

SOUTH LANARKSHIRE
Leisure & Culture

BOARD MEETING – THURSDAY 29 MAY 2025, 2.30PM
AGENDA

Location: Hamilton Town House

**Agenda
Item**

1. Sederunt
2. Apologies
3. Declarations of Interest – Annual Return
4. Minutes of Previous Meeting
5. Matters Arising
6. Action Log
7. Global Internal Audit Standards and 2025/26 Internal Audit Plan
8. Performance Report
9. Performance, Finance and Audit Committee Update
10. Budget Update 2024/25
11. Revenue Budget 2025/26
12. SLLC Employee Survey Findings and Action Plan
13. SLLC Health and Safety Policy
14. Transformation Fund (verbal update)
15. AOCB
16. Risk Register Implications

Date of Next Board Meeting (Standard) – Thursday 4 September 2025

South Lanarkshire Leisure and Culture SCIO is Scottish Charitable Incorporated Organisation (Scottish charity number SC023549) responsible for the operation, management and delivery of leisure and cultural activities on behalf of South Lanarkshire Council.

Minutes of Meeting of the Board of Trustees of South Lanarkshire Leisure and Culture SCIO held on MS Teams at 3pm on Wednesday 5 March 2025.

1. Sederunt

Chair:

Dr Avril Osborne

Vice Chair:

Cllr Maureen Devlin

Board Members:

Dr Angela Beggan, Neil Brown, Craig Cunningham, Dr Gordon Jack, Lisa Maule, Cllr Mo Razzaq

In Attendance:

Kay Morrison (Chief Executive)

Nick Lansdell (Head of Strategy and Governance (Board Secretary))

David Booth (Executive Director of Community and Enterprise Resources)

David Carter (Head of Operations and Estates)

Martin Cryans (Head of Business Development)

Ross McKie (Head of Corporate Services)

2. Apologies

Chris Goudie, Alan Morrison, Stephen Smellie

3. Declarations of Interest

Craig Cunningham declared his employment with the Health and Social Care Partnership who provide funding to South Lanarkshire Leisure and Culture (SLLC).

4. Minutes of Previous Meeting

The minutes of the Board meeting held on Wednesday 13 November 2024 were submitted for Board approval as a correct record.

- ♦ The minutes were updated to reflect Dr Gordon Jack's attendance.

The Board: approved the minutes.

5. Matters Arising

There were no matters arising.

6. Action Log

The action log of the Board meeting held on Wednesday 13 November 2024 was submitted for Board approval as a correct record.

- ♦ It was noted that although two members sessions were programmed, only one was requested.

The Board: approved the action log.

7. Performance Report

The Board was guided through the report for the third quarter of 2024/25.

The Board: noted the report.

8. Performance, Finance and Audit Committee Update

The Board was provided with an update from the last Performance, Finance and Audit (PFA) Committee Meeting held on 6 February 2025.

The Board: noted the update.

9. Revenue Budget Update 2024/25

The Board was presented with a report providing an update on the most recent 2024/25 budget monitoring position as at 31 December 2024 and the current projected outturn for financial year 2024/25.

Recommendation: The Board is asked to note the content of the report.

- ◆ An explanation of what constitutes irrecoverable VAT will be issued to Trustees.
- ◆ Trustees were reassured that staffing levels had been carefully considered during the maintenance closure at the Dollan Aqua Centre. New staff have been recruited to ensure a smooth reopening of the Centre with only some minor adjustments to early morning swims.
- ◆ The new lifeguard technology will not result in reduced staffing levels but is considered a safety enhancement which will assist in the developing the pool programme to maximise usage.

The Board: noted the report.

10. Savings Proposals 2025/26

The Board was presented with proposals to balance the projected budget gap for 2025/26.

Recommendation: The Board is asked to approve the following recommendations:

