory response to previous complaint / request for service / enquiry / reported fault (13%)</p>	<p>Complaint example: I am complaint as when I signed my tenancy date ago I was told that my garden would be completed and made safe for my children to play in and nothing has been done about this! My housing officer won't even answer my calls I have called numerous times and been told that a housing officer from my area would contact me back and I have had no telephone call from any of them! My garden is a hazard! The inside of my house all of my ceilings are peeling away my windows are leaking and have black mould on them and nothing has been done about this either!</p> <p>Outcome: Complaint partially upheld. Called customer to discuss. Follow up letter issued with apology. Discussed with HMO to ensure improvements for future. New HMO appointed for the area will arrange contact.</p> <p>Compliment: Top marks to my Housing Management Officer Kieran McCord for being so efficient today. I would also like to thank Lynn Johnston for all her help.</p>
Grounds Maintenance	<p>Received: 3.6% of FC complaints</p> <p>Main categories:</p> <p>Grass Cutting (26%)</p>	<p>Complaint example: A grass cutter has decided to leave all his grass cuttings across our path, and all up the side of my relative's car. Not happy!</p> <p>Outcome: Complaint upheld. Toolbox talk to be given to team re safe systems of work.</p> <p>Compliment: Grass cutting and strimmer on space behind The Shieling, Cairneyhill and the field. Your workmen do a professional job and are friendly and helpful. To be commended.</p>
Planning	<p>Received: 2.0% of FC complaints</p> <p>Main categories:</p> <p>Dissatisfaction with policy / delivery arrangements (61%)</p>	<p>Complaint example: Failure by Fife Council Planning Department to follow proper procedure when processing a High Hedges Application made by us. Ref reference We raised an application under the High Hedges (Scotland) Act 2013 against our neighbour on the date which was then registered and validated by Fife Council on the date We were informed by email on the date that a site visit of our neighbours garden was going to be carried out on the date we then received a subsequent email stating that the site visit was cancelled and was to be scheduled to take place at a much later date. The reason given to us for this delay was that it was a stipulation from our neighbour to be given 28 days to respond to the application and he also stated that after this period he would inform the planning department of a suitable date for a site survey. Under the High Hedges Act there is no mandatory requirement for the site visit to be delayed until after the 28-day notice and at the most only 14 days' notice is required if there has been no agreement for site access granted. We were exceptionally alarmed when we received this email, and we contacted Fife Council planning to raise our concerns regarding the delay. It is at this point that we were informed that Fife Planning Department had failed in their duty to send all the relevant paperwork regarding our application to our neighbour. We again contacted and cautioned the planning department that the likely outcome of this delay would result in our neighbour undertaking strategic and selective pruning with the aim of subverting and negating the notice. We were assured by a member of staff that our concerns would be considered as part of the application process. Had we not raised our concerns regarding the delay we would not have been made aware by the</p>

Service	Summary data	Complaint & compliment examples, including details of any learning (all from upheld complaints)
		<p>planning department of their error and the impact that this would have on our application. During the extended time granted to our neighbour, as we predicted, selective and extensive pruning was carried on various occasions, photographic proof of this was supplied by us to the planning department. We are aware that our application was of a sensitive nature due to the fact the at application was raised against a serving Fife Council councillor and conclude that our application was dealt with in a hesitant manner and was not executed as proactively as it would have been for a normal member of the public. We also suspect an element of unwitting collusion, but on request and receipt of heavily redacted information received under The Freedom of Information Act it is difficult to prove. The outcome of this flawed process and procedural failures resulted in our application being refused. Although we followed the process meticulously, we feel that the service that you provided us at a cost of over cost is farcical and wish our complaint to be investigated fully.</p> <p>Outcome: Complaint partially upheld. Recommendation that the current review of the High Hedge Process include reminders for case officers to communicate any delays.</p> <p>Compliment: We are glad to hear that you are happy with the approach taken and its potential impact. I would also like to share my thanks and appreciation back to you and your team for work with us from the earliest stages.</p>
Recycling Centres	<p>Received: 2.4% of FC complaints</p> <p>Main categories:</p> <p>Dissatisfaction with policy / current organisational arrangements including opening times (32%)</p>	<p>Complaint example: Customer states that her husband attended Dunfermline recycling centre today, her husband checked on the internet and when the recycling centre opened before he attended (internet states 8am when it is actually 9am). Customer's husband was happy to leave and come back again as he was only dumping some wood, one member of staff did inform him that the centre didn't open until 9am but was happy to let him in to empty his rubbish. Customer's husband started to unload his car but as he was doing so two members of staff came up to him and informed him that they weren't open yet, customer's husband apologised and said that the man at the front of the centre said he could empty his goods in skip two. Just after that a member of staff turned around and said, " I wouldn't let that c**t empty his car when we aren't open ". Customer was really upset by this as was her husband.</p> <p>Complaint outcome: Complaint upheld and apology offered. Complainant called and a voicemail left, apologising for the staff's language in earshot of her husband. I let her know that I had spoken to the 3 members of staff on shift that they had turned a good example of customer care in letting someone use the site early before it opened at 9am into a complaint about their language.</p> <p>Also confirmed that Google have the site opening hours incorrect however the FC recycling centre website and the entrance signage outside the site does have the correct opening hours 9:00 to 17:45</p> <p>Compliment: I visited the Dunfermline Recycling Plant twice today with about 12 heavy bags of rubble. Upon my first visit one of your employees helped with a bag I was struggling with. Upon my second visit he came straight over to my car and emptied most of the bags from my car voluntarily. Can you pass on my immense appreciation to James for me please, he is a credit to your organisation.</p>
Roads & Transportation	<p>Received: 12.2% of FC complaints</p> <p>Main categories:</p> <p>Potholes / poor condition of road surface (9%)</p>	<p>Complaint: I have reported a road defect numerous times. Initially I was told the surface was not deep enough to fix. Now fast forward a couple of years and the whole surface is affected and is more than 50 mm deep in parts. The bad weather is upon us again so it will only get worse. Our cars are having to put up with the awful road surface every time we go on and down. The second last time I reported it I was told it would be fixed within 3 months that expired at the beginning of date, I reported it again and it appeared to have been ignored. I have already threatened to go to the fife free press on a couple of occasions but this time it won't be a threat I will go and ask them to cover the story of nothing is done this time. I'm sorry it has had to come to this, but no one is doing anything to help. The road in question is the access road to the flats at street name numbers address onwards</p>

Service	Summary data	Complaint & compliment examples, including details of any learning (all from upheld complaints)
		<p>Complaint outcome: Complaint partially upheld. Surface loss to area of carriageway which we plan to patch within the next 12 months. Routine Inspections will continue to be carried out to identify any safety defects and repair these using a Risk Based Assessment until completed.</p> <p>Compliment: I have been asked to write to you to thank you and your team for the work which you carried out to form the new footpath opposite the Chicken Farm, to the railway overbridge on the east side of Waggon Rd. I have spoken to a number of residents, and they and the Community Council are very happy with the result, which makes the route from one footpath to the other much safer and much more pleasant. Thanks for your work on this.</p>

Appendix 2 – Summary of SPSO Decisions

A2.1 The final stage for complainants is the Scottish Public Services Ombudsman (SPSO) and the following tables present the cases from this office opened in 2024-25

Service	Vol	%	Decisions
Education	13	28%	77% Withdrawn 23% decisions *
Housing	8	17%	88% Withdrawn & 12% Pending
Planning	6	13%	100% Withdrawn
Safer Communities	4	9%	100% Withdrawn
Roads & Transportation	3	6%	100% Withdrawn
Children & Families	3	6%	100% Withdrawn
Financial Wellbeing & Revenues	2	4%	100% Withdrawn
Democratic Services	2	4%	100% Withdrawn
Customer & Online Services	2	4%	100% Withdrawn
Communities	1	2%	100% Withdrawn
Domestic Waste	1	2%	100% Withdrawn
Protective Services	1	2%	100% Withdrawn
Building Services	1	2%	100% Withdrawn

* x2 cases for Education were decision reports, upheld with recommendations. The decision reports were only recently issued (fiscal year 205/26 however it would be remiss to not include details this year).

A2.1a [Link to SPSO Decision Report Ref 202308876](#)

A2.1b [Link to SPSO Decision Report Ref 202310572](#)

A2.2 Withdrawn typically means that the SPSO decision was that these complaints were either, out of their jurisdiction, the complainants' outcome is unachievable or that in the opinion of the SPSO they can add nothing further to the decision already reached. The SPSO remain obliged to alert the Council of these cases under their governing Act. Pending means that the case remains under consideration by the SPSO at the time of this report.

A2.3 The overwhelming decision to not take cases forward for investigation may suggest that resolutions provided are the correct ones.

A2.4 Additionally the SPSO made decisions on cases opened in previous years. These decisions were received in 2024-25. Details of these upheld decisions are in the following table, and all are available from the SPSO website.

Case Ref	Subject	Outcome
202206015	Noise pollution	Some upheld, recommendations
202204206	Repairs and maintenance	Some upheld, recommendations

A2.5 Case 202206015:

Summary

C complained that the council had failed to address excessive noise from a recreational area near their home. We found that the council had taken appropriate action in relation to C's complaints of noise nuisance and did not uphold C's complaint. However, we did provide the council with feedback on ensuring they carry out visits within a reasonable timeframe where they have agreed to do so or contact the customer to explain why they are unable to do so.

C also complained about the council's handling of their complaint. C raised a complaint with the council about the high levels of noise from the recreational area. The council responded on the same day saying that they could not consider noise nuisance under their complaints procedure as the nuisance was not being caused by the council or by any maladministration on behalf of the council. C was advised to engage with the appropriate council service regarding monitoring and establishing the noise nuisance and was signposted to the SPSO if C felt they were not responding to what they considered to be complaints.

We found that the council unreasonably failed to act in line with the Model Complaints Handling Procedure by refusing to further respond to C's complaint. Therefore, we upheld C's complaint.

Recommendations

What we asked the organisation to do in this case:

Apologise to C for the specific failings identified in respect of this complaint. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/information-leaflets.

In relation to complaints handling, we recommended:

Complaint investigations should be carried out in line with the Local Authority Model Complaints Handling Procedure.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.

A2.6 Case 202204206:

Summary

C complained about their housing. C had moved into the property because they were downsizing from their previous home. The property they moved into had been purchased by the council from its owner as part of a 'buy back' scheme for council properties. C complained of persistent damp and mould within the property that was causing them significant health problems. C was offered alternative properties by the council, but C rejected them on the basis that they were unsuitable.

We found that extensive works had been carried out to the property prior to C moving in. We also found that, whilst C disputed the suitability of the alternative properties they were offered, the council had followed the correct procedure in assessing C's medical needs and the properties offered to C. Therefore, we did not uphold these parts of C's complaint.

In relation to C's reports of damp and mould, we found that these issues were investigated. However, the council took an unreasonable length of time to respond, given that they were aware of the health issues being experienced by the family. Therefore, we upheld this part of C's complaint.

Recommendations

What we asked the organisation to do in this case:

Apologise to C for the failure to respond timeously to their concerns. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/information-leaflets.

What we said should change to put things right in future:

The council should have effective systems in place to ensure that problems with mould and damp are responded to timeously.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.

A2.7 For clarity all recommendations were met as suggested by the SPSO in these decisions.

Information Requests Annual Report 2024-25

Report by: Diarmuid Cotter, Head of Customer and Online Services, Communities

Wards Affected: All

Purpose

This is the annual report detailing requests for information received in terms of the Freedom of Information (Scotland) Act 2002 (FOISA); the Environmental Information (Scotland) Regulations 2004 (EIR) and the GDPR/Data Protection Act 2018 (DPA).

Recommendations

That the committee: -

1. note the workload arising from managing information requests; and
2. comment on the performance detailed in this report.

Resource Implications

This report does not have any resource implications.

Legal & Risk Implications

Failure to comply with the relevant statutory provisions in relation to Information Requests leaves the Council exposed to reputational damage, and potential enforcement action from regulatory bodies including monetary penalty notices. There have been a number of other Councils who have recently had enforcement action taken, or threatened, by regulators particularly with reference to the processing of SARs.

Information governance is covered in the Council's strategic risk register. It is noted that this risk remains in the higher than optimal category. There are a number of actions planned to address this issue including, ongoing work to develop a Data Strategy and refresh the Information Asset register. An Information Governance training module is also being developed to consolidate existing information governance training by pulling together Data Protection, Records Management, Freedom of Information.

Impact Assessment

An IA Checklist is not required as this is a performance report and does not recommend changes to Council policy and does not require a decision.

Consultation

The ICT Governance Board regularly receives a quarterly performance update on information requests.

1.0 Glossary

1.1 The following abbreviations are used throughout this report:

FOI:	Freedom of Information (Scotland) Act 2002
EIR:	Environmental Information (Scotland) Regulations 2004
DPA:	General Data Protection Regulations/Data Protection Act 2018
SAR:	Subject Access Request
OSIC:	Office of the Scottish Information Commissioner (responsible for FOI/EIR for Scotland)
ICO:	Information Commissioners Office (responsible for DPA throughout the UK)
IMRT:	Information Management & Request Team
BAU:	Business as Usual
Aspire:	Information Request Management System
SI:	Supporting Information Requests
CDP:	Child Disability Payments
ADP:	Adult Disability Payments

2.0 Background

- 2.1 Anyone has the right to ask the Council for information that is held by the Council. Once received, each Information Request will be processed in accordance with the relevant statutory requirements. To assist in understanding the following performance information, please find an explanation of the various types of requests received and managed by IMRT.
- **FOI** - Freedom of Information (Scotland) Act 2002 – all requests for information received by Fife Council fall in scope of FOI.
 - **EIR** - Environmental Information (Scotland) Regulations 2004 – requests for information that is held relating to the environment, such as building, roads, health etc
 - **(SAR)** General Data Protection Regulations 2018 – Subject Access Requests – Data subject requests personal information about themselves.
 - **Other** – There are various requests received under this heading:
 - **Pupils' Educational Records (Scotland) Regulations 2003** – information parents/carers can request in relation to their child's Education.
 - **Child Disability Payments (CDP)** – Requests received from Social Security Scotland for information to assist parents with claims for their children. (Previously Disability Living Allowance)
 - **Adult Disability Payments (ADP)** – Requests received from Social Security Scotland for information to assist adults applying for disability allowance (Previously PIP)
 - **Data Protection Act 2018 exemptions** –
 - **S2 – Crime & Taxation** – In the main these requests are received from Police Scotland but can be made by authorities investigating fraud.
 - **S5 – Information required to be disclosed by law etc or in connection with legal proceedings** – These requests are received from other authorities who have legislative power to access personal information an example would be court orders.

3.0 Summary

- 3.1 During 2024/25, there has been a slight decline in the number of requests received in comparison to the previous year, the decline has been related to the requests categorised as others. In contrast, the most resource intensive request types – SAR and FOI/EIR requests have continued to rise with SARs showing the most significant increase at 14%. This trend has raised concerns regarding the growing volume and complexity of requests, alongside the limited staff resource available, which is now having a measurable impact on performance.
- 3.2 As illustrated in the performance charts in Figure 8, the Education service area demonstrates a high level of lateness attributed to service-related delays. The data indicates that this is primarily due to requests distributed to all schools, where performance levels are notably low. Only 44% of requests are responded to on time, and of these that received a late response, 95% are due to service delays. IMRT is actively collaborating with both the Education Service and Education Management Information Systems (MIS) Team within the Communities Directorate to identify and implement solutions to address this issue.

4.0 Information Requests

- 4.1 This section provides the following information:
- data and performance of all types of requests
 - request performance of FOI/EIR and SAR
 - details of escalation required to be carried out by IMRT to access the required data.
 - information relating to the reason for lateness. This identifies whether the late response was due to IMRT, Service or Other

4.2 Overall Requests Received and Performance

- 4.2.1 6,171 Information Requests were formally logged between 1 April 2024 and 31 March 2025. This total is made up of:
- 1,685 Freedom of Information Requests (FOI) – 27% of total requests received
 - 962 Environmental Information Regulations (EIR) – 16% of total requests received
 - 845 Subject Access Requests (SAR) – 14% of total requests received
 - 2,679 Other requests including S2 and BAU – 43% of total requests received
- 4.2.2 Figure 1 below illustrates the number of requests received by type from 2020/21 and 2024/25. It also shows the total of the number of requests for each year, along with the percentage change compared to the previous year.

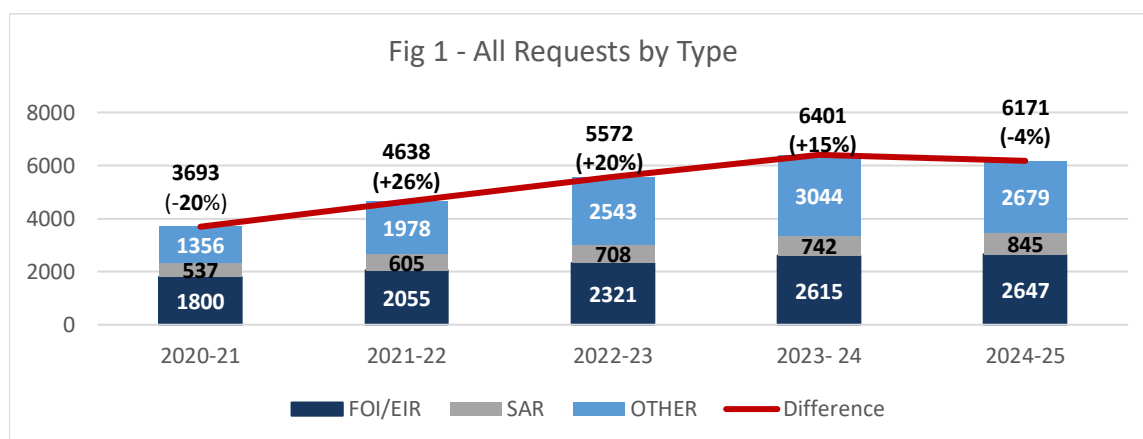


Figure-1 – requests received

4.2.3 Figure 2 below shows the performance across all types of request types. It indicates that overall performance during 2024/25 remained consistent with the previous year.

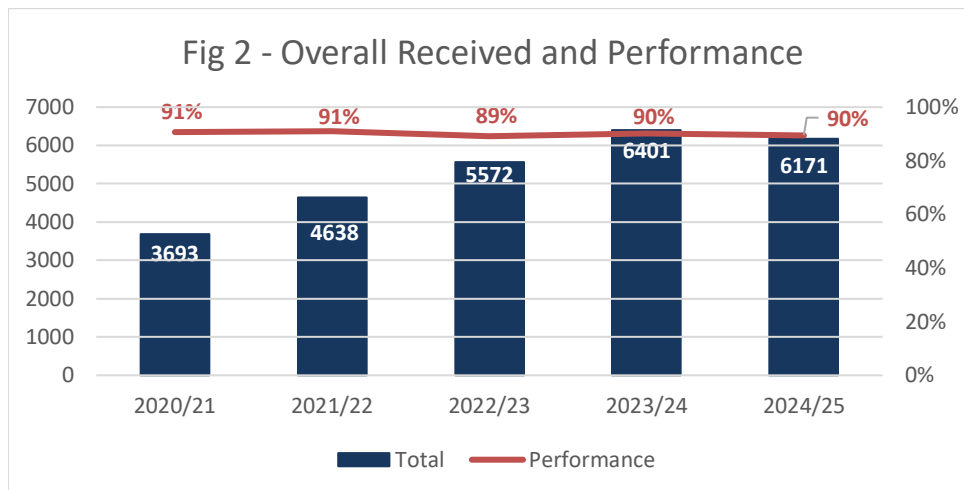
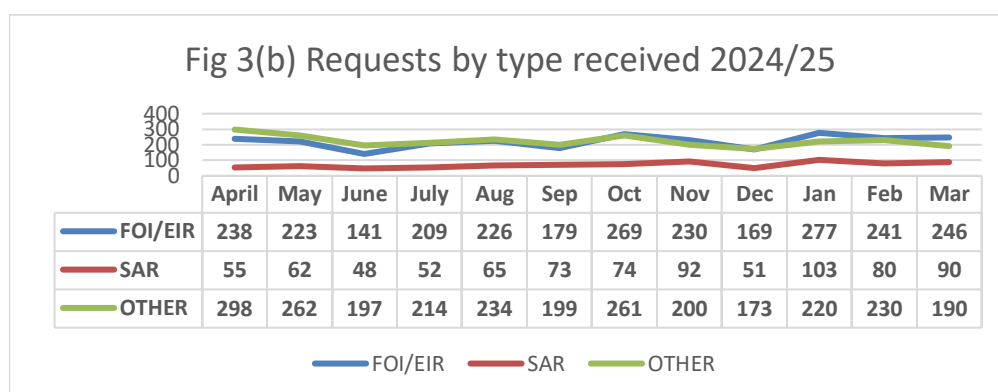
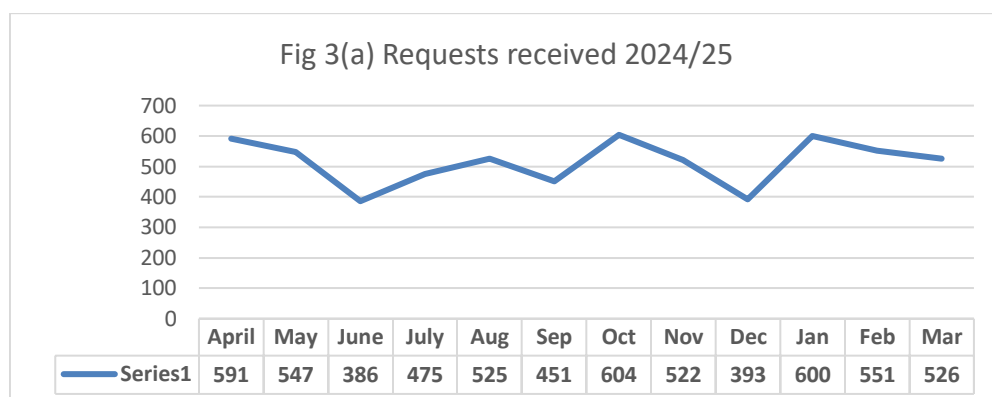


Figure-2 –Overall Performance

4.2.4 The number of requests received monthly can be unpredictable and varied. This can cause challenges responding within the required timescales. Figure 3(a) shows the total number received during 2024/25 by month and Figure 3(b) shows the number of each type of request received.



Figures 3 a & b – Information Request Received Monthly

4.2.5 All requests are individual, and although some requests can be dealt with speedily, a large number of requests are complex and time consuming. There are various reasons for this, such as the number of questions within each request, the sensitivity of the subject, or the number of services/locations required to be contacted for information.

4.3 FOI/EIR Requests and Performance

4.3.1 Figure 4 below shows the number of FOI/EIR requests received during 2020/21 – 2024/25 and the performance of these request types during this time.

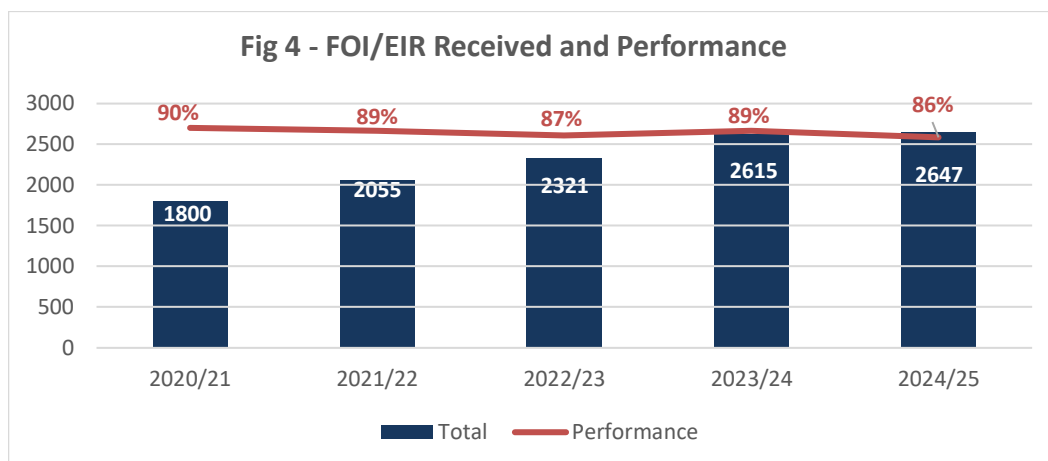


Figure 4 –FOI/EIR received and performance

4.3.2 The above figures show a decrease of 3% performance during 2024-25 compared to the previous year. Please note that over this time FOI&EIR requests have increased by 1%.

4.4 SAR Received and Performance

4.4.1 Below figure 5 shows details for SARs received by the Council and the performance between the years 2020-21 to 2024/25.

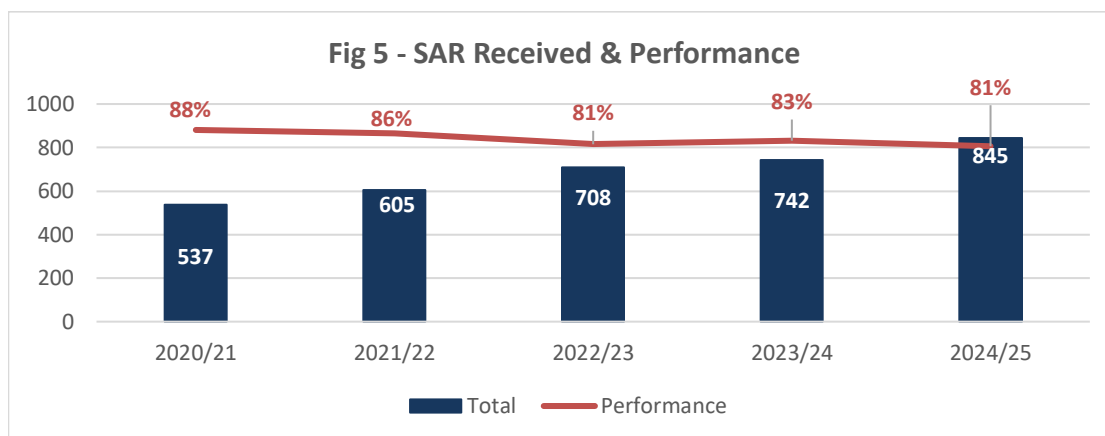


Figure 5 – SAR received and performance

4.4.2 Performance of SARs has also decreased by 2% during 2024/25. Additionally, the number of requests received rose by 14% during 2024/25 compared to the previous year.

