

City Chambers
DUNDEE
DD1 3BY

14th April, 2026

Membership

Bailie Kevin Keenan
Bailie Helen Wright
Bailie Fraser Macpherson
Bailie Derek Scott
Bailie Will Dawson
Councillor Jimmy Black
Councillor Stewart Hunter
Councillor Lynne Short

Dear Colleague

You are requested to attend a MEETING of the **SCRUTINY AND AUDIT COMMITTEE** to be held remotely on Wednesday, 22nd April, 2026 at 2.00 pm. Substitute members are allowed.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at committee.services@dundeecity.gov.uk by 5.00 pm on Monday, 20th April, 2026.

Yours faithfully

GREGORY COLGAN

Chief Executive

1 DECLARATION OF INTEREST

Members are reminded that, in terms of The Councillors Code, it is their responsibility to make decisions about whether to declare an interest in any item on this agenda and whether to take part in any discussions or voting.

This will include all interests, whether or not entered on your Register of Interests, which would reasonably be regarded as so significant that they are likely to prejudice your discussion or decision-making.

(A) SCRUTINY REPORT ITEMS

2 INSPECTION OF BALLUMBIE PRIMARY SCHOOL AND EARLY YEARS CENTRE - Page 1

(Report No 104-2026 by the Executive Director of Children and Families Service, copy attached).

3 INSPECTION OF CRAIGIEBARNES PRIMARY SCHOOL AND NURSERY CLASS - Page 21

(Report No 105-2026 by the Executive Director of Children and Families Service, copy attached).

(B) AUDIT REPORT ITEMS

4 INTERNAL AUDIT REPORTS - Page 49

(Report No 92-2026 by the Chief Internal Auditor, copy attached).

5 INTERNAL AUDIT PLAN UPDATE AND PROGRESS REPORT - Page 57

(Report No 93-2026 by the Chief Internal Auditor, copy attached).

6 2026/2027 INTERNAL AUDIT PLAN - Page 83

(Report No 91-2026 by the Chief Internal Auditor, copy attached)

7 AUDIT SCOTLAND ANNUAL AUDIT PLANS 2025/2026 - Page 95

(Report No 97-2026 by the Executive Director of Corporate Services, copy attached).

**8 ARRANGEMENTS FOR THE EXTERNAL QUALITY ASSURANCE OF INTERNAL AUDIT
- Page 133**

(Report No 94-2026 by the Executive Director of Corporate Services, copy attached)

9 AUDIT SCOTLAND – BEST VALUE THEMATIC REVIEW 2025/2026 - Page 137

(Report No 107-2026 by the Chief Executive, copy attached).

ITEM No ...2.....

REPORT TO: SCRUTINY AND AUDIT COMMITTEE - 22 APRIL 2026

REPORT ON: INSPECTION OF BALLUMBIE PRIMARY SCHOOL AND EARLY YEARS CENTRE

REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE

REPORT NO: 104-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform committee on the findings of His Majesty's Inspectorate of Scotland (HMIE) inspection of Ballumbie Primary School and Early Years Centre in January 2026.

2.0 RECOMMENDATION

2.1 It is recommended that the Scrutiny and Audit Committee notes:

- a. the findings and key messages of the external inspection; and
- b. arrangements in place to monitor progress towards meeting the areas for improvement outlined in the report.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from the agreement of this report.

4.0 BACKGROUND

4.1 Schools and Early Learning and Childcare (ELC) settings are subject to external scrutiny. Secondary, Special and Primary schools with or without ELC provision are inspected by His Majesty's Inspectors of Education (HMIE). ELC provision, including those within a Primary school, are inspected either by HMIE or Care Inspectorate as single agencies, or jointly as a shared inspection model. Inspections use national frameworks and a six-point evaluation scale, with safeguarding considered in all cases. HMIE and Care Inspectorate publish reports setting out strengths, areas for improvement and capacity to improve. More detailed information about approaches to inspections in schools and ELC settings is included in Appendix 1.

4.2 Ballumbie Primary School and Early Years Centre were inspected by HMIE in January 2026. There were two separate models of inspection, a full model inspection focused on four quality indicators was undertaken with the primary school, whilst a full model of inspection focused on three quality indicators was undertaken with the early years centre. Both inspection models also had a focus upon safeguarding. HMIE published reports of both sets of findings on 17 March 2026.

Table 1 How Good is Our School (HGIOS) Quality Indicators

1.3	Leadership of change
2.3	Learning, teaching, and assessment
3.1	Ensuring wellbeing, equality & inclusion
3.2	Raising attainment and achievement

Table 2 A Quality Improvement Framework for Early Learning and Childcare Quality Indicators

Curriculum
Learning, teaching and assessment
Wellbeing, inclusion and equality

- 4.3 Ballumbie Primary School is a non-denominational school located in the City of Dundee. At the time of the inspection, 388 children were on the primary school roll across 14 classes. Ballumbie Early Years Centre provides both full year and term time early learning and childcare (ELC) provision. At the time of inspection, there was a total of 65 children aged three to those not yet attending primary school, and there were 14 children aged two years.
- 4.4 The school's current Head Teacher has been in post since May 2021. The Head Teacher is supported by an acting Depute Head Teacher and a Principal Teacher Supporting Learners.
- 4.5 Approximately 76% of children who attend the school live in Scottish Index of Multiple Deprivation (SIMD) deciles 1 and 2. At the time of inspection, the school reported that approximately 29% of children on the roll require additional support with their learning. There is approximately 28% of children in P6 and P7 registered for free school meals. The school's Pupil Equity Fund allocation is £196,000.

5.0 KEY INSPECTION FINDINGS BALLUMBIE PRIMARY SCHOOL AND BALLUMBIE EARLY YEARS CENTRE

Key Strengths for the Primary School & Early Years Centre

- 5.1 Appendix 2 provides a synopsis of the Summary of Inspection Findings for both the Primary School and the Early Years Centre. The inspection team found the following strengths:
- Children across the school and nursery are polite and eager to learn. They have a strong sense of belonging, are proud of their achievements and demonstrate the shared values.
 - Led by the effective headteacher, staff work well as a team. They are keen to develop their individual and collective skills to help improve outcomes for children.
 - The approaches staff take to supporting children's wellbeing in the school and nursery. Wellbeing is central to the work of the school. Children learn within a highly inclusive environment allowing them to 'support, succeed and shine' in line with the shared vision.
 - Staff in the nursery have developed well-considered and calming environments both indoors and outdoors. As a result, children are curious, creative and inquisitive and engage purposefully in play experiences.

Areas for Improvement for the Primary School & Early Years Centre

- 5.2 The following areas for improvement were identified:
- Senior leaders and teachers should continue to improve approaches to learning, teaching and assessment to ensure these are of a consistent high-quality across the school.
 - Staff in the school and nursery should work together to ensure children experience a broad and relevant curriculum. In doing so, they should support children to develop skills and knowledge across all areas of the curriculum.
 - All staff in the school should continue to develop approaches to involve all children in leadership and decision making. They should support children to understand how their views improve the work of the school.

6.0 INSPECTION EVALUATIONS

6.1 During inspections HM Inspectors gather evidence to enable them to evaluate the school and the nursery's work using quality indicators from How good is our school? (4th edition) and a Quality improvement framework for the early learning and childcare sectors.

6.2 HMIE uses a six-point scale for reporting performance:

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

6.3 HMIE evaluations for Ballumbie Primary School following their inspection are:

Quality Indicator	
1.3 Leadership of change	Good
2.3 Learning, teaching, and assessment	Good
3.1 Ensuring wellbeing, equality and inclusion	Very Good
3.2 Raising attainment and achievement	Good

6.4 HMIE evaluations for Ballumbie Early Years Centre following their inspection are:

Quality Indicator	
Curriculum	Good
Learning, teaching, and assessment	Very Good
Wellbeing, inclusion and equality	Very Good

6.5 HMIE wrote to parents and carers to confirm that, as a result of the inspection findings, HM Inspectors are confident that the school and early years centre have the capacity to continue to improve and so will make no more visits in connection with this inspection (see Appendix 3). Dundee City Council will inform parents and carers about the school's progress through Ballumbie Primary's annual School Improvement Report.

6.6 Ballumbie Primary School and Ballumbie Early Years Centre Improvement Plans 2026/27 and beyond, will include a focus on the identified areas for improvement. These will be regularly reviewed, monitored and evaluated in line with both the school and the local authority's quality improvement processes.

6.7 As part of the Children and Families Service School Improvement Framework, visits are made to the school and early years centre by the school's link Quality Improvement Education Officers to ensure the positive improvement journey continues and monitor progress towards the action points raised in the inspection. Furthermore, as part of the Service's 'Every Dundee Learner Matters' collaborative improvement strategy, Ballumbie Primary School's Improvement Planning Partnership will continue to support and challenge school improvement.

7.0 POLICY IMPLICATIONS

7.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

8.0 CONSULTATIONS

8.1 The Council Leadership Team have been consulted in the preparation of this report and are in agreement with its content.

9.0 BACKGROUND PAPERS

9.1 None.

Audrey May
Executive Director
Children and Families Service

Paul Fleming
Chief Education Officer
Head of Education, Learning and Inclusion
Children and Families Service

March 2026

APPENDIX 1

INSPECTIONS OF SCHOOLS AND EARLY LEARNING AND CHILDCARE (ELC) SETTINGS – FRAMEWORKS, MODELS AND OUTPUTS

PURPOSE

This appendix explains how inspections are carried out across primary and secondary schools and early learning and childcare (ELC) settings, and why inspection reports presented to Scrutiny and Audit Committee may differ in structure, content and attachments.

It is intended to support Scrutiny and Audit Committee members in interpreting inspection papers and is applicable to all future inspection reports.

Schools and Early Learning and Childcare (ELC) settings are subject to external scrutiny. Secondary, Special and Primary schools with or without ELC provision are inspected by His Majesty's Inspectors of Education (HMIE). ELC provision, including those within a Primary school, are inspected either by HMIE or Care Inspectorate as single agencies, or jointly as a shared inspection model. Inspections use national frameworks and a six-point evaluation scale, with safeguarding considered in all cases. HMIE and Care Inspectorate publish reports setting out strengths, areas for improvement and capacity to improve.

PRIMARY AND SECONDARY SCHOOL INSPECTIONS

All primary and secondary schools are inspected by His Majesty's Inspectors of Education (HMIE) using the same national inspection framework, [How Good Is Our School? \(Fourth Edition\)](#). This framework applies consistently across both sectors.

HMIE use two inspection models in schools. A short model inspection focuses on two Quality Indicators, selected from the same set used in a full inspection. A full model inspection considers four Quality Indicators (QI) These are:

- QI 1.3 Leadership of change
- QI 2.3 Learning, teaching and assessment
- QI 3.1 Ensuring wellbeing, equality and inclusion
- QI 3.2 Raising attainment and achievement

In a short model inspection focuses on Quality Indicators 2.3 and 3.2.

Safeguarding is always considered as part of the inspection process.

Regardless of whether a short or full model inspection is undertaken, the outputs are consistent.

Following inspection, HMIE publish:

- an **Inspection Report** in the form of a letter to parents. This includes:
 - key strengths
 - areas for improvement
 - the Quality Indicator evaluations using the six-point scale, and
 - the overall inspection outcome.
- **Summarised Inspection Findings (SIF)**, which provide more detailed narrative evidence against the Quality Indicators evaluated.

EARLY LEARNING AND CHILDCARE INSPECTIONS

Early learning and childcare settings are inspected using a different national framework, [A Quality Improvement Framework for Early Learning and Childcare sectors](#). This was initially launched in draft form in January 2025 but only used in inspections from September 2025 onwards.

This framework includes eleven Quality Indicators aligned to the following four themes:

- Leadership
- Children thrive and develop in quality spaces
- Children play and learn
- Children are supported to achieve

Safeguarding and child protection is considered as part of all inspections, irrespective of the model.

As ELC inspections now operate under a shared inspection framework, this means that inspections may be carried out by HMIE alone, Care Inspectorate alone, or HMIE and Care Inspectorate jointly. This approach began from September 2025 onwards.

This affects both the Quality Indicators (QI) evaluated and the format of inspection reports and letters. This means that inspection Scrutiny and Audit Committee papers for related ELC provisions, including where the ELC provision is part of a primary school, can look different from school inspection papers and from each other.

The Quality Indicators inspected during each model of inspection are listed in Table 1.

Table 1 Quality Indicators associated with each inspection model, listed under each Theme

Shared Inspection: Care Inspectorate and HMIE Quality Indicators (4)	Single Inspection: HMIE Quality Indicators (3)	Single Inspection: Care Inspectorate Quality Indicators (3)
Leadership <ul style="list-style-type: none"> Staff skills, knowledge, values and deployment Children play and learn <ul style="list-style-type: none"> Learning, teaching and assessment Children are supported to achieve <ul style="list-style-type: none"> Nurturing care and support Children's progress 	Children play and learn <ul style="list-style-type: none"> Curriculum Learning, teaching and assessment Children are supported to achieve <ul style="list-style-type: none"> Wellbeing, inclusion and equality 	Leadership <ul style="list-style-type: none"> Leadership, management of staff and resources Children play and learn <ul style="list-style-type: none"> Playing, learning and developing Children are supported to achieve <ul style="list-style-type: none"> Nurturing care and support
Safeguarding and child protection		

WHY COMMITTEE REPORTS DIFFER

Differences in Scrutiny and Audit Committee inspection papers reflect the inspection framework used, the inspection model applied, and whether one or more inspection agencies were involved. They do not reflect differences in the level of scrutiny or assurance.

In summary:

- inspection reports for primary schools without ELC provision and secondary schools are consistent because the framework, models and outputs are the same; and
- inspection reports for ELC provisions, including where the ELC provision is part of a primary school, may vary because inspections can be single HMIE inspections or shared HMIE and the Care Inspectorate inspections, because different Quality Indicators are evaluated, and because agencies publish their findings in different ways.

For transparency and accuracy, inspection findings are reported to Scrutiny and Audit Committee as published, without re-scoring or aligning Quality Indicators across different frameworks.

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APPENDIX 2

Dundee City Council
Children and Families Service
Scrutiny and Audit Committee Report Summary Notes
Inspection and Reporting

Inspection Agency	HMIE
Report Publication Date	17 March 2026
Name of Establishment	Ballumbie Primary School and Ballumbie Early Years Centre
Sector	Primary and Early Years
Name of Head Teacher	Mrs Paula Cheghall
Roll	388 primary children and 79 early years children

Inspection Outcomes 2026

Quality Indicator	Ballumbie Primary School
1.3 Leadership of change	Good
2.3 Learning, teaching, and assessment	Good
3.1 Ensuring wellbeing, equality and inclusion	Very Good
3.2 Raising attainment and achievement	Good

Quality Indicator	Ballumbie Early Years Centre
Curriculum	Good
Learning, teaching, and assessment	Very Good
Wellbeing, inclusion and equality	Very Good

The reports use the following word scale:

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

Inspection Outcomes January 2026

Key Strengths

- Children across the school and nursery are polite and eager to learn. They have a strong sense of belonging, are proud of their achievements and demonstrate the shared values.
- Led by the effective headteacher, staff work well as a team. They are keen to develop their individual and collective skills to help improve outcomes for children.
- The approaches staff take to supporting children's wellbeing in the school and nursery. Wellbeing is central to the work of the school. Children learn within a highly inclusive environment allowing them to 'support, succeed and shine' in line with the shared vision.
- Staff in the nursery have developed well-considered and calming environments both indoors and outdoors. As a result, children are curious, creative and inquisitive and engage purposefully in play experiences.

Areas for Improvement

- Senior leaders and teachers should continue to improve approaches to learning, teaching and assessment to ensure these are of a consistent high-quality across the school.
- Staff in the school and nursery should work together to ensure children experience a broad and relevant curriculum. In doing so, they should support children to develop skills and knowledge across all areas of the curriculum.
- All staff in the school should continue to develop approaches to involve all children in leadership and decision making. They should support children to understand how their views improve the work of the school.

Synopsis – Summary of Inspection Findings

Following publication of the inspection report (see Appendix 3) and both sets of Summarised Inspection Findings; the School and Early Years Centre's next Improvement Plan 2026/27 will reflect the areas for improvement identified by HMIE and provide a clear strategic focus for related school improvement.

The Summarised Inspection Findings highlighted the following strengths and areas for improvement within each of the quality indicators.

Ballumbie Primary School

QI 1.3 - Leadership of change

- The school's shared vision and values of 'support all, succeed together and shine bright' underpins the work of the school. These are well embedded across the community, with creativity, ambition, respect and equality (CARE) values visible and increasingly referenced by children when discussing behaviour, learning and relationships.
- Children, parents and staff collaborated to refresh the vision, ensuring strong shared ownership and alignment between expectations and daily practices.
- The Head Teacher demonstrates strong insight into school strengths and areas requiring improvement, setting aspirational but achievable expectations for all children and is effectively developing a whole school collaborative approach to leadership at all levels and managing change effectively.
- A well-considered quality assurance calendar is implemented effectively with a clear focus on improving outcomes for all children. This ensures regular learning observations, jotter monitoring and learner conversations, leading to effective quality assurance procedures, consistency in teaching and increased attainment.

- Staff are encouraged and empowered to embrace leadership roles in the school and engage actively in professional learning, including recent training focused on improving writing pedagogy.
- Staff have led developments in anti-bullying, assessment and moderation, meta-skills and coaching, they share their learning and support colleagues to implement change and improvements. The headteacher should continue to develop the capacity of the whole staff team to lead aspects of school improvements.
- Leadership roles are shared across staff teams, with teachers leading improvement groups and children taking roles such as house captains, digital leaders and ambassadors leading to improved confidence and pupil engagement.
- Pupil Equity Funding is used carefully to support targeted groups, informed by a strong understanding of the school's social and economic context. Senior leaders should continue to involve parents and children more fully in determining the focus of PEF to address any poverty-related attainment gaps.

QI 2.3 - Learning, teaching and assessment

- Nurturing, supportive relationships underpin the school's learning culture, supported by the 'Ballumbie Consistencies and Relationships Policy' resulting in a reduced number of disruptive incidents. Overall, behaviour across the school is of a high standard. When necessary, staff support children sensitively to regulate their emotions and reengage with learning quickly.
- Children learn in classrooms that are calm, well organised and purposefully designed, with displays that support independent learning and consistent expectations across the school.
- Children are motivated and engaged in learning, working well independently and collaboratively, though a few disengage when lessons are overly teacher-led or lengthy.
- Teachers provide clear explanations and increasingly use open-ended questions, though continued development is needed to deepen pupil thinking consistently. This practice should now be shared more widely. Staff use praise well to encourage children and celebrate their strengths. Most teachers provide helpful feedback for children in a range of ways, including verbal and written comments in jotters.
- Digital technology is used effectively to support children's learning, with weekly digital skills lessons; Teachers should now ensure that children develop their digital skills more progressively as they move through the school.
- Assessment is well structured through a school-wide calendar, with a range of formative, summative and diagnostic assessments used to identify gaps and inform interventions. In all classes, teachers use a variety of appropriate assessment methods, including formative and summative, in literacy and numeracy. As planned, the headteacher should continue to provide opportunities for staff to engage in moderation activities with external learning communities. This should help further strengthen staff confidence.
- Children have a voice in planning aspects of learning contexts. They share with teachers what they already know and what they want to know more about at the start of each topic. All staff know their children as individuals and are aware of any barriers to learning.
- Senior leaders have implemented an effective whole school tracking system. This allows staff to monitor children's progress and attainment termly in literacy and numeracy, supporting timely adjustments to interventions and plan next steps in learning for all children using informed evidence.

QI 3.1 - Ensuring wellbeing, equality and inclusion

- Children's wellbeing is central to the work and life of the school, The whole staff team has worked very well together to improve wellbeing, equality and inclusion. All staff know the children and their families very well. Staff understand family circumstances and local challenges well.
- The staff team has high expectations for children's behaviour in school. Across the school, children are polite and respectful to staff, each other and visitors. Most children play well together in the playground where they enjoy activities with their peers.
- Behaviour is positive and respectful, supported by restorative approaches and clear expectations.
- Almost all children thrive in a high-quality environment. The school building is used very well to promote learning and support wellbeing. Children benefit from carefully considered use of each

space and room. Flexible learning spaces support children who require small-group or individual settings, helping them regulate and re-engage.

- Children confidently use wellbeing language and understand what they need to feel safe and healthy. Staff use a range of wellbeing assessment tools very well to identify any concerns or wellbeing needs. Children know they can speak to a chosen adult should they have concerns or issues which helps them to feel safe. They feel listened to and are confident they and their families will be offered support if required.
- Physical activity and health learning are strengths, with children participating in varied sports and understanding healthy lifestyle choices. Children have enjoyed success in a range of local sporting festivals and competitions. Children are proud to talk of their achievements and can describe confidently the positive impact of being active on their bodies and minds.
- Children develop responsibility and citizenship through school leadership roles and contributions to the wider community.
- Targeted interventions and strong multi-agency partnerships meet the needs of vulnerable learners effectively. A range of partners support children who need extra help. Children and their families are involved in decision making that affects their life at school.
- Barriers to participation, including financial pressures and attendance challenges, are actively addressed through the school and family support worker and community links.
- Children arrive at school with varied backgrounds and challenges, and the school supports them in understanding the diversity of their local community and Scotland through activities like assemblies and anti-racism campaigns. Staff should continue developing the curriculum to help children appreciate diversity and challenge discrimination.

QI 3.2 - Raising attainment and achievement

Attainment in Literacy and Numeracy

- Most children achieved expected national levels in listening & talking, reading and numeracy, with positive overall progress.
- Writing attainment is improving, with most children at early and first levels meeting expectations and a majority meeting expectations at second level. A few children are exceeding national expectations across literacy and numeracy.
- Most children requiring additional support are making good progress towards their individual targets.

Attainment in Literacy and English

- Overall, most children are making good progress from prior levels of attainment in literacy and English.

Attainment in Numeracy and Mathematics

- Overall, most children are making good progress from prior levels of attainment in literacy and English.

Attainment Over Time

- Attendance sits at 92.16%, aligning with national figures, with improvements linked to targeted support interventions.
- Activity-based breakfast clubs have improved attendance for identified pupils.
- Attainment continues to rise due to strengthened tracking, moderation and targeted improvements such as writing initiatives.

Overall Quality of Learners' Achievements

- Achievements are celebrated through weekly assemblies, certificates and recognition of achievements from home.
- Children participate in varied sports clubs, developing resilience and teamwork. A few pupils lead lunchtime activities and have gained national accreditation.
- School plans to strengthen tracking of wider achievement participation.

Equity for All Learners

- PEF is used to target literacy, numeracy and wellbeing barriers, with evidence of narrowing attainment gaps.
- Leaders will refine measurable targets to assess intervention impact more effectively.
- Cost of the school day is minimised through financial support for trips and activities.

Key activity to date has included the following:

- The Head Teacher has led a whole staff development session to ensure full understanding of the inspection findings, including strengths and identified areas for improvement.
- The Head Teacher has engaged with families and staff in relation to PEF planning and spending in advance of next academic session.
- Initial review of outdoor learning has begun with school staff to bring consistency to approaches and experiences for all children.
- Further engagement with families to ensure more detailed input and understanding of planning to meet the needs of their child.
- All teaching staff have now undertaken CYPIC training in conjunction with the pedagogy team and a whole- school approach to writing has been developed which will be rolled out next session

Ballumbie Primary School Priorities

- Develop and embed high-quality play pedagogy across Primary 1–3 to ensure consistent, developmentally appropriate learning experiences that strengthen progress and participation.
- Review of whole-school curriculum to ensure it is broad, relevant and enables all children to build skills and knowledge consistently across all areas of learning.
- Strengthen and align leadership skills across the entire staff team to widen opportunities for distributed leadership and enhance whole-school improvement.
- Improve the quality of feedback and pace of learning across all classes to increase learner engagement, ensuring children remain present, motivated, appropriately challenged, and are active participants in their progress.
- School staff will continue with planned improvement activities for the remainder of this school session as agreed by HM Inspectors and as a result the School Improvement Plan will be adapted accordingly for session 2026/27.

Ballumbie Early Years Centre

Curriculum

- The well considered curriculum for children aged 3 and above, is firmly based in play and is underpinned by national and local authority guidance and the 'Ballumbie Building Blocks'.
- Staff use their knowledge of children's needs and interests skilfully to plan meaningful and engaging learning experiences, which support children's exploration and curiosity. Regular review of planning ensures that children receive a broad and balanced curriculum.
- Group time experiences support children to develop an understanding of their rights and the wellbeing indicators, and staff should now build on this to further develop children's understanding through regular curricular experiences.
- Effective delivery of the curriculum supports most children to progress well in their learning across all curricular areas.
- Transitions are very well planned to ensure continuity and progression in children's learning. Staff work with families to gather information about children's learning at home and use this to plan effectively for children's needs and interests.
- As part of transition arrangements, nursery and primary staff discuss a range of information, including detailed tracking information and children's learning journals, which supports P1 teachers to plan how to build effectively on children's previous learning, and support progression.

- Staff know the community well and are beginning to develop community partnerships to enhance children's learning experiences.
- Parents find the range of family learning activities across the year very useful to support their children's learning at home. Family learning opportunities have been thoughtfully developed with alternative timings, to increase parental attendance.
- Children are developing skills for life which includes opportunities to work together to grow vegetables in the garden and use these to prepare and cook for snack.

Learning, teaching and assessment

- Children aged two years are supported by staff who are attuned to children's individual needs, interests and motivations, and as a result, all children feel valued, loved and secure.
- Staff regularly use national research and local authority guidance to reflect, plan and evaluate spaces, experiences and interactions for children aged two years. Well-designed outdoor and indoor spaces support children to follow their own curiosity.
- Positive relationships are a key strength between all staff, children and families as they work together to 'support, succeed and shine'.
- All children are comfortable approaching staff due to the nurturing and reciprocal relationships which exist, and staff foster a calm, purposeful environment through sensitive and respectful interactions with children and each other.
- Most staff use a range of strategies very well to support children's early language and communication development.
- Almost all children are curious and inquisitive, demonstrating high levels of engagement in their play.
- Staff plan a suitable balance of child-initiated, adult initiated and adult-directed experiences which are relevant and engaging and take account of and extend children's interests well.
- Children are learning and talking about their rights through planned group times and at nursery with their key worker.
- Nursery staff and children demonstrate the values of Creativity, Ambition, Respect and Equality (CARE), which strongly underpin the ethos across the whole school and early years setting.
- Staff use digital technologies very well to support children's learning across the curriculum, which includes children's use of educational games or programmes on the interactive whiteboard, cameras, torches and programable toys.
- Senior staff help to ensure consistency when assessing children's progress, through shared and agreed standards about children's learning in journals.
- Parents access children's learning journals regularly and find the information very useful in helping them to understand their child's progress in learning.
- Staff use robust tracking and monitoring approaches well to identify and address potential barriers to children's learning and plan timely interventions, monitoring children's progress carefully. As a result, almost all children are making positive progress across all learning.
- Senior leaders analyse information about children's progress regularly to identify future areas of improvement across learning and teaching approaches, and act on these accordingly.

Wellbeing, inclusion and equality

- Children and their families have a very strong sense of belonging to the nursery community, which is underpinned by the very positive, respectful and trusting relationships that are central to the work of the setting.
- Children feel settled and happy by the warm and inclusive ethos of the playroom and are supported by staff who know them very well and who are attuned to their individual needs, valuing each child as an individual with their own unique personality
- Staff support children very well to recognise, name and manage their feelings, providing children with strategies they can use to manage strong emotions. As a result, children regulate their behaviour very well and there is a respectful and tolerant ethos across the setting.
- Staff ensure that the outdoor space is well used to enable children to access fresh air and develop their physical skills using large equipment and resources.
- Most children are very confident with nursery routines and are developing their independence well, as they develop self-help skills as they serve their own food and clear away their dishes.