- (1) That the projected budget gap of £1.144m for 2025/26 is noted.
 - (2) That the proposed approach to budget for non pay cost inflation of £0.161m as outlined in Section 3.8, is approved.
 - (3) That the package of savings recommendations to balance the budget for 2025/26 totalling £0.646m as outlined in Section 4 are approved.
 - (4) As outlined in Section 6, that the use of reserves totalling £0.337m is approved to meet the remaining budget gap for 2025/26.
- ◆ The report follows the pricing report approved by the Board in November and provides further recommendations on actions to help balance the budget for 2025/26.
 - ◆ It was reiterated that the timing of the notification regarding changes to Employer National Insurance Contributions (ENICs) significantly impacted SLLC's ability to develop and implement additional actions for the new financial year.
 - ◆ Following the announcement, savings proposals were adjusted to include more actions to increase income generation while ensuring targets are realistic. With this in mind, it is proposed that the Board approve use of reserves to balance the budget as needed at year end. Financial performance will be monitored closely with updates to Board throughout the year.
 - ◆ It was highlighted that the management fee from SLC will remain at the same level this year.
 - ◆ The Halls business model, that was noted as a potential savings option in November, requires further work, recognising the potential scale of the change required and to determine equal pricing for all lettable spaces to avoid displacement of activities from one space to another. Therefore, the intention is to widen the scope of the review and undertake more in-depth consultation with user groups to aid a smoother transition to the new model. It is anticipated that further proposals will be brought to the Board in November.

- ◆ There was discussion regarding the benchmarking figures for the Learn to Swim programme. It was clarified that comparisons with other organisations are not always directly comparable as, in this case, SLLC lessons are longer in duration. Officers will maintain positive promotion of the programme however, there is confidence that demand is high therefore plans are also underway to address and meet any unmet demand.
- ◆ The Board Secretary will investigate the use of business interruption insurance to balance income lost through the closure of sites and will advise the Board accordingly.
- ◆ Trustees were reassured that SLLC will continue to work with the Council to schedule closures with minimal impact to normal operation however it was noted that full closures are unavoidable, such as for repairs to the floating floor at the Dollan Aqua Centre.
- ◆ The Executive Director of Housing and Technical Resources will update Council officers on Transformation Fund projects in the coming weeks, and an update report will be presented to the Board in May. SLLC officers will quantify potential income loss due to necessary closures and coordinate with the Council to minimise customer impact through careful scheduling. While it may take time to scope out projects of this size, the impact and benefits of the fund will soon become evident.
- ◆ A request was made for the Council to establish an asset lifecycle budget for the new Larkhall Leisure Centre. It is hoped that a favourable revenue and maintenance budget will be allocated when the new facility opens.
- ◆ Trustees were informed that the communication plan relating to savings is generalised and a more detailed plan for communicating the SLLC growth plan to stakeholders will be presented at the Board session on 23 April.
- ◆ The savings proposals will not reduce existing staff posts. SLLC staff have shown resilience and flexibility amid significant changes in recent years. The Leadership Team will continue to monitor staff wellbeing through feedback from team meetings and will provide support. As part of the commitment to gathering staff feedback, the staff survey has been reinstated. An action plan based on survey feedback is currently being co-designed with the Extended Management Team and a full update will be brought to the Board in May.
- ◆ In addition to this, the newly-formed Communications Working Group is also focussing on putting structures in place to facilitate a 2-way flow of information across SLLC.
- ◆ Trustees were advised that SLLC have identified a reduction in pool cars, which are separate to the Council's fleet which SLLC are also able to access.
- ◆ Following Board decision, communication will be sent to Elected Members to advise of price increases and to provide an update on consultation in relation to the halls business model. Price increases will then be communicated to customers through the usual channels.

The Board: approved the report.

11. Summary Action Plan 2025/26

The Board was provided with the Summary Action Plan for 2025/26.

Recommendation: The Board is asked to approve the following recommendation:

(1) That the Summary Action Plan is noted.

- ◆ The Summary Action plan provides a Board level outline of the key actions for the coming year to help achieve our strategic objectives. Trustees were advised that the staff survey report will be brought the Board in May and the Events and Customer Engagement plan will be complete in the first quarter of the year. The plan will be updated to reflect this accordingly.
- ◆ The impact of the actions outlined are reported to Board throughout the year via the quarterly performance report, including specific indicators linked to the actions.
- ◆ Further reporting will come via specific reports to Board where performance indicators are measured annually.
- ◆ A draft of the next SLLC strategy is anticipated to be presented to the Board in November 2026.
- ◆ Appendix 2 to the report provides more information on the Council's approach to Marmot with a further update anticipated in time for the May Board meeting.

- ◆ Trustees were advised that the SLLC Chief Executive represents SLLC at Marmot meetings and also sits on the Community Planning Partnership (CPP).
- ◆ There was recognition of the value of the Marmot pilot in Coventry with positive outcomes in relation to improved life expectancy and crime reduction in priority areas.
- ◆ Although it is still early days, SLLC officers are actively engaged with Marmot at every level. They will continue to work on this multi-agency initiative to ensure that leisure and culture play a pivotal role in its success.

The Board: approved the report.

12. Workstreams Update – Verbal

The Board was presented with an update on the three Workstreams.