4.5 Supporting Information Requests

4.5.1 The volume of Supporting Information requests received from Social Security Scotland declined substantially during the final two quarters of the 2024/25 financial year.

4.5.2 Under the current funding model, this reduction is projected to significantly affect the level of funding allocated by the Scottish Government in 2026/27. Consequently, this will have direct implications for the resources available to maintain IMRT's current capacity and

operational effectiveness.

- 4.5.3 This issue has been escalated within the Communities Directorate and the associated risk of non-compliance has been formally raised with the Information Governance Board.
- 4.5.4 Ongoing discussions are taking place with Social Security Scotland to ascertain the underlying causes of this decline.

4.6 Service Requests & Performance

- 4.6.1 The number of requests and the percentage of the total number of requests received by the Council is shown below in figure 6. This is broken down by the Service areas available on aspire.

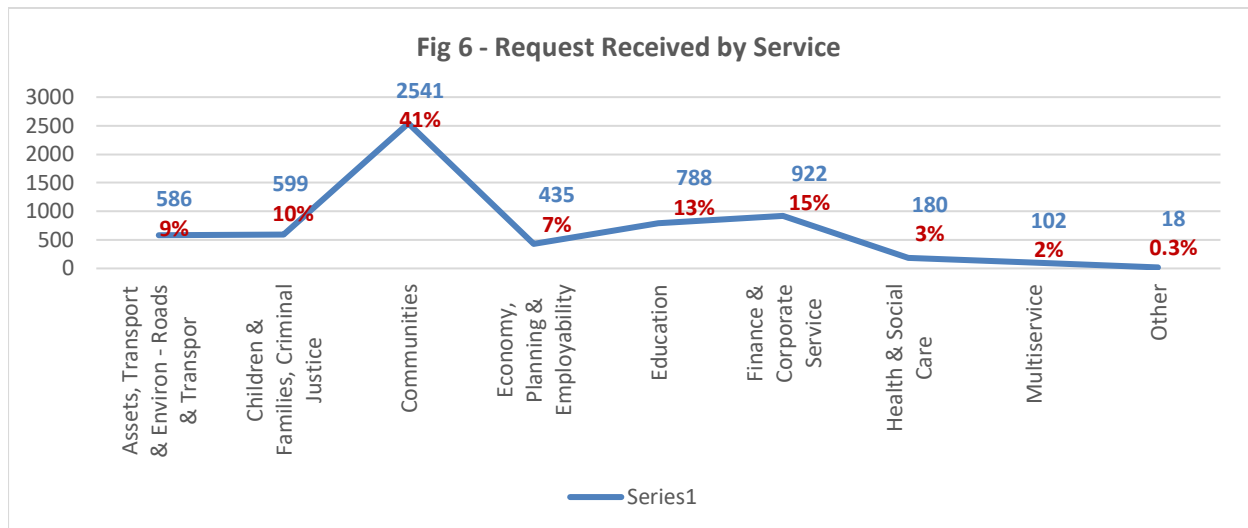


Figure 6 - above shows the requests received by each Service/Directorate

- 4.6.2 As in previous years, the largest volume of requests shown in figure 7 relate to Community Services. This is due to the large number of S2 requests that are dealt with by the Revenues Assessment Team and Housing Services.
- 4.6.3 Figure 7 shows the performance of the individual services and the reason for lateness. Lateness is recorded as being caused by IMRT, the Service, or another Service having caused a delay. As you can see the main reason for Children and Families is caused by IMRT. These requests are mainly complex SARs.

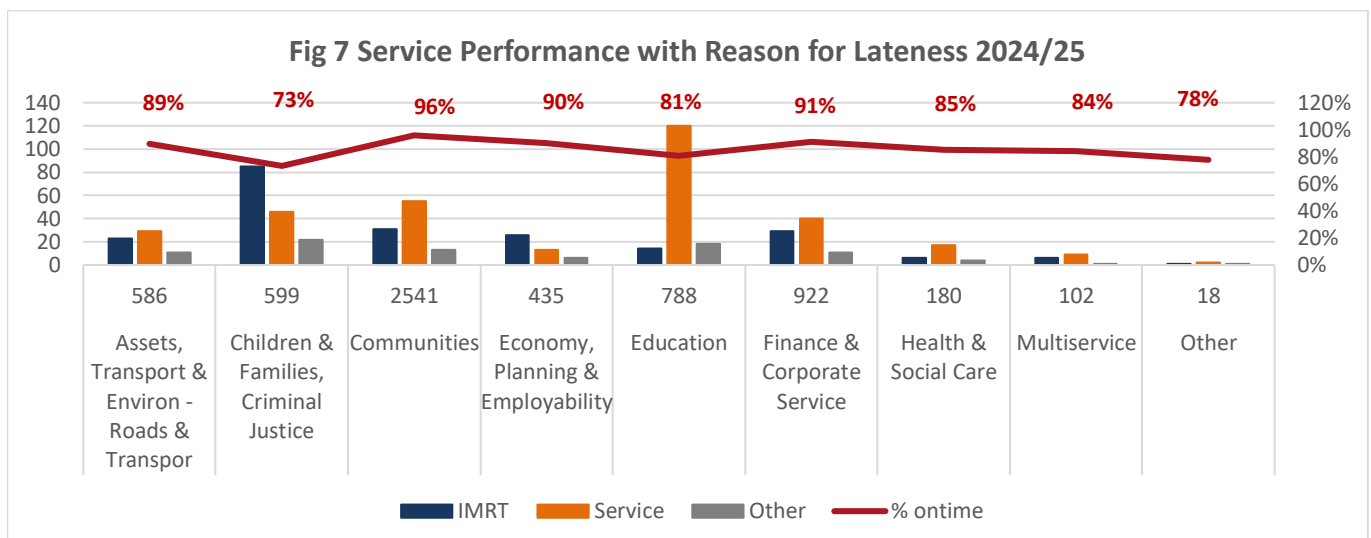


Figure 7 – shows the performance for each Service/Directorate along with the reasons for lateness

4.6.4 Figure 8 presents data on requests that required escalation due to lack of response to IMRT within the original timescale provided.

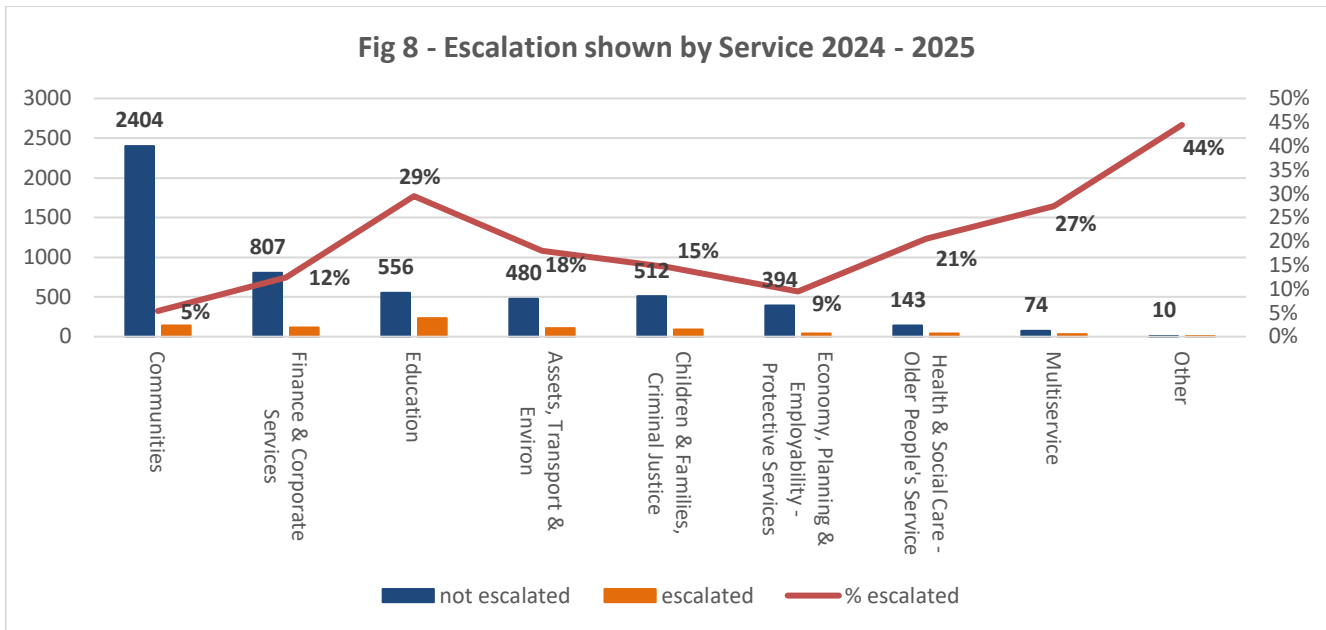


Figure 8 – Number of requests received and % escalated

5.0 Reviews & Applications

5.1 Reviews

5.1.1 If an Applicant is dissatisfied with the response, or if the response has not been provided within specified timescale, they are entitled to request a review by the Council under Section 20 of FOI and Article 15 of GDPR (SAR). Reviews are typically triggered because the requestor is unhappy with:

- The content of the response.
- The way in which the request was processed.
- A breach of the statutory timescales.

5.1.2 Figure 9 below shows the number of requests received and the percentage that required a review to be carried out over the past 5 years.

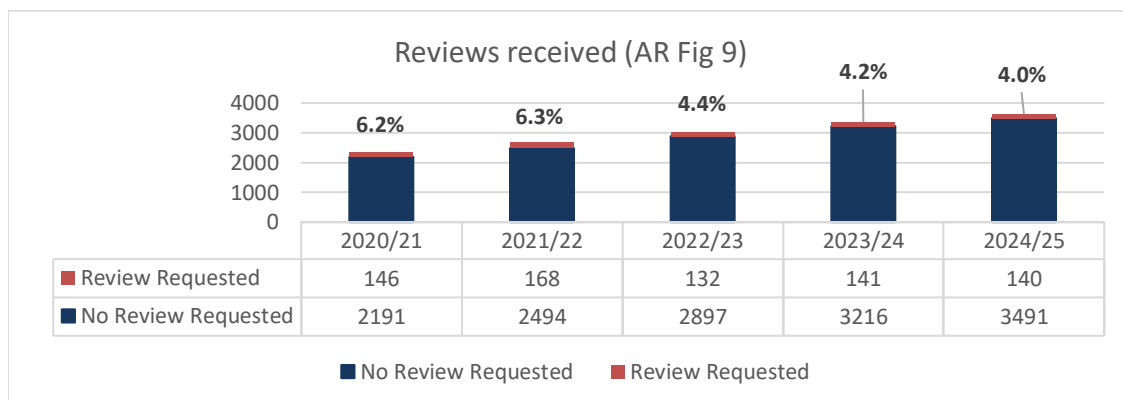


Figure 9 - FC Request for Reviews by Month

5.2 Appeals and Complaints

- 5.2.1 If an Applicant remains dissatisfied with the Council's response to their request for review under FOI/EIR, they can refer their case to OSIC and apply for a decision on how their request was handled and the decisions taken.
- 5.2.2 If an applicant remains dissatisfied with the result of a SAR review, their complaint falls under the remit of the ICO.
- 5.2.3 Figures 10 & 11 below show a breakdown of the applications/appeals received and the outcomes from OSIC.

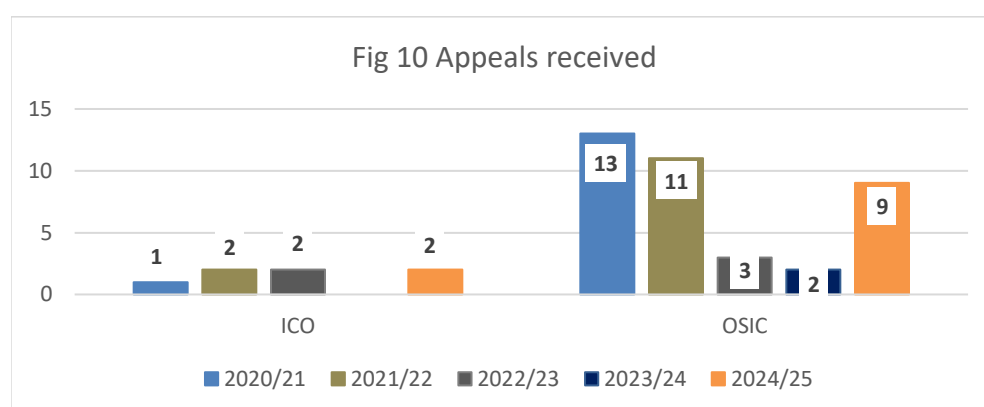


Figure-10 shows number of applications/complaints received

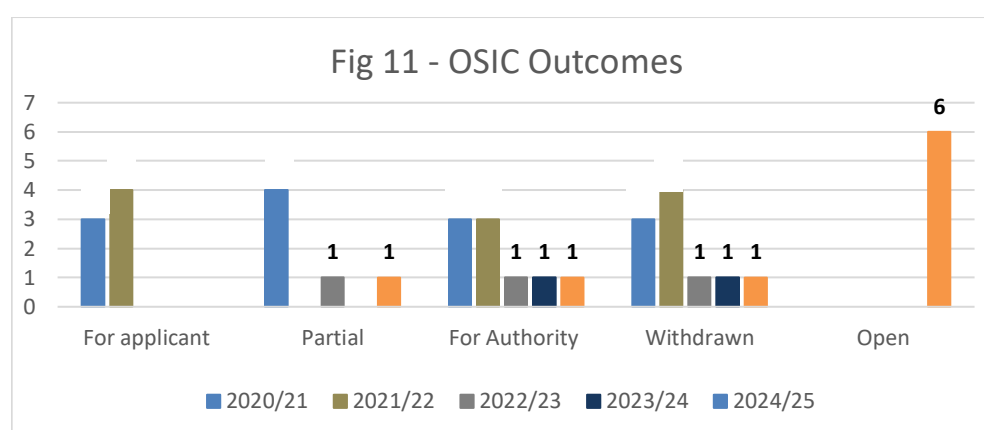


Figure-11 shows the outcome of OSIC applications

6.0 Scottish Local Authority comparison 2024/25

- 6.1 This section provides a comparative overview of FOI/EIR performance across Scotland's 32 Local Authorities. The aim is to benchmark Fife Council's performance against national trends to identify areas for improvement and best practice. The data shows that Fife Council received the second highest volume of FOI/EIR requests among all Scottish local authorities during 2024/25. However, despite this high volume, Fife's compliance rate places it 18th out of the 32 councils, with 17 authorities achieving higher performance levels. This highlights a need to explore further opportunities for improving response times and overall compliance.
- 6.2 FOI/EIR compliance data has been sourced from the Scottish Information Commissioner's website to enable comparative analysis across Scotland's 32 Local Authorities. The figures reflect requests closed during the 2024/25 reporting period and may therefore differ slightly from those presented above.

6.3 Figure 12 below illustrates the total number of FOI/EIR requests responded to during the 2024/25 period with an average compliance rate of 90%.

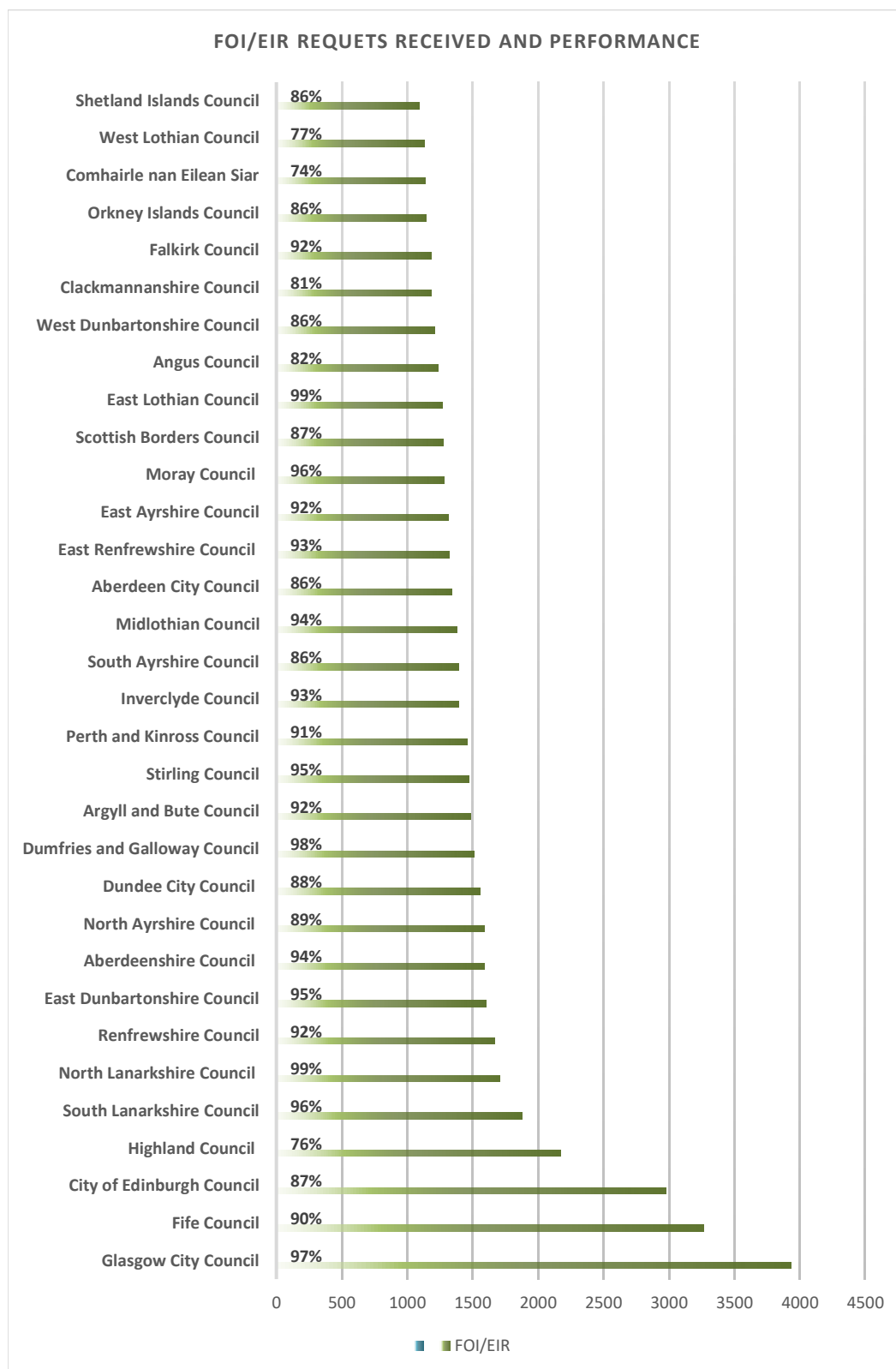


Figure-12 Comparative FOI/EIR requests received and performance with other authorities

6.4 Figure 13 presents data that is publicly accessible via the Scottish Information Commissioner's website. It should be noted that some local authorities have not reported the number of SARs received. Among those that have submitted data, Fife Council ranks second in terms of the volume of requests received. Compliance figures for SARs are not available.

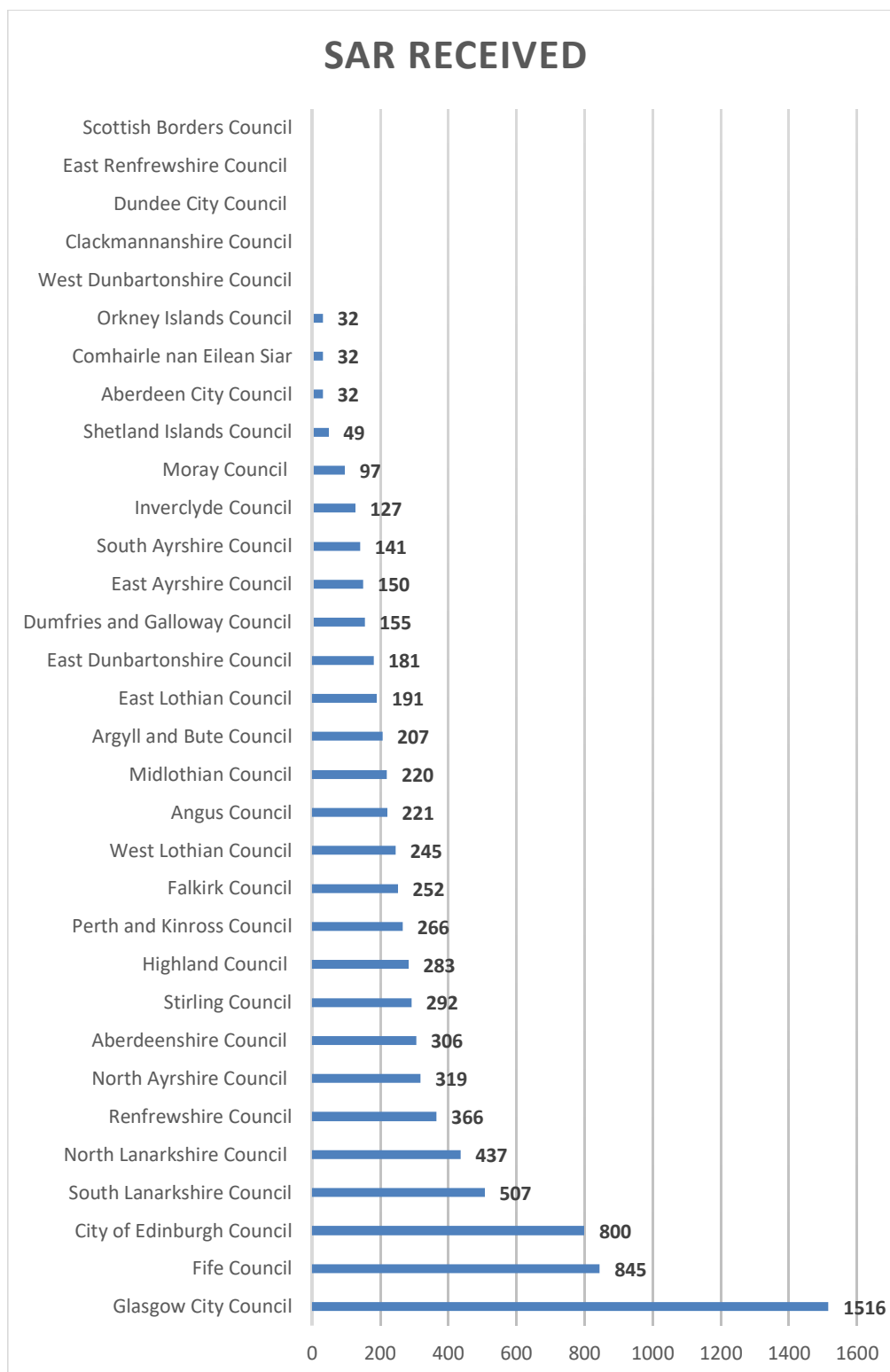


Figure-13 Comparative SAR requests received

7.0 Developments/Updates – 2024-25

7.1 FOI Reform

7.1.1 Katy Clark MSP has formally introduced her Private Members Bill, the Freedom of Information Reform (Scotland) Bill, to the Scottish Parliament. The Bill has successfully passed the proposal stage, thereby securing the Member's right to introduce the Bill.

7.1.2 The Bill includes provisions to:

- Strengthen the public's statutory right to access information held by public authorities.
- Require Scottish Ministers to consider recommendations from the Scottish Information Commissioner when designating new bodies under the Freedom of Information (Scotland) Act 2002.
- Remove the First Minister's power to override certain decisions of the Commissioner.
- Introduce a statutory duty on public authorities to proactively publish specified categories of information.
- Create a new criminal offence for the destruction of information with the intent to prevent disclosure, regardless of whether a request has been made.

7.2 IMRT Improvements

7.2.1 IMRT continues to address the challenges in the high levels of requests being received by the council. Work continues to:

- improve processes.
- provide training for team members and all council officers.
- improve performance.

7.2.2 Training options available to all staff include:

- face to face sessions, which aims to increase knowledge of information owners; and
- an e-learning module which ensures all staff members are aware of their individual responsibilities under both FOI and Data Protection, particularly regarding accessing information and the rights of individuals to access their own data. This training has not yet been mandated; however work is ongoing to move toward that objective.

7.3 Governance Reporting

7.3.1 IMRT continues to report to the Information Governance Board quarterly. The Board is Chaired by the Executive Director of Finance and Corporate Services and is attended by Senior contacts from all Services.

7.3.2 The report highlights the status on performance for both FOI and SAR requests and raises any actions required to be carried out by services to ensure compliance with the related legislation.

7.4 Portal to provide customers with access to responses.

7.4.1 Efforts have been made to identify a suitable system that enables customer access to SAR responses. However, progress has been slow due to work pressures in other areas, and the initial system trialed did not meet operational requirements. IMRT are currently conducting trials of alternative systems, with implantation of a customer access portal anticipated during 2025/26.

8.0 Conclusions

- 8.1 Legislative changes to both FOI and SAR are expected to be received in 2025/26.
- 8.2 Awareness sessions and discussions are being held with service teams, to improve response times and support the regular publication of commonly requested information.
- 8.3 During 2024/25, Fife continued to receive the expected level of Supporting Information Requests (CDP/ADP). However, a notable decline has been observed in 2025/26 prompting concerns about a potential reduction in funding for 2026/27. Such a shift could affect service capacity and the ability to meet future demands effectively.
- 8.4 Performance has experienced a slight decline in the 2024/25 period, primarily driven by the sustained high volume and complexity of incoming requests. This consistent demand has placed pressure on existing resources, impacting overall response times. In response, targeted efforts are underway to enhance operational efficiency, including a comprehensive review of resource allocation and the implementation of strategies aimed at accelerating turnaround times.

List of Appendices

None

Report Contact

Laura McDonald
Information Compliance Manager
Customer and On-Line Services
Email – laura.mcdonald-im@fife.gov.uk

21 August 2025

Agenda Item No. 6

Data Protection Officer Annual Report

Report by: Lindsay Thomson, Head of Legal and Democratic Services

Wards Affected: All

Purpose

To provide a report, covering the period 1st April 2024 – 31st March 2025, from the Council's Data Protection Officer which:

- a) Highlights key Data Protection performance statistics for Fife Council;
- b) Gives an overview of major developments in relation to data protection law;
- c) Summarises Fife Council's data protection priorities for the next three years.