- Staff are very aware of all children's individual needs and plan collaboratively with staff and partners to reduce potential barriers to learning and development, and support children's progress.
- Staff implement effective interventions which are influenced through the robust professional dialogue, planning, assessment, and tracking and monitoring approaches that exist. They promote inclusion throughout their daily interactions, conversations and practice.
- Senior leaders are highly skilled in supporting staff to ensure all children and families receive the right support at the right time from the right person. As a result, all children's individual needs are met consistently well.
- All children with additional support needs have their needs met very well through effective partnership working with families and multi-agency partners. Staff share approaches and strategies with families, including strategies to support children's early communication. This results in children receiving consistent care and support from all caregivers.
- Robust and relevant planning approaches ensures all children with additional support needs are making very good progress.
- Trusting relationships between families and senior leaders result in children and families benefiting from an inclusive ethos where everyone is valued.
- All staff promote the importance of children attending the setting regularly with families, implementing bespoke strategies to provide support. As a result, the overall attendance average has increased.
- Staff are very aware of the socio-economic and cultural context in which children live, and families view the nursery as a safe place where they can comfortably share concerns and seek help if they require it. Staff work together with families very well to ensure all children are included.

Key activity to date has included the following:

- The Head Teacher has led a whole staff development session to ensure full understanding of the inspection findings, including strengths and identified areas for improvement.
- A draft curriculum rationale has been developed with children and staff, and the team are currently seeking the views of families to further inform this development.
- Local community links have been established to further develop children's learning experiences, including links with local supermarkets and Dundee train station.
- The team have sought the views of families to inform and support a planned programme of Family Learning for session 2026/27

Ballumbie Early Years Centre Priorities

- In collaboration with children, families and staff, the team should now develop and create a curriculum rationale that will help to easily share the design and purpose of the curriculum.
- Staff should build on existing positive approaches to provide children with regular, meaningful opportunities within the local community.
- Staff should now provide a wider range of relevant experiences that will help develop children's skills for life and learning.
- To support inclusive practice, staff should now consider how to develop children's communication and language further through the visual environment.
- Staff should now consider capturing children's voice and next steps when planning and evaluating their play and learning.
- Staff should continue to review the resources and provocations on offer to ensure open-ended challenge is provided for all children.

Full details of the Summary of Inspection Findings are available at:

[Ballumbie Primary School summarised inspection findings, Dundee City Council 17/03/26](#)
[Ballumbie Early Years summarised inspection findings, Dundee City Council 17/03/26](#)

Explanation of terms of quantity

The following standard Education Scotland terms of quantity are used in this report:

All	100%
Almost all	91-99%
Most	75%-90%
Majority	50-74%
Minority/less than half	15%-49%
A few	less than 15%

Audrey May
Executive Director

Paul Fleming
Chief Education Officer

Signed



Audrey May, Executive Director of Children and Families Service

Paul Fleming, Head of Service (Chief Education Officer)

APPENDIX 3



17 March 2026

Dear Parent/Carer

In January 2026, a team of HM Inspectors of Education visited Ballumbie Primary School and Ballumbie Early Years Centre. During our visit, we talked to parents/carers and children and worked closely with the headteacher and staff.

The inspection team found the following strengths in the school's work.

- Children across the school and nursery are polite and eager to learn. They have a strong sense of belonging, are proud of their achievements and demonstrate the shared values.
- Lead by the effective headteacher, staff work well as a team. They are keen to develop their individual and collective skills to help improve outcomes for children.
- The approaches staff take to supporting children's wellbeing in the school and nursery. Wellbeing is central to the work of the school. Children learn within a highly inclusive environment allowing them to 'support, succeed and shine' in line with the shared vision.
- Staff in the nursery have developed well-considered and calming environments both indoors and outdoors. As a result, children are curious, creative and inquisitive and engage purposefully in play experiences.

The following areas for improvement were identified and discussed with the headteacher and a representative from Dundee City Council.

- Senior leaders and teachers should continue to improve approaches to learning, teaching and assessment to ensure these are of a consistent high-quality across the school.
- Staff in the school and nursery should work together to ensure children experience a broad and relevant curriculum. In doing so, they should support children to develop skills and knowledge across all areas of the curriculum.
- All staff in the school should continue to develop approaches to involve all children in leadership and decision making. They should support children to understand how their views improve the work of the school.

We gathered evidence to enable us to evaluate the school's work using four quality indicators from [How good is our school \(4th edition\)](#). Quality indicators help schools, local authorities and inspectors to judge what is working well and what needs to be improved. Following the inspection of each school, the Scottish Government gathers details of our evaluations to keep track of how well Scottish schools are doing.

Here are HMIE's evaluations for Ballumbie Primary School and Early Years Centre

Quality indicators	Evaluation
Leadership of change	good
Learning, teaching and assessment	good
Ensuring wellbeing, equality and inclusion	very good
Raising attainment and achievement	good
Descriptions of the evaluations are available from: How good is our school (4th edition) Appendix 3: The six-point scale	

We gathered evidence to enable us to evaluate the ELC's work using three quality indicators from the [Quality improvement framework for the early learning and childcare sectors](#).

Quality indicators for the nursery class	Evaluation
Curriculum	good
Learning, teaching and assessment	very good
Wellbeing, inclusion and equality	very good

A more detailed document called Summarised Inspection Findings (SIF) will be available on the HMIE website at:

<https://educationinspectorate.gov.scot/find-an-inspection-report/details/?id=1543>

What happens next?

We are confident that the school has the capacity to continue to improve and so we will make no more visits in connection with this inspection. Dundee City Council will inform parents/carers about the school's progress as part of its arrangements for reporting on the quality of its schools.

Simon Gallon
HM Inspector

On behalf of His Majesty's Chief Inspector of Education in Scotland

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ITEM No ...3.....

REPORT TO: SCRUTINY AND AUDIT COMMITTEE - 22 APRIL 2026

REPORT ON: INSPECTION OF CRAIGIEBARNs PRIMARY SCHOOL AND NURSERY CLASS

REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE

REPORT NO: 105-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform committee on the findings of His Majesty's Inspectorate of Scotland (HMIE) inspection of Craigiebarns Primary School, and the findings of the shared inspection by HMIE and the Care Inspectorate of Craigiebarns Nursery Class in November 2025.

2.0 RECOMMENDATION

2.1 It is recommended that the Scrutiny and Audit Committee notes:

- a) the findings and key messages of the external inspection; and
- b) arrangements in place to monitor progress towards meeting the areas for improvement outlined in the report.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from the agreement of this report.

4.0 BACKGROUND

4.1 Schools and Early Learning and Childcare (ELC) settings are subject to external scrutiny. Secondary, Special and Primary schools with or without ELC provision are inspected by His Majesty's Inspectors of Education (HMIE). ELC provision, including those within a primary school, are inspected either by HMIE or Care Inspectorate as single agencies, or jointly as a shared inspection model. Inspections use national frameworks and a six-point evaluation scale, with safeguarding considered in all cases. HMIE and Care Inspectorate publish reports setting out strengths, areas for improvement and capacity to improve. More detailed information about approaches to inspections in schools and ELC settings is included in Appendix 1.

4.2 Craigiebarns Primary School and Nursery Class were inspected by HMIE in November 2025. There were two separate models of inspection. A full model inspection, focused on the four quality indicators detailed in Table 1 was undertaken within the primary school, whilst a full model shared inspection was carried out within the nursery class by an HMIE inspector and an inspector from the Care Inspectorate. This was focused on four quality indicators, as detailed in Table 2. There was a focus on safeguarding in both the primary school and nursery class inspections. HM Inspectors of Education published reports of both sets of findings on 17 February 2026.

Table 1 How Good is Our School (HGIOS) Quality Indicators

1.3	Leadership of change
2.3	Learning, teaching, and assessment
3.1	Ensuring wellbeing, equality & inclusion
3.2	Raising attainment and achievement

Table 2 A Quality Improvement Framework for Early Learning and Childcare Quality Indicators

Staff skills, knowledge, values and deployment
Learning, teaching and assessment
Nurturing care and support
Children's progress

4.3 Craigiebarns Primary School is a non-denominational school located in the City of Dundee. At the time of inspection, the school roll was 286 children, organised across 11 mainstream classes. The nursery class provides early learning and childcare (ELC) provision for children from the age of 3 years. At the time of the inspection, there were 40 children attending term time provision, aged three to those not yet attending primary school.

4.4 The school's current Head Teacher has been in post since August 2019. The Head Teacher is supported by a Depute Head Teacher.

4.5 Approximately 35% of children who attend the school live in Scottish Index of Multiple Deprivation (SIMD) deciles 1 and 2. At the time of inspection, the school reported that approximately 28% of children on the roll require additional support with their learning. There is approximately 16% of children in P6 and P7 registered for free school meals. The school's Pupil Equity Fund allocation is £95,550.

5.0 KEY INSPECTION FINDINGS CRAIGIEBARNs PRIMARY SCHOOL AND NURSERY CLASS

Key Strengths for the Primary School

5.1 Appendix 2 provides a synopsis of the Summary of Inspection Findings (a link to the full document is also provided in the Appendix). The inspection team found the following strengths in the school's work:

- Children across the school are happy, well-mannered and eager to learn. They are proud of the school. They exemplify very well the school values in their lives in school.
- Led by the headteacher, senior leaders, staff and children have established an effective culture of leadership across the school. Staff and children feel empowered to lead change.
- Senior leaders, staff and children work very effectively with a wide range of local and national organisations. These partnerships enhance and strengthen children's learning experiences.
- Children benefit from a range of opportunities to extend and deepen their wider achievement. Children develop important skills across a range of different contexts.

Key Strengths for the Nursery Class

5.2 Appendix 2 provides a synopsis of the inspection findings. The inspection team found the following strengths in the work of the Nursery Class:

- Staff were committed to children's wellbeing and learning.
- Relationships across the nursery are strong. Staff know children and families very well. There is a welcoming, inclusive and caring ethos within the nursery.
- Children received respectful care that promoted emotional security and confidence.
- Staff work well together to create well-resourced, stimulating learning spaces indoors and outdoors.

Areas for Improvement for the Primary School

5.3 The following areas for improvement were identified:

- Senior leaders and teachers should continue to strengthen approaches to planning for improvement. As they do so they should involve all stakeholders in evaluating the work of the school.
- Senior leaders and teachers should develop further their approaches to provide consistently high-quality learning and teaching in all classes. They should ensure that all children experience tasks and activities set at the right level of difficulty. This should provide appropriate challenges to children who can achieve more.
- As planned, senior leaders should continue to develop planning and assessment processes to meet the needs of all children and support them to make the best possible progress. This includes children who require additional support in learning.

Areas for Improvement for the Nursery Class

5.4 The following areas for improvement were identified:

- Structured professional development and reflective practice will support greater consistency in quality.
- Strengthening personal planning will support consistent responses to individual needs and wellbeing.
- Staff should further develop their skills in high quality interactions to support, challenge and extend children's learning.

6.0 INSPECTION EVALUATIONS

6.1 During inspections HM Inspectors gather evidence to enable them to evaluate the school's work using quality indicators from How Good is our School? (4th edition). In the Nursery Class, HM Inspectors and Care Inspectorate Officers evaluate the work of the nursery class using quality indicators from A Quality Improvement Framework for Early Learning and Childcare.

6.2 HMIE and the Care Inspectorate report using a six-point scale for reporting performance:

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

6.3 HMIE evaluations for Craigiebarns Primary School following this inspection are:

Quality Indicator	
1.3 Leadership of change	Good
2.3 Learning, teaching, and assessment	Satisfactory
3.1 Ensuring wellbeing, equality & inclusion	Good
3.2 Raising attainment and achievement	Good

HMIE and Care Inspectorate evaluations for Craigiebarns Nursery Class following this inspection are:

Quality Indicator	
Staff skills, knowledge, values and deployment	Good
Learning, teaching and assessment	Good
Nurturing care and support	Good
Children's progress	Good

- 6.4 HMIE wrote to parents and carers to confirm that, as a result of the inspection findings, HM Inspectors are confident that the school and nursery class have the capacity to continue to improve and so will make no more visits in connection with this inspection (both letters are included in Appendix 3). Dundee City Council will inform parents and carers about the school's progress through Craigiebarns Primary's annual School Improvement Report.
- 6.5 Craigiebarns Primary School and Nursery Class Improvement Plans (2026/27 and beyond) will include a focus on the identified areas for improvement. Plans will be regularly reviewed, monitored, and evaluated in line with both the school and the local authority's quality improvement processes.
- 6.6 As part of the Children and Families Service School Improvement Framework, visits are made to the school and nursery class by the school's link Quality Improvement Education Officers to ensure the positive improvement journey continues and monitor progress towards the action points raised in the inspection. Furthermore, as part of the Service's 'Every Dundee Learner Matters' collaborative improvement strategy, the School Improvement Partnership which Craigiebarns Primary School are part of, will continue to support and challenge school improvement.

7.0 POLICY IMPLICATIONS

- 7.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate Senior Manager has reviewed and agreed with this assessment.

8.0 CONSULTATIONS

- 8.1 The Council Leadership Team have been consulted in the preparation of this report and are in agreement with its content.

9.0 BACKGROUND PAPERS

- 9.1 None.

Audrey May
Executive Director
Children and Families Service

Paul Fleming
Chief Education Officer
Head of Education, Learning, and Inclusion
Children and Families Service

March 2026

APPENDIX 1

INSPECTIONS OF SCHOOLS AND EARLY LEARNING AND CHILDCARE (ELC) SETTINGS – FRAMEWORKS, MODELS AND OUTPUTS

PURPOSE

This appendix explains how inspections are carried out across primary and secondary schools and early learning and childcare (ELC) settings, and why inspection reports presented to Scrutiny and Audit Committee may differ in structure, content and attachments.

It is intended to support Scrutiny and Audit Committee members in interpreting inspection papers and is applicable to all future inspection reports.

Schools and Early Learning and Childcare (ELC) settings are subject to external scrutiny. Secondary, Special and Primary schools with or without ELC provision are inspected by His Majesty's Inspectors of Education (HMIE). ELC provision, including those within a Primary school, are inspected either by HMIE or Care Inspectorate as single agencies, or jointly as a shared inspection model. Inspections use national frameworks and a six-point evaluation scale, with safeguarding considered in all cases. HMIE and Care Inspectorate publish reports setting out strengths, areas for improvement and capacity to improve.

PRIMARY AND SECONDARY SCHOOL INSPECTIONS

All primary and secondary schools are inspected by His Majesty's Inspectors of Education (HMIE) using the same national inspection framework, [How Good Is Our School? \(Fourth Edition\)](#). This framework applies consistently across both sectors.

HMIE use two inspection models in schools. A short model inspection focuses on two Quality Indicators, selected from the same set used in a full inspection. A full model inspection considers four Quality Indicators (QI) These are:

- QI 1.3 Leadership of change
- QI 2.3 Learning, teaching and assessment
- QI 3.1 Ensuring wellbeing, equality and inclusion
- QI 3.2 Raising attainment and achievement

In a short model inspection focuses on Quality Indicators 2.3 and 3.2.

Safeguarding is always considered as part of the inspection process.

Regardless of whether a short or full model inspection is undertaken, the outputs are consistent.

Following inspection, HMIE publish:

- an **Inspection Report** in the form of a letter to parents. This includes:
 - key strengths
 - areas for improvement
 - the Quality Indicator evaluations using the six-point scale, and

- the overall inspection outcome.
- **Summarised Inspection Findings (SIF)**, which provide more detailed narrative evidence against the Quality Indicators evaluated.

EARLY LEARNING AND CHILDCARE INSPECTIONS

Early learning and childcare settings are inspected using a different national framework, [A Quality Improvement Framework for Early Learning and Childcare sectors](#). This was initially launched in draft form in January 2025 but only used in inspections from September 2025 onwards.

This framework includes eleven Quality Indicators aligned to the following four themes:

- Leadership
- Children thrive and develop in quality spaces
- Children play and learn
- Children are supported to achieve

Safeguarding and child protection is considered as part of all inspections, irrespective of the model.

As ELC inspections now operate under a shared inspection framework, this means that inspections may be carried out by HMIE alone, Care Inspectorate alone, or HMIE and Care Inspectorate jointly. This approach began from September 2025 onwards.

This affects both the Quality Indicators (QI) evaluated and the format of inspection reports and letters. This means that inspection Scrutiny and Audit Committee papers for related ELC provisions, including where the ELC provision is part of a primary school, can look different from school inspection papers and from each other.

The Quality Indicators inspected during each model of inspection are listed in Table 1.

Table 1 Quality Indicators associated with each inspection model, listed under each Theme

Shared Inspection: Care Inspectorate and HMIE	Single Inspection: HMIE	Single Inspection: Care Inspectorate
Quality Indicators (4)	Quality Indicators (3)	Quality Indicators (3)
<p>Leadership</p> <ul style="list-style-type: none"> ● Staff skills, knowledge, values and deployment <p>Children play and learn</p> <ul style="list-style-type: none"> ● Learning, teaching and assessment <p>Children are supported to achieve</p> <ul style="list-style-type: none"> ● Nurturing care and support ● Children's progress 	<p>Children play and learn</p> <ul style="list-style-type: none"> ● Curriculum ● Learning, teaching and assessment <p>Children are supported to achieve</p> <ul style="list-style-type: none"> ● Wellbeing, inclusion and equality 	<p>Leadership</p> <ul style="list-style-type: none"> ● Leadership, management of staff and resources <p>Children play and learn</p> <ul style="list-style-type: none"> ● Playing, learning and developing <p>Children are supported to achieve</p> <ul style="list-style-type: none"> ● Nurturing care and support
Safeguarding and child protection		

WHY COMMITTEE REPORTS DIFFER

Differences in Scrutiny and Audit Committee inspection papers reflect the inspection framework used, the inspection model applied, and whether one or more inspection agencies were involved. They do not reflect differences in the level of scrutiny or assurance.

In summary:

- inspection reports for primary schools without ELC provision and secondary schools are consistent because the framework, models and outputs are the same; and
- inspection reports for ELC provisions, including where the ELC provision is part of a primary school, may vary because inspections can be single HMIE inspections or shared HMIE and the Care Inspectorate inspections, because different Quality Indicators are evaluated, and because agencies publish their findings in different ways.

For transparency and accuracy, inspection findings are reported to Scrutiny and Audit Committee as published, without re-scoring or aligning Quality Indicators across different frameworks.

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APPENDIX 2

Dundee City Council

Children and Families Service

Scrutiny and Audit Committee Report Summary Notes

Inspection and Reporting

Inspection Agencies	HMIE and Care Inspectorate
Report Publication Date	17 February 2026
Name of Establishment	Craigiebarns Primary School and Nursery Class
Sector	Primary and Nursery
Name of Head Teacher	Mrs Karen Clarke
Roll	286 primary children and 40 nursery children

Inspection Outcomes 2026

Quality Indicator	Craigiebarns Primary School
1.3 Leadership of change	Good
2.3 Learning, teaching, and assessment	Satisfactory
3.1 Ensuring wellbeing, equality & inclusion	Good
3.2 Raising attainment and achievement	Good

Quality Indicator	Craigiebarns Nursery Class
Staff skills, knowledge, values and deployment	Good
Learning, teaching and assessment	Good
Nurturing care and support	Good
Children's progress	Good

The reports use the following word scale:

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

Inspection Outcomes November 2025

Key Strengths for Primary School

- Children across the school are happy, well-mannered and eager to learn. They are proud of the school. They exemplify very well the school values in their lives in school.
- Led by the headteacher, senior leaders, staff and children have established an effective culture of leadership across the school. Staff and children feel empowered to lead change.
- Senior leaders, staff and children work very effectively with a wide range of local and national organisations. These partnerships enhance and strengthen children's learning experiences.
- Children benefit from a range of opportunities to extend and deepen their wider achievement. Children develop important skills across a range of different contexts.

Key Strengths for Nursery Class

- Staff were committed to children's wellbeing and learning.
- Relationships across the nursery are strong. Staff know children and families very well. There is a welcoming, inclusive and caring ethos within the nursery.
- Children received respectful care that promoted emotional security and confidence.
- Staff work well together to create well-resourced, stimulating learning spaces indoors and outdoors.

Areas for Improvement for Primary School

- Senior leaders and teachers should continue to strengthen approaches to planning for improvement. As they do so they should involve all stakeholders in evaluating the work of the school.
- Senior leaders and teachers should develop further their approaches to provide consistently high-quality learning and teaching in all classes. They should ensure that all children experience tasks and activities set at the right level of difficulty. This should provide appropriate challenge to children who can achieve more.
- As planned, senior leaders should continue to develop planning and assessment processes to meet the needs of all children and support them to make the best possible progress. This includes children who require additional support in learning.

Areas for Improvement for Nursery Class

- Structured professional development and reflective practice will support greater consistency in quality.
- Strengthening personal planning will support consistent responses to individual needs and wellbeing.
- Staff should further develop their skills in high quality interactions to support, challenge and extend children's learning.

Synopsis – Summary of Inspection Findings

Following publication of the inspection reports (see Appendix 3) and the Summarised Inspection Findings for the Primary School (see link below), the school's next Improvement Plan 2026/27 will reflect the areas for improvement identified by HMIE and Care Inspectorate and provide a clear strategic focus for related school improvement.

The following strengths and areas for improvement were highlighted within each of the quality indicators.

Craigiebarns Primary School**QI 1.3 - Leadership of change**

- The headteacher, supported very well by the depute headteacher, provides effective leadership for the school. Together, they have gained the confidence of children, staff and parents. The headteacher leads the school community well in sustaining warm, caring and nurturing relationships amongst children, parents and staff. They fulfil the school vision of 'Learning, Growing and Achieving Together'. She worked together successfully with children, staff, parents and school partners to refresh the school values of 'RAISE' (Respect, Achieve, Include, Safe, Equal).
- The headteacher and staff consult with staff, parents, children and partners to identify improvement priorities for the school. In collaboration with the local authority, staff use improvement drivers well of presence, participation and progress. This ensures a whole school focus upon improving outcomes for children and families.
- Senior leaders and staff worked together to agree helpful policies and procedures to outline agreed school standards and expectations. They consider aspects such as the classroom environment, planning for learning, and positive relationships. This is helping teachers to improve children's experiences in most classes. For example, the recently introduced 'Jotter Standards' policy is helping children organise and present their learning better.
- The headteacher has developed and uses a comprehensive collegiate calendar. The headteacher protects time for all staff to engage in professional dialogue on learning and teaching, planning, tracking and monitoring. Linking this to school-wide quality assurance more effectively should help senior leaders ensure all new policies are implemented consistently and well in all classes.
- Staff engage regularly with continuous professional learning. Staff work effectively with the local authority pedagogy team and articulate well the impact this work is having on their classroom practice. They participate regularly in professional review conversations with the headteacher, linked to appropriate professional standards. Staff work together very well to embed teacher leadership further across the school.
- A significant number of children, across all stages, participate successfully in decision making groups such as school council, rights ambassadors, health and wellbeing leaders, eco leaders and reading warriors. They now effectively undertake responsibility for improving the work of the school. Staff, children and partners work together to agree priorities for these groups to improve children's experiences.
- The headteacher leads staff well to work very effectively with a wide range of local and national partners. These partnerships include cluster schools, the local further education college and sports groups and organisations. This offers children greater opportunities for wider achievement.
- All staff have strong understanding of the socio-economic context of the school. They know their children and families very well. This allows them to provide sensitive support for children and families who may face social and financial challenges. The headteacher uses Pupil Equity Funding (PEF) appropriately to provide additional staff who deliver targeted interventions for children who require additional support.

QI 2.3 - Learning, teaching and assessment

- Children understand the well-embedded school values. Children are well-mannered and welcoming to staff and visitors. Overall, children learn in a calm environment. At times, a few children become distracted and engage in low-level behaviour. This impacts negatively on their concentration and learning. When lessons are briskly paced and engaging, these children sustain their interest and engage more positively.
- Staff use a range of relevant contexts and teaching approaches well to motivate most children. Most children work successfully individually and interact well with peers when working in pairs and groups. In a minority of classes, children lead aspects of learning. Across the school, children are ready to take a greater role in leading their own learning.
- Teachers should ensure that all children are actively engaged in purposeful learning throughout the school day. Too often, children experience periods of time which lack a clear educational focus. Senior leaders and teachers should develop structures and processes to maximise learning time and help children achieve and attain more.
- High-quality learning and teaching are not yet consistent across all classes. In a majority of lessons, teachers do not yet consistently provide tasks, activities and resources that match well the learning needs of every child. Teachers are beginning to embed features of the recently agreed learning and teaching guidance in their classroom practice. They should now ensure all learning activities provide the right level of support and challenge for all children.

- Staff make effective use of digital technologies during lessons to support and enhance teaching. Across the school, children upload their work confidently to a digital platform, this supports them to share successful learning with their families. In a few classes, children who require additional support with their learning are well supported using digital technology. Staff should now build on this positive practice to enhance further children's use of digital technology when learning across the curriculum.
- Teachers are in the early stages of supporting children's learning through play. At early level, children experience a range of well-considered play opportunities to help them develop important skills, knowledge and understanding. Senior leaders and staff should work together to develop a consistent approach to play across the nursery and early primary stages.
- In most classes, teachers outline well the purpose of learning and offer supportive explanations. In most lessons, teachers create 'steps to success' and share these with children. A few teachers are beginning to develop these steps together with children. Teachers should ensure that steps for success are always relevant to the intended learning and are matched well to children's needs and abilities.
- In most classes, teachers use questioning well to help children link new and previous learning and to check children's understanding of how to complete learning tasks. A few teachers use open questions effectively to extend and deepen children's learning. Senior leaders should now ensure this effective practice is shared across all classes.
- Most teachers use a few formative assessment strategies to make accurate judgements about children's understanding. A few teachers use this information skilfully to adapt their teaching and children's learning activities. Teachers should continue to develop their understanding and use of formative assessment strategies to ensure that learning activities are well-matched to the needs of all children.
- All teachers give positive verbal feedback and encouragement to children. Most teachers provide brief written feedback on children's effort in a few curricular areas. Teachers should ensure that all feedback supports the intended learning and helps children understand clearly how they have been successful and what they need to do next. Across the school, children would benefit from more regular opportunities to engage in peer and self-assessment.
- Children are beginning to set short-term, personal targets in literacy and numeracy. These are supporting children to understand what they are learning and what they need to do next. Teachers should support all children to set and reflect upon their targets. This should help support high-quality learning conversations between children and teachers.
- The headteacher and staff have developed and implement a clear assessment calendar. This is helping teachers to ensure children experience a range of assessments in literacy and numeracy across the year. Teachers are using these increasingly well to evaluate and track children's progress in literacy and numeracy. As teachers develop further their understanding of highly effective assessment, they should consider how they will plan for assessment across the curriculum.
- Teachers are continuing to develop a shared understanding of national standards and expectations. They benefit from working closely with colleagues from other local schools to moderate children's learning, attainment and achievement. As a result, teachers' professional judgement of children's progress and achievement is becoming more robust and accurate.
- All teachers now use increasingly well a recently created online planning tool to plan learning across the curriculum. Teachers use local authority progression pathways and CfE outcomes and experiences to help support appropriate progression in children's learning. As planned, senior leaders and teachers now need to consider how assessment is integral to their planning of learning and teaching.
- Senior leaders meet teachers termly to monitor and discuss children's progress. Staff use these meetings to identify and plan targeted interventions for children. Senior leaders and teachers should now consider a wider range of evidence of children's progress in learning during these meetings. This should help plan and provide learning that leads to improved outcomes for children and accelerates their progress.