- ◆ Trustees were advised that the finance workstream, which operates on a rolling three year plan, is continually reviewed with the Council to consider any financial fluctuations over the period.
- ◆ A report is going to Council committee in March regarding the draft Commissioning Plan and this will be shared with the Board as it is now in the public domain. The Board Growth Plan session scheduled for 23 April will also afford Trustees the opportunity to provide feedback on the Commissioning Plan.
- ◆ SLLC officers are working in partnership with the Council regarding its 10-year estate strategy as this develops. An update is due with the Council in March and, once publicly available, will be shared with the Board. A further Council update is also expected in June.
- ◆ Trustees were advised that the Chair recently met with the Council's Chief Executive regarding the progress being made with the workstreams and how these align to the strategic direction of SLLC. It was also noted that the Chair and SLLC Chief Executive continue to meet routinely with the Council's Chief Executive, Leader and Depute Leader.

The Board: noted the update.

13. Board Health and Safety Representative Remit

The Board was presented with the Board Health and Safety Representative remit.

Recommendation: The Board is asked to approve the following recommendation:

- (1) That the remit for the SLLC Board Health and Safety Representative from the membership of the Performance Finance and Audit Committee is agreed.
- ◆ The Chair advised Trustees that the Health and Safety Policy will be brought to the Board for agreement in May.
 - ◆ The Board Health and Safety representative expressed their satisfaction with the clear remit outlined for the role and will discuss their contributions in meetings with the Health and Safety Manager and the Head of Strategy and Governance (Board Secretary).
 - ◆ The Chair requested an update on the effectiveness of the remit for the Board after a full year cycle.

The Board: approved the report.

14. Realignment of SLLC Structure – Update

The Board was presented with an update on the realignment of the SLLC Structure.

Recommendation: The Board is asked to approve the following recommendation:

- (1) That the progress on implementing the modernised staff structure for SLLC, as outlined in Appendix 1, be noted.

- ◆ Trustees were advised that all posts have been recruited with only a few to officially start in their new roles. The Leadership Team are supporting their teams and work in the background so far indicates that the new structure is delivering, as expected.
- ◆ There have been some promotions, side steps and external expertise brought in to enhance existing knowledge and the structure has been successfully implemented with no members of staff in detriment.
- ◆ Trustees welcomed the new structure, recognising the value that it lends to a more sustainable organisation going forward. There was mention of an enhanced social media presence and opportunities to promote the positive impact of SLLC services working in conjunction with the Council's PR team.
- ◆ It was also noted there would be renewed focus on growing the commercial element of SLLC through event planning and exploring various funding opportunities via grants and sponsorship.
- ◆ The communication route for Trustees remains via the Board Secretary for consistency however, the structure will be updated with manager names and circulated to the Board.

The Board: approved the report.

15. Gender Pay Gap 2024

The Board was presented with an update on the legal requirement for SLLC to produce Gender Pay Gap information and provide details of our position as at 5 April 2024.

Recommendations: The Board is asked to note the following:

- (1) The SLLC Gender Pay Gap data is available on the Government website (<https://gender-pay-gap.service.gov.uk>), and
 - (2) The accompanying statement is available on SLLC's website, with a link to the Government website.
- ◆ A request was noted for the Board to receive recruitment monitoring figures, particularly for disabled and armed forces recruitment, on regular basis to monitor this. Consideration will now be given to how this may be reported to the Board on an annual basis, possibly via the Performance, Finance and Audit Committee.

The Board: noted the update.

16. AOCB

Growth Plan Session

- ◆ This has been scheduled for Wednesday 23 April, 2pm to 5pm at Hamilton Townhouse.
- ◆ Trustees will have the opportunity to help in the development of the Growth Plan through a facilitated session to capture the Board's aspirations around growth and areas of development.
- ◆ Discussion and feedback on the draft Commissioning Plan will also be covered at the session.

Equalities Training

- ◆ Trustees were reminded that this training had been put on hold due to the implementation of Fusion. Communication will be sent to Trustees once access to Fusion has been arranged via the Council's HR Team which will include a reissued timetable.
- ◆ It was recognised that some Trustees completed the training in full prior to Learn On Line access being removed.

Stakeholder Day

- ◆ This will be the third Stakeholder event, and the team is continually seeking ways to improve it each year. It is crucial to attract as many stakeholders as possible, as this event provides a fantastic opportunity for SLLC to bring the annual report to life through the people who access its services. Consideration is being given to holding the event in the evening to maximise attendance.