Recommendation(s)

That the Committee:-

- 1. comments on the 2024/25 performance detailed in this report;
- 2. notes the overview of current and on-going developments in relation to data protection law and the approach planned to meet these within Fife Council; and
- 3. notes the data protection priorities outlined for Fife Council for 2025 – 2028.

Resource Implications

This report does not have any direct resource implications.

Legal & Risk Implications

Failure to comply with data protection law impacts on the Council's ability to deliver efficient and effective services, and leaves the Council exposed to reputational damage, legal action and potential enforcement action from the Information Commissioner's Office (ICO). Although the ICO's public sector enforcement approach avoids monetary penalties except in the most serious cases, such penalties can total up to £17.5 million.

Impact Assessment

An IIA Checklist is not required as this is a performance report and does not recommend changes to Council policy and does not require a decision.

Consultation

None

1.0 Introduction

- 1.1 Data protection legislation regulates the way in which the Council can collect, use, manage and disclose personal data. Personal data is any information which is about a living individual who can be identified from it. Data Protection legislation in the UK includes the UK General Data Protection Regulation ("UK GDPR") and the Data Protection Act 2018.
- 1.2 The Council must only collect, use, manage or disclose personal data when doing so meets the data protection principles. The data protection principles require that personal data be processed:
 - a) Lawfully, fairly and transparently.
 - b) Only for the purpose it was collected for, or other connected purposes.
 - c) When it is adequate, relevant and limited to what is necessary for the stated purpose.
 - d) When it is accurate and up-to-date.
 - e) Where it is stored only for as long as it is needed.
 - f) With appropriate organisational and technical controls to safeguard the security, integrity and confidentiality of the data.
- 1.3 As a public authority, Fife Council is obliged to appoint a Data Protection Officer ("DPO"). The remit of the DPO is to assist the Council monitor internal data protection compliance; to provide advice regarding personal data processing, particularly through advising on Data Protection Impact Assessments (DPIA's); and to act as a contact point for data subjects and the ICO, the UK's Data Protection Regulator. The DPO requires to regular report on performance to 'the highest management level' within the Council and it has previously been agreed that, as part of this reporting, this annual report would be presented to the Committee.

2.0 2024/25 Key Performance Statistics

2.1 Data Protection Training

- 2.1.1 Under the sixth data protection principle, the Council is obliged to deploy appropriate organisational and technical measures to support compliance with its data protection obligations. One of the organisational measures adopted by the Council is providing Data Protection training for all staff.
- 2.1.2 Data Protection training is mandatory for all staff to complete when they join the Council and every two years of their employment. A Data Protection training module is available via Oracle Cloud. To cover staff who do not have access to Oracle Cloud, Toolbox talks are still available for Services.
- 2.1.3 The Council aims to achieve a completion rate of data protection training of 95%, which is in line with the recommendation of the ICO.
- 2.1.4 The Council wide rate of completion of data protection training as at 31 March 2025 was **66.78%** (slightly down from 66.97% as at 31 March 2024).

2.1.5 The Directorate level completion rates as at 31st March 2025 were:

Communities	57.36% (down from 65.77% as at 31/03/24)
Education & Children Services	78.35% (up from 75.69% as at 31/03/24)
Finance & Corporate Services	81.99% (up from 78.34% as at 31/03/24)
Place	49% (down from 49% as at 31/03/24)
Health & Social Care	79.43% (up from 78.40% as at 31/03/24)

2.1.6 Whilst recognising the limitations of these statistics, in that they do not record where staff have received face-to-face training or a toolbox talk instead of completing the online training module, it remains of concern that the Council remains some way from achieving its target for completion of data protection training.

2.1.7 The Data Protection Officer continues to work with HR colleagues and other governance teams to support and encourage services to ensure employees complete all mandatory training.

2.2 Data Protection by Design and Default

2.2.1 Under the UK GDPR, the Council is obligated to adopt a 'data protection by design and default' approach which essentially means that data protection and privacy are considered from the initial stages of any new system or process design. This approach helps the Council to ensure that it complies with the UK GDPR's fundamental principles and requirements, including on accountability.

2.2.2 Data Protection Impact Assessments (DPIA) are a tool to identify the data protection risks of projects which involve the processing of personal data, and to assess if the planned processing meets the Council's obligations under data protection legislation. DPIA's play a significant role in achieving data protection by design and default.

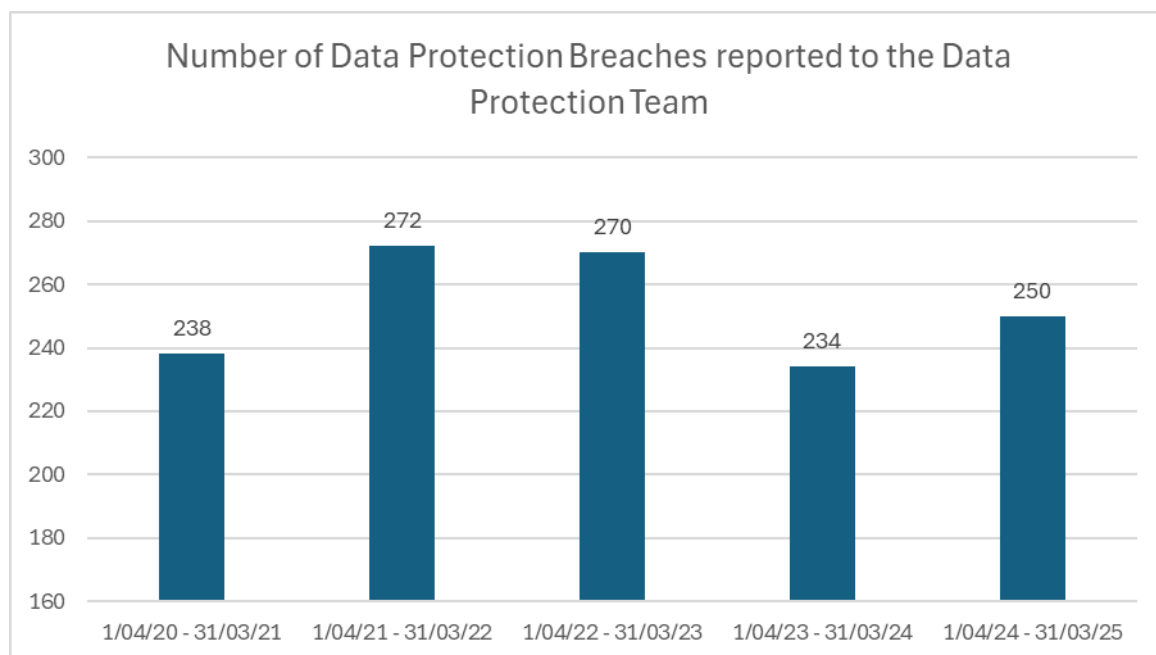
2.2.3 The UK GDPR outlines a range of circumstances in which a DPIA must be undertaken prior to processing of personal data commencing. However, a DPIA can also be completed in other circumstances where assurance is needed, and the Council recommends that a DPIA is completed for all occasions when new ways of processing personal data are being designed or when revisions are being planned to existing processing activities.

2.2.4 In the period 1 April 2024 – 31 March 2025, the data protection team assessed **154** DPIA's.

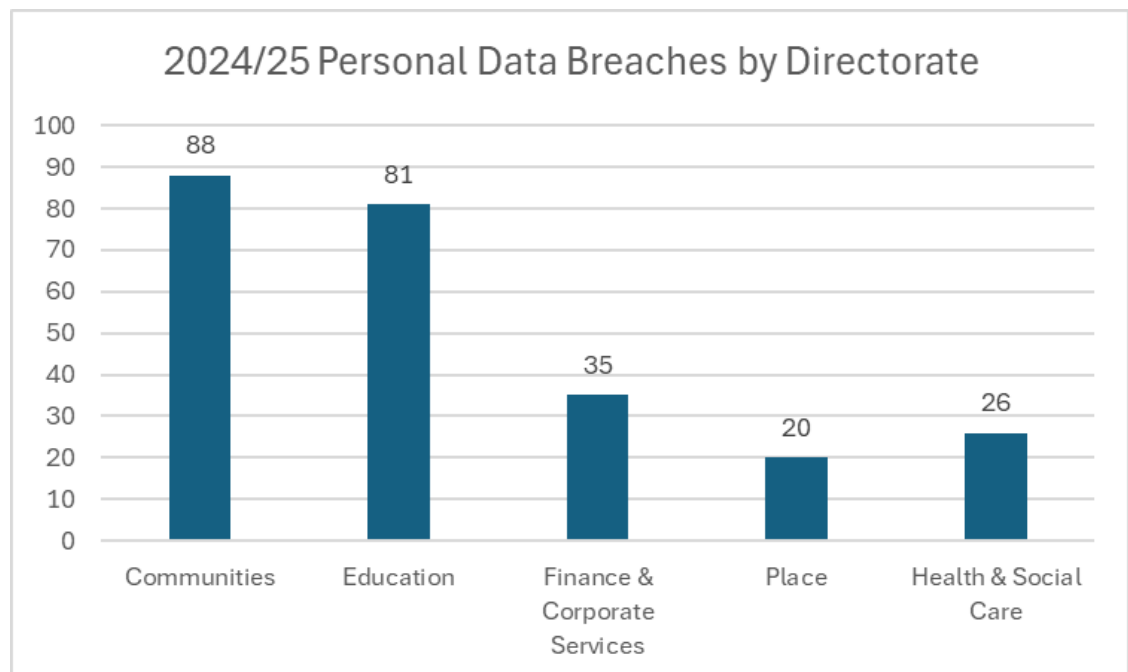
2.2.5 Another key aspect of achieving Data Protection by Design and Default is where the Data Protection Team joins a Project Team tasked with delivering a specific development. Over the course of the reporting year, the Team has been involved in a wide range of projects including No Wrong Door, Magic Notes and HELIX system replacement.

2.3 Data Protection Breaches

- 2.3.1 A data protection breach occurs where a breach of security or other incident leads to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. Breaches are generally categorised as affecting either the confidentiality, integrity or availability of personal data.
- 2.3.2 The Councils responsibilities around any such incident are to identify where a personal data breach has occurred and promptly take steps to address the breach. The identification of breaches usually occurs in the team or service that the breach occurs. All identified breaches are required to be reported to the Data Protection team without delay.
- 2.3.3 Working with the service in which a breach has occurred, the Data Protection Team adopts a three-pronged approach – firstly seeking to contain the breach, secondly to mitigate any impact of the breach and thirdly to investigate how the breach occurred with the aim of preventing it happening again.
- 2.3.4 In addition, the Data Protection team undertakes an assessment of the impact of the breach on the individual(s) affected by it. Where any breach is likely to result in a risk to people's rights and freedoms it must be reported to the ICO within 72 hours of the Council becoming aware of it. Where any breach is likely to result in a high risk to people's rights and freedoms, the Council is obliged to provide formal notification of the breach to them and to provide advice on how the impact of the breach can be mitigated.
- 2.3.5 As well as data protection breaches, colleagues are requested to report data protection 'near misses' and other data protection incidents to the data protection team. This allows for a comprehensive overview of potential issues to be analysed and for required improvements to address such weaknesses to be implemented before breaches occur. Whilst the team record near misses, incidents and breaches, the statistics reported below are of breach figures only.
- 2.3.6 The following chart represents a comparison between the number of data protection breaches received in reporting year, and the previous four reporting years.



- 2.3.7 For 2024/25, there was a slight rise of 16 in the total number of breaches reported, up from 234 to 250. However the total reported is broadly within the range seen over recent years, therefore there is not thought to be much significance in this increase.
- 2.3.8 The following chart illustrates the numbers reported per Directorate over the last year (1st April 2024 – 31st March 2025).



- 2.3.9 The split of breaches across Directorates in 2024/25 broadly mirrors those figures seen in previous years, with the most breaches occurring in the Communities and Education Directorates, and there being relatively few in Place. It is considered that, given the volume of personal data processing undertaken in Communities and Education, and the extent of direct contact with data subjects in that directorate, it is perhaps unsurprising that most breaches occur there.
- 2.3.10 In terms of the category of breaches, the Council (and the vast majority of other organisations including the Information Commissioner's Office) has received most breaches within the "Personal Information Shared Inappropriately" category. This includes, for example, emails containing personal data being sent to the incorrect recipient.
- 2.3.11 The Data Protection Team has been monitoring trends in data protection breaches and uses this information to guide engagement with teams and across services. The team made recommendations in respect of 154 breaches during 2024/25, including about the need to revise work processes, about training requirements and around technical and organisational measures in place, or rather not in place, however at present there is no process to follow up on these recommendations therefore it is not known how many have been actioned and how many remain outstanding.

2.3.12 As above, where a breach is likely to result in a risk to individuals rights and freedoms, it must be reported to the Information Commissioners Office. Of the 250 breaches identified in 2024/25, two met this definition and were reported to the ICO. Both breaches reported to the ICO related to situations where personal data was disclosed in error. Following investigation of each of these breaches by the ICO, no enforcement action or additional recommendations were issued to the Council.

2.4 **Data Subject Rights Requests**

2.4.1 Under UK GDPR, data subjects have rights to:

- Access personal data held about them
- Request rectification of personal data about them held by the Council
- Request erasure of personal data about them held by the Council
- Request restriction of personal data processing undertaken by the Council
- Request data portability of personal data about them held by the Council
- To object to personal data processing undertaken by the Council

2.4.2 The Councils performance in handling Subject Access Requests (SAR) is separately reported to the Committee within the Information Request Annual Report and is therefore not covered in this report.

2.4.3 In 2024/25, the Council received the following:

- **5** rectification requests (decrease from 6 received in 2023/24)
- **11** erasure requests (increase from 8 in 2023/24)
- **1** restriction requests (decrease from 2 in 2023/24).
- **0** requests for data portability (no change from 2023/24)
- **5** objections (increase from 3 in 2023/24)

2.4.4 Unlike, the right of subject access, which is a universal right, the other rights apply only where certain types of processing are taking place. As such, whilst the **22** requests received by the team have been fully considered, **4** have been upheld in full, whereas the others have been refused because the rights cannot be applied to the nature of processing being done by the Council, for example, where the Council receives erasure requests relating to Council Tax records the request is refused because of the statutory nature of Council Tax billing.

3.0 Data Protection law

3.1 **Legislation**

3.1.1 Following the change in UK Government which occurred during 2024/25, the Data Protection and Digital Information Bill which had been making its way through parliament was withdrawn.

In its place, a proposed Data Use and Access Bill was introduced into parliament in October 2024. As with the previous bill, it was assessed that many of the key changes it was proposing to make to data protection legislation will not directly impact on the Council, however the following were identified as likely to require the Council to adapt or amend its approach:

- Enhanced arrangements for public sector data sharing
- Introducing a new “recognised legitimate interest” lawful basis for processing.
- Introducing criteria for assessing whether further processing of personal data is compatible with its original purpose and a list of conditions that would be considered compatible with the original purpose.
- Expanding the circumstances in which automated decision-making may be used.
- Setting out “higher protection matters” that must be taken into account when data is processed in the course of providing information society services that are likely to be accessed by children.
- Reforming the rules for cross-border transfer of personal data.

4.0 Fife Council Data Protection priorities 2025 - 2028

4.1 Legislative Change

4.1.1 The Data Use and Access bill mentioned in section 3.1, was passed through Parliament in June 2025 and received Royal Assent on 19 June 2025. A small number of the changes to data protection legislation made by the Data Use and Access Act 2025 come into force on 19 August 2025, whilst the commencement date for the remainder is yet to be set but likely to be within the first few months of 2026.

The Data Protection team therefore have a key priority in 2025/26 to ensure that the Council meets the new requirements that the Act places upon it.

4.2 ICO Accountability Framework

4.2.1 Under the UK GDPR, the Council is obliged to demonstrate accountability. In other words, the Council must be able to demonstrate the ways in which it ensures that it complies with data protection law.

4.2.2 The ICO has published an accountability framework which is a tool to assist organisations in meeting this requirement. The framework covers 10 categories:

- Leadership & Oversight
- Policies and procedures
- Training and awareness
- Individuals’ rights
- Transparency
- Records of processing and lawful basis
- Contracts and data sharing
- Rights and DPIA’s
- Records management and security
- Breach response and monitoring

- 4.2.3 The ICO have also published an accountability framework self-assessment to enable organisations to assess the extent to which they are meeting the ICO's expectations in relation to accountability. This self-assessment indicates that the Council's arrangements in all 10 categories above partly meet the ICO's expectations, but that improvements can be made.
- 4.2.4 An action plan to address these improvements is drafted and will be presented to the ICT Governance Board in October 2025 for approval.

4.3 New and emerging technologies

- 4.3.1 A further key priority of the team is to ensure that privacy by design is embedded within all aspects of the Council's Digital Transformation programme. In addition, the team will continue to influence the development of the Council's Data Strategy by seeking to embed 'Privacy by Design' principles within it.
- 4.3.2 The Team continues to support colleagues across Council services to embrace the opportunities presented by new and emerging technologies, such as AI, as well as managing and mitigating the risks that these technologies presents. To support this, an AI Addendum section to the Council's Data Protection Impact Assessment framework was introduced during 2024/25 and will continue to be developed in 2025/26 to ensure good governance and oversight of these tools is in place.

List of Appendices

None

Background Papers

In terms of the Local Government (Scotland) Act, 1973, no background papers were relied upon in the preparation of this report.

Report Contact

Author Name: Fiona Smyth
Author's Job Title: Data Protection Officer
Workplace: Fife House
Telephone:
Email: Fiona.smyth-fc@fife.gov.uk

21 August 2025

Agenda Item No. 7

Regulation of Investigatory Powers (Scotland) (RIPSA) Act 2000

Report by: Eileen Rowand, Executive Director – Finance and Corporate Services

Wards Affected: All

Purpose

To update Members on the exercise of regulatory powers and the outcome of the recent inspection.

Recommendation(s)

The committee is asked to:-

1. note that there have been no applications for RIPSA authorisation since the last verbal update to Committee given in 2024;
2. note that Fife Council received a positive inspection on its processes, procedures and previous use of investigatory powers from the Investigatory Powers Commissioner and that follow up actions will now be planned to address the recommendations that were made; and
3. suggest any areas of Council business where RIPSA might be deployed, reflecting any community concern or insight that elected members may have.

Resource Implications

Compliance with the Regulation of Investigatory Powers (Scotland) Act 2000 is covered within the overall operational cost of Legal & Democratic Services, the Information Management & Request Team and those services using covert surveillance to gather information. There are no resource implications arising from this report.

Legal & Risk Implications

The Council is authorised to carry out covert surveillance by the Regulation of Investigatory Powers (Scotland) Act 2000. Any covert surveillance carried out outwith the statutory authorisation framework could be a breach of an individual's human rights in respect of Article 8 (right to respect of private and family life, home and correspondence) and Article 6 (right to a fair trial). Any evidence obtained in this way could be disregarded in any subsequent court proceedings. The Council could also be subject to reputational damage if it is found to be operating beyond the scope of the statutory framework.

Impact Assessment

An impact assessment is not required because the report does not propose any changes to an existing policy.

Consultation

There has been no consultation undertaken in the preparation of this report.

1.0 Background

- 1.1 The Council is authorised to carry out covert surveillance for the purposes of preventing or detecting crime or the prevention of disorder; in the interests of public safety; and for the purpose of protecting public health. The RIPSA legislation sets out the authorisation framework that must be applied to any such surveillance and the Council has adopted a policy and procedures in respect of this legislation. In addition, a statutory Code of Practice is issued by Scottish Government setting out more detail of the manner and circumstances in which covert surveillance should be used. Applications must be made to the Head of Legal & Democratic Services (or her depute authorising officer), setting out the statutory purpose of any surveillance and the reasons why covert surveillance is necessary, proportionate and appropriate.

2.0 Recent Inspection and Next Steps

2.1 Recent Inspection

The Investigatory Powers Commissioner's Office (IPCO) last undertook an inspection of the Council's use of covert surveillance in 2022. The IPCO asked that a further inspection be carried out in January 2025. The process began with the submission of evidence to the Inspector and then a follow up Teams call in May 2025. The Inspector offered to visit Fife House to meet key members of staff and to discuss in more detail the recommendations he would make. This meeting took place in July 2025.

Following these discussions, the CEO received a letter from the Rt Hon Sir Brian Leveson (the Investigatory Powers Commissioner) on 25 July 2025 confirming that the IPCO was satisfied the Council's response provided assurance of ongoing compliance with RIPSA. He required that certain issues continue to receive the appropriate internal oversight and compliance, with particular reference to

1. Regular policy refreshes
2. Annual updates to elected members
3. Ongoing- training and awareness raising
4. Internal compliance monitoring
5. Appropriate review, retention and destruction of any product obtained through covert powers.

In terms of taking this forward, the policy will be refreshed following more detailed consideration of the recently received feedback from the Inspector. This will then be considered by the RIPSA working group and presented to the Standards, Audit and Risk Committee for approval. Updates to elected members are scheduled on the

forward workplan for the Standards, Audit and Risk Committee. There may be other options that could be considered to keep elected members not on the committee up to date. Officer can consider how a programme of specific training and awareness raising is carried in a planned manner and awareness raising currently takes place through our internet and the ICT Governance Board when it is considering reports on Information Management, As there is so little RIPSA activity at present there is no requirement to consider retention and destruction at this time but that can be built into the policy revision.

More significantly, the Inspector also suggested some improvements as follows:-

1. Conducting an audit across departments to assess the use of online and social media enquiries, staff skills, baseline knowledge of RIP(S)A, and confidence in its application.
2. Identifying and upskilling staff likely to act as dedicated applicants on behalf of their departments.
3. Creating a central SharePoint database to record subjects of online enquiries, enabling monitoring of repeat viewing.
4. Updating current policy, internal training materials, and Directed Surveillance Authorisation (DSA) and CHIS forms to reflect proportionality considerations in line with the Codes of Practice.
5. Modifying DSA forms to include a specific authorisation section detailing the permissions granted and any limitations imposed.
6. Reviewing the policy on staff use of personal devices to minimise the attribution of personal data during Council business and to prohibit their use for online and social media investigations.

2.2 Next steps

The RIPSA working group met in advance of the Inspector's meeting and a follow up meeting will now be organised to address these improvement suggestions. There are several that are likely to be relatively quick to address – numbers 3, 4 and 5 – although the others may require more detailed work or broader engagement.

Previous recommendations from the ICPO, including on the development of training material and the use of Sharepoint to store information, have been completed. Previous improvement recommendations, including a review of the RIPSA policy and procedures and the creation of a RIPSA landing page on the Intranet were also complete, as previously reported to the Committee.

2.3 Applications for authorisation

As indicated above, since the last verbal update to Committee there have been no applications for authorisation of the use of investigatory powers. In that verbal update, Committee were advised that there had been one application made. During the COVID pandemic there was a cessation of the use of these powers, with the last significant use of powers in 2019. Then, there were 12 applications for use of RIPSA powers; all came from Trading Standards.

The Inspector was suggesting that there may be other options for the use of RIPSA that could be explored, and these include in the areas of housing, social work and licensing. There may also be increased opportunity for use of powers online rather than in-person surveillance. Any member comment on potential options would be welcome.

3.0 Conclusions

- 3.1 The Council makes very infrequent use of its powers under RIPSA but the use of these powers remains an important tool for the Council. Compliance with the legislative and Code of Practice requirements is overseen by the Investigatory Powers Commissioner and the recent inspection outcome is a positive one for the Council.
- 3.2 In accordance with the Scottish Government's Code of Practice, regular reporting to Elected Members on the use of RIPSA will continue on an annual basis, unless there is a significant increase in the number of applications for authorisation, which will result in an earlier report.

Background Papers

The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act, 1973:

- Scottish Government Code of Practice on Covert Surveillance and Property Interference

Report Contact

Lindsay Thomson
Head of Legal & Democratic Services
Finance & Corporate Services
Fife House, Glenrothes
Telephone: 03451 55 55 55 Ext 442180
Email –lindsay.thomson@fife.gov.uk

21 August 2025

Agenda Item No. 8

Issued Audit Reports

Report by: Pamela Redpath, Service Manager, Audit and Risk Management Services

Wards Affected: All

Purpose

To submit to Members of the Standards, Audit and Risk Committee a summary of findings from the Internal Audit Reports that have been finalised since the last meeting of the Standards, Audit and Risk Committee. The reports highlight any areas of concern and, if applicable, instances where Services are not taking appropriate action.

Recommendation(s)

The committee is asked to note the contents of this report, including the summary of findings at Appendix 1.

Resource Implications

None.

Legal & Risk Implications

Without suitable internal controls, there is an increased risk that Services and / or the Council will not achieve their objectives.

Impact Assessment

An Equality Impact Assessment is not required because the report is not proposing a change or revision to existing policies and practices.

Consultation

Audit Services has consulted all subjects of the audit reports.

1.0 Background

- 1.1 Audit Services provides an assurance function that gives the Council an independent and objective opinion on the control environment by evaluating its effectiveness in achieving its objectives. It examines, evaluates and reports objectively on the control environment as a contribution to the proper, economic, efficient and effective use of resources.
- 1.2 This report provides a summary of audit reports issued since the last report to this Committee. It describes key findings and highlights areas of concern.

2.0 Analysis of Issued Audit Reports

- 2.1 To enable the Standards, Audit and Risk Committee to form an opinion on the effectiveness of the internal control environment, to provide assurance where internal controls are working well and to highlight areas for concern, the Service Manager - Audit and Risk Management Services prepares a report which provides a summary of the audit reports issued by Audit Services.
- 2.2 The report issued in the current period relates to an audit delivered from the 2024/25 Internal Audit Plan. A short outline of the report is contained in Appendix 1.
- 2.3 Following each completed internal audit / fraud risk report, Services are asked to complete a Post Audit Review (PAR) exercise. This indicates:
 - the Service's progress in implementing agreed recommendations;
 - reasons for non-implementation; and
 - explanations for redundant recommendations.
- 2.4 The results of all PAR exercises are reported to Standards, Audit and Risk Committee separately.