QI 3.1 - Ensuring wellbeing, equality and inclusion

- Staff in all roles work together well to promote and support children's wellbeing. Children benefit from positive relationships with adults and other children. The majority of children in P4-P7 say that other children treat them fairly and with respect.
- Children are developing their understanding of their own and others' wellbeing. Most children have an awareness of wellbeing indicators and discuss successfully how these relate to their lives. A few children used the indicators recently to evaluate their own wellbeing with an adult who knows them well. Teachers should continue to support children to build on their understanding of wellbeing and to practise applying related knowledge and skills.

- Most children talk about ways that they know how to keep safe at home, online and in the community. Almost all children feel safe at school and state that they have a trusted adult that they can talk to if they feel worried.
- Most children are well-behaved in class and in the playground. Almost all children name and use well a few strategies or tools to cope with strong emotions. A few children regulate their emotions with staff in a smaller, quiet room when they feel upset or want further support. They find this nurturing approach helpful. As planned, all staff should now deepen and apply consistently wellbeing related professional learning.
- Children are developing their understanding of children's rights well. They talk confidently about the UN Convention on the Rights of the Child (UNCRC) and are aware of an increasing number of the rights. Older children understand and articulate why it is important for children to have rights. Senior leaders should support children, parents and staff to review and refine the school's positive relationship policy to align with this work.
- All children now have a range of wellbeing supports available in classrooms. A few children benefit regularly from these when they are upset. An increasing number of children now receive targeted support within their classroom and alongside peers. In a few classes, teachers are applying knowledge from professional learning well which supports children to feel included and engage in class learning. For example, a few children are now better at regulating their behaviour and emotions when in class. However, inclusive practice is not yet of a consistent quality across the school. All staff need to develop inclusive practice further to improve outcomes for all children.
- Almost all children understand the importance of being active and making healthy choices. Staff should continue to support children's regular participation in sports and physical activity. This should help children to build confidence, social skills, and form healthy habits.
- Senior leaders and staff promote and raise children's awareness of anti-bullying messages and events at assemblies and in lessons. A few children, parents and staff feel that current approaches to address unkind and bullying behaviours could be improved further. Senior leaders should support the school community to revisit and develop further the school's anti-bullying policy and approaches.
- Senior leaders and staff meet their statutory duties in relation to wellbeing, equality and inclusion. They understand and fulfil their responsibilities in relation to safeguarding and meeting the additional support needs of learners.
- Senior leaders and staff know children and their families well and recognise individual challenges and barriers to learning. Support staff have positive relationships with children and provide care and encouragement. They use knowledge from training when helping children practise key skills in learning.
- A few children who require additional support with their learning need improved individualised support and planning to better meet their needs. As planned, the headteacher needs to clearly define roles and responsibilities for all staff involved in supporting children who require additional support with their learning.
- Senior leaders and staff work with education colleagues well to provide specialist input and support for children with visual impairment and those who have English as an additional language. Children who are young carers receive regular support which helps them to feel connected and more confident with their learning. Staff should continue to identify and address further any barriers to participation.
- Across the school, children are developing their awareness and understanding of diversity. They explore a range of themes through assemblies, project-based learning and health and wellbeing programmes. Staff should continue to develop all children's understanding of equalities and diversity across the school and wider community.

QI 3.2 - Raising attainment and achievement

Attainment in Literacy and Numeracy

- Overall attainment in literacy and numeracy is good. Most children in P1, P4 and P7 are achieving nationally expected CfE levels.

Attainment in literacy and English

- Overall, most children are making good progress in literacy and English.

Numeracy and mathematics

- Overall, children's progress in numeracy and mathematics is good. Across all stages, a minority of children are capable of achieving more. All children should be supported further to develop subject-specific mathematical language.

Attainment over time

- Levels of CfE attainment in literacy and numeracy have remained steady over recent years. There is a slight dip in the number of children attaining first level by the end of P4. Senior leaders analyse appropriately attainment data over time for groups and cohorts. Senior leaders and staff now use attainment information increasingly well to plan targeted interventions. They now need to ensure that strategies and interventions to raise attainment are robustly evaluated.
- The school's overall attendance rate is 95.4%, which is above the national and local average. A few children have attendance of less than 90%. The headteacher monitors systematically the attendance of these children. She identifies barriers to attendance and works effectively with families, family support workers and teachers to support families. This impacts positively on these children, resulting in sustained, increasing levels of attendance.

Overall quality of learners' achievements

- Staff value children's achievements and share these through assemblies, achievement books and displays. Most children participate in a range of sports activities which support them to be healthy and develop skills in physical activity. As a result of this work, the school has been recognised through local and national awards and accreditation. A few children participate in sports at a national level and are rightly proud of their success. Staff should consider how to celebrate and encourage a greater range of children's achievements.
- Staff have developed a range of lunchtime and after-school clubs which reflect the range of children's interests. Senior leaders track children's participation in clubs and activities in and out of school. They use this information well to plan opportunities for children who are at risk of missing out. As a next step, senior leaders and staff should help children to recognise and discuss more clearly the skills they are developing through their achievements.
- Senior leaders and staff understand the socio-economic context of the school and local community well. They use their knowledge to inform plans to address inequity. This includes a clear approach to reducing the cost of the school day. Senior leaders monitor children's attendance on excursions and outdoor residential experiences closely so that no child misses out due to financial circumstances. Senior leaders signpost families experiencing financial hardship to local community partners such as 'Dundee Bairns.' As a result, children and families feel supported and included in the school community.

Key activity to date has included the following:**In Craigiebarns Primary School**

- The Head Teacher and Depute Head Teacher have carried out professional support visits in the last two weeks. They have created a rubric to ensure consistency following the feedback from HMIE and have used this to give clear, actionable and specific next steps to all teachers.
- Teachers are currently taking part in reciprocal visits across our 'School Improvement Partnership' schools, this will further develop approaches to consistency with regards to learning and teaching.
- To ensure inclusive practice is of a consistent quality across the school all staff have attended a decider skills training session with CAMHS. This training focused on self-regulation and understanding how to support children to manage their emotions. In addition to this, all teachers and support staff are working alongside the school's educational psychologist to embed the standard for inclusive practice.
- A comprehensive assessment calendar is currently being developed which will be in place for the beginning of next session. This will build on the work already in place with hot and cold tasks and holistic assessments. This data-informed approach will inform differentiation to meet the needs of all children and support them to make the best possible progress in their learning.

Craigiebarns Primary School Priorities

- A new format of 'medium term planning' was part of the current school improvement plan and steps were under way to implement this. Feedback from the inspection has validated this approach and the school are ensuring this proceeds at pace. This acute focus on planning will provide more appropriate challenge for children who can achieve more and ensure children's interests are captured to further their engagement in learning.
- Further develop approaches to provide consistently high-quality learning and teaching in all classes, ensuring all children experience tasks and activities set at the right level of difficulty. This will provide appropriate challenge to children who can achieve more.

- Develop approaches to inclusive practice using the 'Dundee Standard of Inclusive Practice'. This will create an inclusive environment and provide differentiated learning which meets the needs of all children and ensures they are making appropriate progress with their learning.
- Develop a consistent approach to play across the nursery and early primary stages.
- School staff will continue with planned improvement activities for the remainder of this school session as agreed by HM Inspectors
- The Head Teacher and Depute Head Teacher are in the process of reviewing the school's self-evaluation to ensure that the School Improvement Plan (2026/27) has a focus on embedding current policy and practice, with the aim of providing consistently high-quality learning and teaching in all classes.

Craigiebarns Nursery Class

QI: Staff skills, knowledge, values and deployment

- The promotion of positive values, respectful interactions and play experiences promote children's confidence, wellbeing and development and allow children to develop relationships and social and emotional skills in a supportive environment.
- Daily routines support children to develop resilience, responsibility, and independence.
- Staff should continue to develop varied strategies to deepen thinking and encourage discussion and child-led learning.
- Mandatory training for staff had been undertaken, and learning was being effectively applied to maintain safety and wellbeing and was contributing to improved practice.
- A structured professional development plan should be developed to support greater consistency and confidence across the team.
- Effective self-evaluation has supported improved experiences in numeracy, and this approach should now be applied across other areas of learning.
- Monitoring staff skills and evaluation of completed training should now be undertaken.
- Staff collaboration and sharing of practice supports professional development, and to build on this strength, written reflection logs linked to actions will support continuous improvement.
- Children's rights are promoted, in line with UNCRC and Health and Social Care Standards, and children show growing awareness and informed decision-making.
- Staffing levels, deployment, clear communication, and flexible teamwork support positive outcomes for children.

QI Learning, teaching and assessment

- Due to the provision of clear, consistent routines, caring and respectful relationships and use of effective strategies for support, children feel valued, safe and secure.
- Effective use is made of the extensive, outdoor learning space where children develop their creativity and engage purposefully to enhance their learning.
- Children's rights underpin the work of the setting.
- Children hold leadership roles within nursery which supports understanding of the importance of responsibility and safety.
- Effective use is made of the local community, and staff also facilitate intergenerational learning with community members. The real-life experiences deepen children's learning and knowledge of their local community.
- Staff interactions are warm, friendly, and attuned to children's individual needs.
- Staff should further develop their skills in high quality questioning and interactions to support, challenge and extend children's learning.
- Staff closely observe and record children's learning experiences and use assessment information to plan future learning experiences.
- Staff should now ensure children's learning and next steps are documented consistently.
- Staff plan children's learning against national curriculum experiences and outcomes and use an effective blend of responsive and intentional approaches which increasingly demonstrate a focus on children's rights.
- Children's learning is tracked using local authority guidance, and the information is used to plan targeted support.

QI Nurturing Care and Support

- Children experience responsive care and secure attachments which create an environment where children feel valued, respected, and enabled to engage in learning.
- Staff interactions upheld children's rights and prioritised their wellbeing.
- Children demonstrate understanding of safety and risk awareness.
- Personal care routines maintain dignity, privacy and reassurance, including during times of transition throughout the nursery day.
- Lunchtime routines promote independence, healthy choices, and development of social skills.
- Although personal plans are regularly reviewed with families, staff should now add more structure to plans and assess children's needs in more detail.
- Children requiring additional support have plans in place, created and reviewed in collaboration with parents and carers.
- A well-planned programme of family engagement activities strengthened family involvement in the life of the nursery and supported continuity of learning between home and nursery.

QI Children's Progress

- Staff place a strong emphasis on the health and wellbeing of children and as a result, most children demonstrate confidence, responsibility, and independence in daily routines.
- Most children make good progress across almost all areas of their learning and development.
- Some children are capable of making greater progress and staff should build meaningfully on children's prior learning to ensure meaningful progress for all.
- Most children are developing their early numeracy and mathematics skills well through a wide range of well-planned learning experiences.
- Staff value, recognise and celebrate children's achievements in nursery and families are encouraged to share success and learning from home.
- Staff should now use the information provided from home to inform planning and support sustained progress in learning.
- Staff support families sensitively and respectfully, and have a good understanding of the socio-economic, cultural and linguistic context in which families live.
- Staff collaborate effectively with partners to deliver a wide range of family learning experiences. Robust assessment information to measure impact of the initiatives should now be undertaken to improve outcomes for children.

Key activity to date has included the following:

- The Senior Early Years Practitioner led a staff development session to ensure full understanding of the inspection findings, including strengths and areas for improvement.
- The Senior Early Years Practitioner has worked in collaboration with the Nursery Teacher and the staff team to compile a detailed action plan to address the areas for improvement within the inspection report.
- Following whole team discussion, the action plan has been populated to include agreed actions to develop key areas of practice, namely:
 - Recording and monitoring the impact of professional learning
 - Staff training to promote skills in high quality questioning and interactions, child-led learning and documentation of learning.
 - Agreed staff Practice Standards to be updated.
 - Revision of approaches and structure of responsive and intentional planning for learning experiences.
 - Revision of the format and content of children's personal planning.
 - Parent Partnership Policy to be developed.

Craigiebarns Nursery Class Priorities

- A structured professional development plan should be developed to support greater consistency and confidence across the team.
- Monitoring of staff skills and evaluation of completed training should be undertaken.
- Introduce written reflection logs linked to professional learning to support continuous improvement.

- Staff should further develop their skills in high quality questioning and interactions to support, challenge and extend children's learning. This will further promote child-led learning.
- Staff should ensure children's learning and next steps are documented consistently.
- Although personal plans are regularly reviewed with families, staff should add more structure to plans and assess children's needs in more detail.
- Some children are capable of making greater progress and staff should build meaningfully on children's prior learning to ensure meaningful progress for all.
- Staff should use the information provided from home to inform planning and support sustained progress in learning.
- Robust assessment information to measure impact of family learning initiatives should now be undertaken to improve outcomes for children.

Full details of the Primary School Summary of Inspection Findings are available at:
[Craigiebarns Primary School summarised inspection findings, Dundee City Council 17/02/26](#)

Full details of inspection findings for the Nursery class are detailed in the report in Appendix 3.

Explanation of terms of quantity

The following standard Education Scotland terms of quantity are used in this report:

All	100%
Almost all	91-99
Most	75%-90%
Majority	50-74%
Minority/less than half	15%-49%
A few	less than 15%

Audrey May
Executive Director

Paul Fleming
Chief Education Officer

Signed



Audrey May, Executive Director of Children and Families Service
Paul Fleming, Head of Service (Chief Education Officer)

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APPENDIX 3



17 February 2026

Dear Parent/Carer

In November 2025, a team of HMIE inspectors visited Craigiebarns Primary School. During our visit, we talked to parents/carers and children and worked closely with the headteacher and staff.

The inspection team found the following strengths in the school's work.

- Children across the school are happy, well-mannered and eager to learn. They are proud of the school. They exemplify very well the school values in their lives in school.
- Led by the headteacher, senior leaders, staff and children have established an effective culture of leadership across the school. Staff and children feel empowered to lead change.
- Senior leaders, staff and children work very effectively with a wide range of local and national organisations. These partnerships enhance and strengthen children's learning experiences.
- Children benefit from a range of opportunities to extend and deepen their wider achievement. Children develop important skills across a range of different contexts.

The following areas for improvement were identified and discussed with the headteacher and a representative from Dundee City Council.

- Senior leaders and teachers should continue to strengthen approaches to planning for improvement. As they do so they should involve all stakeholders in evaluating the work of the school.
- Senior leaders and teachers should develop further their approaches to provide consistently high-quality learning and teaching in all classes. They should ensure that all children experience tasks and activities set at the right level of difficulty. This should provide appropriate challenge to children who can achieve more.
- As planned, senior leaders should continue to develop planning and assessment processes to meet the needs of all children and support them to make the best possible progress. This includes children who require additional support in learning.

We gathered evidence to enable us to evaluate the school's work using four quality indicators from [How good is our school \(4th edition\)](#). Quality indicators help schools, local authorities and inspectors to judge what is working well and what needs to be improved. Following the inspection of each school, the Scottish Government gathers details of our evaluations to keep track of how well Scottish schools are doing.

Here are HMIE's evaluations for Craigiebarns Primary School

Quality indicators	Evaluation
Leadership of change	good
Learning, teaching and assessment	satisfactory
Ensuring wellbeing, equality and inclusion	good
Raising attainment and achievement	good
Descriptions of the evaluations are available from: How good is our school (4th edition) Appendix 3: The six-point scale	

A more detailed document called Summarised Inspection Findings (SIF) will be available on the HMIE website at: [Reports page | Inspection reports | Education Scotland](#)

What happens next?

We are confident that the school has the capacity to continue to improve and so we will make no more visits in connection with this inspection. Dundee City Council will inform parents/carers about the school's progress as part of its arrangements for reporting on the quality of its schools.

Fraser Forsyth
 HM Inspector

On behalf of His Majesty's Chief Inspector of Education in Scotland



Early learning and childcare (ELC) setting shared inspection report

Craigiebarns Primary School Nursery

Dundee City Council
17 February 2026

In November 2025, a team of inspectors from HM Inspectors of Education and the Care Inspectorate visited Craigiebarns Primary School Nursery. During our visit, we talked to parents/carers and children and worked closely with the headteacher and staff.

Key inspection findings

- Staff were committed to children's wellbeing and learning. Structured professional development and reflective practice should support greater consistency in quality.
- Relationships across the nursery are strong. Staff know children and families very well. There is a welcoming, inclusive and caring ethos within the nursery.
- Children received respectful care that promoted emotional security and confidence. Strengthening personal planning should support consistent responses to individual needs and wellbeing.
- Staff work very well together to create well-resourced, stimulating, learning spaces indoors and outdoors. They should develop further their skills in high quality interactions to support, challenge and extend children's learning.



HM Inspectors and the Care Inspectorate gathered evidence to enable us to evaluate the setting's work using four quality indicators from [the Quality improvement framework for the early learning and childcare sectors](#).

Quality Indicator	Evaluation
Staff skills, knowledge, values and deployment	good
Learning, teaching and assessment	good
Nurturing, care and support	good
Children's progress	good



Summary of inspection findings

Key contextual information

Craigiebarns Primary School Nursery is situated in a separate building within the grounds of Craigiebarns Primary School in Dundee. There is a large playroom with direct access to outdoors. Children access 1140 hours of early learning childcare (ELC) between 8.30 am and 2.30 pm, five days a week, during term time. Parents can purchase additional hours outwith these times. The setting is registered for a maximum of 44 children, at any one time, aged three to those not yet attending primary school. There are currently 40 children on the roll.

The headteacher has overall responsibility for the nursery and is the named manager. The senior early years practitioner (SEYP) has responsibility for the day-to-day management of the setting. The wider team includes six early years educators and two early years support assistants. The setting has a nursery teacher for four days a week per fortnight.

Leadership: Staff skills, knowledge, values and deployment

Staff promoted children's confidence, wellbeing, and development through positive values and play experiences that encouraged respectful interactions. Most children engaged confidently in play, built relationships, and developed social and emotional skills, creating a secure and supportive environment.

Children were supported to develop resilience and independence during routines such as tidying after mealtimes and taking turns during play and group activities. These approaches fostered responsibility and cooperation among children. To build on this positive practice, staff could have used varied strategies like open-ended questions across learning experiences to deepen thinking and encourage discussion, strengthening higher-order thinking and child-led learning.

Staff had completed mandatory training, including child protection and first aid. They had applied this learning effectively to maintain safety and wellbeing. Support from health professionals had contributed to improved practice. Some staff were undertaking additional qualifications, while others engaged in fewer opportunities for training. A structured professional development plan could support greater consistency and confidence across the team, supporting enhanced high-quality learning experiences.

Self-evaluation processes successfully supported targeted training in numeracy, which led to improved experiences for children. Applying this approach across other areas of learning could have strengthened consistency in practice and promoted



improved outcomes for children. Monitoring of staff skills and evaluation of completed training could contribute to better alignment with service priorities.

Staff collaborated well in team meetings and shared practice with other services to support peer development. They explained how these discussions supported professional development and moderation of learning. To build on this strength, introducing written reflection logs linked to actions could have enhanced accountability and continuous improvement.

Staff demonstrated a good understanding of guidance and legislation, including the UNCRC and Health and Social Care Standards. Children's rights were promoted through positive interactions and visible displays. Children were beginning to link these rights to health outcomes, showing growing awareness and informed decision-making.

Staffing levels and deployment had been well planned, providing continuity and predictability for children. Clear communication and flexible teamwork had supported positive outcomes. All staff were registered with relevant professional bodies and followed codes of practice. Monitoring of deployment and learning could enhance sustained quality and further support wellbeing and engagement in learning.

Overall, the setting demonstrated good practice across staff skills, knowledge, and deployment. Strengthening structured professional learning, embedding reflective processes, and focusing on measurable improvements could improve higher-quality experiences and better outcomes for children. The service has potential to build on its strengths and continue improving care and learning.

Children play and learn: Learning, teaching and assessment

Staff provide clear, consistent routines that help children settle quickly and happily on arrival. They build caring and respectful relationships with children and use a range of effective strategies to support each child in managing their emotions. As a result, all children feel valued, safe, and secure, as they grow increasingly confident as they learn together.

Children make effective use of the extensive, purposeful outdoor learning space. They develop their creativity and curiosity well as they engage purposefully with natural resources to enhance their learning. All children develop independence and assess risk as they explore and sustain engagement in areas such as the mud kitchen, climbing apparatus and woodland space. Children's rights underpin the work of the setting. Staff have introduced a 'rights rabbit' to make these more meaningful and developmentally appropriate for children. All children have a leadership role within the setting for example, helping prepare snack, tidying the playroom and risk assessing outdoors. This supports children well to understand the importance of being responsible and staying safe.



Staff make effective use of the local community. They take children to the local library to explore a wider range of books. They regularly facilitate intergenerational learning as children plant and grow fruit and vegetables with community members. These high-quality, real-life experiences build on children's learning and deepen their knowledge of their local community.

All staff interact with children in a warm, friendly manner and remain attuned to their individual needs. Most staff use well-considered questioning and commentary to support children's knowledge, however, this practice is not consistent. This results in missed opportunities to enhance learning. All staff should develop further their skills in high quality interactions to support, challenge and extend children's thinking and learning.

Children access a wide range of digital technologies, including an interactive whiteboard, cameras, and programmable toys. Staff should support all children to use these tools effectively to extend learning.

Staff observe children closely and record their learning and achievements. They share this information with parents through an online platform and learning journals. Staff use this assessment information effectively to build a holistic view of each child and plan future learning opportunities. Staff should ensure children's significant learning and next steps are documented consistently. Staff may find it useful to engage in moderation activities to support further their judgments about children's progress.

Staff plan children's learning using Curriculum for Excellence experiences and outcomes. They use an effective blend of responsive and intentional approaches which includes children's contributions and increasingly, a focus on children's rights. Staff use local authority tracking guidance and developmental milestones well to monitor and track children's progress in health and wellbeing, literacy, and numeracy. They use this information meaningfully to identify groups of children who require additional support. This targeted support results in children making continued progress in their learning.

Children are supported to achieve: Nurturing care and support

Children experienced responsive care that supported wellbeing. They were safe, healthy, and most expressed their needs confidently. This approach promoted secure attachments and created an environment where children felt valued and respected, enabling engagement in learning.

Respectful relationships were evident throughout the setting, helping children feel emotionally secure and supported in their development. Staff interactions upheld



children's rights and prioritised wellbeing, contributing to positive emotional growth and trust in group settings.

Children showed understanding of safety through learning about 'SIMOA', the purple elephant, reinforcing personal safety messages effectively. These conversations strengthened risk awareness and decision-making skills, contributing to improved wellbeing outcomes for children.

Personal care routines maintained dignity, privacy, and reassurance. Transitions between activities, such as welcome time, group time, and mealtimes, were calm and predictable, reducing anxiety and building confidence.

Mealtimes followed Setting the Table nutritional guidance, with fresh water and milk available. Lunchtime routines promoted independence, healthy choices, and social development. These practices supported confidence and contributed to positive health outcomes, helping children develop healthy eating habits and social skills.

Personal planning for children was reviewed regularly with families. Staff could have included SHANARRI wellbeing indicators to structure plans and assess children's needs. Including these indicators would have shown how strategies improved children's safety, health, achievement, and overall development.

Children requiring additional support had updated plans that included parental input, improving collaboration and consistency. This supported clearer planning and strengthened progress and wellbeing.

Family engagement was supported through handovers, events, and newsletters. Initiatives such as Eat Well Play Well, the PEEP Learning Together programme, and stay-and-play sessions promoted family learning. These initiatives strengthened staff leadership and encouraged healthy lifestyles. Activities built on family strengths and helped families feel involved. This approach supported continuity of learning between home and the setting.

Community connections enriched learning by fostering intergenerational relationships and developing awareness of planting and growing fruit and vegetables. Children gained practical skills and an appreciation of healthy living and sustainability through these community experiences.

Overall, the setting demonstrated strengths in care and support that positively impacted most children's wellbeing and learning. Improving consistency in personal planning could have supported high-quality outcomes and enhanced wellbeing, placing the service well positioned for continued improvement.



Children are supported to achieve: Children's progress

Most children make good progress across almost all areas of their learning and development. However, there are children who are capable of making greater progress. Staff now need to build more effectively on children's prior learning and promote a positive attitude towards learning to ensure all children make meaningful progress.

Staff place a strong emphasis on health and wellbeing. Most children demonstrate confidence, responsibility and independence as they prepare snack. Children risk assess the environment and use a mind map to record how they would like areas within the playroom to look. Most children confidently share their knowledge of healthy food choices and understand the importance of physical exercise as they jump, run and climb on outdoor apparatus.

Most children develop their early numeracy and mathematical skills well. Children use resources such as measuring tapes and rulers appropriately during block play as they plan and design structures. Most children confidently recognise colours and identify numerals to 10 and beyond in the environment. Most children access the well-planned and purposeful art area independently as they blend colours to paint and create models. Most children can write their own name and other words for a purpose. Children develop their fine motor skills very well as they use scissors and mark make with confidence, their drawings show increased detail.

Staff value, recognise and celebrate children's achievements in the setting. They encourage families to share children's success and new learning from home. As identified, staff need to make this valuable information from home more explicit. Staff should use this information meaningfully to inform planning and support sustained progress in learning.

Staff understand the socio economic, cultural and linguistic context in which families live. They support families sensitively and respectfully. Staff collaborate effectively with partners to deliver a wide range of initiatives for example, the importance of health eating and early literacy. Staff now need to gather more robust assessment information to measure the impact of these strategies and to identify gaps more clearly and improve outcomes for children.

Safeguarding (HMIE)

- Inspectors discussed safeguarding and child protection information provided by the ELC setting with relevant staff and, where appropriate, children. In addition, inspectors examined a sample of safeguarding documentation. At the time of the inspection, there were no identified areas for development.



Outcome of inspection

We are confident that the ELC setting has the capacity to continue to improve and so we will make no more visits in connection with this inspection.

Fraser Forsyth

Eileen McColgan

HM Inspector

Care Inspector

ITEM No ...4.....

REPORT TO: SCRUTINY AND AUDIT COMMITTEE – 22 APRIL 2026

REPORT ON: INTERNAL AUDIT REPORTS

REPORT BY: CHIEF INTERNAL AUDITOR

REPORT NO: 92-2026

1.0 PURPOSE OF REPORT

To submit to Members of the Scrutiny and Audit Committee a summary of the Internal Audit Reports finalised since the last Scrutiny and Audit Committee.

2.0 RECOMMENDATIONS

Members of the Committee are asked to note the information contained within this report.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1. The day-to-day activity of the Internal Audit Service is primarily driven by the reviews included within the Internal Audit Plan. On completion of a specific review, a report which details the audit findings and recommendations is prepared and issued to management for a formal response and submission of management's proposed action plan to take the recommendations forward. Any follow-up work subsequently undertaken will examine the implementation of the action plan submitted by management.
- 4.2. In arriving at the overall assurance level for each audit, the assurance levels within the individual objectives do not always carry equal weighting. Findings from the audit are considered in total against the scope and risk levels to arrive at the overall assurance opinion.
- 4.3. Executive Summaries for the reviews which have been finalised in terms of paragraph 4.1 above since the last Scrutiny meeting are provided at Appendix A. The full reports are available to Elected Members on request. Reporting in Appendix A covers:

Audit	Assurance level
Immigration Sponsorship and Visas	Substantial

- 4.4. Internal audit recommendations are categorised as either relating to the design of the control system (Design) or compliance with the operation of the controls (Operational).