17. Risk Register Implications

There was nothing to update in the risk register as a result of this meeting.

Date of Next Meeting

The next standard Board meeting is Thursday 29 May 2025.

Chair

DRAFT

Board Action Log
Blue – Action is complete

Red – Action not on track with major issues

Amber – Action mainly on track with some minor issues

Green – Action is on track

Board Meeting – 5 March 2025				
Agenda Item	Action	Person(s) Responsible	Timescale	B/R/A/G
Agenda Item 9 Revenue Budget Update 2024/25	An explanation of what constitutes irrecoverable VAT will be issued to Trustees.	Head of Corporate Services	29 May 2025	On track 29 May 2025
Agenda Item 10 Savings Proposals 2025/26	The scope of the halls business model review will be expanded and presented to the Board after further consultation with user groups.	Head of Operations and Estates	13 November 2025	13 November 2025
	The Board Secretary will investigate the use of business interruption insurance to balance income lost through the closure of sites and will advise the Board accordingly.	Head of Strategy and Governance (Board Secretary)	29 May 2025	On track 29 May 2025
	The Board will be presented with an update on the Council's Transformation Fund progress.	Head of Operations and Estates	29 May 2025	On track 29 May 2025
	The Board will be presented with an action plan based on the staff survey feedback.	Head of Corporate Services	29 May 2025	On track 29 May 2025
	Following Board decision, communication will be sent to Elected Members to advise of price increases and to provide an update on consultation in relation to the halls business model.	Head of Business Development / Chief Executive		Complete 11 March 2025
Agenda Item 12 Workstreams Update	The draft Commissioning Plan will be shared with the Board following publication.	Head of Strategy and Governance (Board Secretary)	6 March 2025	Complete 6 March 2025

	An update regarding the Council's 10-year estate strategy will be brought to the Board.	Head of Operations and Estates	29 May 2025	On track 29 May 2025
Agenda Item 13 Board Health and Safety Representative Remit	The Health and Safety Policy will be brought to the Board for agreement in May.	Head of Strategy and Governance (Board Secretary)	29 May 2025	On track 29 May 2025
	An update on the effectiveness of the Board Health and Safety representative remit will be brought to the Board after a full year cycle.	Head of Strategy and Governance (Board Secretary)	May 2026	On track May 2026
Agenda Item 15 Gender Pay Gap 2024	Consideration will be given to how recruitment monitoring figures are reported to the Board.	Head of Corporate Services	29 May 2025	On track 29 May 2025

Actions carried over from Previous Standard Board Meetings

Board Meeting – 13 November 2024				
Agenda Item	Action	Person(s) Responsible	Timescale	B/R/A/G
There were no new actions to log as a result of this meeting.				
Board Meeting – 4 September 2024				
Agenda Item	Action	Person(s) Responsible	Timescale	B/R/A/G
Agenda Item 6 Matters Arising	Staff Survey – formal report to be brought to future Board meeting.	Head of Corporate Services	29 May 2025	On track 29 May 2025
Agenda Item 12 AOCB	Equalities Training – an updated link to training modules to be issued to Trustees once available following Fusion update.	Head of Strategy and Governance (Board Secretary)	Subject to Fusion update	Minor issues Early 2025
Board Meeting – 28 February 2024				
Agenda Item	Action	Person(s) Responsible	Timescale	B/R/A/G
Agenda Item 9 Governance Guide	Approved with further formal review to take place in 2027.	Head of Strategy and Governance (Board Secretary)	Scheduled for 2027	On track Scheduled for 2027

Actions carried over from Special Meeting

Special Board Meeting – 17 April 2024			
Agenda Item	Action	Person(s) Responsible	Comments/Outcome B/R/A/G
Agenda Item 8 Realignment of SLLC Structure	Contact details and areas of responsibility will be issued to the Board when all employees are in post.	Head of Strategy and Governance (Board Secretary)	On track Early 2025



Report

Report to:	Board of Trustees
Date of Meeting:	29 May 2025
Report by:	Nick Lansdell, Head of Strategy and Governance

Subject:	Global Internal Audit Standards and 2025-26 Internal Audit Plan
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1. Purpose of Report

1.1. The purpose of the report is to:

- ◆ set out the requirements and responsibilities of the new Global Internal Audit Standards and Application Note: Global Internal Audit Standards in the UK Public Sector applicable from 1 April 2025.
- ◆ seek approval of the Internal Audit Mandate and Charter.
- ◆ seek endorsement of the Audit Strategy.
- ◆ seek approval of the proposed Internal Audit Plan for 2025/26.