3.0 Conclusions

- 3.1 This period's audit revealed some instances of non-compliance with the Council's governance arrangements. However, these are not systemic failings and, in general, satisfactory procedures are in place and being followed. Appropriate actions have been agreed in all instances to address these shortcomings.
- 3.2 I conclude that the findings do not pose a significant risk and implementation of all actions will improve the Council's control framework.

List of Appendices

1. Summary of Audit Reports Issued

Report Contact: Carolyn Ward

Audit Team Manager, Audit and Risk Management Services

Email – carolyn.ward@fife.gov.uk

SERVICE, REPORT AND PURPOSE	SUMMARY OF FIFE COUNCIL AUDIT REPORTS
<p>1. Finance and Corporate Services</p> <p>BTS, Technical and Hosting - Core</p> <p>Goods Receipting</p> <p>Report (13/24)</p>	<p>This audit reviews the processes in place to receipt, record and issue ICT equipment, including purchase order matching and inventory recording. It forms part of the 2024/25 Internal Audit Plan and has been conducted in conformance with the Public Sector Internal Audit Standards (PSIAS). The report also aligns with the newly introduced Global Internal Audit Standards in the UK Public Sector.</p> <p><u>Audit Opinion:</u></p> <ul style="list-style-type: none"> • Level of Assurance Grade 4 • System Materiality Grade 3 • Overall Risk Medium <p><u>Findings:</u></p> <p>The following areas for improvement were identified:</p> <ul style="list-style-type: none"> • There are no documented procedures covering the necessary controls for the receipting, recording and issuing of ICT equipment. • An officer has not been assigned responsibility for taking delivery of equipment at the Data Centre and Fife House. • At Stores Bankhead and Fife House Reception, ICT equipment is not checked to the delivery note when it is received to ensure that it is correct or undamaged. • At Stores Bankhead and Fife House, delivery notes are not annotated by the person receiving the ICT equipment to record any discrepancies or damage. • There is no record maintained at either Stores Bankhead or the Data Centre of any deliveries of ICT equipment which is over or under the amount originally ordered. • ICT equipment is not always stored in a secure area within Stores Bankhead as monitors are left in the Stores Co-ordinator's room until collection. • In Stores Bankhead, keys to the mezzanine area where ICT equipment such as PC's and laptops are held, are stored in a key box. However, the keys to the key box are left in the Store Co-ordinator's drawer which is unlocked. • New ICT equipment is stored in an unlocked room within the Data Centre to which all members of staff have access. • At the Data Centre, ICT equipment is stored in a way which makes it difficult to identify whether it is new, has been allocated for reissue or disposal. In addition, there is no record held in the Data Centre showing all equipment for reissue.

SERVICE, REPORT AND PURPOSE	SUMMARY OF FIFE COUNCIL AUDIT REPORTS
	<ul style="list-style-type: none"> • There are no inventories for ICT equipment held at both Stores Bankhead and the Data Centre and no regular stock checks are carried out. We have been advised by the Service that in the event of any stock they hold going missing, e.g. a monitor, the value of that stock item would not be material. • Suppliers email BTS with details of deliveries which are due, this information is then passed to Business Support to upload to Assyst (the Council's Configuration Management Database). However, Business Support does not check that ICT equipment has been receipted before the delivery information is uploaded. • Device Movement Requests are not always logged on First Contact when equipment is moved from one location to another. If the equipment is not connected to the Council's network, then Assyst is not automatically updated. Audit Services selected a sample of 4 items of tagged equipment to find out how quickly they are updated on Assyst. There was a delay of 10 days to 2 months between the items being delivered and recorded in Assyst. • Audit Services selected 4 devices physically held at the Data Centre and checked to see if their location was correctly recorded on Assyst. It was found that 3 devices were recorded as being at their previous location and one was recorded as palleted for uplift, despite it still being held in a room in the Data Centre. • Audit Services also selected 5 items from the Loan Stock spreadsheet, which is used to record the location of devices which have been "loaned" to users when their devices have been brought in for repair. We checked Assyst to confirm their location and found that 3 were marked as having been disposed of, one was recorded as being with a user but was held at the Data Centre and the other was classed as operational but shown as being in a location which has now closed down. • Staff are not asked to sign an acknowledgment or show ID when they collect ICT equipment from both Stores Bankhead and the Data Centre. • There is no formal procedure in place for the re-issuing of equipment to staff. <p>Satisfactory actions have been agreed with BTS and Stores to address the 14 shorter term audit recommendations made (13 Substantial and 1 Moderate) by 31 December 2025. A further, longer term recommendation, number 15 (Moderate), was added following consultation with BTS to introduce a bonded stock arrangement for all BTS stock. This type of arrangement places reliance on the supplier to store the ICT equipment, therefore, negating the need for a dedicated storage solution within Fife Council. BTS plans to implement this recommendation by 31 December 2026.</p>

21 August 2025

Agenda Item No. 9

Risk Management Update

Report by: Pamela Redpath, Service Manager - Audit and Risk Management Services

Wards Affected: All

Purpose

The purpose of this report is to provide Standards, Audit and Risk Committee with an update on:

- The Strategic Risk Register, including the level of residual risk the Council is exposed to and how it compares to risk appetite, as at 7 July 2025.
- Provide Standards, Audit and Risk Committee with an update on progress made towards implementing the Risk Management Improvement Plan (RMIP) and Roll Out Plan.

Recommendation(s)

Standards, Audit and Risk Committee is asked to:-

1. note the level of residual risk that the Council is exposed to and how it compares to risk appetite as at 7 July 2025;
2. approve the Council's Strategic Risk Register (Appendix A);
3. note the status of actions in the RMIP (Appendix B);
4. note the summarised content and progress of the Roll Out Plan (Appendix C); and
5. note that further updates on Risk Management arrangements will be provided in line with the approved Policy and Strategy document.

Resource Implications

In addition to the central Risk Management Team, responsibilities surrounding risk management activity are Council-wide. Existing resource has been, and will continue to be, utilised for risk management activity.

Legal & Risk Implications

If the Council does not have robust risk management arrangements in place, including a Risk Management Policy, Strategy and risk registers, its ability to effectively monitor, manage and mitigate risks and make sound, informed decisions may be impacted. This could lead to, amongst other things, non-compliance with legislation and regulation, legal and financial penalties, the inability to identify and exploit opportunities and the inability to achieve its objectives and deliver better outcomes for Fife.

Impact Assessment

An EqIA has not been completed because the changes to the Strategic Risk Register do not require it.

Members of the Corporate Risk Management Strategy Group (RMSG) and Directorate Leadership / Management Teams have been actively involved, in the continuous review and management of the Council's Strategic Risk Register. The Council Executive Team has also been consulted on and agreed the Strategic Risk Register.

1.0 Background

- 1.1 A formal update relating to the review of the Council's Strategic Risk Register was reported to CET and Standards, Audit and Risk Committee on 5 February and 13 February 2025 respectively.
- 1.2 Key points communicated via the update report included the following:
 - A comprehensive review of all strategic risks to which the Council is exposed had been completed and a new Strategic Risk Register, containing 17 risks had been in place since January 2024.
 - The risks in the Council's Strategic Risk Register and the internal control frameworks in place to mitigate them are monitored, reviewed and assessed on a continuous basis.
 - The level of residual risk for 8 of the 17 strategic risks was not within its corresponding Risk Appetite Optimal Zone and this would continue to be actively monitored by the Council via the corporate RMSG.
 - RMSG would continue to meet on a quarterly basis and monitor progress towards implementing the RMIP and supplementary Roll Out Plan.
 - Risk management update reports, including developments to the Council's risk management arrangements, driven by the formal RMIP and supplementary Roll Out Plan would continue to be provided to CET and the Standards, Audit and Risk Committee in line with the Policy and Strategy document.
- 1.3 This report provides an update on developments since the last report.

2.0 Strategic Risk Register

Strategic Risks

- 2.1 The Strategic Risk Register contains risks of a strategic nature that, if they came to fruition, would impact on the overall delivery of Council objectives as well as the achievement of better outcomes for the Fife community and ultimately the shared Fife Partnership vision of A Fairer Fife.
- 2.2 The likelihood of the strategic risks coming to fruition and the level of impact if they do is dependent on a number of factors, including how well the Council is effectively monitoring, managing and mitigating them.
- 2.3 The Strategic Risk Register for the Council contains the following 17 strategic risks.

Risk Code	Risk Title
FC001	ICT Failure
FC002	Increased Inequality
FC003	Health Deterioration
FC004	Educational Inequality / Widening Attainment Gap
FC005	Roads and Transportation Infrastructure Failure
FC006	Loss of Key Buildings
FC007	Failure to Achieve a Stronger, Greener and Fairer Economy for Fife
FC008	Failure to Address Climate Change
FC009	Poor Corporate Governance and Leadership
FC010	Elected Members - Failure to comply with Council Governance and Code of Conduct
FC011	Inability to Ensure Public Safety and Protection
FC012	Financial Instability
FC013	Failure to Effectively Discharge Statutory Health and Safety Obligations
FC014	Workforce Challenges
FC015	Ineffective Information Governance
FC016	Ineffective Transformational Change Agenda / Strategic Planning
FC017	Legal and Regulatory Compliance Failure

- 2.4 A full risk description for each risk is detailed in the Strategic Risk Register at Appendix A, along with other key pieces of related information, including the inherent risk score (uncontrolled), the control framework in place to mitigate the risk, the residual risk score (with the effectiveness of mitigating internal controls having been considered) the target risk score (when all possible internal controls are in place and fully effective) and risk appetite.
- 2.5 The risk scores are arrived at using a combination of the Risk Likelihood and PESTELO Risk Impact Assessment matrices. Using the PESTELO model helps ensure consistency of approach to assessing risk impact across the Council and highlights where internal controls may still require to be developed, assisting management to be more focused and effective in terms of using, often limited, resource for risk mitigation. The model also promotes a methodical approach to considering and assessing impact from a **P**olitical / Reputational, **E**conomic / Financial / Security & Equipment, **S**ocial Impact / Safety of Staff & Clients, **T**echnological / Business or Service Interruption, **E**nvironmental, **L**egal / Statutory Obligations and **O**rganisational / Staffing & Competence perspective.

Inherent, Residual and Target Risk

- 2.6 The Council's overall level of residual risk as at 7 July 2025 is summarised, using individual strategic risk codes, on the July 2025 Residual Risk 5x5 matrix on the next page of this report. Presented alongside corresponding Residual Risk levels from January 2024, September 2024 and February 2025, it clearly illustrates the 16-month trajectory of risk scores, as well as how residual risk compares to both inherent and target risk levels.

- 2.7 The matrices also show that in January 2024 (when the new Strategic Risk Register was approved), there were 17 high inherent risks, which, with consideration of the control frameworks in place at the time, resulted in a residual risk profile of 6 high, 8 medium and 3 low risks. Whilst there has been movement of individual risks between times, the Council's overall residual risk profile in July 2025 has reduced in overall terms to 5 high, 9 medium and 3 low risks. Risks, FC001, FC009, FC010, and FC017 are all operating at their Target Risk level and within their Risk Appetite Optimal Zones. FC011 is also operating at its Target Risk level, however, it is within its Risk Appetite Warning Zone. The reason for the latter is that Target Risk levels are not always set within the Optimal Zone. In those situations, once the existing control framework effectively mitigates the risk to its Target Risk level, the Target Risk is often reassessed and reset so that it becomes a step closer to, or falls within, the Optimal Zone. The Target Risk reassessment and resetting process may, where further mitigation is considered possible, continue until the Target Risk level is achieved in the Optimal Zone.
- 2.8 Since January 2024, the residual risk scores for 11 of the strategic risks have remained the same (highlighted in bold on the July 2025 matrix), 4 have reduced and 2 have increased (highlighted where relevant with the use of arrows on the 5x5 matrices). Whilst 6 risk scores have changed, only 3 (FC007, FC006 and FC016) have moved from one risk level to another i.e. from high to medium risk. All changes made to the Council's Strategic Risk Register since the last formal report to Standards, Audit and Risk Committee in February 2025, including those relating to risk descriptions and the control frameworks in place to mitigate the risks, have been highlighted in bold at Appendix A.

Inherent, Residual and Target Risks (January 2024 – July 2025) Plotted Using Risk Codes

Key

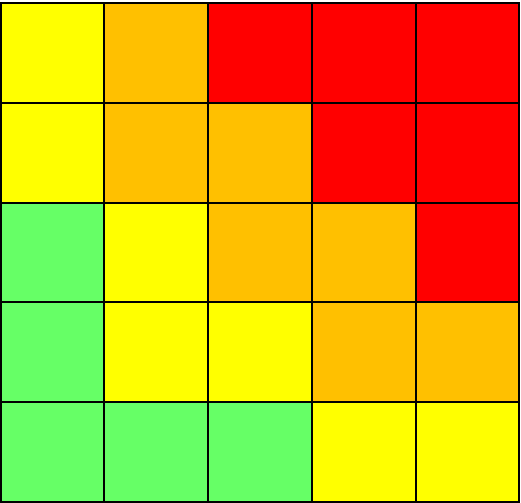
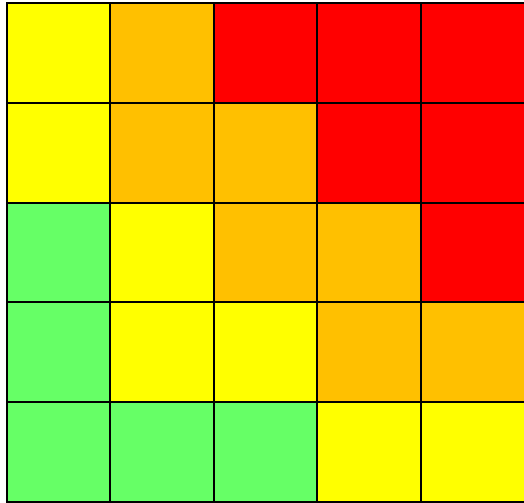
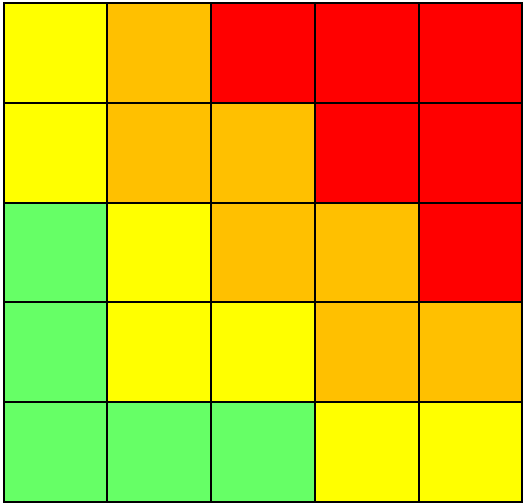
Inherent Risk

Target Risk

January 2024

January 2024

Likelihood



Impact



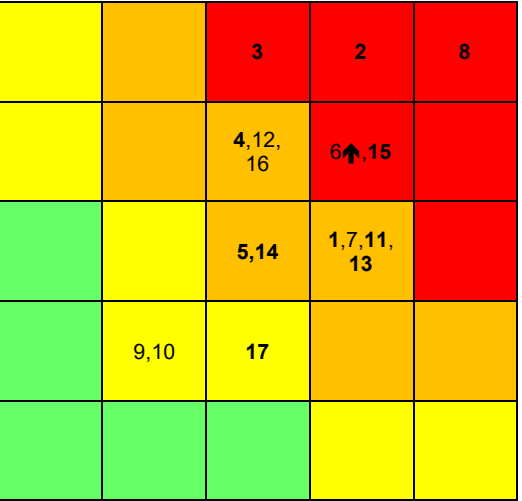
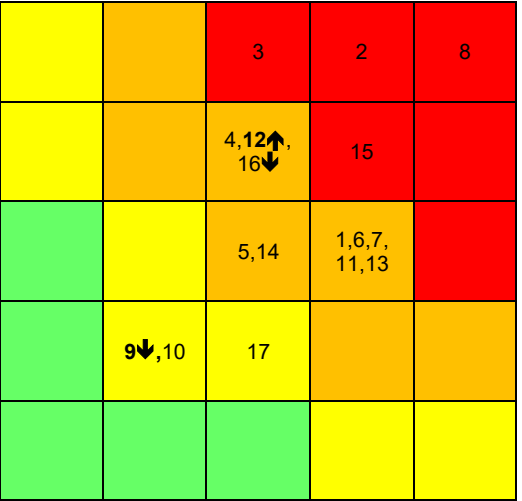
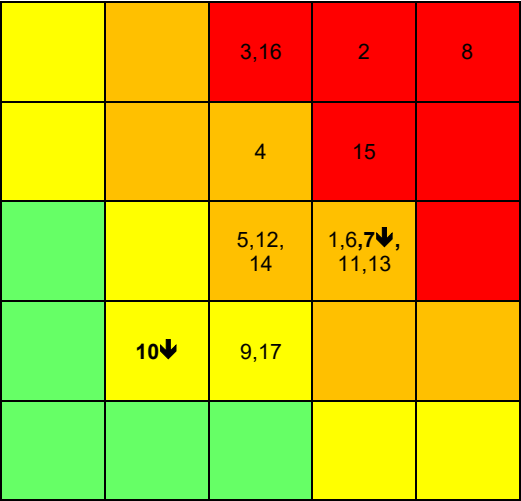
Residual Risk

January 2024

September 2024

February 2025

July 2025



Risk Appetite

- 2.9 The Risk Management Update, presented to Standards, Audit and Risk Committee on 30 September 2024, contained the Risk Appetite levels, including corresponding risk category (i.e. opposed, minimal, cautious, mindful and enterprise) and Risk Appetite zones (i.e. Opportunity, Warning and Optimal zones) for each strategic risk in the new Strategic Risk Register. The Council aims to operate, where possible, within the Optimal zones.
- 2.10 When a risk's current residual score is higher than its corresponding Risk Appetite Optimal Zone (i.e. the level of risk it aims to operate within), it falls within the Warning Zone. This does not necessarily mean the Council is failing to manage the risk, it may indicate that there are external factors in existence that are beyond the Council's control (e.g. legislation, economic conditions), resource limitations that prevent further mitigation or the integral complexity or scale of the risk.
- 2.11 The table below contains each strategic risk alongside its residual risk score over the period September 2024 - July 2025, corresponding Optimal Zone and whether it is within that or its Warning Zone. The table illustrates that since the last formal report to Committee in February 2025, one more risk (FC006) has moved into its Warning Zone (see paragraph 2.14 for more information). There are now 8 of the 17 strategic risks operating within their Optimal Zone and 9 of them, highlighted in bold, operating within their Warning Zone. None of the strategic risks are currently operating within the Opportunity Zone.

RISK CODE	RISK TITLE	OPTIMAL ZONE	RESIDUAL RISK SCORE			WITHIN WARNING ZONE?		
			SEPT 2024	FEB 2025	JULY 2025	SEPT 2024	FEB 2025	JULY 2025
FC001	ICT Failure	4 - 9	12	12	12	Yes		
FC002	Increased Inequality	6 - 9	20	20	20	Yes		
FC003	Health Deterioration	6 - 10	15	15	15	Yes		
FC004	Educational Inequality / Widening Attainment Gap	8 - 12	12	12	12	No		
FC005	Roads and Transportation Infrastructure Failure	5 - 10	9	9	9	No		
FC006	Loss of Key Buildings	6 - 12	12	12	16	No		Yes
FC007	Failure to Achieve a Stronger, Greener and Fairer Economy for Fife	8 - 12	12	12	12	No		
FC008	Failure to Address Climate Change	8 - 12	25	25	25	Yes		
FC009	Poor Corporate Governance and Leadership	4 - 8	6	4	4	No		
FC010	Elected Members - Failure to comply with Council Governance and Code of Conduct	4 - 6	4	4	4	No		
FC011	Inability to Ensure Public Safety and Protection	4 - 6	12	12	12	Yes		
FC012	Financial Instability	5 - 9	9	12	12	No	Yes	
FC013	Failure to Effectively Discharge Statutory Health and Safety Obligations	4 - 6	12	12	12	Yes		
FC014	Workforce Challenges	6 - 10	9	9	9	No		
FC015	Ineffective Information Governance	4 - 8	16	16	16	Yes		
FC016	Ineffective Transformational Change Agenda / Strategic Planning	8 - 12	12	12	12	No		
FC017	Legal and Regulatory Compliance Failure	3 - 6	6	6	6	No		

- 2.12 All strategic risks are subject to continuous review and the risk review process includes determining the effectiveness of the internal control frameworks in place to mitigate them, as well as identifying any additional actions that could be taken to move the residual risks out of their corresponding Warning Zones and closer to their Optimal Zones.
- 2.13 As previously reported, the four highest scoring risks had been considered by RMSG during its meeting of 3 December 2024, to seek assurance that the risks were being managed as effectively as possible with the resources available. It was found that, although not all internal controls and actions, aimed at reducing the level of risk, had been captured in Ideagen (the Council's system used to record risk registers / risks), the Council was doing as much as possible within available resources to mitigate the risks. The external factors influencing risks were also discussed and recognised. Since then, the Council's Strategic Risks and their control frameworks have continued to be reviewed with a view to, where possible, reducing the level of risk to within their corresponding Optimal Zone.

Risk Appetite Warning Zones

- 2.14 Since the last formal report, the level of residual risk for FC006 - Loss of Key Buildings has increased from 12 to 16, moving it into its Warning Zone. The risk increased due to the level of investment in ageing properties, despite the ongoing planned maintenance and capital investment plans in place. This means it is more likely buildings may have to occasionally close because of a building failure and, if not addressed, the frequency of this happening is likely to increase each year. There are several partially effective internal controls in place to mitigate this risk and with the resources available, the Service will continue to work on implementing actions to improve the effectiveness of those controls on mitigating the risk.
- 2.15 With the exception of the above and strategic risk FC012- Financial Instability (which is covered in more detail at paragraph 2.21 below), all other risks that are within their Warning Zone have been there since risk appetite levels were set in September 2024, following approval of the new Strategic Risk Register earlier that year. Information in relation to those risks is detailed in the following paragraphs.
- 2.16 Risk FC001 - ICT Failure was last assessed during May 2025, at which point a medium level risk score of 12 was maintained. The risk of cyber threats continues to evolve and, the ineffectiveness of some of the internal controls e.g. Business Continuity (BC) planning prevents reducing the level of risk. A recent internal audit of the Council's BC Planning arrangements highlighted a number of areas for improvement and recommendations were agreed for implementation by 31 December 2025. RMSG has also discussed the Council's BC Planning arrangements and are considering how improvements can be taken forward to help mitigate the level of risk that the Council is exposed to.
- 2.17 Risk FC002 - Increased Inequality was last assessed during May 2025, at which time the level of risk remained high and the score of 20 was maintained. This risk is heavily influenced by external factors that are out with the Council's control e.g. welfare, fiscal and monetary policy and the existing control framework is utilising the resources that are available.
- 2.18 FC003 - Health Deterioration was last assessed during May 2025, at which time the level of risk remained high and the score of 15 was maintained. Similar to risk FC002, this risk is heavily influenced by external factors that the Council is generally unable to control. Internal controls are utilising the resources that are available, and three new controls have been added to mitigate the risk.
- 2.19 Risk FC008 - Failure to Address Climate Change was last assessed in June 2025, at which point the risk remained high with a maintained score of 25. Despite an extensive control framework, the risk remains at its Inherent Risk Level, which is well above its Optimal Zone

of 8 -12. A recent Climate Change internal audit, which assessed the arrangements and controls in place to mitigate climate change and sustainability risks identified 5 areas for improvement and recommendations were agreed for implementation by 31 March 2027. Once implemented, these improvements should enhance the control framework in place to mitigate this risk.

- 2.20 Risk FC011 - Inability to Ensure Public Safety and Protection is currently under review as there were concerns raised by some officers surrounding the breadth of the risk that could create challenges managing it. A paper containing a number of options relating to the structure and possible separation of this risk into distinct segments, along with advantages and disadvantages of each, has been prepared for RMSG's consideration. Pending agreement of a preferred option, this risk remains at a high level within its Warning Zone.
- 2.21 Risk FC012 - Financial Instability has continued to be assessed on a quarterly basis and moved into its Warning Zone during November 2024, when its score was increased from 9 to 12. Due to overspends in the Health & Social Care Partnership and uncertainty around Scottish Government finance settlements it is now believed that the likelihood of this risk coming to fruition has increased. Since then, the enhanced control framework has been reviewed but the level of risk remains within its Warning Zone.
- 2.22 FC013 - Failure to Effectively Discharge Statutory Health and Safety Obligations was last assessed in May 2025, at which point the medium level risk score of 12 was maintained. Due to the nature of this risk, the negative impact of the risk occurring is likely to remain a major impact, even with the control framework in place. Reducing the risk into its Optimal Zone is largely dependent on the control framework effectively mitigating the likelihood of adverse events occurring. With this in mind, the Corporate Health & Safety Team is working with Council Services to implement improvement actions aimed at advancing the embedding and effectiveness of the Council's Health & Safety Framework. Internal audits, including Health & Safety Induction and Lone Working have also identified improvements that, once implemented across the organisation, will help mitigate this risk.
- 2.23 FC015 - Ineffective Information Governance was last assessed in May 2025, at which time the risk remained high with a score of 16 being maintained. A control framework is in place to mitigate the risk, which largely targets the likelihood of the risk occurring. Most of the controls have been assessed as partially effective and some not effective, including Data Strategy and Information Asset Register. In recognition of this, work is ongoing to develop a Data Strategy and refresh the Information Asset register. An Information Governance training module is also being developed to consolidate existing information governance training by pulling together Data Protection, Records Management, Freedom of Information etc. Recent Internal audits relating to Information Security Management, Data Centres and Data Breach Management also contained recommended improvements that once implemented, will strengthen the controls aimed at reducing the level of risk. An audit of User Access Levels is ongoing, and another audit on Information Governance is planned, and due to be completed / delivered during 2025/26.
- 2.24 The Strategic Risk Register at Appendix A provides more detailed information about the Internal Control Framework in place to mitigate the individual risks.

3.0 Risk Management Policy & Strategy Update

- 3.1 Version 4 of the Risk Management Policy and Strategy (RMP&S) document was last presented to Standards, Audit and Risk Committee on 30 September 2024 following amendments to incorporate Risk Appetite levels for all risks in the new Strategic Risk Register and changes to roles and responsibilities.