5.0 POLICY IMPLICATIONS

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 CONSULTATIONS

The Council Leadership Team have been consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

CATHIE WYLLIE, CHIEF INTERNAL AUDITOR

24 MARCH 2026

(i) **INTERNAL AUDIT REPORT 2025/16**

Client	Corporate Services
Subject	Immigration Sponsorship and Visas

Executive Summary

Conclusion

Substantial Assurance

The Council has established a comprehensive framework for managing visa sponsorship and international recruitment, with clear policies, defined roles and responsibilities, and standard recruitment processes that incorporate visa requirements. While compliance processes are generally operating effectively, gaps in documentation retention could make it difficult to demonstrate full compliance if challenged by the Home Office. Action is currently underway to identify and rectify gaps.

Background

Since the end of freedom of movement between the UK and the EU, employers wishing to recruit from outside the UK & Ireland, in most cases, require a sponsor licence issued by the Home Office. Different rules exist for designated shortage occupations and some health and education jobs.

The UK operates a points-based immigration system, where employers, educational institutions, and other entities act as licensed sponsors for foreign nationals. These sponsors are responsible for ensuring that:

- Sponsored individuals meet visa requirements.
- Immigration rules are not abused.
- Accurate records are maintained and reported to the Home Office

UK visa sponsors are required to have HR processes in place that meet certain minimum requirements, to ensure that the employer is able to identify and report failures to adhere to visa conditions. Compliance with Home Office conditions is supervised and enforced by UK Visas and Immigration (UKVI). Failure to adhere to the requirements of the licence can lead to enforcement action and suspension of the sponsorship licence.

In 2024 the People Service undertook a review of the processes and responsibilities associated with the management of visa sponsorship, and its integration with the recruitment process. Subsequently, a Visa Sponsorship and Right to Work Policy Guidance has been developed and is published on One Dundee.

Scope

Review of the processes by which the Council considers and manages recruitment applications from individuals overseas and/or requiring visa sponsorship, including the update of these policies and procedures in line with changing legislation.

Objectives

		Action Priority			
		C	H	M	L
The Council has a clear policy on the circumstances in which International Recruitment is appropriate	Comprehensive Assurance	-	-	-	2
Roles and responsibilities in relation to immigration sponsorship and visas are clearly defined and appropriately allocated between the hiring manager, and People Service functions	Comprehensive Assurance	-	-	-	-
The Council is complying with its requirements as a licenced sponsor	Substantial Assurance	-	-	1	1
Visa application requirements are integrated into the recruitment process where applicable	Comprehensive Assurance	-	-	-	1
There are adequate controls over the processing of payments for Home Office fees	Comprehensive Assurance	-	-	-	-
TOTAL		-	-	1	4

Nature of Recommendations

Three (low) of the recommendations relate to the design of controls, and two (1 low, 1 medium) to the operation of existing controls. This indicates that while the overall framework is broadly sound, enhancements are needed in both design and operational practices to strengthen compliance and reduce residual risk.

Key Findings

During 2024/25, the Council implemented significant improvements to visa monitoring and sponsorship processes following identification of risks with previous arrangements. The relatively low numbers of employees holding visas, and particularly of individuals whose visas are sponsored by the Council means that audit testing necessarily included employee files relating to recruitment that occurred before improvements were implemented. No exceptions were identified in eligibility checks or visa monitoring in recruitment activity occurring after the improved processes were introduced. The ongoing transformation of the Talentlink recruitment system will further mitigate the retention of documentation and compliance risks identified during this audit.

We identified a number of areas of good practice:

- The Council has established a Visa Sponsorship and Right to Work Policy Guidance which provides a framework for international recruitment and is supported by guidance documents covering all the key elements of recruitment.
- Training and support are available for staff involved in international recruitment processes.

- Roles and responsibilities for visa sponsorship processes are documented, in the form of guidance and flowcharts. Designated responsibility for monitoring legislative changes is allocated to the Service Lead for HR. Access to the Home Office Sponsor Management System is role-based and actively managed.
- Job advertisements and descriptions are stored centrally to prevent unauthorised amendments and are readily available if required to produce recruitment evidence to the Home Office.
- Procedures are in place for events that the Council is obliged to notify to the Home Office during sponsorship applications, and staff demonstrated understanding of these responsibilities.
- Recruitment processes do not discriminate based on immigration status, with all candidates assessed equally during the application and interview stages.
- Right to work checks are conducted after the preferred candidate selection and before conditional offers to identify any sponsorship requirements.
- All payments of Home Office fees are authorised before processing and are processed at the correct fee rates for the transaction dates.

We have been advised by management the following actions are already in progress:

- In early 2025 a manual exercise identified all sponsored workers and workers holding a Visa across the Council and reviewed what documentation was held in files. Management is populating ResourceLink fields to create systematic records of sponsored workers and is working with Zellis, the system provider, to enable reporting capability.
- Recruitment and Staffing teams are obtaining a procurement card to streamline the Certificate of Sponsorship payments.

We have identified the following areas for improvement:

- There is no established communication process to ensure hiring managers are aware of the Visa Sponsorship and Right to Work Policy Guidance or its updates.
- Visa Sponsorship and Right to Work Policy Guidance includes some frequently updated information explicitly, such as fee costs, rather than by reference to published guidance, creating a risk that Council policy documents become out of date when fees and charges are revised by UKVI.
- Current practice for verification of identity documents is not consistent with internal recruitment and selection guidance which should be amended to reflect current digital verification practices.
- We identified gaps and inconsistencies in the documentation stored within employee files. This included missing Certificates of Sponsorship, missing or incomplete interview documentation and missing qualification documentation.
- There is no standardised approach for communicating visa sponsorship processes and timescales to preferred candidates during recruitment stages. The Visa Sponsorship guidance contains FAQs for candidates, but job information packs do not currently include links to this guidance.

Impact on risk register

The Corporate and People Service risk registers included, at time of audit, the following risks:

- DCC008 Workforce (inherent risk 4x4, residual risk 4x4)
- DCC009 Statutory & Legislative Compliance (inherent risk 5x4, residual risk 5x2)
- CSPS001 People (inherent risk 5x4, residual risk 4x2)

- CSPS005 Legal / Legislative (inherent risk 5x2, residual risk 4x2)

The most relevant risks to this audit are the statutory and legislative compliance risks (DCC009 and CSPS005), which capture the potential for non-compliance with Home Office sponsor licence requirements, and the Workforce risk (DCC008), which includes recruitment procedures as a key control. While these risks appropriately capture the broad compliance and workforce implications, they do not explicitly articulate the specific consequences of sponsor licence non-compliance, such as suspension of the license preventing international recruitment or civil penalties for employing individuals without valid right to work.

Definitions of Levels of Assurance

Comprehensive Assurance	The system of controls is essentially sound and supports the achievement of objectives and management of risk. Controls are consistently applied. Some improvement in relatively minor areas may be identified.
Substantial Assurance	Systems of control are generally sound, however there are instances in which controls can be strengthened, or where controls have not been effectively applied giving rise to increased risk.
Limited Assurance	Some satisfactory elements of control are present; however, weaknesses exist in the system of control, and / or their application, which give rise to significant risk.
No Assurance	Minimal or no satisfactory elements of control are present. Major weaknesses or gaps exist in the system of control, and / or the implementation of established controls, resulting in areas of unmanaged risk.

Definitions of Action Priorities

Critical	Very High-risk exposure to potentially major negative impact on resources, security, records, compliance, or reputation from absence of or failure of a fundamental control. Immediate attention is required.
High	High risk exposure to potentially significant negative impact on resources, security, records, compliance, or reputation from absence of or non-compliance with a key control. Prompt attention is required.
Medium	Moderate risk exposure to potentially medium negative impact on resources, security, records, compliance or reputation from absence or non-compliance with an important supporting control, or isolated non-compliance with a key control. Attention is required within a reasonable timescale.
Low	Low risk exposure to potentially minor negative impact on resources, security, records, compliance, or reputation from absence of or non-compliance with a lower-level control, or areas without risk exposure but which are inefficient, or inconsistent with best practice. Attention is required within a reasonable timescale.

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ITEM No ...5.....

REPORT TO: SCRUTINY AND AUDIT COMMITTEE – 22 APRIL 2026

REPORT ON: INTERNAL AUDIT PLAN UPDATE AND PROGRESS REPORT

REPORT BY: CHIEF INTERNAL AUDITOR

REPORT NO: 93-2026

1.0 PURPOSE OF REPORT

To submit to Members of the Scrutiny Committee an update on the progress towards delivering the 2025/2026 Internal Audit Plan; the audit from previous years' plans that were not complete in June 2025, and information about the number of open internal audit recommendations.

2.0 RECOMMENDATIONS

It is recommended that the Committee:

- (i) note progress with the Internal Audit Plan.
- (ii) agree to the changes in the plan noted at paragraphs 4.2 and 4.3; and
- (iii) note progress with the implementation of agreed internal audit recommendations.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 AUDIT PROGRESS

- 4.1 Appendix 1 notes the current stage of progress with implementing the 2025/2026 Internal Audit plan and the outstanding items brought forward from previous plans (the plan). It also includes the current position regarding previous years' internal audits with remaining open actions at 31 March 2026.
- 4.2 In order to address the backlog of work carried forward in the last few years it is proposed to remove the following audits from this plan. Four will be carried forward to 2026/27. The other, Performance Reporting, will be re-considered for inclusion in 2027/28. It is not being taken into 2026/27 due to a review of processes that is currently underway. These audits have been selected based on their stage of completion in March 2026.
- Performance Reporting (removed)
 - Information Governance (progress of GDPR Action Plan) (Carried forward)
 - Dundee IJB - Implementation and Monitoring of Directions (Carried forward)
 - Energy Management and Billing (Carried forward)
 - DWP Appointeeships (Carried forward)
- 4.3 These are in addition to two audits previously agreed to be carried forward (Asset Management and Employability Services). It is now proposed that Asset Management will not be carried forward due to the Best Value thematic work carried out on this area.

- 4.4 It is still expected that sufficient work will have been completed by June and reported during 2025/26 to allow the necessary overall audit conclusions (previously opinions) to be given in June 2026.
- 4.5 Appendix 2 shows the total open internal audit recommendations by service, audit year and risk priority. Limited progress has been made to implement and close open actions, with 20 actions closed since this was last reported in January 2026. New target dates have also been set for a number of actions, with 23 still requiring a new target date to be set by the services, compared to 30 at January 2026.

5.0 POLICY IMPLICATIONS

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 CONSULTATIONS

The Council Leadership Team have been consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

No background papers, as detailed by Section 50D of the Local Government (Scotland) Act 1973 (other than containing confidential or exempt information) were relied on to a material extent in preparing the above report.

Appendix 1 - Internal Audit Plan update 2025/26 plus previous years' not reported by June 2025.

Appendix 2 - Outstanding Internal Audit Agreed Actions.

CATHIE WYLLIE, CHIEF INTERNAL AUDITOR

DATE: 31 MARCH 2026

Appendix 1 - Internal Audit Plan update 2025/26 plus previous years' not reported by June 2025

The tables below show the progress stage of each audit, and the overall assurance level provided from completed audit work. They also include the numbers of remaining open actions for each report to allow members to assess if risks identified during the audit are now mitigated, or where risk remains outstanding.

Progress with previous years' audits not complete at June 2025

2022/23 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Final Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed Actions
					C	H	M	L	
Procurement / Contract Reviews									
Social Work Contracts and Payments	Review of contract management and commissioning arrangements, including payments, within Dundee Health and Social Care Partnership to assess their adequacy and effectiveness.	February 2025 Revised to June 2026	Draft Report Issued 6/01/26						

2023/24 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed Actions
					C	H	M	L	
Procurement / Contract Reviews									
SLAs with External Bodies	Assess the extent to which the Council has adequate service level agreements in place where Council responsibilities are delivered by external bodies. To include an assessment of arrangements to ensure satisfactory service delivery and value for money.	April 2025 Revised to December 2025	Complete	Limited	-	1	4	-	None
System Reviews									
Section 75 Planning Obligations (Contractor)	Review of the arrangements in place for the recording, receipt, and monitoring of Section 75 payments/planning obligations from Developers.	February 2025 Revised to December 2025	Complete	Substantial	-	-	4	1	1
Young People in Residential Care - Missing Persons Processes	Review of the arrangements for risk assessment, planning for, and prevention of young people going missing from Residential Care. To include review of processes for identifying, recording, and responding to such instances.	April 2025 Revised to September 2025	Complete	Substantial	-	-	5	2	None

2024/25 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed actions
					C	H	M	L	
Governance Reviews									
Partnership Working - Dundee Alcohol and Drugs Partnership	Review of the arrangements which underpin the Council's delivery responsibilities under the Alcohol and Drugs Partnership's Strategic Framework, including delivery plans, progress monitoring, and engagement with other members of the Partnership.	April 2025 Revised to September 2025	Complete	Comprehensive	-	-	-	-	No actions in this report
ICT Reviews									
Service Cyber Incident Readiness (contractor)	Review the adequacy of design, and operating effectiveness of key controls, established in services to ensure delivery of their key activities to a minimum agreed level, during a cyber incident.	September 2025 Revised to June 2026	Draft report issued 6/3/26						
Financial Reviews									
Capital Planning and Monitoring	Review of the procedures to oversee the implementation of Capital Plans, in line with the Council's Capital Investment Strategy, and monitor and scrutinise Capital expenditure.	February 2025 Revised to September 2025	Complete	Limited	-	1	1	-	-
MOSAIC system payments	Review of payment processes added mid-year at Service's request.	April 2025	Complete	Limited	1	3	2	-	4

2024/25 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed actions
					C	H	M	L	
		Revised to February 2026							
Systems Reviews									
Multi Agency Safeguarding Hub (MASH) Intake processes	Review of the administrative processes to support the Multi-Agency Safeguarding hub in taking timely, effective action on referrals in collaboration with Council Services and partner bodies.	April 2025 Revised to February 2026	Complete	Substantial	-	-	2	2	None
Climate Strategy and Delivery Plans	Review to be conducted using a scope and audit programme being developed by SLACIAG for use across local authorities in Scotland.	June 2025 Revised to Sept 2025	Complete	Substantial	-	-	3	1	None

2024/25 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed actions
					C	H	M	L	
Other Work									
Housing Stock (External Wall Insulation)	Review the processes, procedures and programmes relating to the implementation of the works identified as required after August 2021 by the report from the Design and Property Service.	June 2025 Reporting to S&AC delayed pending legal advice	Complete	Partially advisory					
External Quality Assessment Process	As part of the peer review process developed to ensure conformance with the PSIAS, complete External Quality Assessment (EQA) of the Council's Internal Audit Service. Self-assessment provided to reviewer November 2023. Review delayed during 2024, re-started in October 2024, but further delay by reviewer. These actions are not included in the tables about open audit actions	December 2024 Revised to December 2025	Complete	Generally conforms 2 Sections Fully conforms 12 sections	1	-	-	4	1 H; and 6 L

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2025/2026 Internal Audit Plan - Progress Report

The following table includes the 2025/26 plan.

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed Actions
					C	H	M	L	
Finance Reviews									
Cash Handling	Review of the arrangements in place within the Council for the management and handling of cash. The audit covered Claverhouse Social Work Office: East Cash Office and general arrangements.	December 2025 Revised to April 2026	Report in Clearance						
Treasury Management (Large Value Transactions)	Review of procedures for processing and authorisation of large value transactions involving Council funds.	February 2026 Revised to June 2026	In review						
ICT Reviews									
Artificial Intelligence (AI) adoption	Review of ethics and governance in this area, potentially as an advisory review rather than an assurance audit	April 2026 Revised to June 2026 Revised to June 202	In review						

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed Actions
					C	H	M	L	
Cyber Security supply chain management	Review of arrangements for management of cyber security within supply chains. This will cut across IT, Information Governance and procurement.	April 2026 revised to June 2026	In review						
Governance Reviews									
Performance Reporting	Assessment of organisational performance monitoring arrangements within Services, and their consistency with key operational plans.	February 2026 Proposed to remove from plan	Planning						
Information Governance (progress of GDPR Action Plan)	Review of Information Governance arrangements across the Council, including the progress of previous action plans.	December 2025 Proposed to carry forward to 2026/27	Planning						
Dundee IJB - Implementation and Monitoring of Directions	Review of the governance and operational arrangements for the implementation and monitoring of Directions from Dundee IJB to the Council.	June 2026 Proposed to carry forward to 2026/27	Not started						

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed Actions
					C	H	M	L	
Systems Reviews									
Asset Management	Review of the processes which ensure that the Council's asset management databases are complete, accurate, and kept up to date. To include processes for condition assessment.	Originally Feb 2026	Previously agreed to c/f to 2026/27. Now propose not to include in 2026/27 due to Best Value thematic work having been carried out in this area						
Employability Services	Review of the efficiency and effectiveness of the Employability pathway, and arrangements to implement the Scottish Government's <i>No one left behind</i> policy.	Originally December 2025	Previously agreed to postpone till 2026/27 plan						
Energy Management and Billing	Evaluation of the processes in place for energy metering and billing, including an assessment of value for money.	April 2026 Proposed to carry forward to 2026/27	Not started						

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed Actions
					C	H	M	L	
Business Continuity Planning	Review of the extent to which Business Continuity Plans are in place, up to date, and consistent with Council policies and guidance, considering emergency planning and Service incident readiness plans.	April 2026 Revised to June 2026	In review						
Council Tax and Non-Domestic Rates refunds	Review of the processes and controls for managing Council Tax and Non-Domestic Rates refunds, taking cognisance of work already carried out within Digital and Customer Services on Council Tax Refunds.	April 2026 Revised to June 2026	In progress						
DWP Appointeeships	Review of the arrangements in place within the Council for the management of DWP Appointeeship clients who are deemed incapable of managing their own affairs.	February 2026 Proposed to carry forward to 2026/27	Not started						
Homelessness	Review of the development and progress of the Council's plans to address Homelessness.	February 2026 Revised to June 2026	In progress						

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed Actions
					C	H	M	L	
Immigration Sponsorship and Visas	Review of the processes by which the Council considers and manages recruitment applications from individuals overseas and/or requiring visa sponsorship, including the update of these policies and procedures in line with changing legislation.	December 2025 Revised to April 2026	Complete	Substantial			1	4	
Payroll	Review of a payroll sub-process, to be selected in conjunction with Service management.	April 2026 Revised to September 2026	Not started						
Schools Administrative Support	Review of the arrangements to provide administrative and office support to schools, including arrangements for backfill in the event of absence.	February 2026 Revised to June 2026	In progress						
Self-Directed Support	Review of the arrangements for the uptake of and management of self-directed support within Children Services.	April 2026	Planning						

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed Actions
					C	H	M	L	
<i>Other Work</i>									
Parking Meter Procurement	Review of the procurement process for the tender with Project Number DCC/CD/111/24, to confirm that the procurement process used is consistent with Council procurement procedures and the requirements of the tender specification.	September 2025 revised to February 2026	Complete	Advisory -	-	2	1	-	4
Purchasing outwith Civica - Fleet Purchasing (Tranman)	Review processes which are specific to the Fleet function for placing and approving orders, receipting, and approval of payments.	September 2025 revised to February 2026	Complete	Limited	-	1	2	1	1
Purchasing outwith Civica - GVA	Review processes in relation to the ordering, approval, and payment for repair work to Council buildings which are administered through the GVA system and related processes.	September 2025 revised to December 2025	Complete	Limited	-	2	3	1	
Follow-Up	Review of progress with the implementation of prior internal audit actions agreed by the Council, for the purpose of providing assurance to Elected Members that identified issues are addressed on a timely basis, and that	Each meeting	Ongoing	N/A	-	-	-	-	

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed Actions
					C	H	M	L	
	management attention is appropriately directed towards issues which expose the Council to higher degrees of risk.								
Technical Development	<p>Review and update of the Council’s Internal Audit Methodology following the implementation of Global Internal Audit Standards.</p> <p>Further refinement of the Council Audit Universe in consultation with Services.</p> <p>Development and implementation of a Data Analytics strategy and capability.</p>	On-going	In Progress	N/A	-	-	-	-	
Advice and Guidance	Provision of ad-hoc support to assist services in respect of specific queries and contribute to the delivery of improvements in the Council's framework of governance, risk management and control. This will include the ongoing provision of advice and guidance surrounding the development of newly implemented systems and processes, or the revision and update of those processes.	N/A	Ongoing	N/A	-	-	-	-	
GIAS (UK Public Sector) Quality Self-Assessment Process	Annual self-assessment for conformance with GIAS (UK Public Sector).	June 2026	Ongoing						

2025/26 INTERNAL AUDIT PLAN	Proposed Coverage	Target Scrutiny Reporting	Status / Update	Assurance Level	Open Actions at 31 March 2026				Closed Actions
					C	H	M	L	
Specific Investigations	To respond to requests for advice and assistance as required in respect of cases of suspected fraud, corruption or malpractice.	As required							

Previous Years Internal Audit Plan - Progress Report (Audits with audit actions remaining open at 31 March 2026)

The following table shows the audits from previous years that still have outstanding actions, or where the final actions have been closed since we last reported. Once all actions are closed the report will be removed at the following reporting cycle. There are three reports in that position.

Revised dates have been agreed where actions have past their original agreed completion date, however a small number of these are also now in the past and require a new target date to be set.

Previous Year's Audit	Open actions	Report Number	Reported to Scrutiny Committee	Report Assurance level	Open Actions at 31 March 2026			
					C	H	M	L
Self-Directed Support	2 Timely Return of Financial Monitoring Forms	2015/29	2015/16 audit year	2 closed actions	-	1	-	-
Lone Working	3 Warning Alerts	2017/07	2017/18 audit year	2 closed actions	-	1	-	-
Joint Community Equipment Service	1 Partnership Agreement	2019/17	2019/20 audit year	4 closed actions	-	1	-	-

Previous Year's Audit	Open actions	Report Number	Reported to Scrutiny Committee	Report Assurance level	Open Actions at 31 March 2026			
					C	H	M	L
Follow-up Review of General Data Protection Regulations (GDPR)	7 Subject Access Requests ("SAR")	2020/19	April 2021	7 closed actions	-	1	-	-
Payroll	1 Salary Additional Payments/Deductions	2021/01	June 2022	2 actions closed	-	-	-	1
Stocks and Inventories - 2020/21 Year End	2 Construction Services Stock	2021/03	Sept 2021	0 closed actions	-	1	-	-
Fire Risk Assessments	3 Procedures and Controls for ensuring all Relevant Properties are Fire Risk Assessed - Housing Division as Part of Neighbourhood Services	2021/22	June 2023	3 closed actions	-	1	-	-
Adaptations and Equipment for people with Disabilities	1 Community Independent Living Service (CILS) IT Systems 2a Assessment Documentation held in the MOSAIC System 2b Assessment Documentation held in the MOSAIC System 3a Monitoring of Referrals and Assessments 3b Monitoring of Referrals and Assessments 4a Adaptation Budgets and Criteria 4b Adaptation Budgets and Criteria 5a Procurement 5b Procurement	2022/04	June 2024	0 closed actions	-	7	-	2
Tay Cities Region Deal	1 Securing Business Case Approval	2022/08	Sept 2023	3 closed actions	-	1	-	-

Previous Year's Audit	Open actions	Report Number	Reported to Scrutiny Committee	Report Assurance level	Open Actions at 31 March 2026			
					C	H	M	L
LACD Financial Sustainability	1 Service Agreement 2 Monitoring 3 Service Level Agreements 4 Management Fee Plus 4 LACD actions	2022/09	June 2024	0 closed actions	2	2	-	-
General Ledger	2 Documentation of Controls 3 Cost Centre Structure 4 Monitoring Timetable	2022/17	Sept 2023	4 closed actions	-	1	1	1
Cyber Security	2 Documentation of Processes 7 Testing Response and Recovery Processes	2022/20	City Governance Feb 2024	6 closed actions	-	-	1	-
Procurement	2 Contract and Supplier Management 5 Waivers	2022/21	June 2024	4 closed actions	-	1	-	-
Health and Safety - Incident Reports	1 Conduct regular audits and quality checks on the incident reporting and recording 2 Improve the storing and filing of incident information 4 Promote management involvement in investigations	2022/23	Sept 2024	1 closed action	-	1	1	1
Recruitment (Contractor)	1 Formalising service areas' succession plans	2023/08	Dec 2024	0 closed actions	-	1	-	-
Permanence	1 Improve Document Storage and Accessibility 2 Enhance Meeting Documentation 3 Improve Communication about Legal Processes	2023/10	April 2025	0 closed actions	-	-	4	-

Previous Year's Audit	Open actions	Report Number	Reported to Scrutiny Committee	Report Assurance level	Open Actions at 31 March 2026			
					C	H	M	L
	4 Implement and Evaluate New Date Recording Form in MOSAIC							
Community Justice Liaison with COPFS and the Courts		2023/12	2024	6 closed actions	-	-	-	-
Civica CX - Rent Accounting Module	1 Post Implementation Review Framework	2023/17	Feb 2025	0 closed actions	-	1	-	-
Corporate Governance		2023/20	Dec 2024	7 closed actions	-	-	-	-
Health and Safety Risk Assessments and Incident Management in Schools	1 Mandatory Health and Safety Training Programme	2023/24	April 2025	2 closed actions	-	-	1	-
Safety Alarm Response Centre	2 Implement a Performance Measurement and Reporting Framework for SARC Operations	2023/25	Dec 2024	4 closed actions	-	-	1	-
Microsoft Office 365 (Contractor)	1 Access Management Review 3 Application Restrictions 5 Administrator Account Access 6 Update and Introduction of Policies 7 Data Loss Prevention Assessment	2023/28	June 2025	2 closed actions	-	5	-	-
User Access Management	5 Civica Monitoring	2023/29	Feb 2024	4 closed actions	-	1	-	-

Previous Year's Audit	Open actions	Report Number	Reported to Scrutiny Committee	Report Assurance level	Open Actions at 31 March 2026			
					C	H	M	L
(Contractor)								
Risk Management (Contractor)	2 Update and Enhance the Risk Management Procedures 3 Develop and Maintain a Risk Appetite Framework 4 Strengthen Risk Identification Process and Refresh the Risk Register to reflect Current and Emerging risks 5 Ensure Risk Description is completed, and Proper Risk Ownership is assigned 6 Review and Cleanse Risk Records Across Pentana 7 Strengthening the Consistency of the Prioritisation Practices 8 Strengthening Risk Mitigation 9 Strengthening Monitoring to Drive Effective Risk Reduction	2024/04	June 2025	1 closed action	-	-	6	2
User Access Management Northgate	2B CAR User Access Review 3B System Monitoring	2024/06	June 2025	4 closed actions	-	-	1	-
Payroll - Changes in Circumstances	2 Development of Payroll processing guidance 4 Calculation Tool Integration 7 Risk Management Framework	2024/08	June 2025	5 closed actions	-	-	1	1
Insurance (Contractor)		2024/16	June 2025	4 closed actions	-	-	-	-

Definitions of Levels of Assurance

Comprehensive Assurance	The system of controls is essentially sound and supports the achievement of objectives and management of risk. Controls are consistently applied. Some improvement in relatively minor areas may be identified.
Substantial Assurance	Systems of control are generally sound, however there are instances in which controls can be strengthened, or where controls have not been effectively applied giving rise to increased risk.
Limited Assurance	Some satisfactory elements of control are present; however, weaknesses exist in the system of control, and / or their application, which give rise to significant risk.
No Assurance	Minimal or no satisfactory elements of control are present. Major weaknesses or gaps exist in the system of control, and/or the implementation of established controls, resulting in areas of unmanaged risk.