2. Recommendations

2.1. The Board is asked to approve the following recommendations:

- (1) that the requirements and responsibilities of the new Global Internal Audit Standards and Application Note: Global Internal Audit Standards in the UK Public Sector applicable from 1 April 2025 are noted.
- (2) that the Internal Audit Mandate and Charter is approved.
- (3) that the Audit Strategy is endorsed.
- (4) that the proposed Internal Audit Plan for 2025/2026 is approved.
- (5) that approval is granted for the findings from the 2025/2026 audits to be reported to the Performance, Finance and Audit Committee and for the Committee, in turn, to retain responsibility for advising the Board of significant audit findings.

3. Background

- 3.1. South Lanarkshire Council's (SLC or the Council) internal audit function forms part of South Lanarkshire Leisure and Culture's (SLLC) wider governance framework. The Council's Internal Audit function delivers a service to SLLC that complies with the requirements of the Global Internal Audit Standards. This derives from the SLLC Financial Regulations adopted by the then South Lanarkshire Leisure in 2002.
- 3.2. In previous years, the function operated within the context of an Internal Audit Charter and a set of internal audit standards known as the Public Sector Internal Audit Standards. From 1 April 2025, these Standards were replaced by the Global Internal Audit Standards (GIAS) issued by the Internal Audit Standards Board and endorsed by the Chartered Institute of Internal Auditors.
- 3.3. Details of the GIAS, the mandate to provide internal audit services for SLLC in 2025/2026 and the proposed 2025/26 Internal Audit Plan for SLLC are contained in the attached report (Appendix 1).

4. Next Steps

- 4.1 Following Board approval, the internal audit plan will commence with updates being provided to the Performance, Finance and Audit (PFA) Committee. In line with the governance arrangements set by the Board, the Chair of the PFA committee will update the Board at its meetings on the progress of the plan.

5. Employee Implications

- 5.1 There are no employee implications arising from this report.

6. Financial Implications

- 6.1 There are no employee implications arising from this report.

7. Other Implications

- 7.1. There are no other implications in terms of risk and sustainability.

8. Equality Impact Assessment and Consultation Arrangements

- 8.2 There is no requirement to carry out an impact assessment or consultation in terms of the proposals contained within this report.

Nick Lansdell

Head of Strategy and Governance

29 May 2025

Links to SLLC Strategic Objectives

- ◆ Health and Wellbeing
- ◆ Connected and Engaged
- ◆ Equality and Inclusion
- ◆ Organisational Sustainability

Previous References

- ◆ None

List of Background Papers

- ◆ None

Contact for Further Information

If you would like to inspect the background papers, if any, or want further information, please contact:

Nick Lansdell, Head of Strategy and Governance

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E-mail: nick.lansdell@southlanarkshireleisure.co.uk

Report

Report to:	Board of South Lanarkshire Leisure and Culture
Date of Meeting:	29 May 2025
Report by:	Internal Audit Manager

Subject:	Global Internal Audit Standards and 2025/2026 Internal Audit Plan
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ set out the requirements and responsibilities of the new Global Internal Audit Standards and Application Note: Global Internal Audit Standards in the UK Public Sector applicable from 1 April 2025
- ◆ seek approval of the Internal Audit Mandate and Charter
- ◆ seek endorsement of the Audit Strategy
- ◆ seek approval of the proposed Internal Audit Plan for 2025/2026

2. Recommendation(s)

2.1. The Board of South Lanarkshire Leisure and Culture is asked to approve the following recommendation(s):-

- (1) that the requirements and responsibilities of the new Global Internal Audit Standards and Application Note: Global Internal Audit Standards in the UK Public Sector applicable from 1 April 2025 are noted
- (2) that the Internal Audit Mandate and Charter is approved
- (3) that the Audit Strategy is endorsed
- (4) that the proposed Internal Audit Plan for 2025/2026 is approved
- (5) that approval is granted for the findings from the 2025/2026 audits to be reported to the Performance, Finance and Audit Committee and for this Committee to retain responsibility for providing updates regarding the delivery of the Internal Audit Plan and of advising the Board of significant audit findings.

3. Background

3.1. South Lanarkshire Council's (SLC) Internal Audit function forms part of South Lanarkshire Leisure and Culture's (SLLC's) wider governance framework.