3.2 There have been no material changes to the document since that date.

4.0 Risk Management Improvement Plan and Roll Out Plan

Risk Management Improvement Plan (RMIP)

- 4.1 Since the previous formal RMIP update in September 2024, work has continued to implement the actions included in the RMIP. Actions within the RMIP have been prioritised as High, Medium, and Low for implementation. Each of the original 37 actions were assigned to a key officer / group of officers with responsibility for ensuring implementation in line with the agreed target implementation date. One new action, no. 23, relating to developing risk management KPIs has been added since the last update and relates to a recent internal audit on Risk Management (para 5.2 refers). Twenty of the high priority, 6 of the medium priority and one of the low priority actions are now fully implemented. The remaining high priority action is an ongoing action relating to RMSG's responsibility of monitoring overall progress towards delivering the RMIP at its quarterly meetings. There are 6 medium, and 7 low priority actions that are yet to be completed, of which 6 are partially implemented and all are on schedule for completion by 31 December 2025.
- 4.2 The most recent updates to the RMIP have been highlighted in bold in Appendix B, including the following key improvements:
- Action 10(d) - An Insurance and Risk Management Trainee post was established, and a successful appointment was made in November 2024, with the trainee due to commence studying towards a professional insurance qualification in the autumn.
 - Action 12 - The Risk Management Team has continued to attend the national SLACIAG (Scottish Local Authorities Chief Internal Auditors' Group) Risk Management Sub-group. The group has agreed that the CIPFA maturity model should be used as a starting point for all Scottish local authorities and this will be tailored during 2025-26 for utilisation in Fife Council.
 - Action 12 - The management of risk is undertaken in the Council within an existing governance framework. To enhance the governance of risk management, the RMSG has now identified a Governance Group for most of the strategic risks. RMSG is developing suitable processes that will enable all Governance groups to discharge their responsibilities for oversight, including ensuring that the assigned risk(s) is / are regularly reviewed, the internal control framework(s) is / are adequate, and any necessary escalation to RMSG is highlighted. Work is continuing to identify a suitable Governance group for those risks that have not already been assigned to a group or where an assigned group has not already begun its oversight role. The table below details each strategic risk alongside, where identified, its corresponding Governance Group.
 - Action 13(a) - Officers across the Council are developing an online corporate Integrated Impact Assessment (IIA) tool, which will enhance decision making and incorporates consideration of the Council's strategic risks. IIAs should also assist with identifying and prioritising / reprioritising the allocation of resources required across the Council to mitigate the Council's strategic risks. The online tool is scheduled to be in use by quarter 3 of 2025.
 - Action 15(a) - in consultation with HR, the Risk Management Team has developed a risk management e-learning package that will be launched during 2025/26.

Roll Out Plan

- 4.3 In order to help implement action 18 on the RMIP, which requires the Risk Management Team to “work alongside directorates / services, supporting them to develop and embed effective risk management arrangements locally” a Roll Out Plan, containing an engagement schedule was compiled by the Risk Management Team and agreed by RMSG. The Roll Out Plan does not include the Health & Social Care Partnership (H&SCP); however, the Risk Management Co-ordinators provide ongoing support to the H&SCP Compliance Officers who are developing their risk registers simultaneously.
- 4.4 A summary of the Roll Out Plan can be found at Appendix C. Finance and Corporate Services (FCS) is now almost fully complete, with only Legal and Democratic Services outstanding. This was initially delayed during 2024 due to the UK Parliamentary Election and subsequently re-scheduled. Place Directorate was completed during 2024/25, Communities Directorate is almost complete with only Community and Neighbourhoods outstanding, and work is ongoing with the Education Directorate.
- 4.5 The Roll Out Plan, was due to be fully completed by 31 December 2024; however, some Services have had to be rescheduled to accommodate other work pressures and key officer absences. The Roll Out Plan will now be completed by 31 July 2025, with all Services across the Council having risk registers in place at that stage.

5.0 Strategic Risk Management Developments

Internal Audit Report - Corporate Risk Management

- 5.1 An internal audit of corporate risk management arrangements was completed during 2024/25.
- 5.2 The report highlighted numerous areas of good practice and contained recommendations to address 5 areas of improvement, relating to:
- updating procedures and process maps to include risk appetite
 - completing the work already included and underway in the RMIP i.e., including risk in the Council’s developing integrated impact assessments tool
 - ensuring that strategic risks are being managed and regularly reviewed by assigned officers
 - considering the implementation of processes to enable thorough strategic risk reviews, particularly for those strategic risks that are out with the Council’s risk appetite
 - developing risk management KPIs
- 5.3 Actions were agreed to implement the 5 recommendations by 31 March 2026. Progress will be monitored by RMSG and reported to SARC.

Key Risk Management Developments

- 5.4 There has been a substantial amount of work carried out to improve the Council’s risk management arrangements over recent years. The positive impact of which, for the first time in several years, has resulted in risk management no longer featuring as a corporate governance improvement theme in the Council’s Annual Governance Statement.
- 5.5 The risks included in the Strategic Risk Register are those which may impact on the Council’s ability to achieve its objectives and deliver better outcomes for the individuals and businesses in the community it serves. The assessment of risk and the ability to manage it is an integral part of strategic and operational level decision making. With that in mind, risk

owners have reviewed risk descriptions and, where appropriate, incorporated how they relate to the Council's strategic change ambitions e.g. No Wrong Door.

- 5.6 Optimising value from digital solutions and embracing future technologies such as AI and process mining tools to change the way services are delivered will allow us to make the most of existing resources and enhance our ability to respond in an agile way to change. During 2025/26, consideration will also be given to how the Digital Strategy could potentially assist with capturing additional actions across the wider Council that may not have already been taken into consideration and could positively influence the level of risk.

6.0 Conclusions

- 6.1 The risks in the Council's Strategic Risk Register and the internal control frameworks in place to mitigate them will continue to be monitored, reviewed and assessed on a continuous basis.
- 6.2 The level of residual risk for 9 of the strategic risks is not currently within the Council's Risk Appetite Optimal Zones and this will continue to be actively monitored by the Council via the RMSG.
- 6.3 Further developments surrounding Strategic Risk and the Council's risk management arrangements in general, driven by the formal Risk Management Improvement Plan, supplementary Roll Out Plan and Internal Audit Action Plan, will continue into 2025/26 and beyond, with progress being actively monitored by the RMSG. Updates will continue to be provided to CET and Standards, Audit and Risk Committee in line with the approved Policy and Strategy document.

List of Appendices

Appendix A - Strategic Risk Register

Appendix B - Risk Management Improvement Plan

Appendix C - Roll Out Plan

Report Contacts:

Pamela Redpath
Service Manager, Audit and Risk
Management Services
Email - Pamela.Redpath@fife.gov.uk

Clare Whyte
Risk Management Team Leader
Email - Clare.Whyte@fife.gov.uk

Strategic Risk Register Report

Risk Matrix:

	Impact				
Likelihood	None (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)					
Likely (4)					
Possible (3)					
Unlikely (2)					
Remote (1)					


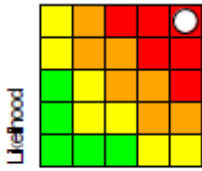
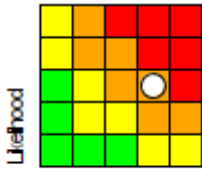
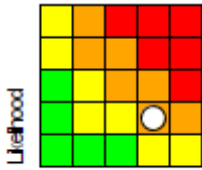
Key:

















Insignificant	Low	Medium	High
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Risk Appetite



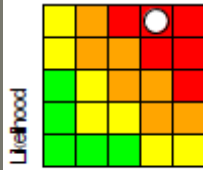
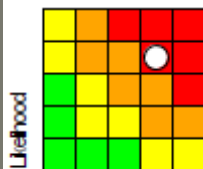
Current Position Key















■ Within Warning Zone
 ■ Within Optimal Zone

RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Minimal
FC001 ICT Failure	<p>As a result of:</p> <ul style="list-style-type: none"> • Misuse, Misappropriation or Mismanagement of IT. • Lack of governance/compliance with standards. • Lack of alignment to Fife Council priorities and appropriate ICT investment. • Cyber-attack or other malicious action. • Power outages. • Loss of Internet. • Fire. • Flood. • Extreme weather events. • Theft. • Environmental controls. • Hardware failure. • 3rd Party or commercial failure. <p>There is a risk that:</p> <ul style="list-style-type: none"> • A critical failure of Fife Council systems could occur & information will not be available to support service delivery. <p>Which may result in:</p> <ul style="list-style-type: none"> • Service failure. • Impact on service users. • Fines & litigation. • Loss of reputation / loss of trust. • Unplanned costs of recovery. • Data Loss. 		OPTIMAL RISK RANGE	4-9
			CURRENT POSITION	 Warning Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				25
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				12
			TARGET RISK MATRIX	TARGET RISK SCORE
				8
MANAGED BY	Eileen Rowand	ASSIGNED TO	Charlie Anderson; Martin Kotlewski	
LAST REVIEWED	15-May-2025	NEXT REVIEW DUE	15-Aug-2025	


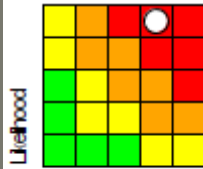
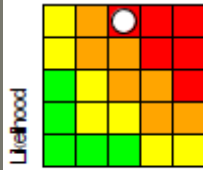
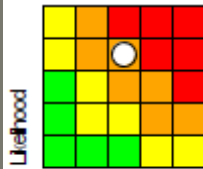
LATEST NOTE	No change to score. Cyber risk is an area which continues to evolve with new threats and vulnerabilities being targeted making it challenging to reduce the score on this risk to within the optimal risk range. The RMSG has identified weaknesses in Business Continuity planning and has invited directorates to revisit their BC plans to strengthen the controls mitigating the impacts of this risk. One new control has been recently added in relation to Insurance Policies, which was not in place at the time of the last review. This may mitigate some of the financial impacts, but not the service delivery aspects, of the risk, and is unlikely to change the overall residual risk score.	LATEST RISK NOTE DATE	07-Jul-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
BTS008	ICT/Digital Strategy	Fully Effective	
BTS010	System Resilience and Disaster Recovery	Partially Effective	
BTS022	ICT Governance Board	Fully Effective	
FCS001	F&CS Directorate Business Continuity Plans	Partially Effective	
BTS024	Contract Management	Partially Effective	
BTS021	BTS Workforce planning	Partially Effective	
BTS027	Use of Transparent and Standardised IT Process Governance Model (COBIT)	Fully Effective	
BTS029	Solutions Assurance	Fully Effective	
BTS004	Access Rights Management	Partially Effective	
BTS005	Security Incident Management	Fully Effective	
BTS013	Change Approval Boards	Fully Effective	
BTS015	Active Network and Device Monitoring	Fully Effective	
BTS016	Scottish Government Cyber Resilience Strategy	Fully Effective	
BTS033	Corporate Information & Records Management Strategy	Partially Effective	
BTS034	Patch Management Strategy	Fully Effective	
BTS035	Information Governance Working Group	Partially Effective	










RCS016	Scheme of Tender Procedures	Fully Effective	
ER006	Council Incident Management Plans	Partially Effective	
ER007	Exercising - scenario planning	Partially Effective	
EE001	Place Directorate Business Continuity Plans	Partially Effective	
CD001	Communities Directorate Business Continuity Plans	Partially Effective	
HSC023	H&SCP Directorate Business Continuity Plans	Partially Effective	
API034	Assessors Business Continuity Plan	Partially Effective	
ER008	Mandatory Emergency Resilience eLearning	Partially Effective	
BTS039	User Access and Authentication Controls	Partially Effective	
BTS040	Security of Digital and Data Assets	Fully Effective	
ARM069	Insurance Policies	Fully Effective	
ES007	Education Service Business Continuity Plans	Partially Effective	









RISK CODE & TITLE	RISK DESCRIPTION	RISK APPETITE APPROACH	Mindful
FC002 Increased Inequality	<p>As a result of:</p> <ul style="list-style-type: none"> The negative consequences of long-term social and economic change. An inability to address educational inequality. The impact of welfare, fiscal and monetary policy and other relevant policy as it affects individuals and families' income. The impact of health and wellbeing challenges on already vulnerable people and families. The continuing cycle of poverty. The impact of Scottish Index of Multiple Deprivation (SIMD). Increasing costs of living. Homelessness. Increased risks associated with protected characteristics. Not giving every child the best start in life. Not enabling children, young people and adults to maximise their capabilities and have control over their lives. Failure to create fair employment and good work for all. Failure to ensure a healthy standard of living for all. Not creating and developing healthy and sustainable places and communities. Not strengthening the role and impact of ill health prevention. Key services and regeneration programmes not reaching the most needy. <p>There is a risk that:</p> <ul style="list-style-type: none"> The Inequality gap will widen. <p>Which may result in:</p> <ul style="list-style-type: none"> An increase in poverty rates. An increase in child poverty. Reduced incomes for those already in poverty. An increase in demand for some services including housing, social work, education, advice and rights support, emergency financial assistance, employability and environmental enforcement. An increase in financial destitution requests, mental health (S12 / S21 payment). Increased levels of unsustainable debt in the population. Health inequalities. Increases in specific aspects of poverty including housing, fuel, food, period etc. 	OPTIMAL RISK RANGE	6-9
		CURRENT POSITION	 Warning Zone
		INHERENT RISK MATRIX	INHERENT RISK SCORE
			25
		RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
			20
		TARGET RISK MATRIX	TARGET RISK SCORE
			16


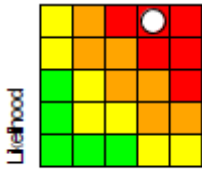
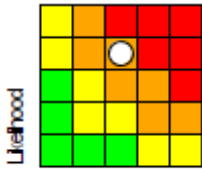
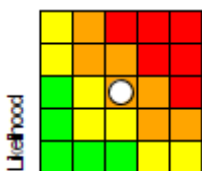
	<ul style="list-style-type: none"> • The fracturing of social cohesion within some communities. • An increase in processing times for emergency financial and social support. • Educational inequalities. • An increase in the Gender pay gap. 			
MANAGED BY	Michael Enston	ASSIGNED TO	Paul Vaughan	
LAST REVIEWED	13-May-2025	NEXT REVIEW DUE	15-Aug-2025	
LATEST NOTE	No change to risk score. The risk is heavily influenced by external factors out with the Council's control and existing controls are utilising available resources.		LATEST RISK NOTE DATE	13 May 2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE		EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
BE009	Fife Economic Strategy and Delivery Plan (2023-2030)		Partially Effective	
CN006	Area Based Anti-Poverty Action Plan		Partially Effective	
CN007	Fuel Poverty Action Plan		Partially Effective	
CN008	Child Poverty Action Plan & Governance		Partially Effective	
CN009	Winter Cost of Living Plan		Partially Effective	
CN010	Community Recovery Fund		Partially Effective	
HS005	Local Housing Strategy (2022-2027)		Partially Effective	
CN019	Local Community Plans		Partially Effective	
BE019	Community Wealth Building Strategy (agreed areas where B&E are lead for certain actions).		Partially Effective	
HSC024	Social Work Processes and Procedures		Partially Effective	
CN033	Food Strategy		Partially Effective	
CFJ001	Fife Children's Service Plan		Partially Effective	
ES001	E&CS Directorate Education Service Improvement Plan (2023 - 2026)		Partially Effective	
CN034	Tackling Poverty and Preventing Crisis board		Fully Effective	










BE026	Community Wealth Building and Economy Board	Partially Effective	
BE027	Opportunity Fife Strategy	Fully Effective	


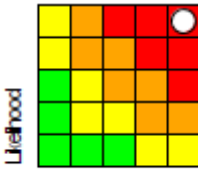
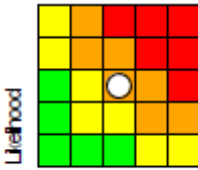
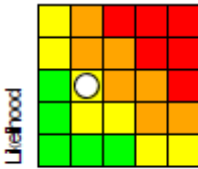
RISK CODE & TITLE	RISK DESCRIPTION	RISK APPETITE APPROACH	Mindful
FC003 Health Deterioration	<p>As a result of:</p> <ul style="list-style-type: none"> • Inequality / Poverty Risk. • Local Economy Risk. • Increasing morbidity, as a result of obesity, alcohol & drug misuse, & mental ill-health. • Poor housing access & conditions. • The ageing population & increase in complex health needs. • The impact of welfare, fiscal and health policy and other relevant policy as it affects individuals and families' health. • Longer term impacts of pandemic on mental & physical health. • Lack of investment in mental health services. • Increasing Cost of Living. • Not giving every child the best start in life. (Marmot report) • Not enabling children, young people and adults to maximise their capabilities and have control over their lives. (Marmot report) • Failure to create fair employment and good work for all. (Marmot report) • Not ensuring a healthy standard of living for all. (Marmot report) • Not creating and developing healthy and sustainable places and communities. (Marmot report) • Not strengthening the role and impact of ill health prevention. (Marmot report) • Low healthy life expectancy. • Being unable to meet employers demand for labour, high level of economic activity. <p>There is a risk that:</p> <ul style="list-style-type: none"> • Public health outcomes do not improve. • Health inequalities increase. <p>Which may result in:</p> <ul style="list-style-type: none"> • Increased demand on intensive & expensive acute partnership services, such as adult social work and social care. • Increased requests for assessments (e.g. Health, Social Work, NHS, CARF etc.) / limited workforce to meet requests. • Increased costs to deliver NHS services. • People in Fife not living as full a life as possible. • Alcohol & drug related deaths remain at similar levels. • Lower participation in community life & leisure activities. 	OPTIMAL RISK RANGE	6-10
		CURRENT POSITION	 Warning Zone
		INHERENT RISK MATRIX	INHERENT RISK SCORE
			20
		RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
			15
		TARGET RISK MATRIX	TARGET RISK SCORE
			12

	<ul style="list-style-type: none"> • An Increase in mental illness. • Increased rates of stress. • Increased suicide rates. • Increased illness due to poor diets. • Increased illness due to poor living conditions. • Increased widening in mortality rates and life expectancy between most and least deprived communities. • Higher reliance on international workforce supply. 				
MANAGED BY	Michael Enston	ASSIGNED TO	Paul Vaughan		
LAST REVIEWED	13-Jun-2025	NEXT REVIEW DUE	15-May-2025		
LATEST NOTE	<p>No change to risk score. The risk is heavily influenced by external factors out with the Council's control and existing controls are using available resources.</p> <p>An Interim Assessment was carried out in June and 3 new controls were added. Issues were highlighted that this risk description was too partnership focused and was not solely a Fife Council risk. It was agreed that the risk description will be looked at through the review process and feedback/amendments to the risk description will be taken to future RMSG for approval.</p>			LATEST RISK NOTE DATE	07-Jul-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE			EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
FM022	Monitor School Meal Uptake			Partially Effective	
FM024	Enhance attractiveness and perception of school meals			Partially Effective	
CN011	Community Safety Strategy			Partially Effective	
HS005	Local Housing Strategy (2022-2027)			Fully Effective	
CN012	Physical Activity and Sport Strategy			Partially Effective	
CN013	Fife Alcohol and Drug Partnership Strategy			Partially Effective	
HSC021	Mental Health Strategy (H&SCP)			Partially Effective	
HSC025	Suicide Prevention Strategy			Partially Effective	
HSC026	Violence Against Women Strategy			Partially Effective	

CN030	Public Health Strategy	Partially Effective	
CN031	Director of Public Health Annual Report	Partially Effective	
CN032	Obesity and Diabetes Pathway	Partially Effective	
CN033	Food Strategy	Partially Effective	
CFJ001	Fife Children's Service Plan	Partially Effective	
CN034	Tackling Poverty and Preventing Crisis board	Fully Effective	
BE026	Community Wealth Building and Economy Board	Partially Effective	
BE027	Opportunity Fife Strategy	Fully Effective	





RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Mindful
FC004 Educational Inequality / Widening Attainment Gap	<p>As a result of:</p> <ul style="list-style-type: none"> Increasing poverty / impact of poverty on families. Non-attendance at school. Disengagement from school – lack of meaningful participation. Increasing Additional Support Needs (ASN), in particular related to family problems, mental health and increased distressed behaviour. A changing profile of children and young people in care or carers. Not having early intervention at the right time. Workforce planning challenges related to recruitment and retention of teachers/support staff. Not targeting limited resources effectively to address need. Insufficient infrastructure (e.g. digital devices and broadband). Funding Policy - short term funding commitments for long term interventions. An unsafe environment, including violence and aggression related incidents against pupils and staff. Increased bullying in schools, including via social media. Schools being closed (fire, flood, weather events). <p>There is a risk that:</p> <ul style="list-style-type: none"> Young people won't achieve the educational attainment and achievement outcomes they are capable of, nor go on to achieve or sustain positive post school destinations. <p>Which may result in:</p> <ul style="list-style-type: none"> Reduced opportunities for achieving a positive post-school destination. A significant equity gap. Increased rates in structural unemployment. Reduced life chances. Children and families more likely to remain in a cycle of poverty. A negative impact on health & wellbeing for those children. A negative impact on community health & wellbeing. Not achieving the 4 capacities as defined by Curriculum for Excellence (CfE). 		OPTIMAL RISK RANGE	8-12
			CURRENT POSITION	 Optimal Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				20
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				12
			TARGET RISK MATRIX	TARGET RISK SCORE
				9
MANAGED BY	Donald Macleod	ASSIGNED TO	Sheila Hastie; Shelagh McLean; Amanda Thomson	
LAST REVIEWED	10-Sep-2024	NEXT REVIEW DUE	15-Sep-2025	


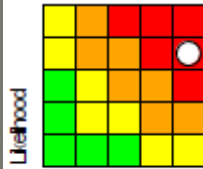
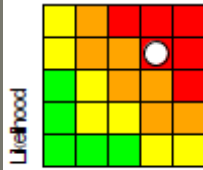
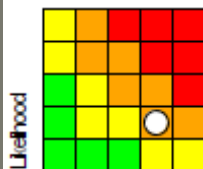
LATEST NOTE	no change to score.	LATEST RISK NOTE DATE	10-Sep-2024
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
BE020	Opportunities Fife Partnership Commissioning Framework	Partially Effective	
CFJ001	Fife Children's Service Plan	Partially Effective	
ES001	Education Service Improvement Plan (2023 - 2026)	Partially Effective	
ES002	National Improvement Framework for Schools	Partially Effective	
ES003	Learning with Care Strategy	Partially Effective	
ES008	Implementation of European Foundation Quality Management (EFQM)	Partially Effective	
ES009	School Improvement Plans	Partially Effective	
ES011	Strategic Equity Fund/Planning	Partially Effective	
ES012	Health and Wellbeing Strategy Implementation	Partially Effective	


















RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Cautious
FC005 Roads and Transportation Infrastructure Failure	<p>As a result of:</p> <ul style="list-style-type: none"> • Insufficient budget allocation to allow proactive maintenance activities to be undertaken. • Failure to achieve target budget spends. • A lack of carriageway revenue maintenance. • Lack of condition survey resources to carry out regular inspections to meet service targets. • A lack of appropriately trained staff. • A lack of fleet/plant to deliver necessary works. • Failure to carry out inspections relating to R&T infrastructure. • A critical failure of technological systems which would prevent service delivery. • The deterioration of highways, lighting, bridges, marine, harbour & seawall infrastructure through lack of financial investment. • Failure to respond appropriately to routine weather warnings. • Extreme weather/climate events exceeding service readiness. <p>There is a risk that:</p> <ul style="list-style-type: none"> • Deterioration leads to unsafe Roads & Transportation infrastructure. <p>Which may result in:</p> <ul style="list-style-type: none"> • Road closures. • Injury or harm to individuals. • An increase in public liability claims and uninsurable risks. • Legal financial penalties. • An impact on tourism if public realm is seen as 'run down'. • An impact on the Fife Economy. • Reputational damage. • Fife Council failing in its legislative obligations. 		OPTIMAL RISK RANGE	5-10
			CURRENT POSITION	 Optimal Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				25
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				9
			TARGET RISK MATRIX	TARGET RISK SCORE
				6
MANAGED BY	Carol Connolly	ASSIGNED TO	Andrew Beveridge; Alistair Donald; John Mitchell	
LAST REVIEWED	04-Jun-2025	NEXT REVIEW DUE	15-Nov-2025	

LATEST NOTE	No change to Risk score. Risk Looked at by Place DLT on 4th June. The recent Service level review of Roads & Transportation resulted in the creation of significant number of new internal controls which did not exist in Ideagen at the time of the last strategic risk review. These have now been added to Ideagen and to the strategic risk for completeness. The residual risk score remains unchanged as whilst these controls were not documented at the time of the last review, they were considered to be part of the existing control framework in place at that time	LATEST RISK NOTE DATE	07-Jul-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
RT015	Public Communication	Fully Effective	✓
RT018	Accident and near miss reporting	Fully Effective	✓
RT026	Health & Safety Management Framework	Partially Effective	⚠
RT029	Provision of Training	Fully Effective	✓
RT033	Priority based budget approach and effective budget monitoring arrangements	Fully Effective	✓
RT034	Benchmarking	Fully Effective	✓
RT011	Road Safety Action Plan	Fully Effective	✓
RT040	Compliance with environmental policies (Lighting Efficiency Programme, Carbon Reduction Plan)	Fully Effective	✓
RT041	Monitoring of fuel usage	Fully Effective	✓
RT042	Driver Compliance	Partially Effective	⚠
RT047	Climate Change Adaptation	Fully Effective	✓
RT052	Capital Programme for Flooding, Shoreline and Harbours	Fully Effective	✓
RT053	Coastal Maintenance	Fully Effective	✓
RT001	Implementation of roads related maintenance strategies, policies and standards	Partially Effective	⚠
RT002	Annual programme of transportation related maintenance	Fully Effective	✓
RT049	Progress coastal policies in accordance with Scottish Government legislation	Fully Effective	✓
RT014	Procurement Procedures	Fully Effective	✓


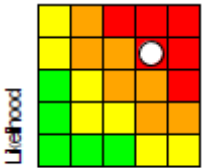
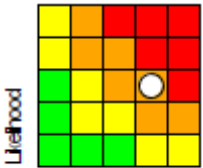