EQA definitions

Fully conforms - The assessment team concludes that the internal audit activity fully complies with all aspects of the PSIAS and the Application Note. All tests have been concluded as satisfactory and areas of good practice are likely to have been identified.

Generally conforms - The assessment team concludes that the internal audit activity has the relevant structures, policies, and procedures in place and these are applied in practice in all material respects. The majority of tests have been concluded as satisfactory and there is at least partial conformance in others. General conformance does not require complete / perfect conformance. Some areas of good practice and some minor areas of improvement may have been identified.

Partially conforms - The assessment team concludes that the internal audit activity is making efforts to comply with the requirements, is aware of the areas for development but falls short in some material respects. Some tests will have identified material areas for improvement.

Does not conform - The assessment team concludes that the internal audit activity is not aware of and is not making efforts to comply with the requirements. The majority of tests will have identified significant opportunities for improvement. The deficiencies will usually have a significant negative impact on the activity's effectiveness and its potential to add value to the organisation. Some deficiencies may be beyond the control of the activity and may result in recommendations to senior management and the Board of the authority being assessed.

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OUTSTANDING INTERNAL AUDIT AGREED ACTIONS

Agreed actions from Internal Audit recommendations are recorded in Pentana and implementation is monitored by Services and the Risk and Assurance Board. Implementation of the agreed action is the responsibility of the service area, and the risk exposure identified in the audit remains in place until the action has been completed. New dates should be agreed for actions that were not complete by their original due date.

The numbers of outstanding actions in Pentana for each Service, by audit year, on 31 March 2026 are noted above against individual reports and summarised in the following tables.

- Table 1 - shows actions that have not yet reached their original agreed due date.
- Table 2 - shows actions that have had their due dates extended but are still not completed.
- Table 3 - shows actions overdue from their agreed due date, and which require a new date to be agreed.

At 31 March 2026 there were 107 open actions in Pentana including actions allocated to Dundee HSCP which have not been included in previous reporting. On a like for like basis this comprises 97 actions excluding those allocated to Dundee HSCP, compared to 84 reported at 13 January 2026. 3 of these actions are critical and relate to on-going work in relation to LACD, and controls in relation to payments raised through the MOSAIC System.

There has been limited progress in closing actions, with 20 actions closed. 33 new actions have been added. 10 HSCP actions have been included in this reporting which are not new but were not included in previous reports.

Table 1 - Actions not yet reached original agreed due date

Service	Audit Year	Critical	High	Medium	Low	Total
		No	No	No	No	No
City Development	2024/25	-	3	5	2	10
Children and Families	2024/25	-	-	2	2	4
Corporate Services	2024/25	-	-	2	1	3
	2025/26	-	-	1	4	5
Corporate	2023/24	-	1	4	-	5
Neighbourhood Services	2024/25	-	1	4	1	6
31 March 2026 Totals		0	5	18	10	33
13 January 2026 Totals		0	4	12	4	20

Table 2 - Actions with due date extended from original due date

Service	Audit Year	Critical	High	Medium	Low	Total
		No	No	No	No	No
City Development	2022/23	-	1	-	-	1
Chief Executive's Service	2022/23	2	-	-	-	2
Children and Families	2023/24	-	-	2	2	4
	2024/25	1	1	1	-	3
Corporate Services	2020/21	-	1	-	-	1
	2021/22	-	1	-	1	2
	2022/23	-	4	2	1	7
	2023/24	-	6	1	-	7
	2024/25	-	2	7	2	11
Health and Social Care Partnership	2015/16	-	1	-	-	1
	2019/20	-	1	-	-	1
	2022/23	-	3	-	2	5
Neighbourhood Services	2017/18	-	1	-	-	1
	2021/22		1	-	-	1
	2022/23	-	1	1	1	3
	2023/24	-	-	1	-	1
31 March 2026 Totals		3	24	15	9	51
13 January 2026 Totals		2	17	8	8	35

Table 3 - Actions overdue from agreed due date

Service	Audit Year	Critical	High	Medium	Low	Total
		No	No	No	No	No
City Development	2023/24	-	-	3	1	4
Children and Families	2023/24	-	-	7	-	7
	2024/25		2	1	-	3
Corporate Services	2023/24	-	1	1	-	2
	2024/25	-	-	1	-	1
Health and Social Care Partnership	2022/23	-	3	-	-	3
Neighbourhood Services	2022/23	-	1	-	-	1
	2023/24	-	1	-	-	1
	2024/25	-	1	-	-	1
31 March 2026 Totals		-	9	13	1	23
13 January 2026 Totals		-	4	20	6	30

Definitions of Action Priority

Critical	Very high-risk exposure to potentially major negative impact on resources, security, records, compliance, or reputation from absence of or failure of a fundamental control. Immediate attention is required.
High	High risk exposure to potentially significant negative impact on resources, security, records, compliance, or reputation from absence of or non-compliance with a key control. Prompt attention is required.
Medium	Moderate risk exposure to potentially medium negative impact on resources, security, records, compliance or reputation from absence or non-compliance with an important supporting control, or isolated non-compliance with a key control. Attention is required within a reasonable timescale.
Low	Low risk exposure to potentially minor negative impact on resources, security, records, compliance, or reputation from absence of or non-compliance with a lower-level control, or areas without risk exposure but which are inefficient, or inconsistent with best practice. Attention is required within a reasonable timescale.
Advisory	Advice is provided without an assurance level being assessed for this area.

EQA action definitions

Critical Equivalent of High

Significant Equivalent of Medium

Routine Equivalent of Low

Critical	Equivalent of Critical above.
Significant	Equivalent of High above.
Routine	Equivalent of Medium or Low above - shown in table as Low.

ITEM No ...6.....

REPORT TO: SCRUTINY AND AUDIT COMMITTEE - 22 APRIL 2026

REPORT ON: 2026/2027 INTERNAL AUDIT PLAN

REPORT BY: CHIEF INTERNAL AUDITOR

REPORT NO: 91-2026

1.0 PURPOSE OF REPORT

To submit to Members of the Scrutiny and Audit Committee the Internal Audit Plan for the 2026/2027 financial year.

2.0 RECOMMENDATIONS

Members of the Committee are asked to review and approve the 2026/2027 Internal Audit Plan as detailed at Appendix A.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT**Introduction**

4.1 Internal audit is defined in the Global Internal Audit Standards as applicable to UK Public Sector organisations (GIAS (UK Public Sector)) as:

“An independent, objective assurance and advisory activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management, and control processes”.

4.2 GIAS (UK Public Sector) requires the Chief Internal Auditor to create an internal audit plan that supports the achievement of the organisation’s objectives, based on a documented assessment of the organisation’s strategies, objectives and risks. Assurances are provided throughout the year as individual audits are completed.

4.3 Management are responsible for establishing the risk, governance and internal control processes and systems as well as their on-going monitoring. Management are also responsible for managing fraud risks and ensuring that internal control systems are designed to guard against fraud and misappropriation. Internal Audit is not a substitute for these management responsibilities. Rather it is the review function which will challenge current practices and recommend the best practice and improvements to lead to a strengthening of the control environment and therefore assist the Council in achieving its objectives.

4.4 The Internal Audit plan is considered to be flexible to allow a quick response to any significant new requirements or change to Council risks. Any amendments to the plan will be brought to the Scrutiny and Audit Committee for approval.

4.5 The Internal Audit plan will be delivered in accordance with the Internal Audit Mandate and Charter approved in April 2025. This complies with the GIAS (UK Public Sector) which sets out the role, professional requirements, independence and overall responsibilities of Internal Audit. The authority, access rights and reporting arrangements for the Internal Audit function are also contained within the Internal Audit Mandate and Charter.

- 4.6 In June 2027, the Annual Internal Audit Report will present the internal audit conclusion for 2026/27 based on an objective assessment of the effectiveness of governance, risk management and control processes.

Resources

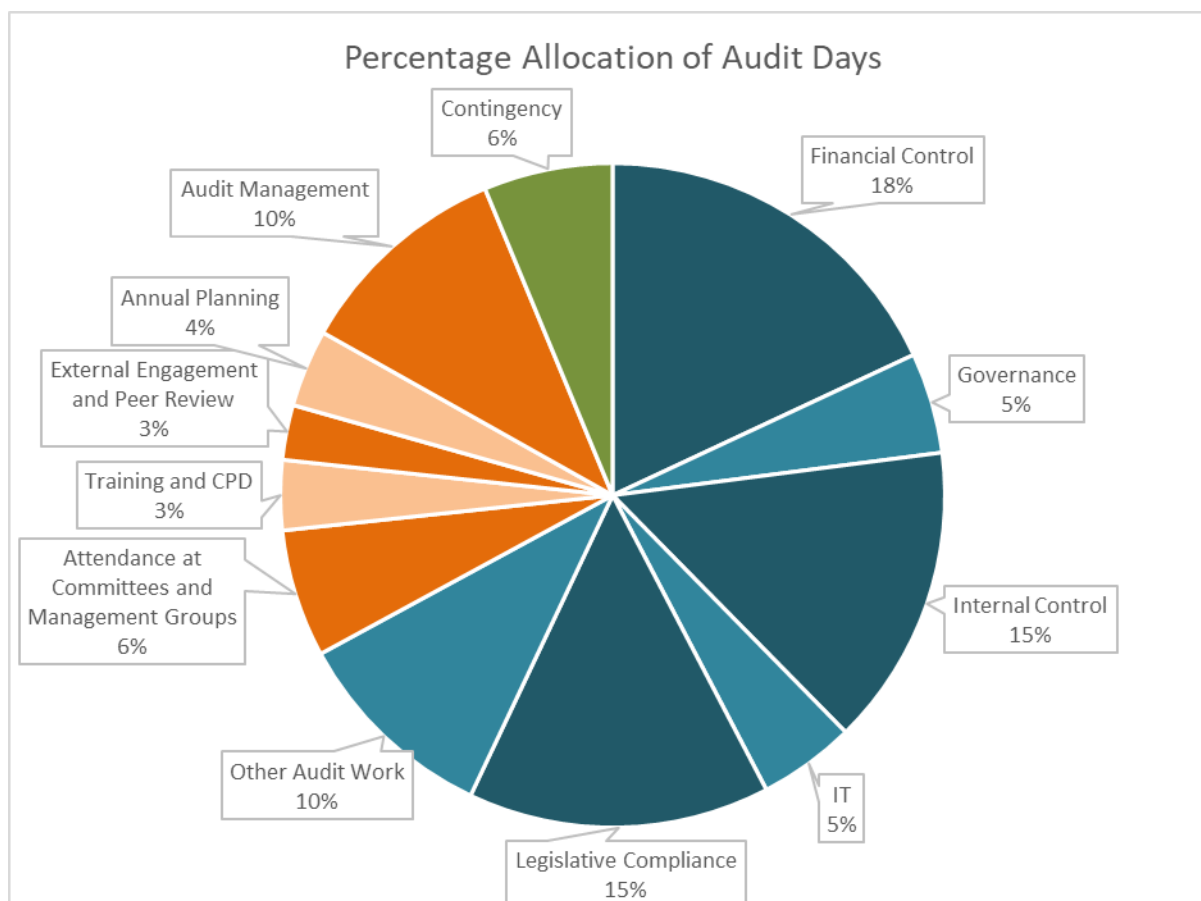
- 4.7 The Council's Internal Audit service is delivered by an in-house team complemented by additional audit input from a contractor providing IT audit support. The 2026/2027 audit is the final full year of the current contract with Azets.
- 4.8 The in-house internal audit team structure has 4.3 FTE staff. The Chief Internal Auditor (CIA) (0.5 FTE), Acting Senior Manager - Internal Audit (0.8 FTE devoted to audit), Senior Auditor (1 FTE) and 2 auditors (2 FTE). The CIA post is currently filled through a secondment arrangement with Angus Council.
- 4.9 Although the team is expected to be fully staffed during the 2026/2027 audit period, the Acting Senior Manager has not been able to devote 0.8 FTE of their time to audit due to covering for vacancies within risk management and insurance during 2025/2026. This situation is expected to continue for at least part of 2026/2027 in relation to risk management.
- 4.10 The Internal Audit team provides 25 days audit input to support the Chief Internal Auditor of the Dundee IJB (Integration Joint Board), who is from FTF Audit and Management Services. Discussions are in progress about providing a service to Leisure and Culture Dundee (LACD) 25 days have been allocated provisionally. Both are included in the Other Audit Work category.
- 4.11 For the 2026/2027 financial year, the total productive days available are 956, after allowing for annual leave, and other absences and including the external contractor. The time available for audits takes into account the work for the IJB noted above, the time needed for professional development of staff, internal administrative activities, and staff involvement in corporate management groups.
- 4.12 Follow-up audit work will be undertaken with services as audit actions are closed in Pentana, with specific follow up reviews only considered for areas where the overall assurance level is limited or no assurance.
- 4.13 Where any team member has a perceived or actual conflict of interest in relation to an Internal Audit assignment or investigation, they will not be permitted to have any involvement in that piece of work. In addition, Internal Audit staff who are involved in advisory work will not be permitted to be involved in any internal audit work that is directly related to that work.
- 4.14 Technological resource requirements are addressed through provision of laptop computers to all team members, with access to Microsoft Office 365. Power BI software requirements will be kept under review as the Internal Audit Strategy is implemented and discussed with the IT service as required.
- 4.15 The overall Internal Audit resource and allocation is included in the table below.

Total Available Productive Days from:	
Audit Team	911
IT Audit Contractor	45
Total Available Productive Days	956

Allocated as:	
Audit Plan	545
Other Audit Work	96
Non-audit Productive Work:	255
Total Allocated Days	896
Contingency	60
Total Productive Days	956

- 4.16 The current resource availability is sufficient to allow production of the Annual Internal Audit Conclusion and provide the required assurances to Scrutiny and Audit Committee Members and Officers.
- 4.17 The initial allocation of the available days in delivering the audit plan is shown below: Blue shaded items are direct audit work, orange shades are non-audit productive work, and green is contingency.

Headline Areas	
Financial Control	172
Governance	47
Internal Control	140
IT	45
Legislative Compliance	140
Other Audit Work	96
Attendance at Committees and Management Groups	60
Training and CPD	33
External Engagement and Peer Review	26
Annual Planning	36
Audit Management	101
Contingency	60
Total	956



- 4.18 This allocation is appropriately aligned to risk profile and will address the assurance needs of the Council in 2026/2027. At this stage, the days per headline area are an estimate and will be firmed up once more detailed scoping work has been carried out.

The 2026/27 Internal Audit Plan

A risk-based plan for the Council, outlining the planned programme of work to be undertaken by the Internal Audit Service, is developed annually in consultation with audit stakeholders. Appendix A presents the outcomes of the annual planning exercise and the Chief Internal Auditor's proposed 2026/2027 Internal Audit Plan, for approval.

- 4.19 The planning process involves determining the potentially auditable areas of the Council and updating these in the Audit Universe each year. The auditable areas are identified from a number of internal and external sources.
- 4.20 Each area in the audit universe is then risk assessed by:
- Mapping the risk registers, and the residual risk score to the audit universe,
 - An independent assessment of risk by the Chief Internal Auditor,
 - Consideration of issues identified by audit stakeholders, and
 - Other assurance sources.
- 4.21 The final step in the development of the annual plan is to identify the individual audits from the audit universe. This year the plan includes seven audits carried forward from the previous year in addition to a mix of those requested by stakeholders, those identified from an assessment of risk, and some on a cyclical basis. Not all areas raised by stakeholders have been included, either because they have recently been covered by audit or another assurance provider or have relatively lower risk than other areas that were included.

- 4.22 The proposed portfolio of work to be included within the 2026/2027 Internal Audit Plan is summarised at Appendix A. The proposed reviews are grouped into key themes that are integral to the assurance gathering process across the organisation's activities. For each of the reviews included within the plan there is a brief summary of the proposed coverage, currently informed by the Council's Corporate Risk Register, and service-level risk registers where appropriate. The proposed coverage has, in the main, been compiled based on discussions and review of relevant background information gathered as part of the audit planning process. A more detailed audit brief containing background information, scope of the work, overall / specific objectives and reference sources will be compiled for each review and agreed with the client prior to commencement of the audit fieldwork.

Reporting to Scrutiny and Audit Committee

- 4.23 We will present reports on Internal Audit Plan progress and Summaries of Internal Audit Reports to each committee meeting. The following table lists the additional outputs expected to come to Scrutiny and Audit Committee from the internal audit and corporate fraud teams until June 2027.

Committee	Reports
June 2026	Internal Audit annual report 2025/2026 Reports relevant to Scrutiny and Audit remit
September 2026	Corporate Fraud annual report
December 2026	Reports relevant to Scrutiny and Audit remit
February 2027	No additional reports
April 2027	Internal Audit annual plan 2027/2028 Review of internal Audit Mandate and Charter and Updated Strategy
June 2027	Internal Audit annual report 2026/2027 Reports relevant to Scrutiny and Audit remit

Conclusion

- 4.24 The Chief Internal Auditor is content that the proposed plan in Appendix A has been prepared in accordance with GIAS (UK Public Sector) and will provide sufficient assurance to comply with the GIAS (UK Public Sector) requirements, including to inform the Chief Internal Auditor's annual conclusion on governance, risk management and internal controls.
- 4.25 The plan was discussed and approved at the CLT meeting on 24 March 2026.
- 4.26 Whilst the 2026/2027 Internal Audit Plan has been prepared using the best information currently available, it is possible that it will require to be amended during the financial year to reflect changing risks, priorities and resources. As required under the GIAS (UK Public Sector), any significant changes to the planned programme of work will be reported to the Scrutiny and Audit Committee. The Chief Executive and Executive Director of Corporate Services will also be kept informed of Internal Audit developments by the Chief Internal Auditor through regular meetings.

5.0 POLICY IMPLICATIONS

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 CONSULTATIONS

The Council's Leadership Team have been consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

CATHIE WYLLIE, CHIEF INTERNAL AUDITOR

DATE:1 April 2026

2026/2027 INTERNAL AUDIT PLAN	Proposed Coverage	Priority Theme	Corporate Risks	Service Risks
Governance Reviews				
Information Governance (progress of GDPR Action Plan)	<p>Review of Corporate Information Governance arrangements, including the progress of previous action plans.</p> <p>A rolling programme of service reviews will be considered in future years.</p>	All Council Plan Objectives	DCC007	
Dundee IJB (Implementation and Monitoring of Directions)	Review of the governance and operational arrangements for the agreement, implementation and monitoring of Directions from Dundee IJB to the Council.	All Council Plan Objectives	DCC012	
Internal controls				
Energy Management and Billing	Evaluation of the processes in place for energy metering and billing, and monitoring of usage and costs, including an assessment of value for money.	Tackle Climate Change and reach Net Zero carbon emissions by 2045	DCC001 DCC004b	
DWP Appointeeships	Review of the arrangements in place within the Council for the management of DWP Appointeeship clients who are deemed incapable of managing their own affairs.	Designing a Modern Council	DCC009	CSCS007
Continuous Auditing	Scope to be agreed for continuous auditing in payroll and other systems following pilot work using power BI in 2025/2026 plan.	Designing a Modern Council		
Trade Waste and Recycling Permits	Review of the processes and controls in respect of managing the arrangements for trade waste and recycling permits.	Tackle Climate Change and Reach Net Zero Carbon Emissions		NSEN007 NSEN008
Register of Interests, Gifts, Gratuities and Hospitality	Review of implementation of policies and procedures.	All Council Plan Objectives	DCC007 DCC013	
Supplier Management and Contract Monitoring	Review of corporate arrangements including implementation of the Procurement Transformation Plan, maintenance of contract registers, monitoring contract performance, and planning for tendering.	Designing a Modern Council	DCC013	CSCF007

2026/2027 INTERNAL AUDIT PLAN	Proposed Coverage	Priority Theme	Corporate Risks	Service Risks
<i>Financial Control</i>				
Scottish Welfare Fund/Crisis Payments	Review of the arrangements in place within the Council to manage the Scottish Welfare Fund Crisis Grants and Community Care Grants in line with Scottish Government guidance.	Reduce child poverty and inequalities in incomes, education and health		CSCS008
Booking and charging for Hubs	Review of processes for receiving and processing bookings, payments, and allocation of income.	Designing a Modern Council	DCC010	
Income collection	Review income collection procedures and processes, including car parking and write-offs.	All Council Plan Objectives	DCC001	
Overtime and accuracy of submission	Review of implementation of processes and procedures for overtime recording and payments, including correction of errors.	All Council Plan Objectives	DCC001	
Procurement Card Spend	Review of processes for approving, recording and monitoring procurement card spend.	All Council Plan Objectives	DCC001	CSCF007
DHSCP review	Review subject and scope to be agreed. Review of process for approving care packages being considered			
Self-Directed Support	Review of the arrangements for the uptake of and management of self-directed support within Adult Services.	Reduce child poverty and inequalities in incomes, education and health	DCC012	HSCR00a2
IT Reviews				
IT Reviews	Subject areas to be agreed with input from external support provider (Azets). Likely to be 2 specific reviews.			

2026/2027 INTERNAL AUDIT PLAN	Proposed Coverage	Priority Theme	Corporate Risks	Service Risks
Development of Power BI for Data Analytics/Continuous Auditing	Azets to provide support and training to the team in the use of Power BI for better data analytics/continuous auditing -			
Legislative and compliance				
Employability Services	Review of the efficiency and effectiveness of the Employability pathway, and arrangements to implement the Scottish Government's No one left behind policy.	Inclusive Economic Growth	DCC002 DCC004c	
Tay Cities Deal	The Grant Offer Letter provided to Dundee City Council as lead authority for the deal requires that the Authority's Internal Audit Service performs a review of arrangements to implement and oversee the deal at least every other year. Scope to be agreed at time of audit.	Inclusive Economic Growth	DCC002	
Events Planning	Review of the Council's arrangements for hosting and managing events in the City, including compliance with new legislation.	Inclusive Economic Growth	DCC004c	
Fire Safety in Multi Storey buildings	Review of fire risk assessments and other fire safety / health and safety arrangements in Multi Storey buildings.	Build resilient and empowered communities	DCC006	
Compliance with Legislation	Review of procedures for identifying new legislation and monitoring arrangements to ensure compliance	All Council Plan Objectives	DCC009 DCC010	
Regulatory Services	Review of a process relating to the Council's statutory regulatory and inspection responsibilities, selected in consultation with management from within Public Health, Food Safety, Health and Safety, and Trading Standards.	Statutory Responsibilities		CDPE008

2026/2027 INTERNAL AUDIT PLAN	Proposed Coverage	Priority Theme	Corporate Risks	Service Risks
Other Work				
Contingency including Specific Investigations	As determined by requests for advice and assistance, including in respect of cases of suspected fraud, corruption or malpractice.			
Advice and Guidance	Provision of ad-hoc support to assist services in respect of specific queries and contribute to the delivery of improvements in the Council's framework of governance, risk management and control. This will include the ongoing provision of advice and guidance surrounding the development of newly implemented systems and processes, or the revision and update of those processes.			
Follow-Up	Review of progress with the implementation of prior internal audit actions agreed by the Council, for the purpose of providing assurance to Elected Members that identified issues are addressed on a timely basis, and that management attention is appropriately directed towards issues which expose the Council to higher degrees of risk.			
LACD	Detail to be agreed re audit service for LACD.			
Technical Development	Implementation of the Internal Audit Strategy. Development and implementation of a Data Analytics strategy and capability.			
GIAS (UK Public Sector) Quality Self-Assessment Process	Annual self-assessment for conformance with GIAS (UK Public Sector).			CSCF008

RESERVE LIST

Review	Proposed Coverage	Priority Theme	Corporate Risks	Service Risks
Property Rationalisation	Project/Programme Management review of arrangements to plan and implement the Council's Property Rationalisation Programme. Contingent upon the stage of progress of the programme and determination of appropriate timing.	Design a Modern Council	DCC001 DCC010 DCC011	
Digital Skills	Review of the Council's arrangements to ensure a baseline level of digital literacy among Council staff, including planning, delivery, and uptake of training programmes.	Design a Modern Council	DCC008	
Whole Family Wellbeing Fund (GIRFEC)	Programme review of the implementation of the Whole Family Wellbeing Fund. Detailed scope to be determined in consultation with management.	Reduce Child Poverty And Inequalities In Incomes, Education and Health	DCC004a	CFCJ007
Hybrid Working Policy	Review of the extent to which the Council has identified the aims of the Hybrid Working Policy, arrangements to determine their delivery, and the fitness for purpose of the Policy.	Design a Modern Council	DCC007 DCC015a	
Budget Setting - Savings Proposals	Review of Corporate processes by which Services are directed and supported to identify and implement savings plans as a component of budget setting. To include assessment of arrangements to measure whether these have been delivered.	Design a Modern Council	DCC001 DCC011	
Leadership Development	Review of the arrangements to identify, develop, and train individuals moving into people management roles.	Design a Modern Council	DCC008	
Planning - Dundee Local Development Plan	Review of processes for planning and planning applications in the context of the implementation of National Planning Framework 4.	Build Resilient and Empowered Communities	DCC009	

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ITEM No ...7.....

REPORT TO: SCRUTINY COMMITTEE - 22 APRIL 2026
REPORT ON: AUDIT SCOTLAND ANNUAL AUDIT PLANS 2025/26
REPORT BY: EXECUTIVE DIRECTOR OF CORPORATE SERVICES
REPORT ON: 97-2026

1. PURPOSE OF REPORT

To submit to elected members the above report that describes how Audit Scotland will deliver the audit of Dundee City Council and the Dundee City Council Section 106 Charities for the year ending 31 March 2026.

2. RECOMMENDATIONS

It is recommended that elected members:

- (i) note the information included in the attached reports for Dundee City Council and Dundee City Council Section 106 Charities respectively; and
- (ii) note that the outcome of the 2025/2026 audits will be reported to the Scrutiny Committee on 23 September 2026.

3. FINANCIAL IMPLICATIONS

The agreed external audit fee for 2025/2026 is £472,500 which is an increase of £13,397 (2.9%) from 2024/2025. Provision for the external audit fee has been made in the Corporate Services revenue budget. There is also an additional audit fee of £8,450 for the audit of the Council's registered charities, an increase of £350. There are no further direct financial implications arising from this report.

4. MAIN TEXT

4.1 Audit Scotland has been appointed as external auditor for Dundee City Council for five years from 2022/2023 to 2026/2027 inclusive. They have produced the above report outlining the planned approach to the audit of Dundee City Council for the year ending 31 March 2026. The document sets out the statutory and professional responsibilities in terms of the Code of Audit Practice and also outlines their key audit objectives.

4.2 The Dundee City Council report is divided into the following sections:

- Introduction (page 3)
- Audit scope and responsibilities (pages 4-5)
- Audit of the annual accounts (pages 6-11)
- Wider Scope audit (page 12)
- Best Value audit (pages 13-14)
- Reporting Arrangements, Timetable and Audit Fee (pages 15-17)
- Other Matters (page 18)

- 4.3 In paragraph 27 on page 13 of the report, the external auditor advises that the audit of Best Value is fully integrated within their annual audit work. In addition, thematic reviews will be conducted as directed by the Accounts Commission.
- 4.4 Exhibit 2 on pages 8 to 9 of the report sets out the risks of material misstatement and audit procedures that Audit Scotland plan to perform to gain assurances over these risks. The conclusions from this work will be report within the 2025/2026 Annual Audit Report.