3.2. Output from the function is the delivery of a planned programme of internal audit assignments. Annually, audit planning is undertaken to determine a programme of suitable audit assignments. Following completion of each audit, the outcome of each audit assignment is formally reported to SLLC's Performance, Finance and Audit (PFA) Committee and an 'assignment conclusion'¹ (previously audit "opinion") is

¹ From 1 April 2025 in line with the implementation of GIAS

expressed based on the level of assurance that testing has provided. The definitions of the various levels of assurance that are expressed within an audit report are included at Appendix One. These assignment assurances, in turn, inform an overall audit assessment of the adequacy and effectiveness of SLLC's framework of governance, risk management and control arrangements that is reported annually to the Performance, Finance and Audit Committee.

- 3.3 Delivery of this internal audit service to SLLC is in accordance with applicable Internal Audit Standards. In previous years, the function operated within a set of internal audit standards known as the Public Sector Internal Audit Standards (PSIAS). But, from 1 April 2025, these Standards were replaced by the Global Internal Audit Standards (GIAS) issued by the Internal Audit Standards Board and endorsed by the Chartered Institute of Internal Auditors.
- 3.4 The Standards set out the role of those 'charged with governance' of an organisation. Within South Lanarkshire Leisure and Culture, the Board is determined to be the group 'charged with governance' and so the Standards have specific relevance to the work of this Board.
- 3.5 The Standards also now apply to the planning and delivery of an internal audit service to South Lanarkshire Leisure and Culture during 2025/2026 and the key requirements are outlined in this report for the Board prior to seeking the approvals required to deliver the 2025/2026 Internal Audit Plan.

4. Global Internal Audit Standards

Background

- 4.1 Under the new Global Internal Audit Standards, many of the aspects of how the internal audit function undertakes audits and the principles under which it operates will not change but the new Standards formalise some requirements and introduce some new concepts.
- 4.2 The Standards, which incorporate core principles of Internal Audit, codes of ethics, standards and guidance, are split across 15 principles and five 'domains'. Particularly notable principles and changes, as set out within each of the new domains, are as follows:
 - 1. **Purpose of Internal Auditing:** there is now the inclusion of a new 'purpose' statement on the purpose of internal auditing. The domain defines the purpose as being to strengthen the organisation's ability to create, protect, and sustain value by providing independent, risk-based, and objective assurance, advice, insight, and foresight. The role of the internal audit function is envisaged as one that enhances an organisation's ability to serve the public interest.
 - 2. **Ethics and Professionalism:** the ethical principles of integrity, objectivity, competence, confidentiality and due professional care are set out. Specific reference is now made to 'professional courage' which is defined as the ability to communicate truthfully and take appropriate action when confronted with dilemmas and difficult situations requiring the exercise of 'professional scepticism'.
 - 3. **Governance of the Internal Audit function:** this domain is of particular relevance to the Board as it sets out the requirements for independence and for oversight and authorisation of the work of Internal Audit by the Board as the body charged with governance within South Lanarkshire Leisure and Culture. The roles and responsibilities for senior management, the Board and the audit committee are clearly set out. This domain also sets out the requirements to

develop an Internal Audit Mandate, Charter and Audit Strategy and the requirement for oversight of wider assurance sources.

4. **Managing the Internal Audit function:** this domain sets out the requirements for a strategic approach to planning that involves extensive consultation and the need for any resourcing constraints to be addressed within the Audit Charter. There is a requirement to adopt a risk-based approach that places equal emphasis on performance and value as well as conformance. There is renewed emphasis placed on development of skills and technology within the function to ensure delivery of an effective internal audit service.

5. **Performing Internal Audit Services:** the domain sets out the core standards that must be applied and adhered to when conducting all aspects of an audit assignment. Linked to the prioritisation of 'value added' is now the need to report audit findings in terms of significance, likelihood and impact, providing an engagement 'conclusion' as opposed to an 'opinion'. There is a requirement to report where recommendations are not agreed and a requirement for formal review processes.

4.3 The Standards are supplemented by an application note that assists with the implementation of the Standards by addressing areas where interpretation or adjustments are required. The Application Note: Global Internal Audit Standards in the UK Public Sector has been issued by the Relevant Internal Audit Standard Setters and sets out interpretations and requirements which need to be applied to the Global Internal Audit Standards, in order that these form a suitable basis for internal audit practice in the UK public sector. Links to the Standards and the Application Note are provided within the 'List of Background Papers' at the end of the report.

4.4 Where requirements in each domain are of particular relevance to the Board, they are explained in more detail throughout this report and take cognisance of any public sector adjustments required as set out in the application note.

4.5 The Standards aim to provide confidence that a quality internal audit service, based on conformance with standards, delivers assurance alongside advice, insight, oversight and foresight to those charged with governance.