RT003	Capital Bridge Strengthening Programme	Fully Effective	✓
RT004	Delivering and maintaining the Roads Asset Management Plan within budget constraints.	Fully Effective	✓
RT063	Employee Development	Partially Effective	⚠
RT066	Provision of Traffic Management	Fully Effective	✓
RT067	'Well-Managed Highway Infrastructure – A Code of Practice' (October 2016) compliance	Partially Effective	⚠
RT068	Monthly review of capital budget for 7 area roads programme	Fully Effective	✓
FS012	Capital Investment Plan	Partially Effective	⚠
RT069	Infrastructure Inspection Regime	Fully Effective	✓
RT070	Annual Review of Roads Condition Indicators (RCI)	Fully Effective	✓
RT073	Local Transport Strategy for Fife (2023-2033)	Fully Effective	✓
RT074	Local Flood Risk Management Plans	Fully Effective	✓
RT075	Water course maintenance	Fully Effective	✓
RT054	Progress Local Flood Risk Management Plans	Fully Effective	✓
RT077	Management of R&TS Harbour Assets	Fully Effective	✓
RT079	Fleet Replacement Programme	Partially Effective	⚠
RT080	Comply with Monthly Fleet Service Schedule	Fully Effective	✓
RT081	Monitoring of stock levels	Fully Effective	✓
RT082	Winter Rota	Partially Effective	⚠
RT083	In-House material purchasing team	Fully Effective	✓
RT084	Provision of appropriate staff throughout Roads & Transportation	Partially Effective	⚠

RT085	Grant funding applications	Fully Effective	
RT086	Sufficient provision of Supervision (Clerk of Works)	Fully Effective	
RT087	In-house contractor	Fully Effective	
RT088	Maintenance of software licences	Fully Effective	










RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Cautious
FC006 Loss of Key Buildings	<p>As a result of:</p> <ul style="list-style-type: none"> • Failure to invest in existing non-domestic land and buildings. • A lack of property maintenance. • Insufficient budget allocation to allow proactive annual maintenance activity to be undertaken at all buildings. • A lack of resources to undertake regular condition surveys to maintain good quality data for non-domestic land and buildings, to support prioritisation for works within limited budget. • Extreme weather events. • Fire. • Flood. • A terrorist attack. • A lack of building security. • Power outages and loss of utilities. <p>There is a risk that:</p> <ul style="list-style-type: none"> • Increasing number of repairs are delivered on an emergency basis leading to building closure. • We lose buildings from which Fife Council services are provided in support of corporate objectives. <p>Which may result in:</p> <ul style="list-style-type: none"> • Closure of buildings. • Increased works costs. • Increased insurance claims/premiums and uninsurable risks. • An impact on education. • An impact on service delivery. • An impact on tourism if the public realm is seen as 'run down'. • Reputational damage. • An impact on Communities and the public. • An impact on the workforce. • Increased financial costs associated with loss of buildings. 		OPTIMAL RISK RANGE	6-12
			CURRENT POSITION	 Warning Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				20
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				16
			TARGET RISK MATRIX	TARGET RISK SCORE
				8
MANAGED BY	Carol Connolly	ASSIGNED TO	Yvonne Gillespie; Alan Paul	
LAST REVIEWED	06-Jun-2025	NEXT REVIEW DUE	15-Sep-2025	



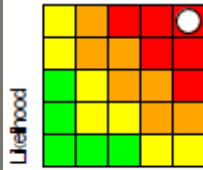
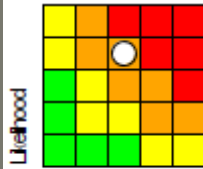
LATEST NOTE	Whilst Planned Maintenance activity continues to be carried out on a prioritised basis, continued underinvestment alongside aging properties mean it is inevitable that buildings will occasionally have to close to due a building failure. If not addressed, it is likely that more and more buildings will fail each year. The Risk score has been increased due to increased likelihood of the risk occurring.	LATEST RISK NOTE DATE	06-Jun-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
FCS001	F&CS Directorate Business Continuity Plans	Partially Effective	
PS019	Fire Prevention Systems	Partially Effective	
FS012	Capital Investment Plan	Partially Effective	
HR013	Fire Strategy & Action Plan	Partially Effective	
PS022	Property Asset Register (TF Cloud)	Partially Effective	
PS023	Property Services Planned Preventative Maintenance	Partially Effective	
HR033	CONTEST Awareness Training	Partially Effective	
FM046	Access to Fife Council Buildings	Partially Effective	
ER006	Council Incident Management Plans	Partially Effective	
EE001	Place Directorate Business Continuity Plans	Partially Effective	
CD001	Communities Directorate Business Continuity Plans	Partially Effective	
HSC023	H&SCP Directorate Business Continuity Plans	Partially Effective	
API034	Assessors Business Continuity Plan	Partially Effective	
RT074	Local Flood Risk Management Plans	Partially Effective	
RT075	Water course maintenance	Partially Effective	
PS025	Hardwire Testing Programme	Fully Effective	
PS027	Review of presence of RAAC	Fully Effective	


















ARM069	Insurance Policies	Fully Effective	
ES007	Education Service Business Continuity Plans	Partially Effective	
PS030	Corporate Property Maintenance and Compliance Group	Fully Effective	







RISK CODE & TITLE	RISK DESCRIPTION	RISK APPETITE APPROACH	Mindful
<p>FC007 Failure to Achieve Inclusive and Sustainable Economic Growth in Fife</p> <p>Failure to Achieve a Stronger, Greener and Fairer Economy for Fife</p>	<p>As a result of:</p> <ul style="list-style-type: none"> External economic factors out with the control of Fife Council and its partners, e.g. natural disasters; pandemics; political turmoil; military conflicts; economic crises; supply chain disruption; stock market volatility; inflation and Bank of England interest rate changes; sustainable food, water, fuel and energy supplies; the impacts of climate change etc. The ongoing impact of the UK exit from the European Union, including supply chain arrangements; trade agreements; price inflation; migration; and labour and skills shortages. Changing business needs/demands & changing business models e.g. business skills (including up-skilling and re-skilling); digital delivery; remote working; improved productivity; fuel and energy efficiency; the transition to net zero; transportation and logistics etc. The increasing use of modern technology, automation and artificial intelligence (AI) to drive business productivity and efficiency, often with a knock-on impact on jobs and skills. A poorly skilled and/or motivated workforce e.g. linked to health, poverty and disability inequalities; early years development; school attainment; careers advice; further & higher education opportunities; experiential learning opportunities; re-skilling and up-skilling, employability support etc. A lack of private sector investment at both local and national level e.g. in infrastructure; technology; research & development; the transition to net zero; workforce development (including up-skilling and re-skilling) etc. A lack of public and private sector investment in the quality and resilience of key business infrastructure i.e. digital connectivity; transport connectivity; modern business premises; town centres; sustainable energy networks; utilities; the transition to net zero; partnership arrangements etc. Changing consumer demands and expectations e.g. the global increase in online retail; popularity of out-of-town retail developments; demand for 'experiential' tourism; entertainment and retail offerings; digital delivery; changing expectations in relation to accommodation; hospitality and the night-time economy etc. Competition from other parts of Scotland, the UK or abroad. <p>There is a risk that:</p> <ul style="list-style-type: none"> The Fife economy does not achieve inclusive and sustainable growth and falls behind the performance of the rest of Scotland and the UK. <p>Which may result in:</p> <ul style="list-style-type: none"> An increase in business closures / reduction in business start-ups. A reduction in indigenous business growth, investment and competitiveness. A reduced ability to attract inward business investment in Fife. A lack of opportunities in Fife for those seeking employment, particularly our young people. Labour market and skills shortages for businesses in Fife. 	OPTIMAL RISK RANGE	8-12
		CURRENT POSITION	 Optimal Zone
		INHERENT RISK MATRIX	INHERENT RISK SCORE
			16
		RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
			12
		TARGET RISK MATRIX	TARGET RISK SCORE
			9


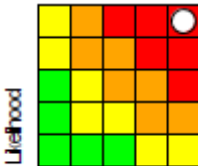
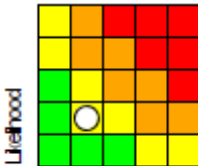
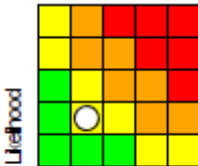
<p> • A reduction in the working-age population in Fife if people have to relocate to find employment. • A demise in the standard/quality of premises and lack of modern, energy efficient, fit-for-purpose business premises. • The ongoing demise of traditional town centres / high street retail. • A failure to deliver a just transition to net zero. </p> <p>As a result of:</p> <ul style="list-style-type: none"> • External economic factors out with the control of Fife Council and its partners, e.g. economic crises; supply chain disruption; stock market volatility; inflation and Bank of England interest rate changes; the impacts of climate change. • Changing business needs/demands & changing business models are barriers to inclusive access to work e.g. digital delivery; the transition to net zero. • A poorly skilled and/or motivated workforce unable to meet business needs. • A lack of private and private sector investment at both local and national level in the quality and resilience of key business infrastructure. • Changing consumer demands and expectations. • Competition from other parts of Scotland, the UK or abroad. • A lack of capacity and capability in the community sector in Fife to achieve the levels of community and citizen engagement required to generate, circulate and retain more wealth for the benefit of all. • Inability to effectively work as one council to adopt a place-based approach that leverages the unique characteristics and assets of a specific geographical areas. <p>There is a risk that:</p> <ul style="list-style-type: none"> • The Fife economy does not achieve a fairer economy for Fife to ensure that more wealth is generated, circulated and retained in Fife and its communities for the benefit of all and falls behind the performance of the rest of Scotland and the UK. <p>Which may result in:</p> <ul style="list-style-type: none"> • The place-based approach that is not able to address complex problems that no one service can solve: prevent or reduce the need for future services and investment and achieve the place and wellbeing outcomes. • An increase in business closures / reduction in business start-ups, indigenous business growth, investment and competitiveness. • Reduced opportunities for Fife communities and citizens to engage in community wealth building opportunities. • A lack of fair and inclusive access to work and opportunities particularly for the Protected Characteristic groups and young people. • Labour market and skills shortages for businesses in Fife. • A demise in the standard/quality of premises and lack of modern, energy efficient, fit-for-purpose business premises. • The ongoing demise of traditional town centres / high street retail. 		
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	<ul style="list-style-type: none"> • A failure to deliver a just transition to net zero and lower levels of carbon emissions in Fife, in line with national targets (75% of 1990 baseline by 2030). 				
MANAGED BY	Carol Connolly	ASSIGNED TO	Morag Millar		
LAST REVIEWED	04-Jun-2025	NEXT REVIEW DUE	15-Aug-2025		
LATEST NOTE	Place DLT reviewed risk 4th June. No change to risk score. Two additional partially effective controls have been added to the risk; however the risk score remains unchanged (BE026 and BE032).			LATEST RISK NOTE DATE	07-Jul-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE			EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
BE005	Effective Governance processes for Opportunities Fife Partnership (Local Employability Partnership). Regular reports and monitoring of Opportunities Fife Partnership delivery organisations.			Fully Effective	
BE009	Fife Economic Strategy and Delivery Plan (2023-2030)			Partially Effective	
BE008	Provide support to businesses to help locate in Fife, through Fife Council Economic Development activities			Partially Effective	
BE016	Business Gateway Fife supporting Indigenous Growth			Fully Effective	
BE017	Region Economic Partnerships and Investment			Partially Effective	
BE020	Opportunities Fife Partnership Commissioning Framework			Partially Effective	
BE021	UK / Scottish Government Funding			Partially Effective	
BE026	Community Wealth Building and Economy Board			Partially Effective	
BE032	Evidence use in local economic place making			Partially Effective	


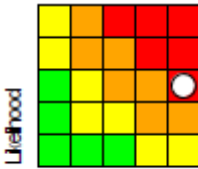
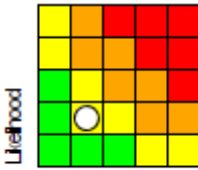
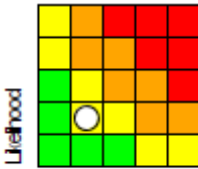
RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Mindful
FC008 Failure to Address Climate Change	<p>As a result of:</p> <ul style="list-style-type: none"> Climate change from carbon emissions. (mitigation) Increased impacts resulting from climate emissions. (adaptation) A lack of resources for crucial mitigation or adaptation projects. A lack of public action. The biodiversity crisis. <p>There is a risk that:</p> <ul style="list-style-type: none"> Fife Council fails to meet its duties under the Climate Change (Scotland) Act and contribute towards tackling the global Climate Emergency. <p>Which may result in:</p> <ul style="list-style-type: none"> Asset damage / shorter lifecycle of assets, especially due to flooding. Health & safety risks, e.g. during severe weather event such as storms, heatwaves, snow, ice, floods, landslips etc. Financial costs. Legal costs and reputational damage if perceived not to have acted or to have been otherwise liable. Fife Council not meeting its targets to reduce carbon emissions of net zero by 2045. Fife Council not meeting its legal obligations to adapt to the impacts of climate change. Fife Council and the wider community not adapting or preparing for increased frequency or severity of severe weather events. A loss of trust in Fife Council's ability to deliver its commitments. An impact on Transport infrastructure and ability to get around. Increased emergency response. Increased social and economic costs to people dealing with the fall out of climate change. Increased environmental impacts, detrimental impact on habitats and species. An increase in coastal flooding and coastal damage. A decrease in biodiversity across Fife. 		OPTIMAL RISK RANGE	8-12
			CURRENT POSITION	 Warning Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				25
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				25
			TARGET RISK MATRIX	TARGET RISK SCORE
				12
MANAGED BY	Ken Gourlay	ASSIGNED TO	Shona Cargill; Pam Ewen; Ross Spalding	
LAST REVIEWED	04-Jun-2025	NEXT REVIEW DUE	26-Nov-2025	







LATEST NOTE	No Change to risk score. Risk considered by Place DLT 04/06/25. One additional control has been added in relation to procurement (RCS047) and this is fully effective. The residual risk score remains significantly higher than the optimal risk score which reflects the fact that we are already experiencing the effects of the climate change. Several actions were identified in the recent Climate Change Audit and these will be picked up against this risk.	LATEST RISK NOTE DATE	07-Jul-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
BE009	Fife Economic Strategy and Delivery Plan (2023-2030)	Partially Effective	
RT054	Implement 6 Year Programme of Local Flood Risk Management Plans	Fully Effective	
HS005	Local Housing Strategy (2022-2027)	Partially Effective	
CN027	Fife Allotment and Community Food Strategy	Partially Effective	
RT073	Local Transport Strategy for Fife (2023-2033)	Partially Effective	
EBS019	Zero Waste Fife (2018-2028)	Partially Effective	
PL015	Local Development Plan	Partially Effective	
CN028	Forest and Woodland Strategy (2013-2018)	Fully Effective	
CN029	Local Biodiversity Action Plan (2013-2018)	Fully Effective	
PR018	Fife Air Quality Strategy (2021-2025)	Partially Effective	
RT074	Local Flood Risk Management Plans	Partially Effective	
RT075	Water course maintenance	Partially Effective	
EBS020	Fleet Replacement Programme	Partially Effective	
PL016	Sustainable Energy and Climate Action Plan (SECAP)	Partially Effective	
PL017	Local Heat and Energy Efficiency Strategy	Partially Effective	
CD008	Communities Service Change Plans	Partially Effective	
EE002	Place Service Change Plans	Partially Effective	



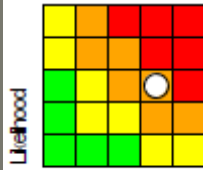
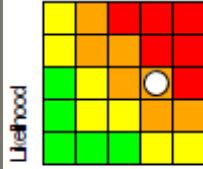
FCS004	F&CS Service Change Plans	Partially Effective	
HSC034	H&SCP Service Change Plans	Partially Effective	
PL018	Risk and Vulnerability Assessment	Partially Effective	
PL019	Addressing Climate Change Board	Fully Effective	
ES010	Education Service Change Plans	Partially Effective	
RCS047	Procurement	Fully Effective	

RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Minimal
FC009 Poor Corporate Governance & Leadership	<p>As a result of:</p> <ul style="list-style-type: none"> Poor Corporate Governance e.g. Fife Council's Code of Corporate Governance (COCG) is inadequate and not consistently applied. Poor Leadership. <p>There is a risk that:</p> <ul style="list-style-type: none"> Fife Council does not behave with integrity, demonstrating a strong commitment to ethical values and respecting the rule of law. Fife Council does not ensure openness and comprehensive stakeholder engagement. Fife Council does not define outcomes in terms of sustainable economic, social and environmental benefits etc. per the Delivering Good Governance in Local Government. <p>Which may result in:</p> <ul style="list-style-type: none"> Poor Culture. Staff being unaware of the Code of Corporate Governance and of legislative and regulatory obligations and a changed policy environment. Insufficient assurance from the Chief Executive in signing off annual accounts. Fife Council being non-compliant with applicable legislation or regulation. A negative impact on service delivery and service users A negative impact on resources / financial collapse. Reputational damage / loss of trust in Fife Council. Potential for legal action against Fife Council or other challenges to processes & decisions. 		OPTIMAL RISK RANGE	4-8
			CURRENT POSITION	 Optimal Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				25
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				4
			TARGET RISK MATRIX	TARGET RISK SCORE
				4
MANAGED BY	Eileen Rowand	ASSIGNED TO	Lindsay Thomson	
LAST REVIEWED	20-May-2025	NEXT REVIEW DUE	15-May-2026	











LATEST NOTE	No change to score. Risk Management Team to look at mapping internal controls with AGS process.	LATEST RISK NOTE DATE	20-May-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
LD012	COSLA Membership and participation	Fully Effective	✓
LD013	Horizon Scanning	Fully Effective	✓
LD014	Committee Report Governance	Fully Effective	✓
LD015	Continuing Professional Development	Fully Effective	✓
LD016	Knowledge Management	Partially Effective	⚠
LD017	ALEO Governance Maturity Matrix	Fully Effective	✓
LD018	Code of Corporate Governance Framework	Fully Effective	✓
LD022	Fife Council ALEO Governance Framework	Fully Effective	✓
LD023	Annual Governance Process	Fully Effective	✓
LD024	Corporate Governance Group	Fully Effective	✓
HR046	OPM Leadership Development Programme	Partially Effective	⚠









RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Minimal
FC010 Elected Members - Failure to comply with Council Governance and Code of Conduct	<p>As a result of:</p> <ul style="list-style-type: none"> A lack of knowledge and understanding of, or adherence to, Fife Council's governance arrangements and / or the external regulatory environment applicable to elected members. e.g. the Standards Commission for Scotland Councillors' Code of Conduct and associated guidance and advice notes and Fife Council's Member Officer Protocol. <p>There is a risk that:</p> <ul style="list-style-type: none"> The expected high standards of conduct as supported by the Code's key principles of duty, selflessness, integrity, objectivity, accountability, openness, honesty, leadership and respect are not consistently demonstrated. <p>Which may result in:</p> <ul style="list-style-type: none"> Ineffective decision making. Sanctions against individual elected members (by Standards Commission). Reputational damage (Fife Council & individual member). By elections and associated costs. 		OPTIMAL RISK RANGE	4-6
			CURRENT POSITION	 Optimal Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				15
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				4
			TARGET RISK MATRIX	TARGET RISK SCORE
				4
MANAGED BY	Eileen Rowand	ASSIGNED TO	Lindsay Thomson	
LAST REVIEWED	20-Sep-2024	NEXT REVIEW DUE	15-Sep-2025	





LATEST NOTE	No change to the risk score. Five of the internal controls have changed from partially effective to fully effective since last year.	LATEST RISK NOTE DATE	07-Jul-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
LD006	Registers of members interests	Fully Effective	
LD002	Standards, Audit & Risk Committee monitoring arrangements	Fully Effective	
LD003	Standards Commission guidance and updates	Fully Effective	
LD004	Code of Conduct for elected members	Fully Effective	
LD005	Elected member induction process	Fully Effective	
LD007	Elected members development focus group and ongoing training programme	Partially Effective	



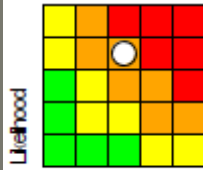
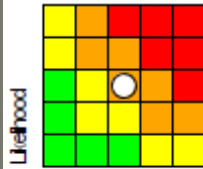
RISK CODE & TITLE	RISK DESCRIPTION	RISK APPETITE APPROACH	Minimal
FC011 Inability to Ensure Public Safety & Protection	<p><u>Adults and Vulnerable Children</u> As a result of:</p> <ul style="list-style-type: none"> Budget pressures. Increasing pressure and demand on Social Work. Lack of workforce capacity to meet service demands. Failures within a 3rd sector or independent provider meaning they are unable to fulfil their obligations. Lack of resources, e.g. Housing to support individuals. Stretched managerial capacity to demonstrate compliance of ongoing robust practice. Individual error / negligence. Unable to recruit the right people with the right skills. <p><u>Serious Organised Crime</u> As a result of:</p> <ul style="list-style-type: none"> Lack of partnership working, intelligence/data not being shared. Changes in the market - moving to online buying, implications of EU exit, effects of product safety. More economic changes are associated with crime in areas that are economically challenged. Cost of living, more opportunity for Serious Organised Crime along with scams targeting vulnerable people. Illegal products, counterfeiting and scams. Illegal Immigrants, People Trafficking, Modern Slavery. Larger scale illegal disposal of waste including hazardous material. Fraud. Cyber-crime. <p><u>CONTEST</u> As a result of:</p> <ul style="list-style-type: none"> Failure to meet our obligations around implementation of the CONTEST Strategy. Staff not being aware of the signs that a vulnerable person is being radicalised (PREVENT). Failure to safeguard and support vulnerable people and stop them from becoming terrorists or supporting terrorism. (PREVENT). Failure to stop terrorist attacks happening in Fife. (PURSUE). Failure to keep the public safe by strengthening our protection against a terrorist attack in Fife so reducing our vulnerability (PROTECT). 	OPTIMAL RISK RANGE	4-6
		CURRENT POSITION	 Warning Zone
		INHERENT RISK MATRIX	INHERENT RISK SCORE
			25
		RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
			12
		TARGET RISK MATRIX	TARGET RISK SCORE
			12

	<ul style="list-style-type: none"> • Failure to save lives, reduce harm and aid recovery quickly in the event of a terrorist attack (PREPARE). <p><u>Building Safety</u> As a result of:</p> <ul style="list-style-type: none"> • Wilful Fire Raising. • Lack of investment/maintenance (Structure and Security of Buildings). • Natural Hazards, flooding, high winds etc. • Building Safety Checks, fire, water etc. (Expand wording). • Property Services various sampling programmes, maintenance schedules. • Building Standards including dangerous buildings. • Housing Maintenance Programme. • Gas maintenance checks for all Fife Council housing properties monitored by the Scottish Housing Regulator. • Utility checks for all Fife Council property. <p><u>Environmental</u> As a result of:</p> <ul style="list-style-type: none"> • Fly Tipping. • Air Pollution. • Land Contamination. • Water Contamination. • Noise Pollution. • Chemical, Biological, Radiological, Nuclear. • Severe Weather Risks, Natural Hazards, flooding, high winds etc. • Human Disease. • Food Safety. <p>There is a risk that:</p> <ul style="list-style-type: none"> • Fife Council is unable to meet its public protection and other relevant statutory duties, either discharged internally across directorates / services, and/ or via commissioned services. <p>Which may result in:</p> <ul style="list-style-type: none"> • Significant harm to individuals and communities. • Potential harm, injury, or death of service users. • Exploitation of children or adults. • Impact on Fife employees, including health, safety and wellbeing. 		
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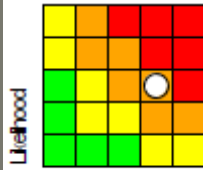
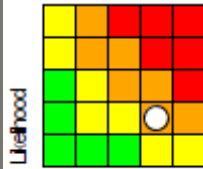
	<ul style="list-style-type: none"> • Legal costs & litigation. • Breach of legislation, regulation and duty of care. • Loss of public trust in Fife Council/reputational damage. • Loss of public trust in partners, e.g. NHS or IJB. • Loss of Key Buildings. • Economic impact on Fife. • Failure to deliver key Fife Council services and Fife Council priorities. • A threat to resources and public security. • Negative feelings/perceptions of safety within their communities. 				
MANAGED BY	Ken Gourlay	ASSIGNED TO	Karen Hamilton , Nigel Kerr; Joan Lamie; James Ross; Avril Sweeney; Amanda Thomson ; Paul Vaughan		
LAST REVIEWED	17-Nov-2023	NEXT REVIEW DUE	15-Feb-2024		
LATEST NOTE	Place DLT reviewed the elements of the risk relevant to Place on 4th June. A discussion paper has been drafted with feedback on this risk and will be circulated around RMSG for a decision on 3 possible options on how to address issues identified with this risk.			LATEST RISK NOTE DATE	07-Jul-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE			EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
BTS016	Scottish Government Cyber Resilience Strategy			Partially Effective	
HS005	Local Housing Strategy (2022-2027)			Partially Effective	
CN020	Fife Council CONTEST Group			Fully Effective	
CN021	Multi-Agency Fife CONTEST GROUP			Fully Effective	
HR033	CONTEST Awareness Training			Partially Effective	
RCS010	Whistleblowing Policy			Partially Effective	
RCS016	Scheme of Tender Procedures			Partially Effective	
FM046	Access to Fife Council Buildings			Partially Effective	
HS007	CONTEST - Information on fife.gov and Fife Council intranet			Fully Effective	
HS008	Single Point of Contact (SPOC) for CONTEST			Fully Effective	










FM047	Bomb threats and suspicious packages checklist	Partially Effective	
ER006	Council Incident Management Plans	Partially Effective	
HS009	Prevent Multi Agency Panel (PMAP)	Fully Effective	
PR019	Fife Council Environmental Vandalism Strategy 2022-2024	Partially Effective	
PR020	Dangerous Buildings Processes and Procedures	Partially Effective	
PR021	Licensing and Inspection of HMO's and Short Term Lets	Partially Effective	
PR022	Licensing (Events and Public Safety)	Partially Effective	
PR023	Sampling Programmes covering food, water, air etc	Partially Effective	
PR024	Contaminated Land Strategy	Fully Effective	
PR025	Air Quality Strategy and Action Plans	Fully Effective	
PR026	Joint Health Protection Plan	Partially Effective	
PR027	Service Delivery Plan - Environmental Health (Food and Workplace Safety)	Partially Effective	
PR028	Building Standards Framework - Building Standards Verification and Certification	Fully Effective	
ER009	Resilience Policy and Framework	Partially Effective	
HS010	Single Point of Contact (SPOC) for Serious Organised Crime	Fully Effective	
PRO006	Financial Governance surrounding Procurement	Fully Effective	
HSC027	Public Protection Committees	Partially Effective	
HSC028	Committee Sub Groups	Fully Effective	
HSC029	Chief Officer of Public Safety Meetings (COPS)	Fully Effective	
HSC031	Sub Group and National Group Connections	Fully Effective	