5. POLICY IMPLICATIONS

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6. CONSULTATIONS

The Council Leadership Team were consulted in the preparation of this report.

7. BACKGROUND PAPERS

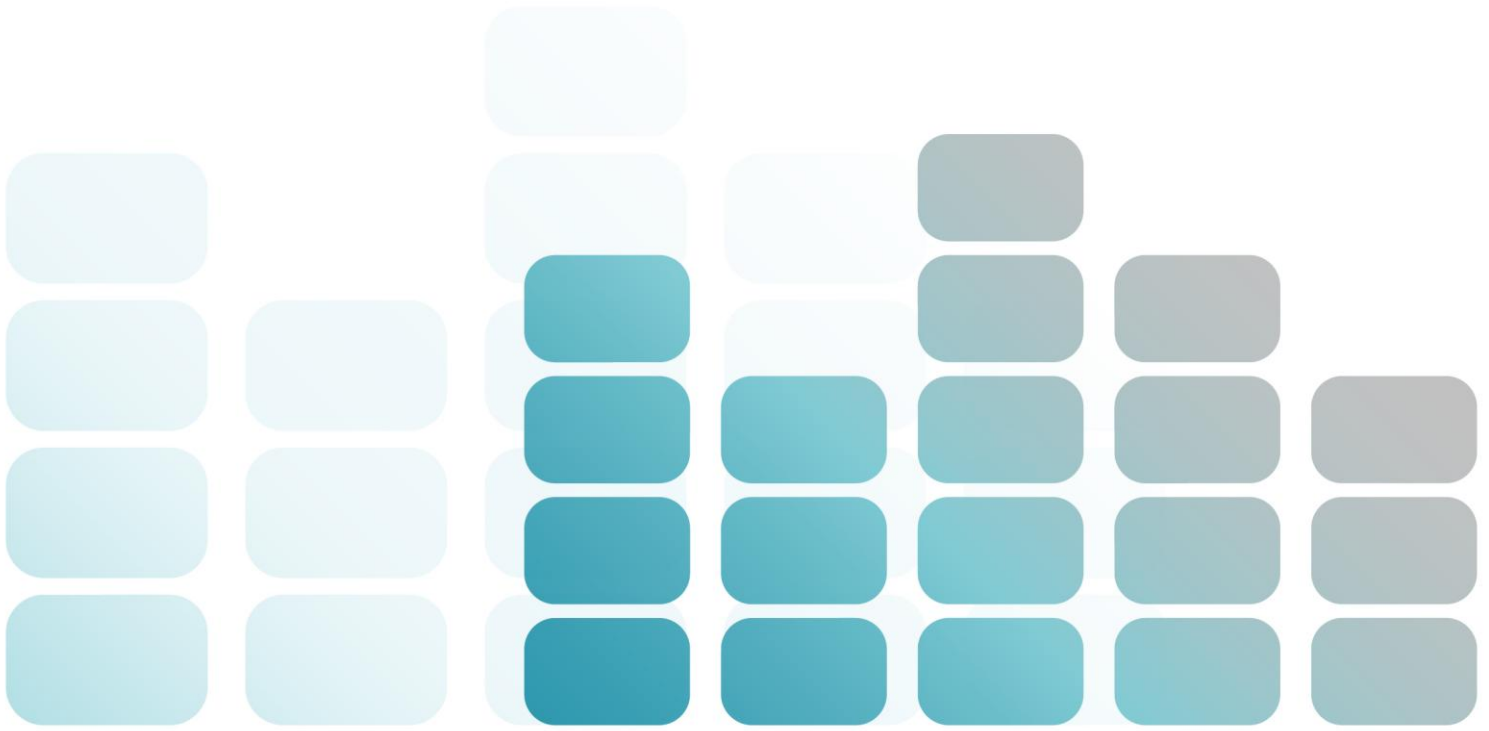
None.

PAUL THOMSON
EXECUTIVE DIRECTOR OF CORPORATE SERVICES

DATE: 2 APRIL 2026

Dundee City Council

DRAFT Annual Audit Plan 2025/26



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Other matters	18

Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Introduction

Purpose of the Annual Audit Plan

1. The purpose of this Annual Audit Plan is to provide an overview of the planned scope and timing of the 2025/26 audit of Dundee City Council's annual accounts. It outlines the audit work planned to meet the audit requirements set out in [auditing standards](#) and the [Code of Audit Practice](#), including supplementary guidance.

Appointed auditor and independence

2. Rachel Browne, of Audit Scotland, has been appointed by the Accounts Commission as external auditor of Dundee City Council, hereafter referred to as 'the council', for the period from 2023/24 until 2026/27 years two to five of the five-year audit appointment). The 2025/26 financial year is Rachel's third year of appointment and the fourth year of Audit Scotland's five-year audit appointment.

3. Rachel Browne and the audit team are independent of the council in accordance with relevant ethical requirements, including the Financial Reporting Council's Ethical Standard. This standard imposes stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with ethical standards. The arrangements are overseen by the Executive Director of Innovation and Quality, who serves as Audit Scotland's Ethics Partner.

4. The Ethical Standard requires auditors to communicate any relationships that may affect the independence and objectivity of the audit team. There are no such relationships pertaining to the audit of the council to communicate.

Audit scope and responsibilities

Scope of the audit

5. The audit is performed in accordance with the Code of Audit Practice, including supplementary guidance, International Standards on Auditing (UK), and relevant legislation. These set out the requirements for the scope of the audit which includes:

- An audit of the financial statements and an opinion on whether they give a true and fair view and are free from material misstatement.
- An opinion on statutory other information published with the financial statements in the annual accounts, namely the Management Commentary and the Annual Governance Statement.
- An opinion on the audited part of the Remuneration Report.
- Conclusions on the council's arrangements in relation to the wider scope areas: Financial Management, Financial Sustainability, Vision, Leadership, and Governance, and Use of Resources to Improve Outcomes.
- Reporting on the council's arrangements for securing Best Value.
- Providing assurance on the Housing Benefit Subsidy Claim, Non-Domestic Rates Return and the Whole of Government Accounts return, and summary financial statements.
- A review of the council's arrangements for preparing and publishing statutory performance information.
- Provision of an Annual Audit Report setting out significant matters identified from the audit of the annual accounts and the wider scope areas specified in the Code of Audit Practice.

Responsibilities

6. The Code of Audit Practice sets out the respective responsibilities of the council and the auditor. A summary of the key responsibilities is outlined below.

Auditor's responsibilities

7. The responsibilities of auditors in the public sector are established in the Local Government (Scotland) Act 1973. These include providing an independent opinion on the financial statements and other information

reported within the annual accounts, and concluding on the council's arrangements in place for the wider scope areas and to secure Best Value.

Dundee City Council's responsibilities

8. The council has primary responsibility for ensuring proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enables it to successfully deliver its objectives. The features of proper financial stewardship include:

- Establishing arrangements to ensure the proper conduct of its affairs.
- Preparation of annual accounts, comprising financial statements that give a true and fair view and other information.
- Establishing arrangements for the prevention and detection of fraud, error and irregularities, and bribery and corruption.
- Implementing arrangements to ensure its financial position is soundly based.
- Making arrangements to secure Best Value.
- Establishing an internal audit function.

Communication of fraud or suspected fraud

9. In line with ISA (UK) 240 (The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements), in presenting this plan to the Scrutiny and Audit Committee we seek confirmation from those charged with governance of any instances of actual, suspected or alleged fraud that should be brought to our attention. Should members of the committee have any such knowledge or concerns relating to the risk of fraud within the council, we invite them to communicate this to the appointed auditor for consideration. Similar assurances will be sought as part of the audit completion process.

Audit of the annual accounts

Introduction

10. The audit of the annual accounts is driven by materiality and the risks of material misstatement in the financial statements, with greater attention being given to the significant risks of material misstatement. This chapter outlines materiality, the significant risks of material misstatement that have been identified, and the impact these have on the planned audit procedures.

Materiality

11. The concept of materiality is applied by auditors in planning and performing an audit, and in evaluating the effect of any uncorrected misstatements on the financial statements or other information reported in the annual accounts.

12. Broadly, the concept of materiality is to determine whether matters identified during the audit could reasonably be expected to influence the decisions of users of the financial statements. Auditors set a monetary threshold when determining materiality, although some issues may be considered material by their nature. Therefore, materiality is ultimately a matter of the auditor’s professional judgement.

13. The materiality levels determined for the audit of the council and its group are outlined in [Exhibit 1](#).

Exhibit 1

2025/26 Materiality levels for Dundee City Council and its group

Materiality	Council	Group
Materiality – based on an assessment of the needs of users of the financial statements and the nature of the council operations, the benchmark used to determine materiality is gross expenditure based on the audited 2024/25 financial statements. Materiality has been set at 2% of the benchmark.	£18.1 million	£18.3 million

Materiality	Council	Group
Performance materiality – this acts as a trigger point. If the aggregate of misstatements identified during the audit exceeds performance materiality, this could indicate that further audit procedures are required. Using professional judgement, performance materiality has been set at 60% of planning materiality.	£10.86 million	£10.98 million
Reporting threshold – all misstatements greater than the reporting threshold will be reported.	£0.5 million	£0.5 million

Source: Audit Scotland

Significant risks of material misstatement to the financial statements

14. The risk assessment process draws on the audit team’s cumulative knowledge of the council, including the nature of its operations and its significant transaction streams, the system of internal control, governance arrangements and processes, and developments that could impact on its financial reporting.

15. As part of the risk assessment process, we engage with the Local Area Network (LAN) of scrutiny bodies. The LAN supports scrutiny bodies to share information on performance and scrutiny risks to inform risk assessment discussions and identify any opportunities for coordinated scrutiny. We have a planned meeting with LAN members in April 2026 (including Education Scotland, the Care Inspectorate and the Scottish Housing Regulator). Any additional risks arising from this meeting or plans for shared scrutiny activity will be reported to the council and those charged with governance as appropriate.

16. Based on the risk assessment process, significant risks of material misstatement to the financial statements have been identified and these are summarised in [Exhibit 2, page 8](#). These are the risks which have the greatest impact on the planned audit approach, and the planned audit procedures in response to the risks are outlined in [Exhibit 2](#).

17. The risk assessment process is an iterative and dynamic process. The assessment of risks set out in this Annual Audit Plan and [Exhibit 2](#) may change as more information and evidence is obtained over the course of the audit. Where such changes occur, these will be reported to the council and those charged with governance, where relevant.

Exhibit 2

Significant risks of material misstatement to the financial statements

Risk of material misstatement	Planned audit response
<p>Fraud caused by management override of controls</p> <p>Management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • Evaluate the design and implementation of controls over journal entry processing. • Make inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries. • Test journals entries, focusing on those that are assessed as higher risk, such as those affecting revenue and expenditure recognition around the year-end. • Evaluate significant transactions outside the normal course of business. • Assess the adequacy of controls in place for identifying and disclosing related party relationships and transactions in the financial statements. • Assess changes to the methods and underlying assumptions used to prepare accounting estimates and assess these for evidence of management bias.

Risk of material misstatement	Planned audit response
<p>Valuation of property, plant and equipment</p> <p>The council held £1,913 million of property, plant and equipment as at 31 March 2025, of which £1,541 million was land and building assets: £508 million council dwellings and £1,033 million Other Land and Buildings.</p> <p>The council is required to value land and building assets at existing use value where an active market exists for these assets (with a social housing adjustment factor for council dwellings). Where there is no active market, these assets are valued on a depreciated cost replacement (DRC) basis. There is a significant degree of subjectivity in these valuations which are based on specialist assumptions, and changes in the assumptions can result in material changes to valuations.</p> <p>For 2025/26, CIPFA/LASAAC has updated the Code of Practice to reflect HM Treasury’s reforms to public-sector asset valuations. Under the revised approach, local authorities will now move to quinquennial (five-yearly) valuations, usually through a rolling programme of valuations, with annual indexation applied in the intervening years to ensure asset values remain materially accurate. There is an increased risk of material misstatement due to greater reliance on management judgement and estimation, particularly in selecting appropriate indices and determining when additional valuations are necessary in between formal valuations.</p>	<p>For assets subject to revaluation in year, the audit team will:</p> <ul style="list-style-type: none"> • Evaluate the design and implementation of controls over the valuation process. • Review the information provided to the valuer and assess this for completeness and accuracy. • Evaluate the competence, capabilities, and objectivity of the valuer. • Obtain an understanding of management’s involvement in the valuation process to assess if appropriate oversight has occurred. • Review the appropriateness of the key data and assumptions used in the 2025/26 valuation process, and challenge these where required. <p>For assets where indexation is applied in year, the audit team will:</p> <ul style="list-style-type: none"> • Review the indices applied by management to assets not subject to valuation in 2025/26 and assess if these are reasonable and have been correctly applied. • Review the information provided to the valuer and assess this for completeness and accuracy. • Evaluate the competence, capabilities, and objectivity of the valuer. • Review the appropriateness of the key data and assumptions used in the 2025/26 indexation process, and challenge these where required.

Source: Audit Scotland

Key audit matters

18. The Code of Audit Practice requires public sector auditors to communicate key audit matters. Key audit matters are those matters, that in the auditor’s professional judgement, are of most significance to the

audit of the financial statements and require most attention when performing the audit.

19. In determining key audit matters, auditors consider:

- areas of higher or significant risk of material misstatement
- areas where significant judgement is required, including accounting estimates that are subject to a high degree of estimation uncertainty
- significant events or transactions that occurred during the year.

20. The matters determined to be key audit matters will be communicated in the Annual Audit Report. [Exhibit 2](#) outlines the significant risks of material misstatement to the financial statements that have been identified.

21. In addition to these risks, the following matter has been identified as an area where significant judgement is required. Focused audit work will be undertaken as set out below and will be reported on in the Annual Audit Report.

- **Estimation in the valuation of pension assets and liabilities** – these valuations are based on a range of assumptions including life expectancy, CPI growth and discounting (based on corporate bond rates). Small changes in these assumptions can result in a material change to the valuations. We will assess the scope, independence and competence of the professional actuaries engaged to provide these estimates and review the appropriateness of the actuarial assumptions and results including comparison with other councils. We will also establish officers' arrangements for ensuring the reasonableness of the professional estimates and the accuracy of the information provided to the council by the actuary.

Group audit

22. The council is part of a group and prepares group financial statements. The group is made up of six components, including the council which is the parent of the group. Risk assessment procedures have been performed on the group audit to identify if there are any risks of material misstatement to the group financial statements, or any components where audit procedures are required for the purposes of the group audit. The outcome of the risk assessment procedures on the group audit is outlined in [Exhibit 3](#).

Exhibit 3

Outcome of risk assessment procedures on the group audit

Group component	Accounting treatment	Risk of material misstatement	Audit procedures required	Auditor
Dundee City Council	Consolidated on a line-by-line basis	Yes – Exhibit 2	Yes – full scope audit	Audit Scotland
Leisure & Culture Dundee	Consolidated on a line-by-line basis	No – not material to group financial statements	Analytical procedures at group level	Henderson Loggie
Dundee City Common Good Fund	Consolidated on a line-by-line basis	No – not material to group financial statements	Analytical procedures at group level	Audit Scotland
Fleming Trust	Consolidated on a line-by-line basis	No – not material to group financial statements	Analytical procedures at group level	Audit Scotland
Tayside Contracts	Accounted for on equity basis	No – not material to group financial statements	Analytical procedures at group level	Audit Scotland
Dundee City Integration Joint Board	Accounted for on equity basis	No – not material to group financial statements	Analytical procedures at group level	Audit Scotland

Source: Audit Scotland

23. Where audit procedures are required on a component’s financial statements, and the component auditor is different to the council’s appointed auditor, group audit instructions will be issued to the component auditor outlining expectations and requirements in performing these audit procedures.

Wider scope audit

Introduction

24. Reflecting the fact that public money is involved, the Code of Audit Practice requires that public audit is planned and undertaken from a wider perspective than in the private sector. The wider scope audit set out by the Code of Audit Practice broadens the audit of the annual accounts to include consideration of additional aspects or risks in four wider scope areas, which are summarised below:

- **Financial Management** – this means having sound budgetary processes. Factors that can impact on the council being able to secure sound financial management include the strength of the financial management culture, accountability, and arrangements to prevent and detect fraud, error and other irregularities, bribery and corruption.
- **Financial Sustainability** – this means looking forward over the medium and longer term in planning the services to be delivered and how they will be delivered effectively. This is assessed by considering the council's medium to longer-term planning for service delivery.
- **Vision, Leadership and Governance** – this means having a clear vision and strategy, with set priorities within the vision and strategy. This is assessed by considering the clarity of plans in place to deliver the vision and strategy and the effectiveness of the governance arrangements to support delivery.
- **Use of Resources to Improve Outcomes** – this means using resources to meet stated outcomes and improvement objectives through effective planning and working with partners and communities. This is assessed by considering the council's arrangements for ensuring resources are deployed to improve strategic outcomes, meet the needs of service users, and deliver continuous improvement.

25. A conclusion on the effectiveness and appropriateness of arrangements the council has in place for each of the wider scope areas will be reported in the Annual Audit Report.

Significant wider scope risks

26. No significant risks in the wider scope areas were identified from the risk assessment process.

Best Value audit

Introduction

27. Under the Code of Audit Practice, the audit of Best Value in councils is fully integrated within the annual audit. As part of the annual audit, auditors are required to take a risk-based approach to assessing and reporting on whether the council has made proper arrangements for securing Best Value, including follow up of findings previously reported in relation to Best Value.

28. The Accounts Commission also reports nationally on thematic aspects of councils' approaches to, and performance in, meeting their Best Value duties. Thematic reviews, as directed by the Accounts Commission, are conducted on the council as part of the annual audit. The thematic review for 2025/26 is on the subject of asset management and involves considering how the council is managing its assets to ensure high quality services whilst also responding to the challenges around financial sustainability and climate change. Conclusions and judgements on the thematic review will be reported in a separate Management Report and summarised in the Annual Audit Report, where required.

29. At least once over the five-year appointment, the Controller of Audit will report to the Accounts Commission on the council's performance in meeting its Best Value duties. The third year of this programme runs from October 2025 to August 2026. A Controller of Audit report on Dundee City Council was presented to the Accounts Commission in November 2023.

30. Auditors have a statutory duty to satisfy themselves that councils have made proper arrangements for preparing and publishing statutory performance information in accordance with the [Statutory Performance Information Direction 2024](#) (the Direction) issued by the Accounts Commission. The outcome of this will be reported in the Annual Audit Report, which will include:

- A conclusion on the council's arrangements for preparing and publishing the statutory performance information.
- Any instances where the arrangements or reporting are not in accordance with the Direction.
- Areas where the arrangements require to be improved.

31. In addition, the Accounts Commission requires auditors to include a summary of Local Government Benchmarking Framework (LGBF) indicators that the council has reported in the Annual Audit Report.

32. There is an expectation that equalities will be advanced through the audit process. We will carry out a high-level review of the fairness and equalities arrangements in place at the council, assess these arrangements, and report our conclusions in our 2025/26 Annual Audit Report.

Significant Best Value risks

33. No significant Best Value risks were identified from the risk assessment process. Audit work on the wider scope areas will help support conclusions around Best Value.

Reporting arrangements, timetable and audit fee

Audit outputs

34. The outputs from the 2025/26 audit include:

- this Annual Audit Plan
- an Independent Auditor's Report to the council and the Accounts Commission setting out opinions on the annual accounts
- an Annual Audit Report to the council and the Accounts Commission setting out significant matters identified from the audit of the annual accounts, conclusions from the wider scope and Best Value audit, recommendations, where required, and any good practice identified.

35. The matters to be reported in the outputs will be discussed with the council for factual accuracy before they are issued. All outputs from the audit will be published on [Audit Scotland's website](#), apart from the Independent Auditor's Report, which is included in the audited annual accounts.

36. Target dates for the audit outputs are set by the Accounts Commission. In setting the target dates for the audit outputs, consideration is given to the statutory date for approving the annual accounts, which is 30 September 2026 for local government bodies.

37. The Independent Auditor's Report and Annual Audit Report are planned to be issued by the target date of 30 September 2026.

Audit timetable

38. Achieving the timetable for production of the annual accounts, supported by complete and accurate working papers, is critical to delivery of the audit to agreed target dates. [Exhibit 4](#) includes a timetable for the audit, which has been agreed with management. Agreed target dates will be kept under review as the audit progresses, and any changes required, and their potential impact, will be discussed with the council and reported to those charged with governance, where required.

Exhibit 4 2025/26 audit timetable

Audit activity	Dundee City Council target date	Audit team target date	Scrutiny & Audit committee date
Issue of Annual Audit Plan	N/A	31 March 2026	22 April 2026
Issue of Best Value Management Report	N/A	22 April 2026	22 April 2026
Annual Accounts:			
• Consideration of unaudited annual accounts by those charged with governance	24 June 2026	N/A	24 June 2026
• Submission of unaudited annual accounts and all working papers to audit team	By 30 June 2026	N/A	N/A
• Latest date for audit clearance meeting	31 August 2026	31 August 2026	N/A
• Issue of draft Letter of Representation, proposed Independent Auditor's Report, and proposed Annual Audit Report	N/A	9 September 2026	23 September 2026
• Agreement of audited and unsigned annual accounts	9 September 2026	9 September 2026	N/A
• Approval by those charged with governance and signing of audited annual accounts	23 September 2026	N/A	23 September 2026
• Signing of Independent Auditor's Report and issue of Annual Audit Report	N/A	23 September 2026	N/A

Source: Audit Scotland

Audit fee

39. The council's audit fee is determined in line with Audit Scotland's fee setting arrangements. The proposed audit fee for the 2025/26 audit is £472,500 (2024/25 £459,103).

40. In setting the audit fee, it is assumed that the council has effective governance arrangements in place and the complete annual accounts will be provided for audit in line with the agreed timetable. The audit fee assumes there will be no significant changes to the planned scope of the audit. Where the audit cannot proceed as planned, for example, due to incomplete or inadequate working papers, the audit fee may need to be increased.

Other matters

Internal audit

41. It is the responsibility of the council to establish adequate internal audit arrangements. Dundee City Council's internal audit function is provided by its internal audit section, which since October 2022 has been led by a Chief Internal Auditor on a shared basis with Angus Council.

42. While we are not planning to place formal reliance on the work of internal audit in 2025/26, we will review internal audit reports and assess the impact of the findings on our financial statements and wider scope audit responsibilities.

Audit quality

43. Audit Scotland is committed to the consistent delivery of high-quality audit. Audit quality requires ongoing attention and improvement to keep pace with external and internal changes. Details of the arrangements in place for the delivery of high-quality audits is available from the [Audit Scotland website](#).

44. The International Standards on Quality Management (ISQM) applicable to Audit Scotland for 2025/26 audits are:

- ISQM (UK) 1, which deals with an audit organisation's responsibilities to design, implement, and operate a system of quality management (SoQM) for audits. Audit Scotland's SoQM consists of a variety of components, such as governance arrangements and culture to support audit quality, compliance with ethical requirements, ensuring Audit Scotland is dedicated to high-quality audit through engagement performance and resourcing arrangements, and ensuring there are robust quality monitoring arrangements in place. Audit Scotland carries out an annual evaluation of its SoQM and has concluded it complies with this standard.
- ISQM (UK) 2, which sets out arrangements for conducting engagement quality reviews, which are performed by senior management not involved in an audit, to review significant judgements and conclusions reached by the audit team, and the appropriateness of proposed audit opinions on high-risk audits.

45. To monitor quality at an individual audit level, Audit Scotland carries out internal quality reviews on a sample of audits. Additionally, the Institute

of Chartered Accountants of England and Wales (ICAEW) carries out independent quality reviews on a sample of audits.

46. Actions to address deficiencies identified by internal and external quality reviews are included in a rolling Quality Improvement Action Plan, which is used to support continuous improvement. Progress with implementing planned actions is monitored on a regular basis by Audit Scotland's Quality and Ethics Committee.

47. Audit Scotland may periodically seek the views of the council on the quality of audit services provided. The audit team would also welcome feedback at any time.

Dundee City Council

DRAFT Annual Audit Plan 2025/26



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN

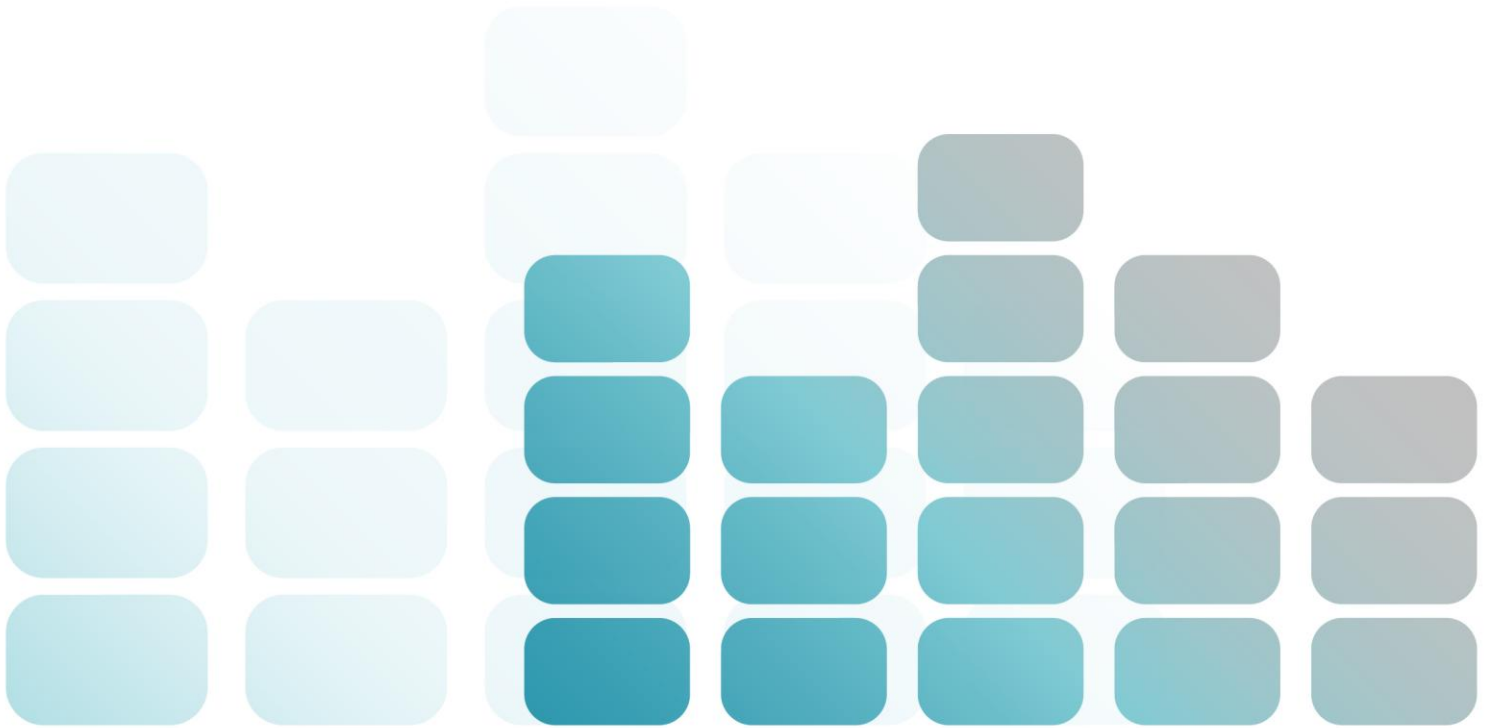
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Dundee City Council Section 106 Charities

DRAFT Annual Audit Plan 2025/26



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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Introduction

Purpose of the Annual Audit Plan

1. The purpose of this Annual Audit Plan is to provide an overview of the planned scope and timing of the 2025/26 audit of Dundee City Council Section 106 Charities (hereafter referred to as 'the Charities'). It outlines the audit work planned to meet the audit requirements set out in [auditing standards](#) and the [Code of Audit Practice](#), including supplementary guidance.