4.6 The latest external assessment of the internal audit function's compliance with PSIAS, applicable until 31 March 2025, provided assurance that the function operated to expected professional standards and this level of conformance provides a good foundation to transition to the new Standards. Work was undertaken during 2024/2025 to progress compliance with the new Standards and although current arrangements reflect the intent of the new Standards and best practice, further time has been allocated in 2025/2026 to imbed all requirements of the Standards within the function's activities. An action plan will address any gaps and action required will be reported to the Performance, Finance and Audit Committee (per 5.12).

Role of those charged with governance

4.7 Domain Three of the Standards "Governance of the Internal Audit function" sets out, in detail, the responsibilities of senior management and 'those charged with governance' towards internal audit to ensure that the internal audit function has the necessary authority, support and oversight of the organisation. An extract of the essential conditions from the Standards, along with considerations applicable to the delivery of services within the public sector and on behalf of the Local Authority, are included at Appendix Two. The overarching responsibilities of those 'charged with governance', as outlined in the appendix, are to:

- provide the mandate setting out the authority, role and responsibilities under which Internal Audit operates (Board).

- review and approve the internal audit charter as reflecting the Board's expectations of the internal audit service that will be delivered within SLLC (Board)
- review the governance, management and reporting arrangements of the internal audit function (Board, with assistance from the Performance Finance and Audit Committee per responsibilities delegated to them)
- assist with setting audit priorities (Board, with assistance from the Performance, Finance and Audit Committee per responsibilities delegated to them)
- 'champion' and demonstrate support for Internal Audit (as outlined at 1.3 in Appendix Two)
- meet with the Chief Internal Auditor on a periodic basis (Board at least annually to approve the Mandate, with assistance from the Performance, Finance and Audit Committee per responsibilities delegated to them)
- obtain assurance that Internal Audit is fulfilling its mandate (Board, with reliance placed on the work of the Performance, Finance and Audit Committee in the monitoring of the performance of the internal audit function).
- review and approve arrangements for the external assessment (Board, with assistance from the Performance, Finance and Audit Committee per responsibilities delegated to them).

4.8 The Standards require that these roles and responsibilities are captured within the Internal Audit Mandate and Charter.

Internal Audit Mandate and Charter

- 4.9 Whilst Internal Audit has always operated under a defined Charter, the Global Internal Audit Standards required this to be revised, with a focus now on the 'mandate' that establishes the remit of the function. Specifically, the Mandate sets out the authority under which the function will operate as well as reinforcing the principle of independence (in terms of the function's organisational position and reporting relationships). The Charter captures the roles, responsibilities and expectations regarding support of the internal audit service as outlined above.
- 4.10 As those charged with governance, the Global Internal Audit Standards require this 'mandate' to be granted by the Board of SLLC.
- 4.11 A copy of the proposed Internal Audit Mandate and Charter is attached at Appendix Three and, ahead of approving the Internal Audit Mandate and Charter, the Board is required to satisfy itself that it covers the governance arrangements for Internal Audit, including Internal Audit's reporting lines to the Performance Finance and Audit Committee and Board and administrative reporting arrangements.
- 4.12 Circumstances may require either or both the Internal Audit Mandate or elements of the Internal Audit Charter to be amended or updated. This could be because of a significant change in the Global Internal Audit Standards or material changes in organisational structure, operational environment or new laws or regulations that impact on the nature and scope of internal audit services within South Lanarkshire Leisure and Culture.
- 4.13 Where such a revision is required, an updated Internal Audit Mandate and Charter will be presented to the Board as the body 'charged with governance' for approval.

Audit Strategy

- 4.14 The Standards also require the development of an Audit Strategy. The Audit Strategy that underpins the 2025/2026 Internal Audit Plan is set out in Appendix Four. Broadly this aims to:

1. deliver the function's objectives as set out in the Internal Audit Mandate and Charter
2. provide assurance (as part of a rolling programme of work) in relation to the strategic risks that have been identified by SLLC and reflect the organisation's objectives and priorities
3. deliver a risk-based and balanced plan in compliance with the Global Internal Audit Standards that utilises resources available and prioritises assignments to ensure key areas of work are completed in the year
4. invest time to develop audit practices and skills within the team

4.15 The Strategy, per GIAS requirements, reflects the need for effective consultation as part of the planning process and, for 2025/2026, invitations were extended to the following main consultees:

- ◆ Internal Audit team
- ◆ SLLC SMT
- ◆ Performance, Finance and Audit Committee
- ◆ SLLC external audit

4.16 The Strategy also sets out the process for considering all returned suggestions and includes the matrix used to independently assess areas for inclusion in the annual plan.