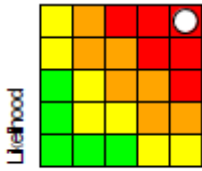
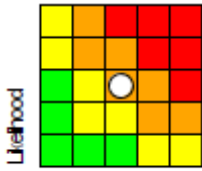
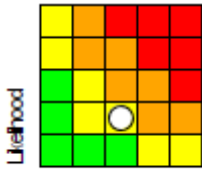
HSC032	Single and Multi-Agency Activity Audits	Fully Effective	
HSC033	Scrutiny Committee Reporting Process	Fully Effective	
HSC035	Workforce Action Plan	Partially Effective	
CFJ001	Fife Children's Service Plan	Partially Effective	
FC142	Chief Officers Public Safety Group (COPS)	Fully Effective	
ES004	Workforce Resilience/Planning	Partially Effective	
ES005	Commissioning Practice	Partially Effective	
ES006	Initiation of huddles to ensure capacity can meet demand	Fully Effective	
FC143	Child Protection Committee	Partially Effective	
FC144	Adult Support and Protection Committee	Fully Effective	















RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Cautious
FC012 Financial Instability	<p>As a result of:</p> <ul style="list-style-type: none"> Inadequate funding for Plan for Fife opportunities including our statutory responsibilities. Unplanned expenditure. Savings or efficiencies not being delivered. Increased demand for services. Challenging Economic Environment – Inflation, interest rates, supply chains. Impact of Government Policy on Funding. Impact of Government policy on ability to generate income e.g. Council Tax freeze, rent cap. Poor corporate governance and leadership. <p>There is a risk that:</p> <ul style="list-style-type: none"> Fife Council's Financial sustainability is compromised. Financial Collapse <p>Which may result in:</p> <ul style="list-style-type: none"> Fife Council - and its partners - ailing failing to deliver Plan for Fife ambitions. Inability to deliver Fife Council services. A failure to meet the needs of communities. A failure to address inequalities. Customer / Citizen dissatisfaction with Fife Council. Reputational Damage. Reduction of balances (reserves) to an unacceptable level. Financial Collapse. An impact on our ability to transform. 		OPTIMAL RISK RANGE	5-9
			CURRENT POSITION	 Warning Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				25
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				12
			TARGET RISK MATRIX	TARGET RISK SCORE
				9
MANAGED BY	Eileen Rowand	ASSIGNED TO	Tracy Hirst; Elaine Muir	
LAST REVIEWED	12-May-2025	NEXT REVIEW DUE	15-Nov-2025	



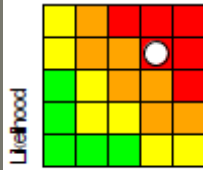
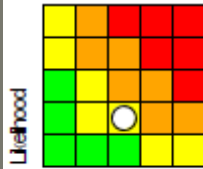
LATEST NOTE	Internal controls all reviewed and updated. Score for all apart from one remained unchanged. Budget monitoring moved from 3 to 2 (partially effective), given the movement in forecast over the year in 2024/25. This has not changed the score for the risk. Reviewed by Elaine Muir and Tracy Hirst 12/05/2025.	LATEST RISK NOTE DATE	13 May 2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
FS006	Budget Process	Fully Effective	✓
FS007	Medium Term Financial Strategy	Fully Effective	✓
FS008	Financial Regulations	Fully Effective	✓
FS009	Long Term Budget Planning Model	Partially Effective	⚠
FS012	Capital Investment Plan	Fully Effective	✓
FS014	Housing Revenue Account (HRA) Business Plan	Fully Effective	✓
FS015	Budget Monitoring	Partially Effective	⚠
FS018	Scenario Planning	Fully Effective	✓
LD018	Code of Corporate Governance Framework	Fully Effective	✓
FS020	Investment Strategy Group	Fully Effective	✓
FS021	Capital Strategy	Partially Effective	⚠
FS022	Financial Risk Register	Fully Effective	✓
FS023	Reconciliation Framework and Monitoring	Fully Effective	✓
FS025	IJB Integration Agreement	Fully Effective	✓












RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Minimal
FC013 Failure to Effectively Discharge Statutory Health and Safety Obligations	<p>As a result of:</p> <ul style="list-style-type: none"> • Insufficient capacity to address Health & Safety as a priority. • Attitude / perception that Health & Safety is not a priority. • A lack of clarity or understanding of roles and responsibilities. • A lack of leadership & priority given to Health & Safety. • Failing to establish, update, deploy or maintain effective health and safety systems, risk identification and risk mitigation measures. <p>There is a risk that:</p> <ul style="list-style-type: none"> • Accident, injury or harm to a member of staff, service user, contractor or other 3rd party occurs. <p>Which may result in:</p> <ul style="list-style-type: none"> • Specified injury. • A fatality. • Harm. • Dangerous occurrence. • Notifiable disease. • Increased work-related stress. • Lost time / absences. • Loss of productivity. • Fines. • Regulatory investigations. • Prosecution by HSE. • Imprisonment. • Claims / litigation against Fife Council. • Legal costs for Fife Council. • Talent exiting the organisation early, and associated costs. • Reputational damage. 		OPTIMAL RISK RANGE	4-6
			CURRENT POSITION	 Warning Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				25
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				12
			TARGET RISK MATRIX	TARGET RISK SCORE
				8
MANAGED BY	Ken Gourlay	ASSIGNED TO	Kirsten Bence; Sharon McKenzie; Stevie Murray; Gordon Walker	
LAST REVIEWED	02-May-2025	NEXT REVIEW DUE	15-Aug-2025	


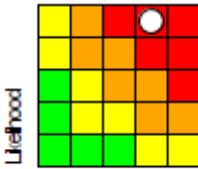
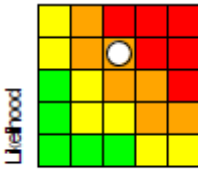
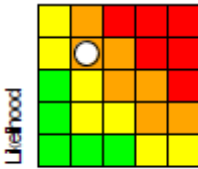
LATEST NOTE	Place DLT reviewed the risk relevant to Place on 4th June. The Risk Management Team is working with HR staff to agree 3 new corporate actions relating to the implementation Health and Safety Framework parts 1,2 and 3. The associated Service actions will require to be added to all existing Service level Health and safety risks and updates to these will inform on the corporate position in relation to implementation of the framework. This approach will provide greater assurance that the framework is being adequately implemented across the Council and should reduce the likelihood of this risk.	LATEST RISK NOTE DATE	07-Jul-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
HR011	Council Health & Safety Guidance	Fully Effective	
HR012	Governance and Scrutiny processes	Fully Effective	
HR013	Fire Strategy & Action Plan	Partially Effective	
HR015	HR Health and Safety Procedures	Partially Effective	
HR016	Risk Assessment of work tasks and activities	Partially Effective	
HR018	Mandatory Mentally Healthy Workplace Training	Partially Effective	
HR021	Health and Safety Management Framework	Partially Effective	
HR022	Corporate Health and Safety Strategy Group (CHSSG)	Fully Effective	
HR024	Health Surveillance Programme	Partially Effective	

RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Mindful
FC014 Workforce Challenges	<p>As a result of: A range of factors at national and local level which combine to create a more competitive labour market and a potentially more challenging organisation to resource and develop in keeping with Fife Council's vision, such as:</p> <ul style="list-style-type: none"> National shortages in some professions and in some skills areas at levels that didn't previously exist – hospitality, social care and childcare, some teaching posts, HGV drivers, IT etc. Legislative Changes relating to UK Immigration Law. Changes in people's expectations about work and reward (CIPD report). Demographic changes - fewer economically active people looking for work. Fife Council's ageing workforce profile. Higher levels of sickness absence. Insufficient capacity to meet current and future demands. Poor wellbeing. Limited or lack of accessibility of opportunities for learning e.g. time off normal work duties, access to devices. Continuing issues with Oracle Learning impacts on mandatory compliance. <p>There is a risk that:</p> <ul style="list-style-type: none"> Fife Council will not have the right people in the right place at the right time. <p>Which may result in:</p> <ul style="list-style-type: none"> A failure to deliver on the Plan for Fife and its outcomes. Insufficient workforce to safely deliver critical services, including statutory services. An inability of Directorates and Services to deliver on aspects of their Directorate / Service plans, meet KPI and SPI targets. An inability to deliver organisational change well. A perpetual negative cycle of reduced staff morale, motivation and attendance. An increased number of leavers. Increased costs associated with staff vacancies / absences e.g. agency / supply staff, advertising / relocation fees. 		OPTIMAL RISK RANGE	6-10
			CURRENT POSITION	 Optimal Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				25
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				9
			TARGET RISK MATRIX	TARGET RISK SCORE
				6
MANAGED BY	Eileen Rowand	ASSIGNED TO	Fiona Allan; Kirsten Bence; Jacqui Cameron; Kirsty McElroy; Sharon McKenzie; Stevie Murray; Gordon Walker	
LAST REVIEWED	02-May-2025	NEXT REVIEW DUE	15-Nov-2025	


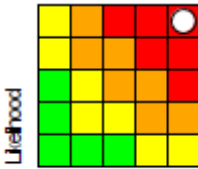
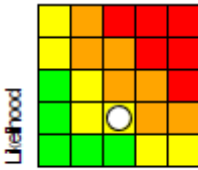
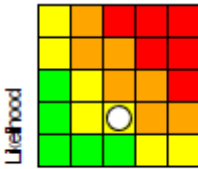
LATEST NOTE	Reviewed by Risk Management and HR. No changes with the assessment.	LATEST RISK NOTE DATE	02 May 2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
HR010	HR Workforce Strategy and Action Plan	Fully Effective	
HR012	Governance and Scrutiny processes	Fully Effective	
HR026	Job Evaluation Procedures and Processes	Fully Effective	
HR035	Recruitment Strategy and Agency Worker Framework	Fully Effective	
HR036	HR Policies Procedures and Legislative Checks	Partially Effective	
HR037	Workforce Youth Investment Programme	Fully Effective	
HR038	Mandatory Learning Framework	Partially Effective	
HR039	Digital Champions Programme	Partially Effective	
HR041	First Contact HR Processes	Fully Effective	
HR040	Oracle Cloud Management Information	Partially Effective	
HR042	Leadership Development	Partially Effective	
HR043	Learning Resources	Partially Effective	
HR044	Workforce Planning Process	Partially Effective	
HR045	Professionally Qualified and Resourced HR Teams	Partially Effective	









RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Minimal
FC015 Ineffective Information Governance	<p>As a result of:</p> <ul style="list-style-type: none"> • Human error. • A lack of effective governance. • A lack of horizon scanning. • A lack of buy in / compliance. • A lack of data driven culture in Fife Council. • A siloed approaches to data. • Inappropriate access controls to secure data. • Inappropriately / maliciously accessing data. • Ineffective and / or non-completion of training. <p>There is a risk that:</p> <ul style="list-style-type: none"> • The Council does not meet its Records Management obligations and statutory duties under GDPR and DPA, FOISA and EIR. <p>Which may result in:</p> <ul style="list-style-type: none"> • Data Breaches. • Poor information management (Confidentiality, Integrity and Availability). • Bad decision making. • Waste of resources. • Harm to individuals, including staff. • A loss of trust. • Reputational Damage. • Regulatory consequences, e.g. fines, improvement actions. • Failure to respond quickly to the rapidly changing digital environment. • Siloed/misinformed approach to data and/or digital tools for using data. 		OPTIMAL RISK RANGE	4-8
			CURRENT POSITION	 Warning Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				25
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				16
			TARGET RISK MATRIX	TARGET RISK SCORE
				6
MANAGED BY	Eileen Rowand	ASSIGNED TO	Lindsay Thomson	
LAST REVIEWED	12-May-2025	NEXT REVIEW DUE	15-Aug-2025	

LATEST NOTE	No change to risk score. The risk is currently sitting above the optimal risk range. Work is ongoing to develop a Data Strategy and refresh the Information Asset Register. An Information Governance training module is also being developed to consolidate existing information governance training by pulling together Data Protection, Records Management, Freedom of Information etc.	LATEST RISK NOTE DATE	07-Jul-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
BTS010	System Resilience and Disaster Recovery	Partially Effective	
BTS022	ICT Governance Board	Fully Effective	
BTS016	Scottish Government Cyber Resilience Strategy	Fully Effective	
BTS033	Corporate Information & Records Management Strategy	Partially Effective	
BTS035	Information Governance Working Group	Not Effective	
LD025	Information Governance Training Modules	Partially Effective	
LD026	Information Security Policy, Procedures and Guidance	Fully Effective	
LD027	Data Protection Policy, Procedures and Guidance	Fully Effective	
COS002	Information Request Policy, Procedures and Guidance	Fully Effective	
BTS048	Data Strategy	Not Effective	
BTS052	Information Asset Register	Not Effective	

RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Enterprise
FC016 Ineffective Transformational Change Agenda / Strategic Planning	<p>As a result of:</p> <ul style="list-style-type: none"> Increasing pressures from Cost of Living Crisis. Increasing demand for services. Being unable to identify and agree significant, viable change options for senior officer and Elected Member agreement. Insufficient resources being available to deliver the agreed change programme, including the skills and capacity of staff. Insufficient programme / project planning and monitoring arrangements. A lack of partnership buy in. Demographic trajectory (increase in older people and changes in needs as a consequence). Sector reorganisations e.g. National Care Service, Educational Reform etc. Technological / scientific advances e.g. digital, AI. <p>There is a risk that:</p> <ul style="list-style-type: none"> Fife Council does not improve / change sufficiently enough or at pace. <p>Which may result in:</p> <ul style="list-style-type: none"> Fife Council being unable to timeously support future service delivery models e.g. People & Place, No Wrong Door. Fife Council being unable to respond and adapt to sector reorganisation. Fife Council Outcomes not being met (Plan for Fife and Recovery and Reform). Service priorities not being achieved. A sustainable financial position not being achieved. Diminished credibility and reputation. Adverse impacts on people's life chances. An increase in the impact of cost of living and poverty. Adverse impacts on infrastructure and place making. A reduction in performance levels across all reported indicators and the consequential impact of this. 		OPTIMAL RISK RANGE	8-12
			CURRENT POSITION	 Optimal Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				20
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				12
			TARGET RISK MATRIX	TARGET RISK SCORE
				8
MANAGED BY	Michael Enston	ASSIGNED TO	Craig Waddell	
LAST REVIEWED	07-May-2025	NEXT REVIEW DUE	15-Aug-2025	

LATEST NOTE	No change to the score - will be signed off at Reform Board on 21st May	LATEST RISK NOTE DATE	07 May 2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
FS007	Medium Term Financial Strategy	Fully Effective	✓
HR034	Managing Workforce Change Policy	Fully Effective	✓
CD002	Engagement with Elected Members on Change	Fully Effective	✓
CD003	Engagement with Trade Unions on Change	Fully Effective	✓
CD004	Council Leadership Team (CLT)	Fully Effective	✓
FC140	Council Executive Team (CET)	Fully Effective	✓
CD005	Change Planning Process	Fully Effective	✓
CD006	Reform Board	Fully Effective	✓
CD007	Leadership Summits	Fully Effective	✓

RISK CODE & TITLE	RISK DESCRIPTION		RISK APPETITE APPROACH	Opposed
FC017 Legal and Regulatory Compliance Failure	<p>As a result of: Failing to keep up to date with and / or failing to implement proper planning systems in response to and/or failure to comply with:</p> <ul style="list-style-type: none"> Legislative changes. Government policy changes including sector reorganisation. Regulatory changes. <p>There is a risk that:</p> <ul style="list-style-type: none"> Fife Council is unaware of changes to the national legislative, policy & regulatory framework. Fife Council does not plan effectively to meet these changes. Fife Council is in breach of its statutory obligations. <p>Which may result in:</p> <ul style="list-style-type: none"> Fife Council being non-compliant with applicable legislation or regulation. A negative impact on service delivery and service users. A negative impact on resources. Reputational damage / loss of trust in Fife Council. Potential for legal action against Fife Council or other challenges to processes & decisions. Financial penalties. 		OPTIMAL RISK RANGE	3-6
			CURRENT POSITION	 Optimal Zone
			INHERENT RISK MATRIX	INHERENT RISK SCORE
				25
			RESIDUAL RISK MATRIX	RESIDUAL RISK SCORE
				6
			TARGET RISK MATRIX	TARGET RISK SCORE
				6
MANAGED BY	Eileen Rowand	ASSIGNED TO	Lindsay Thomson	
LAST REVIEWED	12-May-2025	NEXT REVIEW DUE	15-Nov-2025	

LATEST NOTE	No change to risk score.	LATEST RISK NOTE DATE	12-May-2025
INTERNAL CONTROL CODE	INTERNAL CONTROL TITLE	EFFECTIVENESS OF INTERNAL CONTROL IN RELATION TO THIS RISK	
LD012	COSLA Membership and participation	Fully Effective	
LD013	Horizon Scanning	Fully Effective	
LD014	Committee Report Governance	Fully Effective	
LD015	Continuing Professional Development	Fully Effective	
LD016	Knowledge Management	Partially Effective	
LD037	In-house legal team	Fully Effective	
LD038	Contract for the provision of external legal advice	Fully Effective	
LD039	Consultation Process - New Legislation	Partially Effective	

Internal Control Code Prefix and Corresponding Organisation / Directorate / Service					
API	Assessors	EBS	Environment and Building Services	HSCIJB	H&SCP - Integrated Joint Board
ARM	Audit and Risk Management	FM	Facilities Management	LD	Legal and Democratic Services
BV	Bereavement Services	FC	Fife Council	PL	Planning Service
BE	Business and Employability	PEN	Fife Council Local Government Pension Fund	PS	Property Services
BTS	Business Technology Solutions	FS	Finance Service	PR	Protective Services
CFJ	Children, Families & Justice	HSC	Health and Social Care	RC	Revenue and Commercial Services
CN	Communities and Neighbourhood	HS	Housing Services	RT	Roads and Transportation
COS	Customer and Online Services	HR	Human Resources		
ES	Education Services	HSCICJ	H&SCP - Improving the Cancer Journey		

RISK MANAGEMENT IMPROVEMENT PLAN

SECTION A – OUTSTANDING / ONGOING ACTIONS

ACTION		PRIORITY	RESPONSIBLE GROUP / TEAM(S) / OFFICER(S)	TARGET IMPLEMENTATION DATE	STATUS UPDATE / NOTES (AS AT 24 TH JUNE 2025)
2(e).	Keep formal Risk Management Strategy Group (RMSG) remit under review to ensure ongoing relevance. The third annual review is scheduled end Oct 24.	Medium	RMSG	31 Oct 2024 Annual review - 31 Oct 2025	<u>Not Implemented</u> - Future date, third annual review scheduled in Service Mgr. - A&RMS calendar. Reviewed 28/11/2024 – no amendments required.
12.	<p>Develop and implement risk management procedures to support delivery of the revised Risk Management Policy & Strategy. The following to be considered as part of this exercise:</p> <ul style="list-style-type: none"> • Risk Management Manual/Procedures • Risk Management Maturity Model • Ideagen procedures • Escalation procedures • How the Maturity Model can be used by Services to facilitate their RM improvement journeys. 	Medium	Risk Mgt Team	<p>Original - 31 Dec 2022</p> <p>Revised - 30 Jun 2023</p> <p>Revised - 31 Aug 2023</p> <p>Revised - 30 Sept 2023</p> <p>Revised - 31 Dec 2023</p> <p>Revised - 30 Jun 2024</p> <p>Revised - 31 Mar 2025</p> <p>Revised - 30 Jun 2025</p>	<p><u>Partially Implemented</u> - Comprehensive procedures covering risk management in general and how to use Ideagen, including how to record and update risks within the system, have been finalised. The new procedures replace the Risk Management Manual and have been uploaded to the Risk Management pages on the Council's intranet. The procedures are also now attached, for ease of access, against each risk in Ideagen. Steps will now be taken to review the Risk Management Maturity Model.</p> <p>A proposed CET escalation process for existing strategic risk, utilising already established governance groups, has also been drafted. Once agreed, it will be included in the roles and responsibilities section of the RM policy and Strategy document as well as the new risk management procedures.</p> <p>Risk Maturity Model is currently being looked at by SLACIAG Risk sub-group, who are</p>

				Revised - 30 Sep 2025	<p>working to agree a standard model for all authorities to adopt.</p> <p>The CIPFA maturity model has been agreed as a starting point for all Scottish local authorities and will be tailored during 2025/26 for utilisation in Fife Council.</p>
13(a).	Consider options and decide on a new standard approach re communicating potential risks to CET, DLTs and Elected Members in reports where decisions are required. E.g., incorporate into an Integrated Impact Assessment process utilising the PESTELO model.	Medium	Head of Legal & Democratic Services Service Mgr - A&RMS	<p>Original - 31 Oct 2022</p> <p>Revised - 31 Dec 2023</p> <p>Revised - 30 Jun 2024</p> <p>Revised - 31 Dec 2024</p> <p>Revised - 30 Jun 2025</p> <p>Revised - 30 Sep 2025</p>	<p><u>Not Implemented</u> - Initial discussions have commenced between senior officers surrounding the possibility of a working group being established to look at Integrated Impact Assessments. A meeting, which was originally planned to take place at the end of June 2024, is due to be rescheduled to progress this work.</p> <p>Meeting held 18 November, to which the Head of Legal & Democratic Services and Service Manager – A&RMS were invited and attended. The current EqIA form is to be developed to demonstrate compliance with relevant legislation through an Integrated Impact Assessment approach.</p> <p>A further meeting was held with the Service Manager – A&RMS on 29 November to discuss how risk could be factored into the IIA process and initial proposals were then shared for comment. Plans are in place to discuss further with a view to agreeing draft for consideration and approval.</p> <p>Thereafter, further enhancements will follow with a view to establishing an online IIA tool, which will ensure overt risk consideration as part of the decision-making process.</p> <p>A corporate working group lead by Communities is developing an Integrated</p>

					Impact Assessment process, which will be used to inform strategic-level decision making. The Risk Management Team is represented on the group and strategic risk is being incorporated into the process.
13(b).	Take steps to ensure that the process agreed at 13(a) is implemented and consistently applied. Guidance should be developed to assist with this.	Medium	Head of Legal & Democratic Services	Original - 31 Mar 2023 Revised - 31 Dec 2023 Revised - 30 Jun 2024 Revised – 31 Dec 2024 Revised - June 2025 Revised - 30 Sep 2025	<u>Not Implemented</u> - See above.
14(d).	Develop, in conjunction with key stakeholders, the format of reports to be used when extracting data from Ideagen and presenting to different audiences, including committee. How best to report risks alongside performance should be considered as part of this action.	Low	Risk Mgt Team P&IT	Original - 31 Mar 2023 Revised - 31 Oct 2024 Revised - 31 Dec 2024 Revised - 30 Jun 2025 Revised - 31 Dec 2025	<u>Partially Implemented</u> - See above. This action has been added to the agenda for the working group meeting between Performance & Improvement and Risk Management. Meeting scheduled for 12th December will consider possible approach to joint risk/performance reporting. RMT looking at changes to the Pensions Committee reporting has identified that there is limited reporting functionality within Ideagen to meet proposed amendments to committee reporting. More work needs to be undertaken to link risks and performance indicators in Ideagen.