Appointed auditor and independence

2. Fiona Owens, of Audit Scotland, has been appointed by the Accounts Commission as external auditor of the Charities for the period from 2024/25 until 2026/27. The 2025/26 financial year is the second year of Fiona's appointment and the fourth of Audit Scotland's five-year audit appointment.

3. Fiona Owens and the audit team are independent of the Charities in accordance with relevant ethical requirements, including the Financial Reporting Council's Ethical Standard. This standard imposes stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with ethical standards. The arrangements are overseen by the Executive Director of Innovation and Quality, who serves as Audit Scotland's Ethics Partner.

4. The Ethical Standard requires auditors to communicate any relationships that may affect the independence and objectivity of the audit team. There are no such relationships pertaining to the audit of the Charities to communicate.

Audit scope and responsibilities

Scope of the audit

5. The preparation and audit of financial statements of registered charities is regulated by the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. The 2006 Regulations require charities to prepare annual accounts and require an accompanying auditor’s report where any legislation requires an audit. The Local Government (Scotland) Act 1973 specifies the audit requirements for any trust fund where some or all members of a council are the sole trustees. Therefore, a full and separate audit and independent auditor’s report is required for each registered charity where members of a council are sole trustees, irrespective of the size of the charity.

6. Members of Dundee City Council are the sole trustees for 6 trusts registered as Scottish charities, with total funds of just under £16 million as set out in [Exhibit 1](#). The first four trusts listed below have adopted the “connected charities” provision whereby the accounts are collated into a single document and are known collectively as the Dundee City Council Charitable Trusts.

Exhibit 1 Charities administered by Dundee City Council

Charitable Trust Fund	Scottish Charity Number	Total funds at 31 March 2025 - £
Belmont Trust Estate	SC018900	2,461,704
Camperdown Estate	SC018899	3,081,268
William Dawson Estate Trust	SC018920	196,215
Hospital Fund	SC018896	1,236,066
Total funds of Dundee City Council Charitable Trusts		6,975,253
Lord Provost of Dundee Charity Fund	SC027022	51,131
Fleming Trust	SC052182	8,929,429

Source: Trustees report and accounts for the year ended 31 March 2025

Responsibilities

7. Our duties as auditors of each of the registered charities administered by Dundee City Council are to:

- express an opinion on whether the charity's financial statements properly present the charity's financial position and are prepared in accordance with charities legislation.
- read the Trustees' Annual Report and express an opinion as to whether it is consistent with the financial statements.
- report on other matters, by exception, to the Trustees and to the Office of the Scottish Charity Regulator (OSCR).

8. The trustees have primary responsibility for ensuring proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable the Charities to successfully deliver their objectives.

Audit of the annual accounts

Introduction

9. The audit of the annual accounts is driven by materiality and the risks of material misstatement in the financial statements, with greater attention being given to the significant risks of material misstatement. This chapter outlines materiality, the significant risks of material misstatement that have been identified, and the impact these have on the planned audit procedures.

Materiality

10. The concept of materiality is applied by auditors in planning and performing an audit, and in evaluating the effect of any uncorrected misstatements on the financial statements or other information reported in the annual accounts.

11. Broadly, the concept of materiality is to determine whether matters identified during the audit could reasonably be expected to influence the decisions of users of the financial statements. Auditors set a monetary threshold when determining materiality, although some issues may be considered material by their nature. Therefore, materiality is ultimately a matter of the auditor's professional judgement.

12. Materiality levels for the Charities are set out in [Exhibit 2](#). During the audits we will also apply our risk based professional judgement to the extent of testing required of non-material account areas to reflect the needs of users of the accounts.

Exhibit 2
2025/26 Materiality levels for charitable trusts

Materiality	Dundee City Council Charitable Trusts	Lord Provost Charity Fund	Fleming Trust
Planning materiality: 2 per cent of net assets based on audited 2024/25 financial statements	£140,000	£1,020	£179,000
Performance materiality: 75 per cent of planning materiality	£105,000	£765	£134,000
Reporting threshold: 5 per cent of planning materiality	£7,000	£50	£9,000

Source: Audit Scotland

Significant risks of material misstatement to the financial statements

13. The risk assessment process draws on the audit team’s cumulative knowledge of the body, including the nature of its operations and its significant transaction streams, the system of internal control, governance arrangements and processes, and developments that could impact on its financial reporting.

14. Based on the risk assessment process, significant risks of material misstatement to the financial statements have been identified and these are summarised in [Exhibit 3](#). These are the risks which have the greatest impact on the planned audit approach, and the planned audit procedures in response to the risks are outlined in [Exhibit 3](#).

15. The risk assessment process is an iterative and dynamic process. The assessment of risks set out in this Annual Audit Plan and [Exhibit 3](#) may change as more information and evidence is obtained over the course of the audit. Where such changes occur, these will be reported to the body and those charged with governance, where relevant.

Exhibit 3

Significant risks of material misstatement to the financial statements

Risk of material misstatement	Planned audit response
<p>Fraud caused by management override of controls</p> <p>Management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • Evaluate the design and implementation of controls over journal entry processing. • Make inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries. • Test journals entries, focusing on those that are assessed as higher risk, such as those affecting revenue and expenditure recognition around the year-end. • Evaluate significant transactions outside the normal course of business. • Assess the adequacy of controls in place for identifying and disclosing related party relationships and transactions in the financial statements. • Assess changes to the methods and underlying assumptions used to prepare accounting estimates and assess these for evidence of management bias.

Source: Audit Scotland

Key audit matters

16. The Code of Audit Practice requires public sector auditors to communicate key audit matters. Key audit matters are those matters, that in the auditor's professional judgement, are of most significance to the audit of the financial statements and require most attention when performing the audit.

17. In determining key audit matters, auditors consider:

- Areas of higher or significant risk of material misstatement.
- Areas where significant judgement is required, including accounting estimates that are subject to a high degree of estimation uncertainty.
- Significant events or transactions that occurred during the year.

18. The matters determined to be key audit matters will be communicated in the Annual Audit Report.

19. The Code of Audit Practice includes provisions relating to the audit of small audits. In light of the volume and lack of complexity of the financial transactions, we plan to apply the less complex body provision of the Code to the 2025/26 audit of the Charities.

20. No significant risks in the wider scope areas or Best Value were identified from the risk assessment process for the Charities.

Audit outputs, timetable, audit fee and quality

Audit outputs

21. The outputs from the 2025/26 audit include:

- This Annual Audit Plan.
- An Independent Auditor's Report to the Trustees and Accounts Commission setting out opinions on the annual accounts.
- An Annual Audit Report to the Trustees setting out significant matters identified from the audit of the annual accounts.

22. The matters to be reported in the outputs will be discussed with the Charities for factual accuracy before they are issued. All outputs from the audit will be published on [Audit Scotland's website](#), apart from the Independent Auditor's Report, which is included in the audited annual accounts.

23. Target dates for the audit outputs are set by the Accounts Commission. In setting the target dates for the audit outputs, consideration is given to the statutory date for approving the annual accounts, which is 30 September 2026 for local government bodies.

24. The Independent Auditor's Report and Annual Audit Report are planned to be issued by the target date of 30 September 2026.

Audit timetable

25. Achieving the timetable for production of the annual accounts, supported by complete and accurate working papers, is critical to delivery of the audit to agreed target dates. [Exhibit 4](#) includes a timetable for the audit, which has been agreed with management. Agreed target dates will be kept under review as the audit progresses, and any changes required, and their potential impact, will be discussed with the body and reported to those charged with governance, where required.

Exhibit 4 2025/26 audit timetable

Audit activity	The body target date	Audit team target date	Relevant committee date
Issue of Annual Audit Plan		31 March 2026	22 April 2026
Annual accounts:			
• Consideration of unaudited annual accounts by those charged with governance	24 June 2026		24 June 2026
• Approval by those charged with governance and signing of audited annual accounts	23 September 2026		23 September 2026
• Signing of Independent Auditor's Report and issue of Annual Audit Report		23 September 2026	

Source: Audit Scotland

Audit fee

26. Dundee City Council Section 106 Charities audit fee is determined in line with Audit Scotland's fee setting arrangements. The proposed audit fee for the 2025/26 audit is £8,450 (£8,100 in 2024/25).

27. In setting the audit fee, it is assumed that the Charities have effective governance arrangements in place and the complete annual accounts will be provided for audit in line with the agreed timetable. The audit fee assumes there will be no significant changes to the planned scope of the audit. Where the audit cannot proceed as planned, for example, due to incomplete or inadequate working papers, the audit fee may need to be increased.

Audit quality

28. Audit Scotland is committed to the consistent delivery of high-quality audit. Audit quality requires ongoing attention and improvement to keep pace with external and internal changes. Details of the arrangements in place for the delivery of high-quality audits is available from the [Audit Scotland website](#).

29. The International Standards on Quality Management (ISQM) applicable to Audit Scotland for 2025/26 audits are:

- ISQM (UK) 1, which deals with an audit organisation's responsibilities to design, implement, and operate a system of quality management (SoQM) for audits. Audit Scotland's SoQM consists of a variety of components, such as governance arrangements and culture to support audit quality, compliance with ethical requirements, ensuring Audit Scotland is dedicated to high-quality audit through engagement performance and resourcing arrangements, and ensuring there are robust quality monitoring arrangements in place. Audit Scotland carries out an annual evaluation of its SoQM and has concluded it complies with this standard.
- ISQM (UK) 2, which sets out arrangements for conducting engagement quality reviews, which are performed by senior management not involved in an audit, to review significant judgements and conclusions reached by the audit team, and the appropriateness of proposed audit opinions on high-risk audits.

30. To monitor quality at an individual audit level, Audit Scotland carries out internal quality reviews on a sample of audits. Additionally, the Institute of Chartered Accountants of England and Wales (ICAEW) carries out independent quality reviews on a sample of audits.

31. Actions to address deficiencies identified by internal and external quality reviews are included in a rolling Quality Improvement Action Plan, which is used to support continuous improvement. Progress with implementing planned actions is monitored on a regular basis by Audit Scotland's Quality and Ethics Committee.

32. Audit Scotland may periodically seek the views of the body on the quality of audit services provided. The audit team would also welcome feedback at any time.

Dundee City Council Section 106 Charities

DRAFT Annual Audit Plan 2025/26



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ITEM No ...8.....

REPORT TO: SCRUTINY AND AUDIT COMMITTEE - 22 APRIL 2026

REPORT ON: ARRANGEMENTS FOR THE EXTERNAL QUALITY ASSURANCE OF INTERNAL AUDIT

REPORT BY: EXECUTIVE DIRECTOR OF CORPORATE SERVICES

REPORT NO: 94-2026

1.0 PURPOSE OF REPORT

1.1 This report discusses the options for obtaining the external quality assurance review of Internal Audit's conformance with auditing standards (EQA) and seeks the Committee's agreement to the proposal that the council continue to be part of the Scottish Local Authority Chief Internal Auditors Group (SLACIAG) peer review process.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Committee:

- (i) agree to continue with the current arrangement for the EQA; and
- (ii) note that if approved the Chief Internal Auditor will engage with SLACIAG to arrange the review in due course.

3.0 FINANCIAL IMPLICATIONS

3.1 None if the proposal is agreed.

4.0 BACKGROUND

4.1 The CIPFA Code of Practice for the Governance of Internal Audit in UK Local Government (the Code) forms part of the GIAS (UK Public Sector).

4.2 The Code requires the Audit Committee to agree the arrangements proposed by the Chief Audit Executive Chief Internal Auditor) and senior management for the quality assurance assessment that is required at least once every five years. GIAS (UK Public Sector) specifies the qualification requirements of the review team.

4.3 The proposals were discussed by CLT on 24 March 2026.

5.0 CURRENT POSITION

5.1 The Council has previously been part of a validated self-assessment peer review process arranged through SLACIAG. The last EQA was reported to the December Scrutiny and Audit Committee in report 251-2025. That review assessed the arrangements against the Public Sector Internal Audit Standards (PSIAS) applicable until 31 March 2025.

5.2 The next review of the Council's arrangements will be required in 2029/2030. If we remain with the SLACIAG process the Chief Internal Auditor and members of the Internal Audit team will be required to undertake a peer review, the timing of which could be before the end of 2026.

6.0 PROPOSALS

6.1 There are two types of EQA:

- Full review, or
- Validated self-assessment review (this is what the SLACIAG review is).

6.2 The options for the arrangements in future are:

- Continue with the SLACIAG validated self-assessment peer review;
- Commission another suitably qualified third party to undertake a full review, or
- Commission another suitably qualified third party to undertake a validated self-assessment review.

6.3 There are a number of suitably qualified third parties that could be asked to quote for the work, including CIPFA, IIA, and a number of firms that have sufficient knowledge of Local Government to satisfy the requirements set out in the GIAS (UK Public Sector).

6.4 SLACIAG is updating their process to take account of GIAS (UK Public Sector) and it is intended to be finalised later in 2026. The process will involve a self-assessment questionnaire that covers all aspects of the GIAS (UK Public Sector) requirements. The review will consider the self-assessment against the requirements and good practice and confirm supporting evidence. Officers and members of the Scrutiny and Audit Committee will be consulted as part of the review.

6.5 A SLACIAG provided review team will conform to the specified qualification requirements of the review team.

6.6 A third party full review is likely to be more expensive than a validated self-assessment and has therefore been discounted as an option for further consideration. The advantages and disadvantages of the remaining two options relating to a validated self-assessment are summarised in the table below.

Peer review process	Suitably qualified third party
Advantages	Advantages
No financial cost	Timing may be easier to arrange to suit our needs
Opportunity for sharing of good practice amongst Local Authorities taking part and a practical learning opportunity for the review team	Opportunity for good practice to be highlighted
The peer reviewer is a team delivering Internal Audit services in another Scottish Local Authority and therefore has directly applicable experience	No requirement to provide reciprocal review
Disadvantages	Disadvantages
Timing of reviews has slipped in the past due to resourcing issues with some peer reviewers and this may arise again	Cost is likely to be several thousand pounds
Opportunity cost of the time of Internal Audit team members to undertake a peer review once every five years	Time to specify requirements and undertake a procurement exercise

- 6.7 It is recommended that the current SLACIAG peer review option is retained primarily because it has no financial cost and provides a learning opportunity for the Council's Internal Audit team members.

7.0 POLICY IMPLICATIONS

- 7.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services, or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

8.0 CONSULTATIONS

- 8.1 The Council Leadership Team have been consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

- 9.1 No background papers, as detailed by Section 50D of the Local Government (Scotland) Act 1973 (other than containing confidential or exempt information) were relied on to a material extent in preparing the above report.

PAUL THOMSON
EXECUTIVE DIRECTOR OF CORPORATE SERVICES

DATE: 24 MARCH 2026

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REPORT TO: SCRUTINY COMMITTEE - 22 APRIL 2026

REPORT ON: AUDIT SCOTLAND - BEST VALUE THEMATIC REVIEW 2025/26

REPORT BY: CHIEF EXECUTIVE

REPORT NO: 107-2026

1 PURPOSE OF REPORT

- 1.1 To present to Committee Audit Scotland's report on the outcome of their Best Value Thematic Review for 2025/26 on Asset Management.

2 RECOMMENDATIONS

- 2.1 It is recommended that Committee:
- (a) notes the findings and recommendations in the report attached as Appendix 1; and
 - (b) notes that the actions in the improvement plan will be included in the service plans for City Development and Neighbourhood Services until complete.

3 FINANCIAL IMPLICATIONS

- 3.1 There are no direct financial implications arising from the agreement of this report.

4 BACKGROUND

- 4.1 This is Year 4 of the new approach to Best Value with the Accounts Commission directing auditors to report on how well councils are managing their assets. In carrying out the work, auditors have considered the following questions:
- To what extent does the council have a clear asset management strategy and plans that are affordable, align with its corporate objectives, new ways of working, the changing needs of its population, and net zero commitments?
 - To what extent do the council's governance and accountability arrangements support effective asset management?
 - To what extent does the council have a robust approach to working with partners and communities in managing its assets?
- 4.2 The report by Audit Scotland, attached as Appendix 1, highlights that:
- The council has an up-to-date corporate asset management plan that aligns with its corporate objectives, new ways of working, the changing needs of its population, and clearly sets out the council's ambition to meet net zero commitments. It covers a sufficient period enabling strategic planning, but it does not clearly set out the current occupancy levels of its assets to assist with decision making, or how progress against net zero projects will be measured.
 - The council has clearly considered affordability in its capital plan and asset management plans and has established funding sources for the full 2025/26 capital budget. However, there are a number of risks relating to the maintenance of the council's operational estate including ageing buildings, and staffing and budget shortages.
 - The council's reporting and monitoring arrangements enable good scrutiny and oversight of progress towards implementing its capital plan. However, the reporting and monitoring

arrangements for asset management plans could be improved. The council's performance with delivering its asset management commitments, and against relevant key performance indicators, is mixed.

- The council has clearly set out its ambition to work collaboratively with partners in managing assets through its Corporate Asset Management Plan and Community Wealth Building Strategy. However, there is insufficient detail about how progress towards achieving this strategy will be monitored and reported. The council has a clear policy, assessment criteria, and approach to supporting Community Asset Transfer requests, but it is not transparent about the outcomes of requests.

4.3 An improvement action plan is included within Audit Scotland's report. This sets out three recommendations, and the council's planned response including responsible officers and dates for implementation. The recommendations will be monitored and reported on through the service plans for City Development and Neighbourhood Services until complete.

5 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6 CONSULTATIONS

6.1 The Council Leadership Team were consulted in the preparation of this report.

7 BACKGROUND PAPERS

7.1 None.

GREGORY COLGAN
CHIEF EXECUTIVE

7 APRIL 2026

ANDREA CALDER
HEAD OF CHIEF EXECUTIVE SERVICES

Best Value thematic work – Asset
management

Dundee City Council

How well councils are managing assets to achieve their corporate objectives and respond to challenges around financial sustainability and climate change

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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Key messages

- 1** The council has an up-to-date corporate asset management plan that aligns with its corporate objectives, new ways of working, the changing needs of its population, and clearly sets out the council's ambition to meet net zero commitments. It covers a sufficient period enabling strategic planning, but it does not clearly set out the current occupancy levels of its assets to assist with decision making, or how progress against net zero projects will be measured.
 - 2** The council has clearly considered affordability in its capital plan and asset management plans and has established funding sources for the full 2025/26 capital budget. However, there are a number of risks relating to the maintenance of the council's operational estate including ageing buildings, and staffing and budget shortages.
 - 3** The council's reporting and monitoring arrangements enable good scrutiny and oversight of progress towards implementing its capital plan. However, the reporting and monitoring arrangements for asset management plans could be improved. The council's performance with delivering its asset management commitments, and against relevant key performance indicators, is mixed.
 - 4** The council has clearly set out its ambition to work collaboratively with partners in managing assets through its Corporate Asset Management Plan and Community Wealth Building Strategy. However, there is insufficient detail about how progress towards achieving this strategy will be monitored and reported. The council has a clear policy, assessment criteria, and approach to supporting Community Asset Transfer requests, but it is not transparent about the outcomes of requests.
-

Introduction

1. Asset management directly impacts how councils provide services and achieve their own corporate priorities and longer-term financial sustainability. Limited capital budgets make it challenging for councils to maintain their existing assets and estates, invest in new assets, and achieve net zero targets. Exhibit 1 sets out some principles for effective asset management, informed by CIPFA guidance and the Infrastructure Investment Plan for Scotland.

Exhibit 1 Principles for effective asset management

Principle	What this looks like in practice
Strategic alignment	Councils' asset management strategies align with their corporate objectives, financial plans, new ways of working, population needs, and net zero commitments.
Investment hierarchy	To support sustainability and cost-effectiveness, asset management strategies prioritise: <ol style="list-style-type: none"> 1. maintaining and optimising existing assets 2. repurposing or upgrading existing assets to meet the needs of the community 3. new investment only when necessary
Monitoring condition and performance	Councils regularly assess the condition, suitability, and performance of their assets, to help inform investment priorities and support continuous improvement.
Governance and accountability	Councils have clear roles and responsibilities for asset management, with regular, transparent reporting and senior oversight.
Community asset transfers	Councils have transparent and robust processes in place to assess and support requests for community asset transfers.
Place-based approaches	Councils collaborate across services and other public and third sector organisations to manage assets as a collective resource across their local area. This has the potential to achieve savings, better align service provision and create opportunities for joint working.

Source: Audit Scotland

2. The [Code of Audit Practice](#) sets out the requirements for Best Value audit work. This report covers the thematic aspect of the Best Value audit requirements. The Accounts Commission has directed auditors to report on how well councils are managing their assets. In carrying out the work, auditors have considered the following questions:

- Part 1 – To what extent does the council have a clear asset management strategy and plans that are affordable, align with its corporate objectives, the changing needs of its population, and net zero commitments?
- Part 2 – To what extent do the council’s governance and accountability arrangements support effective asset management?
- Part 3 – To what extent does the council have a robust approach to working with partners and communities in managing its assets?

3. An improvement action plan is included at Appendix 1 of this report. This sets out audit recommendations in key areas, and the council’s planned response including responsible officers and dates for implementation.

4. The coverage of the work is in line with the expectations for council’s arrangements for the seven Best Value themes in the [Local Government in Scotland Act 2003, Best Value Statutory Guidance 2020](#).

1. Asset management planning

5. Councils' capital programmes are a necessary component of modernising services to improve outcomes for local communities. Doing this successfully requires good strategic medium to long-term asset management and planning. The Accounts Commission's [Local government budgets 2025/26 briefing](#) reported that capital funding for 2025/26 had increased but remained lower than in 2023/24 and that investing in new buildings and assets is increasingly expensive. Councils are relying on borrowing as the main source of funding for capital projects. In 2025/26, councils intend to borrow £3.13 billion, an increase from £2.67 billion in 2024/25.

Findings and evidence relating to the council's asset management strategic planning arrangements.

Judgements	Evidence
<p>1. The council has an up-to-date corporate asset management plan that sets out its approach and priorities for managing and developing its assets at a high level. It covers a sufficient period enabling strategic planning; however, it does not clearly set out the current occupancy levels of its buildings to assist with decision making.</p>	<ol style="list-style-type: none"> The council published its 2023 to 2028 Corporate Asset Management Plan in June 2023. This plan superseded the council's previous 2011 Corporate Asset Management Strategy. The five-year period the plan covers helps to enable longer-term planning around objectives. The Corporate Asset Management Plan clearly sets out what good asset management looks like. For example: <ul style="list-style-type: none"> A property portfolio which is suitable for the council's needs in terms of size, condition, location, and suitability and based on the premise that property should be in good condition, well maintained, well used and energy and cost efficient. A well-maintained roads network that meets the needs of both residents and visitors and promotes economic growth. An appropriate supply of good quality, energy efficient housing that is well managed and well maintained and meets the Scottish Housing Quality Standard. The Corporate Asset Management Plan is supported by asset management plans for each category of asset comprising Buildings and Property; Roads Infrastructure; Council Housing; Open Space; Vehicle Fleet; and Information and Communications Technology.

Judgements	Evidence
	<p>4. The Corporate Asset Management Plan sets out the governance arrangements at a high level. The strategy lacks details of the council's approach to monitoring and reporting on progress, in line with CIPFA guidance. For example:</p> <ul style="list-style-type: none"> • It sets out that the Council Leadership Team is headed by the Chief Executive supported by the council's four Executive Directors together with the Chief Officer of the Dundee Health and Social Care Partnership and the Director of Leisure and Culture Dundee. Collectively they hold responsibility for the delivery of council services and are responsible for the corporate management of all council assets. • The governance structure diagram includes details that the Corporate Asset Management Plan feeds into the Capital Governance Group then Executive and Standing Committees. The diagram also shows that individual asset management plans sit under service plans. However the governance information included does not specify what type of information will be monitored at each level, or the frequency of reporting. <p>5. The Corporate Asset Management Plan includes a high-level overview of each asset class, the main outcomes planned and current issues as well as some information on the condition of property the council owns.</p> <p>6. The Corporate Asset Management Plan does not provide an overview of the occupancy rates of the council's existing buildings. The council would benefit from considering occupancy rates as part of this strategy to enable it to identify underutilised buildings and plan how it can use its properties more efficiently. This would help inform decisions in support of the council's aim to modernise and rationalise its property portfolio. Management advised that the council does not currently centrally hold data to monitor and report on occupancy rates of buildings except the occupancy of the school estate which is monitored in an annual report.</p>
<p>2. The council's Corporate Asset Management Plan aligns with its corporate objectives, new ways of working, the changing needs of its population, and clearly sets the council's ambition to meet net zero commitments.</p>	<p>1. There is clear alignment between the Corporate Asset Management Plan and the council's corporate objectives which are set out in the Council Plan 2022 to 2027. For example:</p> <ul style="list-style-type: none"> • The council's ambition to establish a core estate through property rationalisation aligns to the corporate objective 'Design a Modern Council.'

Judgements	Evidence
<p>However, it does not clearly define how progress against net zero projects will be measured or funded.</p>	<ul style="list-style-type: none"> • The council’s plans to deliver an appropriate supply of good quality, energy efficient housing that is well managed and well maintained and meets the Scottish Housing Quality Standard aligns to the corporate objectives ‘Tackle climate change and reach net zero emissions by 2045’ and ‘Reduce Child Poverty’. • The council’s intention to have a well-maintained roads network that meets the needs of both residents and visitors and promotes economic growth aligns to the corporate objective ‘Deliver inclusive economic growth.’ <ol style="list-style-type: none"> 2. The Corporate Asset Management Plan outlines that one of the Council Plan 2022 to 2027 priorities is to tackle climate change and achieve net zero by 2045 in line with national and local targets. The Corporate Asset Management Plan includes a section on Climate Change which lists projects the council plans to undertake, such as active travel schemes and modernisation of energy systems in council buildings. However, it does not set out how the council will measure progress against the projects detailed. 3. Management has advised that the council does not have sufficient funding available to achieve net zero by 2045 and that the council will require external funding and grants to achieve this. This is also reflected in the Capital Plan 2025-30. 4. The Capital Plan 2025-30 notes that sustainability is a key focus for the council with the investment of £74 million in tackling climate change to help deliver the council’s net zero ambitions making up nearly a quarter of the Capital Plan. This includes two key projects: <ul style="list-style-type: none"> • the Green Transport Hub and Spokes at Bell Street Multi Storey Car Park • energy efficiency measures in Council Housing. 5. The Corporate Asset Management Plan also sets out the drivers for the changing approach to asset management, such as: <ul style="list-style-type: none"> • birth rates and numbers on school roll projections highlight a requirement to increase primary capacity, this potentially includes new primary schools in both the east and west of the city • changes to the way the council works and interacts with the public post-Covid-19, such as hybrid working and increased need for automated services which can be used at any time.