					Discussions with the P&I Team identified that up-to-date PIs need to be identified before linking to risks.
15(a).	<p>Develop a comprehensive and targeted training and awareness programme for Council officers and, as appropriate, Elected Members to include:</p> <ul style="list-style-type: none"> • Training on the use of Ideagen (Risk module) should be provided to officers throughout the Council. • Staff induction process. • An e-learning module on risk management. • Refresher training. • Intranet pages / newsletters / videos. • Existing Gallagher Bassett course. 	Low	<p>Risk Mgt Team</p> <p>P&IT</p> <p>Head of HR</p>	<p>Original - 31 Mar 2023</p> <p>Revised - 31 Dec 2023</p> <p>Revised - 31 Dec 2024</p> <p>Revised - 31 Mar 2025</p> <p>Revised - 31 Jul 2025</p>	<p>Partially Implemented- Some training has now been delivered. Future training will continue to be delivered as part of the rollout programme and the Risk Mgt Team is working with the Digital Skills and Learning Team to develop e-learning.</p> <p>Online group training sessions for Ideagen have been scheduled for various dates during 2024/25 and invites have been issued.</p> <p>A further 4 sessions have been scheduled between January and March 2025.</p> <p>The Gallagher Bassett 2-day training course for officers was run during August and September 2023. The need to run this again during 2024 is being considered.</p> <p>Gallagher Bassett are delivering another course on the 11th and 12th December and this is now full.</p> <p>The Risk Management pages have been developed on the Council's intranet, with links to the Policy & Strategy document, procedures and relevant templates.</p> <p>The policy and strategy v4 has now been uploaded to the intranet page and also to each risk in Ideagen.</p> <p>The Risk Mgt Team presented at a Council-wide CPD event on 29 May on the topic of Fife Council's RM Arrangements and risk identification, assessment, and monitoring.</p> <p>The Risk Mgt Team organised and attended the first Scottish Local Authorities Chief Internal Auditors Group (SLACIAG) Risk</p>

					<p>Sub-group meeting on 26 June that Scottish Borders, East Ayrshire and West Lothian councils also attended as a forum to:</p> <ul style="list-style-type: none"> • identify, share and promote good practice in risk management; • identify RM related learning and development needs; • assist with horizon scanning / the identification of key risks; and • benchmark strategic risk registers to assist with audit planning and peer review of our respective RM arrangements. <p>Further training sessions to be organised April to June 2025. Process maps have been developed to assist risk updaters; these will be added to the documents section of Ideagen and the RM intranet page.</p> <p>Training sessions continue to be undertaken, and further session will be scheduled to support the rollout plan. Process maps detailing how to review risks have been developed and are available in the documents section on Ideagen.</p>
15(b).	Consider whether any risk management training should be mandatory for all staff / certain groups of staff and how to monitor completion rates e.g., via Oracle.	Low	RMSG	<p>Original - 31 Mar 2023</p> <p>Revised - 30 Jun 2023</p> <p>Revised - 30 Nov 2023</p>	<p><u>Partially Implemented</u> - Consideration at RMSG then recommendations to CET for final decision.</p> <p>The Service Manager - HR Workforce Strategy & Organisational Development is to include an update in her annual training report to CET, to advise that the next report is likely to include a proposal for an optional RM awareness eLearning module for all staff and</p>

				Revised - 31 Dec 2023 Revised - 30 Apr 2024 Revised - 31 Mar 2025 Revised - 31 Aug 2025	<p>a mandatory module for any staff whose role includes risk management or whose manager identifies that they require risk management training.</p> <p>E-learning has now been added to the workstream for the Workforce Development Team to convert our PowerPoint version into an e-learning module. Initial meeting with Workforce Development Team took place on 28th November where a brief run through of how the e-learning module can be formed outwith the PowerPoint version was provided. Workforce Development Team does not envisage there being an issue meeting the 31st March deadline. We will meet again in January.</p> <p>Changes passed to Workforce Development Team on content and layout, anticipate that further changes will be required before eLearning can be agreed and approved.</p> <p>eLearning module is currently being reviewed and will be launched during 2025/26.</p>
16.	To complement existing project management processes and procedures, develop and approve a project management tool to help ensure consistency of approach regarding the requirement to develop and utilise risk registers for projects.	Low	RMSG Risk Mgt Team	Original - 31 Mar 2023 Revised - 31 Dec 2024 Revised – 31 Dec 2025	<p><u>Not Implemented</u> - future date.</p> <p>Project risks unlikely to be considered until rollout plan completed.</p>
18.	Work alongside directorates / services, supporting them to develop and embed	Medium	Risk Mgt Team	Original - 31 Mar 2023	<p><u>Partially Implemented</u> - future date. Being addressed as part of the Roll Out Plan, that is</p>

	<p>effective risk management arrangements locally.</p> <p>This will involve facilitating the development and continuous monitoring and maintenance of directorate / service-level risk registers, which will ultimately inform the Council's risk universe.</p> <p>Pilot approach within a couple of services initially, linking in with training and awareness programme at 15(a) when appropriate.</p>			<p>Revised - 31 Oct 2024</p> <p>Revised - 31 Dec 2024</p> <p>Revised - 31 Mar 2025</p> <p>Revised - 30 Jun 2025</p> <p>Revised - 31 Jul 2025</p>	currently planned to be completed by end of 2024/25.
19.	Develop Assurance Mapping arrangements and link to risk universe to formally articulate levels of assurance obtained for each risk.	Low	Risk Mgt Team	<p>Original - 30 Jun 2023</p> <p>Revised - 31 Dec 2023</p> <p>Revised - 31 Dec 2024</p> <p>Revised - 30 Jun 2025</p> <p>Revised - 31 Dec 2025</p>	<p><u>Not Implemented</u> - This process will help identify where there are assurance gaps and where there is too much assurance for a risk / group of risks (in which case, it may be possible to re-direct resource to help bridge the gaps).</p> <p>Assurance Mapping exercise to be undertaken on strategic risk register.</p>
20.	Monitor implementation of this Improvement Plan, providing regular updates to RMSG and when / where appropriate, to CET and Standards, Audit and Risk Committee.	High	RMSG Risk Mgt Team	Ongoing. Progress is overseen by and reported to RMSG at scheduled quarterly meetings.	
21.	Develop Financial Risk Register to ensure it is aligned with Strategic Risk Register.	Low	Risk Mgt Team	<p>Original - 31 Dec 2024</p> <p>Revised - 31 Dec 2025</p>	<u>Not Implemented</u> - New action added.
23.	Develop Risk Management KPIs	Medium	Risk Mgt Team	31 Dec 2025	<u>Not Implemented</u> - New action added July 2025

Section B – Fully Implemented Actions

ACTION		PRIORITY	RESPONSIBLE GROUP / TEAM(S) / OFFICER(S)	TARGET IMPLEMENTATION DATE	STATUS UPDATE / NOTES (AS AT 24 TH JUNE 2025)
1.	Establish Senior Responsible Officer (SRO) for Risk Management within the Council.	High	CET	31 Mar 2021	<u>Fully Implemented</u> - SRO, Executive Director of Finance and Corporate Services.
2(a).	Re-establish Risk Management Strategy Group (RMSG).	High	SRO	30 Sept 2021	<u>Fully Implemented</u> - inaugural meeting of the new RMSG took place on 13 Sept 2021.
2(b).	Refresh RMSG membership, identifying senior Council officers from the Council Leadership Team who will be required to attend RMSG meetings to represent their directorate / services.	High	SRO	30 Jun 2021	<u>Fully Implemented</u> - senior Council officers from the Council Leadership Team identified July 2021.
2(c).	Agree minimum RMSG meeting frequency and arrange for meetings to be scheduled in advance.	High	SRO	31 Mar 2022	<u>Fully Implemented</u> - RMSG to meet on a quarterly basis, as detailed in the Risk Management Policy & Strategy document.
2(d).	Compile formal remit for the RMSG.	High	Service Mgr - A&RMS	31 Mar 2022	<u>Fully Implemented</u> - Service Manager (A&RMS) / Risk Management Team Leader compiled formal remit for RMSG consideration and agreement. Agreed remit included in Policy & Strategy document.
2(e).	Keep formal RMSG remit under review to ensure ongoing relevance. First review scheduled end Oct 22, second review scheduled end Oct 23.	Medium	RMSG	31 Oct 2022	<u>Fully Implemented</u> - RMSG remit reviewed and updated to include responsibilities for mandatory learning.
3.	Formally articulate principal roles and responsibilities for risk management - Elected Members and Council officers.	High	Service Mgr - A&RMS	31 Mar 2022	<u>Fully Implemented</u> - Service Manager (A&RMS) / Risk Management Team Leader compiled roles and responsibilities for RMSG consideration and agreement. Once agreed, these were included in Policy & Strategy document.
4(a).	Review and revise Risk Management Policy & Strategy.	High	Service Mgr - A&RMS	28 Feb 2022	<u>Fully Implemented</u> - Service Manager (A&RMS) / Risk Management Team Leader

					revised the Policy & Strategy on 25 March 22, which was then circulated for comment to SRO / Head of Finance / CET & RMSG. CET approved the revised Policy & Strategy on 8 April 2022.
4(b).	Ensure revised Risk Management Policy & Strategy is approved by a relevant Council committee.	High	SRO	31 Mar 2022	<u>Fully Implemented</u> - SRO submitted revised Risk Management Policy & Strategy to the Council's Standards and Audit Committee on 19 April 2022 for approval. Approval given.
4(c).	Detail formal review programme for the Risk Management Policy & Strategy document.	High	Service Mgr - A&RMS	31 Mar 2022	<u>Fully Implemented</u> - formal review programme set out in the Risk Management Policy & Strategy document. At least one comprehensive formal review during each administrative term, at intervals not exceeding five years.
5(a).	Carry out a comprehensive review of the Council's Strategic Risk Register.	High	CET	31 Mar 2022	<u>Fully Implemented</u> - following an initial survey facilitated by Zurich on strategic risks across all directorates and a virtual workshop with the Council Leadership Team to agree, score and prioritise strategic risks and confirm 'risk owners', a revised Strategic Risk Register was created.
5(b).	Ensure the Council's revised Strategic Risk Register is approved by a relevant Council committee.	High	SRO	30 Apr 2022	<u>Fully Implemented</u> - SRO submitted revised Risk Management Policy & Strategy to the Council's Standards and Audit Committee on 19 April 2022 for approval. Approval given.
6.	Ensure continuous monitoring of the Council's Strategic Risk Register - utilise trigger functionality within Ideagen (formerly Pentana), including tailored email narrative, to assist with this.	High	RMSG Risk Mgt Team Perf & Imp Team	Original - 31 Aug 2022 Revised - 30 Jun 2023 Revised - 31 Dec 2023	<u>Fully Implemented</u> - Strategic Risk Register (SRR) is continually monitored. Trigger functionality within Ideagen is being used to assist with this. Email narrative has been added, however procedures still to be attached once finalised. The Strategic Risk Review commenced with a MS Forms survey during August 2023. Survey results were presented to RMSG at a SRR Workshop on 4 September with a view to agree risks for including in the SRR. A Draft Outline

					Strategic Risk Register was presented to RMSG at the 25 September meeting so that work to amend existing and develop new risks could commence thereafter. Working Groups were created for each risk, bringing together key officers to meet, discuss and agree risk descriptions, controls, and actions. The working group meetings commenced on 29 September and continued to 27 October 2023. The new Strategic Risk Register was developed in Ideagen and issued to RMSG for comment on 18 November 2023. It was then approved at CET 6 December and Standards, Audit and Risk Committee on 18 January 2024.
7.	Define the Council's Risk Appetite (RA) and incorporate into the Council's revised Risk Management Policy & Strategy document.	High	RMSG	30 Sep 2022	<u>Fully Implemented</u> - Risk Appetite (RA) survey issued and workshop to discuss results held with the RMSG on 26 Sept 22 to define Council's risk appetite. RMSG agreed risk management output on 5 Oct 22. Considered and agreed at CET on 2 Nov 22 and then approved by Standards, Audit & Risk Committee on 28 Nov 22. This has now been incorporated into Policy & Strategy document. Risk Appetite (RA) field has been added to Ideagen.
8.	Following Scottish local elections in May 22, provide training to Elected Members on Risk Management.	High	Service Mgr - A&RMS	Original - 31 Aug 2022 Revised - 30 Jun 2023 Revised - 30 Jun 2024	<u>Fully Implemented</u> - presentations on Risk Management were delivered to Elected Members on 13 June and 30 August 2022. Slide deck is available to Elected Members via the Councillor Information Hub on the Intranet. Elected Member training will be developed further under 15(a).
9.	Relevant committee Terms of Reference to be considered from a risk management perspective.	High	Head of Legal & Democratic Services Head of Finance	30 Jun 2022	<u>Fully Implemented</u> - Terms of Reference for the new Standards, Audit and Risk Committee compiled and presented to full Council on 9 June 2022.

10(a).	Obtain approval to create a new Risk Management officer position within the Audit & Risk Management Services establishment.	High	SRO Head of Finance	31 May 2021	<u>Fully Implemented</u> - new Risk Management Co-ordinator post established.
10(b).	Following approval being obtained, compile and arrange evaluation of the new job role.	High	Service Mgr - A&RMS Risk Mgt Team Leader	31 Dec 2021	<u>Fully Implemented</u> - new job role compiled and evaluated. Signed off 16 May 2022 at Grade 8. Change of Establishment subsequently processed.
10(c).	Recruit full time Risk Management Co-ordinator.	High	Service Mgr - A&RMS Risk Mgt Team Leader	31 Jul 2022	<u>Fully Implemented</u> - New Risk Management Co-ordinator in post 5 September 2022.
10(d).	Decide how best to manage key person dependency risk (Risk Management Co-ordinator post). E.g., train other members of the team and / or potentially a modern apprentice opportunity.	High	Service Mgr - A&RMS Risk Mgt Team Leader	Original - 31 Mar 2023 Revised - 30 Jun 2023	<u>Fully Implemented</u> - 24 July 2023. The additional resource referred to at action 11 is now in place. A new Risk & Insurance Trainee position has been established and is currently advertised.
11.	Map existing risk management tasks to corresponding officers for consideration and, if appropriate, update roles and responsibilities within the revised Policy & Strategy document.	Medium	Risk Mgt Team	Original - 30 Sep 2022 Revised - 31 Aug 2023 Revised - 31 Dec 2023 Revised - 30 Jun 2024	<u>Fully Implemented</u> - The roles and responsibilities of both teams (Risk Management Team & Performance & Improvement Team) have been updated in the Risk Management Policy & Strategy document version 4 to reflect the resource transfer (action10d). Discussions between Risk Management and Performance & Improvement Teams regarding how Ideagen can be utilised by both teams are continuing. The Service Manager – A&RMS met with management within Communities on 18 December 2023 to discuss how both teams can work together using the same system.

					<p>A working group has since been established where both teams meet quarterly to discuss Ideagen issues.</p> <p>A joint Governance Agreement for Ideagen has also been drafted, which will help clarify roles and responsibilities. This has been shared with relevant managers for consideration / agreement.</p> <p>The shared agreement has now been signed off and quarterly working group meetings between RM and P&I teams have been scheduled</p>
14(a).	Establish system functionality capabilities within Ideagen with regards to risk registers as well as displaying and extracting risk information for presenting / reporting purposes. E.g., risk trees, dashboards, report layouts.	Medium	Risk Mgt Team P&IT	31 Dec 2022	<p><u>Fully Implemented</u> - risk register folders have been created in Ideagen risk module, which improve the visibility and accessibility of risk registers for all users. Some work will be required to tidy up a few remaining risks which do not fit into registers. The standard risk report layout has been amended to include the inherent risk score, and risk matrices have been input to replace risk icons. This corrects an error caused by the risk icons. It also ensures the report is consistently aligned with guidance in the Strategy and Policy.</p>
14(b).	Check to ensure integrity of system parameters and data within Ideagen. E.g., scoring matrices.	Medium	Risk Mgt Team P&IT	<p>Original - 31 Dec 2022</p> <p>Revised - 30 Apr 2023</p> <p>Revised - 30 Sept 2023</p> <p>Revised - 31 Dec 2023</p> <p>Revised - 30 Jun 2024</p>	<p><u>Fully Implemented</u> - some changes have been made to provide additional permissions to users in relation to internal control access. This should help facilitate risk updates. Guidance on scoring will be implemented following RMSG agreement of revised PESTELO Matrix at 16 May RMSG.</p> <p>Guidance to be agreed and circulated. P&I Team has produced an Ideagen User Guide and Risk Procedures have been incorporated into this guide.</p>

14(c).	Develop, in conjunction with key stakeholders, directorate / service-level Portal dashboards within Ideagen.	Low	Risk Mgt Team P&IT	Original - 31 Mar 2023 Revised - 31 Oct 2024 Revised - 31 Dec 2024	Fully Implemented - Being addressed as part of the Roll Out Plan - items 15(a) and 18. Portal dashboards have been amended by the P&I Team within Communities Directorate but may be developed further. Discussions are ongoing through the Ideagen Working Group to agree portal design.
14(e).	Ensure the new Risk Management Co-ordinator becomes an expert on Ideagen.	High	Risk Mgt Team Leader	31 Dec 2022	Fully Implemented - Individual appointed to the role of Risk Management Co-ordinator has detailed knowledge of Ideagen.
17.	In line with the revised Policy & Strategy, ensure Risk Management is a regular item on directorate / service management team meetings.	Medium	RMSG Risk Mgt Team Perf & Imp Team	Original - 31 Dec 2022 Revised - 30 Jun 2023 Revised - 30 June 2024	Fully Implemented - All Directorates except Education and Children Services have confirmed that they have added Risk Management as a standing agenda item at management team meetings. Children Services will be discussed as part of Communities Management Team and Education in the interim will be incorporated to Finance & Corporate Services Management Team pending recruitment of an Education Executive Director. Once in place action to be taken to have this item added to the relevant agendas.
22.	Ensure that Strategic Change Ambitions e.g. "no wrong door" are reflected where appropriate in the Council's Strategic Risks.	Medium	RMSG	Original - 31 September 2024 Revised - 31 January 2024 Revised - 31 Mar 2025	Fully Implemented - These will be incorporated into revised risk descriptions as a part of the strategic risk review in January.

Risk Management Rollout Plan as of 14 July 2025

Title	Overall Progress on Rollout Plan
Rollout Plan - Service Risk Register Review	<div><div>88%</div></div>

Directorate	Council Service	Due Date	Review Progress	Latest Note/Update
Finance & Corporate Services	Finance	31-Mar-2024	<div><div>100%</div></div>	
Finance & Corporate Services	Audit & Risk Management	31-Mar-2024	<div><div>100%</div></div>	
Finance & Corporate Services	Pension Fund	31-Mar-2024	<div><div>100%</div></div>	
Finance & Corporate Services	Assessors	31-Mar-2024	<div><div>100%</div></div>	
Finance & Corporate Services	Revenue & Commercial Services	31-Mar-2024	<div><div>100%</div></div>	
Finance & Corporate Services	BTS	31-Mar-2024	<div><div>100%</div></div>	
Finance & Corporate Services	Human Resources	31-Mar-2024	<div><div>100%</div></div>	
Finance & Corporate Services	Legal & Democratic Services	31-Jul-2025	<div><div>50%</div></div>	Risk descriptions have been developed and are with the service for discussion at the July Leadership Team Meeting.
Communities	Community and Neighbourhoods	31-Jul-2025	<div><div>50%</div></div>	Risk descriptions have been developed, and a risk report has been circulated around the service to progress to establishing the internal control framework.
Communities	Housing Services	31-Mar-2025	<div><div>100%</div></div>	
Communities	Customer and Online Services	30-Jun-2025	<div><div>100%</div></div>	
Communities	Children and Families and Criminal Justice Services	31-Mar-2025	<div><div>100%</div></div>	
Place	Environment & Building Services	30-Sep-2024	<div><div>100%</div></div>	
Place	Roads & Transportation Services	31-Dec-2024	<div><div>100%</div></div>	
Place	Facilities Management	31-Dec-2024	<div><div>100%</div></div>	
Place	Property Services	30-Sep-2024	<div><div>100%</div></div>	
Place	Bereavement Services	30-Sep-2024	<div><div>100%</div></div>	
Place	Planning Service	30-Sep-2024	<div><div>100%</div></div>	
Place	Protective Services	30-Sep-2024	<div><div>100%</div></div>	
Place	Business & Employability	31-Mar-2025	<div><div>100%</div></div>	
Education	Education Services	30-Jun-2025	<div><div>50%</div></div>	Risks drafted and shared with Service for feedback. Service looking at identifying associated controls.

21 August 2025

Agenda Item No. 10

Standards, Audit and Risk Committee Workplan

Report by: Eileen Rowand, Executive Director, Finance and Corporate Services

Wards Affected: All

Purpose

This report supports the Committee's consideration of the workplan for future meetings of the Committee.

Recommendation(s)

It is recommended that the Committee review the workplan and that members come forward with suggestions for specific areas they would like to see covered in any of the reports.

Resource Implications

Committee should consider the resource implication for Council staff of any request for future reports.

Legal & Risk Implications

Committee should consider seeking inclusion of future items on the workplan by prioritising those which have the biggest impact and those which seek to deal with the highest level of risk.

Impact Assessment

None required for this paper.

Consultation

The purpose of the paper is to support the Committee's discussion and therefore no consultation is necessary.

1.0 Background

- 1.1 Each Committee operates a workplan which contains items which falls under the headings: items for decision and Scrutiny/Monitoring. These items will often lead to reactive rather than proactive scrutiny. Discussion on the workplan agenda item will afford members the opportunity to shape, as a committee, the agenda with future items of business it wishes to review in more detail.

2.0 Conclusions

- 2.1 The current workplan is included as Appendix one and should be reviewed by the committee to help inform scrutiny activity.

List of Appendices

1. Standards, Audit and Risk Committee forward work plan.

Background Papers

The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act, 1973:-

None

Report Contact

Helena Couperwhite
Committee Services Manager
Telephone: 03451 555555 Ext. No. 441096
Email- helena.couperwhite@fife.gov.uk

Standards, Audit and Risk Committee of 30 September 2025 Accounts			
Title	Service(s)	Contact(s)	Comments
Minute - 21 August 2025			
Issued Audit Reports	Finance and Corporate Services	Pamela Redpath	
Fife Council and Charitable Trusts - Annual Audit Report and Audited Accounts 2024-25	Finance and Corporate Services	Elaine Muir, Tracy Hirst	(a) Report by the Executive Director, Finance and Corporate Services(b) Fife Council and Charitable Trusts Annual Audit Report 2024-25(c) Fife Council Annual Accounts 2024-25(d) Fife Council Charitable Trusts Annual Report and Accounts 2024-25
Best Value Thematic Audit Review	Finance and Corporate Services		
Best Value Corporate Self-Assessment	Communities and Neighbourhoods Service	Coryn Carmichael	
Fife Council Local Code of Corporate Governance	Finance and Corporate Services	Lindsay Thomson	
Update on GIAS in the UK Public Sector and Audit Charter	Finance and Corporate Services	Pamela Redpath	
National Fraud Initiative (NFI) Scotland	Finance and Corporate Services	Pamela Redpath	
Standards, Audit and Risk Forward Work Programme	Finance and Corporate Services		

Standards, Audit and Risk Committee of 27 November 2025			
Title	Service(s)	Contact(s)	Comments
Minute - 30 September 2025			
Issued Audit Reports	Finance and Corporate Services	Pamela Redpath	
Corporate Fraud Team Activity and Performance, including Whistleblowing for 2024/25	Finance and Corporate Services	Pamela Redpath	
Fife Integration Joint Board Internal Audit Report	Finance and Corporate Services	Pamela Redpath	

Standards, Audit and Risk Committee of 27 November 2025			
Title	Service(s)	Contact(s)	Comments
Fife Integration Joint Board (IJB) Annual Internal Audit report	Finance and Corporate Services	Pamela Redpath	see link to minute 25.11.24 - download-document-sharepoint see also NOA
Fife Integration Joint Board 2025/26 Internal Audit Plan	Finance and Corporate Services	Pamela Redpath	
Standards, Audit and Risk Forward Work Programme	Finance and Corporate Services		

Standards, Audit and Risk Committee of 12 February 2026			
Title	Service(s)	Contact(s)	Comments
Minute - 27 November 2025			
Issued Audit Reports	Finance and Corporate Services	Pamela Redpath	
Standards Update – annual reports, hearing outcomes and consultations	Finance and Corporate Services	Lindsay Thomson	
Standards, Audit and Risk Forward Work Programme	Finance and Corporate Services		

Standards, Audit and Risk Committee of 23 April 2026			
Title	Service(s)	Contact(s)	Comments
Minute - 12 February 2026			
Issued Audit Reports	Finance and Corporate Services	Pamela Redpath	
2026/27 Internal Audit Plan	Finance and Corporate Services	Pamela Redpath	
External Audit Annual Audit Plan 2025/26	Finance and Corporate Services	Pamela Redpath	
Standards, Audit and Risk Forward Work Programme	Finance and Corporate Services		

Standards, Audit and Risk Committee of 30 June 2026 Accounts			
Title	Service(s)	Contact(s)	Comments
Minute - 23 April 2026			
Issued Audit Reports	Finance and Corporate Services	Pamela Redpath	
2025/26 Internal Audit Annual Report	Finance and Corporate Services	Pamela Redpath	
Fife Council Local Code of Corporate Governance	Finance and Corporate Services	Lindsay Thomson	
Annual Governance Statement for the year to 31 March 2026	Finance and Corporate Services	Elaine Muir, Lindsay Thomson	
Fife Council Unaudited Annual Accounts 2025-26	Finance and Corporate Services	Elaine Muir, Tracy Hirst	
Fife Council Charitable Trusts - Unaudited Annual Report and Financial Statements 2025-26	Finance and Corporate Services	Elaine Muir, Tracy Hirst	
Standards, Audit and Risk Forward Work Programme	Finance and Corporate Services		

Standards, Audit and Risk Committee of 27 August 2026			
Title	Service(s)	Contact(s)	Comments
Minute - 30 June 2026			
Complaints Update	Customer Services Improvement Service	David Thomson	
Data Protection Officer Annual Report	Finance and Corporate Services	Fiona Smyth	
Information Requests Annual Report 2025-26	Customer Services Improvement Service	Laura McDonald	
Regulation of Investigatory Powers Scotland (RIPSA) Act 2000	Finance and Corporate Services	Lindsay Thomson	
Issued Audit Reports	Finance and Corporate Services	Pamela Redpath	

Standards, Audit and Risk Committee of 27 August 2026			
Title	Service(s)	Contact(s)	Comments
National Fraud Initiative (NFI) Scotland	Finance and Corporate Services	Pamela Redpath	
Standards, Audit and Risk Forward Work Programme	Finance and Corporate Services		

Standards, Audit and Risk Committee of 30 September 2026 Accounts			
Title	Service(s)	Contact(s)	Comments
Minute - 30 June 2026			
Issued Audit Reports	Finance and Corporate Services	Pamela Redpath	
Fife Council and Charitable Trust - Annual Audit Report and Audited Accounts 2025-26	Finance and Corporate Services	Elaine Muir, Tracy Hirst	(a) Report by the Executive Director, Finance and Corporate Services(b) Fife Council and Charitable Trusts Annual Audit Report 2025-26(c) Fife Council Annual Accounts 2025-26(d) Fife Council Charitable Trusts Annual Report and Accounts 2025-26
Best Value Corporate Self-Assessment	Communities and Neighbourhoods Service	Coryn Carmichael	
Standards, Audit and Risk Forward Work Programme	Finance and Corporate Services		

Standards, Audit and Risk Committee of 19 November 2026			
Title	Service(s)	Contact(s)	Comments
Minute - 30 September 2026			
Issued Audit Reports	Finance and Corporate Services	Pamela Redpath	
Corporate Fraud Team Activity and Performance, including Whistleblowing for 2025/26	Finance and Corporate Services	Pamela Redpath	

Standards, Audit and Risk Committee of 19 November 2026			
Title	Service(s)	Contact(s)	Comments
Fife Integration Joint Board Internal Audit Report	Finance and Corporate Services	Pamela Redpath	
Fife Integration Joint Board 2025/26 Annual Internal Audit Report	Finance and Corporate Services	Pamela Redpath	
Fife Integration Joint Board 2026/27 Internal Audit Plan	Finance and Corporate Services	Pamela Redpath	
Standards, Audit and Risk Forward Work Programme	Finance and Corporate Services		

Standards, Audit and Risk Committee of 4 February 2027			
Title	Service(s)	Contact(s)	Comments
Minute - 19 November 2026			
Issued Audit Reports	Finance and Corporate Services	Pamela Redpath	
Standards Update – annual reports, hearing outcomes and consultations	Finance and Corporate Services	Lindsay Thomson	
Standards, Audit and Risk Forward Work Programme	Finance and Corporate Services		