Judgements	Evidence
<p>3. The council has clear asset management plans and capital plan that align with the Corporate Asset Management Plan.</p> <p>However, asset management plans do not include sufficient detail about how progress will be monitored and reported.</p>	<p>6. As part of its transformation plans, the council is undertaking a property rationalisation project which is aligned to the way the council works and the requirement to reduce the running costs of the estate.</p> <hr/> <p>1. The council has a number of asset management plans in place. As part of the audit, we reviewed the Corporate Property Asset Management Plan and the IT Asset Management Plan.</p> <p><u>The Corporate Property Asset Management Plan 2025 to 2030</u></p> <p>2. The Corporate Property Asset Management Plan clearly aligns with the Council Plan priority to ‘Design a Modern Council.’ For example, it includes work on property rationalisation which features throughout the Corporate Property Asset Management Plan. The Corporate Property Asset Management Plan also includes a section on energy management, climate change and carbon reduction which aligns to the council’s priority of tackling climate change and reaching net zero carbon emissions by 2045.</p> <p>3. The Corporate Property Asset Management Plan sets out the council’s plans for carrying out reviews to determine its priorities for its Capital Plan. For example, the property rationalisation programme detailed in the Corporate Property Asset Management Plan features in the Capital Plan 2025-30.</p> <p>4. The Corporate Property Asset Management Plan states that all the Council's operational properties are assessed, routinely monitored, and documented under the following criteria:</p> <ul style="list-style-type: none"> • Suitability and Sufficiency: whether the property is the right size, layout, and location for the function that it must perform. • Condition: the physical condition of the property. • Accessibility: to ensure that the property complies with current accessibility standards • Health and Safety: to ensure that the property complies with current requirements. • Sustainability and Energy: To measure the property against best practice benchmarks and seek to minimise the cost and environmental impact of energy use. <p>5. However, it does not set out where these are reported, or how often.</p>

Judgements	Evidence
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The IT Asset Management Plan 2024 to 2029

6. The IT Asset Management Plan includes a section which explains how it aligns to the council’s strategic priorities. The priority that the plan aligns to is ‘Design a Modern Council.’
7. The plan also includes overarching objectives for IT, which contain linkages to other council priorities such as tackling climate change. For example:
 - IT assets should meet the needs of those that use them. This includes staff, elected members, pupils, and citizens of Dundee through the different access channels: face to face, telephone and online
 - IT assets should be environmentally sustainable – considering local and global environmental factors, reducing energy consumption and CO2 emissions through the whole life cycle.
8. The plan sets out projections for capital expenditure on key projects such as ‘Purchase Computer Equipment’ over the period 2023/24 to 2027/28. The Capital Plan 2025-30 includes updated projections for each of the projects detailed in the IT Asset Management Plan, so these plans are clearly aligned.
9. The IT Asset Management Plan also includes a table containing risks associated with plan and mitigations in place for each of these. The plan sets out key performance measures for the IT service, for example system availability and security compliance, along with performance targets for these measures. However, it does not state where these will be reported or how often.
10. In December 2025, an update on the Corporate Services Plan included progress reporting against the four IT asset management indicators. It reported that the four indicators were on track to be achieved by March 2027.

4. The council has clearly considered affordability in its capital plan and asset management plans, and in its most recent capital expenditure update the council has established funding sources for the full 2025/26 capital budget. However, the council does

1. The Capital Plan 2025-30 provides details on the projected capital resources available from various funding sources, including capital grants and contributions and capital receipts from the sale of assets.
2. The Capital Plan also sets out the risks regarding affordability and controls it has put in place, for example the risks around inflation, delays in capital receipts and increasing capital financing costs and how the council plans to monitor/manage these.

Judgements	Evidence
not have a clear plan for funding its longer-term net zero commitment.	<ol style="list-style-type: none"><li data-bbox="584 271 1458 539">3. The Corporate Property Asset Management Plan recognises that the council needs to continue to modernise and rationalise its property portfolio to make it suitable for the needs of the people of Dundee. While this may be evidence of the council following the investment hierarchy approach, this is not clearly set out in the strategy.<li data-bbox="584 555 1458 864">4. The Capital Plan 2025-30 clearly sets out the planned expenditure on each project and the amount of any external funding sources. When the original 2025/26 budget was set, the general fund capital budget was not fully funded. The most recent capital expenditure update provided to the City Governance Committee in January 2026 confirms that funding sources have been established for the full 2025/26 general fund capital budget.<li data-bbox="584 880 1458 1223">5. The Capital Plan 2025-30 recognises that the level of investment required to meet climate change targets is anticipated to exceed current resource levels and notes that officers actively monitor for opportunities to apply to external funding sources to help progress renewable energy solutions. In interviews undertaken during this audit management also emphasised the need for external funding to enable the council to achieve its net zero ambitions.<li data-bbox="584 1238 1458 1507">6. The council sets an operational borrowing limit each year which helps to ensure that the council remains within its authorised limit. The council does this by creating £30 million headroom between its authorised limit and its operational boundary. This helps the council to monitor whether its level of borrowing remains at an affordable level.<li data-bbox="584 1523 1458 1910">7. The Capital Plan report presented to the February 2025 City Governance Committee stated that option appraisal guidelines have been developed to allow services to consider systematically whether individual capital projects provide value for money and that an option appraisal report will be completed for all projects of £1 million or above being considered for inclusion in the council's Capital Plan. In line with our interviews with management, option appraisals must be presented to the Capital Governance Group in the first instance for approval.<li data-bbox="584 1926 1458 2078">8. The Revenue Monitoring report presented to the City Governance Committee in January 2026 illustrates that the council faces high repairs and maintenance costs for properties in both the General Fund and Housing Revenue

Judgements	Evidence
	Account. The report notes that an analysis of current and historical property costs has been issued across services to help identify cost savings and opportunities for property rationalisation.
5. There are several risks relating to the maintenance of the council’s operational estate, including ageing buildings, staffing and budget shortages, and a lack of up-to-date information. The council has plans to improve the information available about its estate, which should enable it to better prioritise preventative maintenance.	<ol style="list-style-type: none"> 1. The Corporate Property Asset Management Plan recognised that many properties are ageing and require significant refurbishment including the removal of asbestos. It also states that all operational properties are routinely assessed and monitored against condition and health and safety criteria. For example, an annual update on the condition of the learning estate presented to the Children and Families Committee in March 2026 set out that at May 2025, eight schools were rated as poor (‘C’) condition. 2. The council has reported an annual repairs deficit of more than £1.4 million in 2022/23 and 2023/24, and this deficit is projected to rise each year. The Corporate Property Asset Management Plan notes that the lack of planned maintenance creates greater pressure on reactive repairs. It also states that the corporate property revenue budget is insufficient to cover the expected cost of health and safety contracts. This means there is an overspend in each financial year to cover the costs of these contracts and remain compliant with health and safety standards. It is unclear how the council is going to address this budget shortfall. 3. The council’s Building Standards department is responsible for ensuring building safety across Dundee, supported by structural engineers who provide expert assessments of properties. However, the Corporate Property Asset Management Plan highlights a shortage in staffing including property officers, fire risk assessors, asbestos advisors and building surveyors. 4. As set out in the Corporate Property Asset Management Plan, the asset management database supports the health and safety regime and maintenance and repair programmes for all council properties including schools. However, management have advised that the current database is out of date and that there is a reliance on spreadsheets as the property and IT teams have not had the staff capacity, time or capital required to update the system. The council has allocated £0.35 million in the Capital Plan over 2025/2026 and 2026/2027 for a replacement asset management system. Management has advised that the council is currently in the process of

Judgements	Evidence
	<p>sourcing software. The intended benefits of a new system include the ability to develop a systematic and costed maintenance and capital plan, prioritising planned maintenance over reactive maintenance.</p> <p>5. The council's property portfolio contains a large quantity of reinforced autoclaved aerated concrete (RAAC). It is present in 81 blocks of flats, 293 cottages and two schools. The council is undertaking two pilot projects (Housing RAAC Permanent Support Works and Ardler Primary School – RAAC Remedial Works) to test a cost-efficient approach that could be implemented across all buildings affected by RAAC. The two pilot projects were scheduled to take place between June and October 2025, and consisted of remedial work to RAAC roofs, totalling £0.73 million. The council has not yet reported the outcome of this work but has advised that a report will be presented in late spring 2026 containing a detailed appraisal of the works and next steps.</p>

Recommendation 1

The council should ensure that the new asset management database system can store and report information on the occupancy of buildings to help inform the council's decisions on property rationalisation and use this information in future property plans.

2. Governance and performance

6. It is essential that councils have effective governance arrangements in place to enable transparency, oversight and scrutiny of progress with implementing their capital programmes and asset management strategies. This enables better-informed decision making and corrective action where needed.

Findings and evidence relating to the council's governance arrangements and performance.

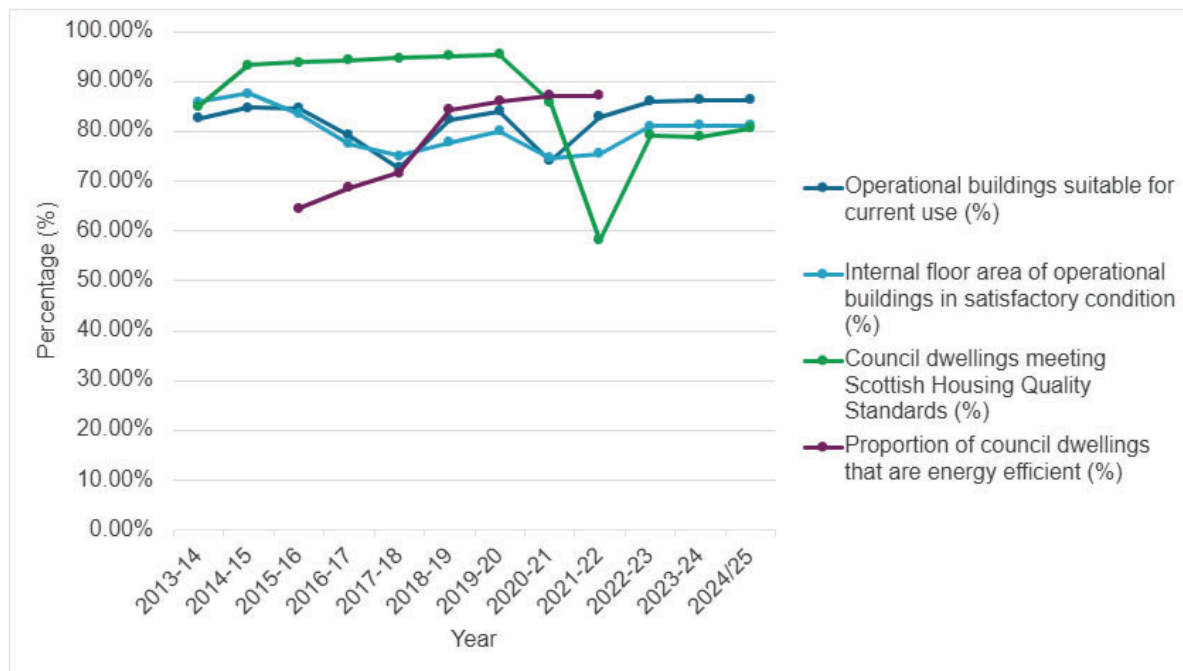
Judgements	Evidence
<p>6. The council's reporting and monitoring arrangements are clear and enable good scrutiny and oversight of progress towards implementing its capital plan. However, the reporting and monitoring arrangements for asset management plans could be improved.</p>	<ol style="list-style-type: none"> The council has a clear governance structure in place with appropriate leadership arrangements to oversee progress towards its capital plan and asset management plans. The council has established a Capital Governance Group (CGG) to oversee the monitoring of capital projects within the council. The CGG meets monthly and has appropriate senior leadership membership in place. It comprises the council's Executive Directors and relevant Heads of Service who have responsibility for assets. The remit of the CGG includes: <ul style="list-style-type: none"> reviewing all projects expected to cost over £1 million by receiving regular reports from project sponsors monitoring progress against timescales and financial costs taking strategic responsibility for developing the capital programme including reviewing option appraisals, risk assessments, and bids for including major projects linked to council priorities and objectives. In addition to the CGG, the council has established a Transformation Programme Board (TPB), which considers progress of the Property Rationalisation project on a bi-monthly basis. The TPB membership also includes members of Council Leadership Team (CLT) and Heads of Service and therefore has appropriate senior leadership representation. The TPB is supported by the Property Rationalisation Theme Board, the remit and membership of which is outlined in the Corporate Property Asset

Judgements	Evidence
	<p>Management Plan. The TPB receives reports every two months on property rationalisation, which set out:</p> <ul style="list-style-type: none"> • achievements against milestones established in the previous period • benefits realised in the reporting period • risk escalation and lessons learned.
	<p>3. Management advised that CLT oversight of asset management is primarily through the CGG as CLT members sit on this. The CGG does not receive routine performance updates on progress towards achieving the overall aims of the Corporate Asset Management Plan. The council could improve oversight by agreeing a set of KPIs for monitoring the implementation of the strategy across all asset categories and reporting on this regularly.</p>
	<p>4. The CLT also receives Service Plan updates before the reports are presented to the City Governance Committee. The City Governance Committee receives annual updates on service plans. These updates include some asset related information. For example, the Neighbourhood Services update in August 2025 reports performance on indicators including ‘Maintain momentum in energy efficiency and wall insulation programmes to reduce fuel poverty for children and families’ and ‘Build affordable houses that meet community needs’.</p>
	<p>5. Service plan updates do not include progress against all asset management plans. For example, the Corporate Property Asset Management Plan sets out that all operational properties are routinely monitored against criteria such as suitability, sufficiency, and accessibility. However, reports do not include KPIs that cover all these criteria.</p>
	<p>6. The council regularly reports progress on capital expenditure to the City Governance Committee. The capital expenditure monitoring reports give comprehensive updates on progress towards implementing the capital budget and include:</p> <ul style="list-style-type: none"> • financial reporting (spend against budget and projections) • explanations for key variances and reasoning for any delays to the capital plan • whether timescales for capital projects are on track or not and details of any new projected completion dates where projects are not on track.

Judgements	Evidence
<p>7. The council regularly reports progress on the delivery of its capital budget. These show that in most cases, the projects are expected to be completed on time and on budget, with slippage reported on a small number of projects.</p> <p>8. Performance against the council’s asset management indicators and Local Government Benchmarking Framework indicators is mixed.</p>	<ol style="list-style-type: none"> 1. The Corporate Asset Management Plan has a section on performance, which explains that statutory and KPIs already exist for the majority of service areas. For example, KPIs relating to the council’s properties reflect core condition and suitability and these are reflected in individual asset management plans. In addition, the council produces an annual report on its progress towards delivering its Council Plan priorities. 2. The capital expenditure monitoring report presented to the City Governance Committee in January 2026 shows significant expenditure on some key projects, such as the Drumgeith Community Campus. The report also highlights projects that are ahead of target and some projects that have slipped because of delays in works commencing or delays in procurement. The capital expenditure update gives reasoning for any projects that have variances over £0.25 million from the current budget. The budget monitoring report also sets out approved completion dates and projected/actual completion dates. In most cases, the projects are expected to be completed on time and there are no completion date variances reported since the last monitoring report in December 2025. 3. The council’s results for four asset management Local Government Benchmarking Framework indicators is detailed in Exhibit 2 below: <ul style="list-style-type: none"> • In 2024/25, the proportion of operational buildings suitable for current use was 86.2 per cent, in line with its Family Group and the national average (86.2 per cent and 85.7 per cent respectively). • The results for the other three measures are in the main below the family group and national averages apart from the ‘proportion of council dwellings that are energy efficient’ indicator, which is similar to the national average. • The ‘council dwellings meeting Scottish Housing Quality Standards’ indicator displayed a steep decline during the Covid-19 pandemic and a quick recovery the following year, however it is yet to return to pre-pandemic levels. In 2024/25, 80.6 per cent of council dwellings met Scottish Housing Quality Standards which is significantly below the Family Group average of 85.9 per cent and slightly below the national average of 82.9 per cent.

Exhibit 2

Trend in performance against Local Government Benchmarking Framework indicators
 Dundee City Council performance is mixed



Note: Data for the Proportion of council dwellings that are energy efficient (%) indicator has not been collected since 2021/22. Energy efficiency targets for social housing are temporarily on hold pending the development of a new standard that aligns with Scotland's net zero target.

Source: Audit Scotland using Local Government Benchmarking Framework, October 2025

Recommendation 2

The council should review and agree its set of KPIs for monitoring the implementation of the Corporate Asset Management Plan across all asset categories and reporting on this regularly to increase transparency about progress and assist council officers and elected members' oversight.

3. Partnership working and community engagement

7. It is essential that councils consider how they can collaborate across services and with other public and third sector organisations to manage assets. This has the potential to achieve savings, better align service provision and create opportunities for joint working. Councils should also have transparent and robust processes in place for supporting and assessing community asset transfer requests and engaging with their communities on asset management plans and priorities.

Findings and evidence relating to the council's partnership working and community engagement arrangements.

Judgements	Evidence
<p>9. The council has clearly set out its ambition to work collaboratively with partners in managing assets through its Corporate Asset Management Plan and Community Wealth Building Strategy. There are some good examples of the council working with partners to collaboratively manage assets.</p>	<ol style="list-style-type: none"> The council has included its intentions in relation to partnership working within its Corporate Asset Management Plan. For example: <ul style="list-style-type: none"> increased co-location with partner organisations taking a corporate and coordinated approach to managing assets across council services collaboration and partnership with neighbouring authorities to meet the schooling needs of pupils in and around the city boundaries working with partners, such as the NHS, the council will aim to deliver ICT services that enable greater collaboration and joint working such as health and social care integration. Management advised that its approach to working collaboratively with partners is set out in the Community Wealth Building Strategy. This strategy covers more than just assets, but land and property features as one of the five core pillars of community wealth building: 'Growing the social, ecological, financial, and economic value that local communities gain from land and property assets'. The strategy sets out the council's aim to use land and property assets in a way which benefits the local communities who live in and use it. It aims to promote

Judgements	Evidence
	<p>more inclusive management and ownership of land and assets. To do this, the council plans to:</p> <ul style="list-style-type: none"> • review its community land and assets transfer strategy to set out the options available • develop an associated monitoring system to better reflect how council land and property is accessed by communities • explore the development of a shared area on the council's website, for Anchor Partners Registers of land and assets • understand current use and where appropriate proposing reuse of vacant and derelict land to reduce its impact on local communities. <p>4. While the strategy sets out some key actions, it does not set out timescales for delivering these or how progress will be reported. The council has provided us with its internal action plan which does include timescales and responsible officers; however, this is not publicly available. It has also advised that reporting arrangements will be through existing plans and service plans, and that a Community Wealth Building update is provided on a quarterly basis to the Strategic Leader Group for Inclusive Economic Growth.</p> <p>5. The council has some good examples of working collaboratively with partners in using assets. For example:</p> <ul style="list-style-type: none"> • Shared service hubs (the Crescent, Whitfield, and Seymour House) across the city. These centres co-locate a range of services provided by a variety of organisations including the council, the NHS and Police Scotland. • Working with charities to provide leases when a full Community Asset Transfer is not possible due to lack of capacity. • The Corporate Property Asset Management Plan notes that two floors in Dundee House have been leased out to other organisations.
<p>10. The council does not have a co-ordinated and strategic approach to engaging with the community to inform its strategic priorities for asset management. There examples of the council using community feedback</p>	<p>1. The council lacks a co-ordinated and strategic approach to engaging with communities on setting asset management priorities. There are examples of the council seeking the community's views on assets at a local level. For example, in 2021 the council used feedback from its Engage Dundee consultation to inform Local Community Plans 2022-27. This included seeking views on the availability of community facilities and open spaces.</p>

Judgements	Evidence
<p>to inform decisions, but it has faced challenges related to its proposed closures of a school.</p>	<ol style="list-style-type: none"> <li data-bbox="584 271 1471 651">2. In May 2024, the council carried out three separate consultations on the proposal to cease three services operated by Leisure and Culture Dundee. The consultation ran for six weeks, both online and through paper copies in affected facilities and libraries. There were 2,432 responses across the three consultations. A high proportion of respondents to each consultation indicated that closing each facility would negatively impact them. The council concluded that two facilities would remain open and one would cease operations in 2025. <li data-bbox="584 674 1471 1435">3. The council has demonstrated that it used community feedback to inform decisions about relocating services into the new Drumgeith community campus. In November 2024, the council started a six-week consultation involving online and paper surveys, and 14 public drop-in sessions across affected facilities. There were over 1,300 responses and the consultation was widely promoted. The purpose of the consultation was to identify any impact that service relocations may have on the community, to consider potential mitigations and explore future uses for community buildings. A high proportion of respondents indicated that relocating one of the facilities, Douglas Community Centre and Library, would negatively impact them. Therefore, the council committed to ensuring services offered in the community centre and library and the new community campus are not duplicated, and to working with local partners to decide which services will remain in the current facility. The council has also deferred a decision on relocating Douglas Sports Centre as there was also a high response rate against closing this facility. <li data-bbox="584 1458 1471 1995">4. The council engaged with the community in February 2025 regarding the closure of St Pius X Roman Catholic Primary School and Nursery. However, Scottish Ministers and a School Closure Review Panel, which took place in December 2025, refused the closure stating that the council did not fulfil its consultation obligations under the Schools (Consultations) (Scotland) Act 2010. Scottish Ministers concluded that the proposal presented during the consultation period did not include sufficient details about the educational benefits of closing the nursery nor did it provide adequate information about the availability and accessibility of alternative early learning and childcare provision. The council did not appeal the decision and the school remains open. <li data-bbox="584 2018 1471 2085">5. In 2022 the council engaged with residents in Linlathen who raised concerns about safety, dampness, cold

Judgements	Evidence
	<p>homes, health impacts, and fuel poverty. The Linlathen retrofit project involves upgrading the energy efficiency of housing stock and was approved after 12 in-depth interviews took place. The project, expected to start in early 2026, includes replacing windows and doors, roof insulation and floor insulation that will meet the Scottish Government's energy efficiency standards and improve housing standards for the residents.</p>
<p>11. The council has a clear policy, assessment criteria, and approach to supporting Community Asset Transfer requests. However, the council is not transparent enough about how requests have been assessed and does not publish decision notices, as required by Scottish Government guidance.</p>	<p>1. In March 2026, the council published updated Community Asset Transfer (CAT) guidance. The guidance covers Community Asset Transfer Requests under the Community Empowerment (Scotland) Act 2015, as well as a voluntary scheme which widens the eligibility criteria for who can apply for a Community Asset Transfer or lease. The guidance includes key considerations before applying, including community need, financial sustainability, and community benefits. Of 11 asset transfer requests made to date, the council approved four transfers or leases, three were withdrawn by the applicant, two are no longer live, one is in progress and one was rejected.</p>
<p>12. The council's approach to Community Asset Transfers provides a broader range of groups with the opportunity to make use of the council's assets, increasing inclusivity for those who would otherwise not be eligible for Community Asset Transfers.</p>	<p>2. The Community Asset Transfer Group set up in August 2020 comprises officers from Communities, City Development, Environment, Finance and Legal. The group assesses applications against criteria using a scoring system across three categories – viability; benefits and impact; and community support and non-financial benefits. The group is responsible for making recommendations to elected members.</p> <p>3. The council publishes asset transfer request applications and supporting documents on the council's website until a decision is made. However, the council has not published the decision notices online as set out in the Scottish Government guidance for relevant authorities. In addition, the council is not transparent enough about how requests have been assessed. The council has provided us with a CAT scoring matrix for two requests that it approved, but this information is not publicly available. As required, the council prepares a Community Empowerment Report annually which provides updates on Community Asset Transfer applications and publishes this report on its website.</p> <p>4. In its Community Wealth Building Strategy 2025-2030, the council has committed to review its Community Land and Assets Transfer strategy. It aims to provide details about the variety of options open to groups relating to making</p>

Judgements	Evidence
	<p>use of the council's assets, whether through a formal CAT or other method, such as a lease. This approach provides opportunities for a wider range of groups and organisations to take on responsibility for underused council buildings, helping enable community buildings to remain open. However, it does increase the risk that the council is not able to fully divest from costs associated with, for example, maintaining ageing or costly properties. Examples of alternative methods of transfer include:</p> <ul style="list-style-type: none">• the council transferring Rainbow House to the Yard charity after a period of leasing• the council committing to a partnership with Street Soccer and Leisure and Culture Dundee which included a 20-year lease between Dundee City Council and Street Soccer for the Change Centre (formally Lynch Centre) which commenced on 1 April 2021.

Recommendation 3

The council should ensure community asset transfer request assessments are transparent and publish decision notices for all community asset transfer requests.

Appendix

Improvement action plan

Issue/risk	Recommendation	Agreed management action/timing
<p>1. Asset Management Database</p> <p>The council's Corporate Asset Management Plan does not provide an overview of the occupancy rates of the council's existing buildings. The council recognises that it does not currently have the data required to monitor the occupancy of its buildings except the school estate which is monitored in an annual report.</p> <p>The council has allocated £0.35 million in the Capital Plan over 2025/26 and 2026/27 for a replacement asset management system and management has advised that the council is currently in the process of sourcing software.</p> <p>Without information on the occupancy of buildings, there is a risk that opportunities for property rationalisation and maximising the use of buildings are missed.</p>	<p>The council should ensure that the new asset management database system can store and report information on the occupancy of buildings to help inform the council's decisions on property rationalisation and use this information in future property plans.</p>	<p>The Council is working towards delivery of a new asset management system.</p> <p>Responsible Officer: Property Manager (City Development)</p> <p>1 April 2027</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>2. Asset Management Performance Information</p> <p>The council reports some asset management performance information through Council Plan and Service Plan updates, but the council does not routinely report on progress towards the overarching Corporate Asset Management Plan.</p> <p>There is a risk that insufficient oversight of progress towards achieving the priorities in the Corporate Asset Management Plan could mean that it is more difficult for the council to make effective decisions and direct resources as needed.</p>	<p>The council should review and agree its set of KPIs for monitoring the implementation of the Corporate Asset Management Plan across all asset categories and reporting on this regularly to increase transparency about progress and assist council officers and elected members' oversight.</p>	<p>A review of the KPIs and reporting arrangements will be undertaken to improve information available to the CGG and elected members.</p> <p>Responsible Officer: Executive Directors of City Development and Corporate Services</p> <p>31 March 2027</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>3. Community Asset Transfers</p> <p>Per Scottish Government guidance, public authorities should assess requests transparently against a specified list of criteria and publish decision notices online.</p> <p>The council has assessment criteria in place for assessing community asset transfer requests. However, the council is not transparent enough about how requests have been assessed or the outcome. The council does not publish the completed assessments or decision notices on its website.</p> <p>There is a risk of poorer decision-making, and a lack of accountability around community asset transfer requests. The council also risks breaching its legal duties relating to publishing decision notices.</p>	<p>The council should ensure community asset transfer request assessments are transparent and publish decision notices for all community asset transfer requests.</p>	<p>By 1 October 2026 Dundee City Council will prepare updated guidance for community groups and officers as to how Community Asset Transfers will be dealt with. All Decision Notices under the Act will be published in perpetuity on Dundee City Council's website.</p> <p>Further, also by 1 October 2026, a new section will be added to the Community Asset Transfer webpage for applications made under Dundee City Council's Voluntary Scheme which will contain information about applications made under the voluntary scheme, including notes of decisions, those notes of decisions being published in perpetuity.</p> <p>Responsible Officer: Service Manager - Communities (Neighbourhood Services)</p> <p>1 October 2026</p>

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