4.17 Whilst reflecting the requirements of the new Standards in principle, time has been allocated within the 2025/2026 Internal Audit Plan to further develop the Strategy to ensure that this is robust and fully supports delivery of Internal Audit's role.

4.18 The Board is asked to:

- Note the requirements of the new Standards as set out across paragraphs 4.1 to 4.17.
- Approve the Internal Audit Mandate and Charter as reflecting their expectations of the internal audit service to be delivered within South Lanarkshire Leisure and Culture in 2025/2026.
- Endorse the Internal Audit Strategy noting plans to develop this further in 2025/2026.

5. Internal Audit Plan 2025/2026

Audit Planning

5.1 The Standards, domain four, sets out the requirements for a strategic approach to planning that involves extensive consultation and the need for any resourcing constraints to be addressed within the Audit Charter.

5.2 The planning process for the 2025/2026 Internal Audit Plan for SLLC has paid cognisance to the new Standards. Requirements for organisational independence and suitable qualification and experience (as defined by the Standards) of the Chief Internal Auditor to effectively lead the function have been confirmed.

5.3 Capacity planning has determined that 80 days are available to deliver SLLC's audit plan in 2025/2026.

5.4 Planning has aimed to present a balanced plan that complies with GIAS in terms of its methodology and approach, maximises the resources and skills available within the internal audit function and delivers a programme of work that informs the annual report and contributes towards the objectives set out within SLLC's Strategic Plan by committing resources, across a core rolling programme of work, that assesses the extent to which financial, operational and reputational risks are mitigated by a series of effective internal controls. Key themes of the Plan are set out in the diagram below:



Content of the Plan

- 5.5 The SLLC audit plan focuses on delivery of work that reflects areas of highest risk to SLLC. In 2025/2026, the core focus is on processes that are subject to change with the introduction of the new Fusions human resources and financial accounting system. This new IT system has brought fundamental changes to business processes and a suite of new, embedded system controls. During 2024/2025, the staged system implementation required continuing input to the development of processes and solutions as well as the provision of advice and guidance around changes in internal controls related to new automated processes and workflows. 2025/2026 will now see the start of a core programme of audit work undertaken to test all aspects of the new system that will span multi-years. To maximise coverage for SLLC, a shared systems approach will be adopted. Opportunities around the emerging use of data analytics to interrogate the system and controls will be embraced to facilitate the provision of assurance across a wide data set with testing focused on targeted areas.
- 5.6 The commitment to allocate time from the SLLC Plan to Fusion must be balanced with the delivery of a programme of audits that reflect SLLC's other risks and deliver the function's core objectives as set out in the Internal Audit Mandate and Charter. Proposed assignments aim to facilitate efficiency, good governance, compliance and the safeguarding of assets and prevention of fraud.
- 5.7 Reflecting the overall audit strategy, having completed capacity planning and having conducted a programme of extensive consultation, a draft Audit Plan has been developed and is attached at Appendix Five.
- 5.8 The Plan sets out the name and a brief outline scope for each proposed assignment. Objectives and scopes will be refined by auditors prior to the commencement of work once a full risk analysis has been completed and key controls identified. Clients will be involved in this initial risk and control assessment and will be consulted prior to the preparation of the audit remit for each assignment.
- 5.9 To provide further context for this work, assignments have been linked to objectives and areas of risk identified by SLLC.
- 5.10 The Board is asked to approve the draft 2025/2026 Internal Audit Plan attached at Appendix Five.

2025/2025 Monitoring and Reporting

- 5.11 Audit assignments undertaken in 2025/2026 and the Annual Report for 2025/2026 (and going forward) will reflect the requirements of the new Standards.

- 5.12 The Performance, Finance and Audit Committee, under the responsibilities delegated to them to receive regular progress reports from internal audit, will receive routine updates within activity reports on progress with both delivery of the Plan and with compliance with the new Standards. In 2025/2026, assessment of compliance with the Standards will continue to be in the form of self-assessment and results will be reported to the Performance, Finance and Audit Committee. The first external assessment of the function's compliance with the new Standards is not anticipated to take place until 2027/2028, following which the results will be reported to the Committee.
- 5.13 Updates by the Chair of the Performance, Finance and Audit Committee at meetings of the Board will continue to provide assurance around the delivery of the approved audit plan and now, additionally, ongoing compliance with GIAS.
- 5.14 To comply fully with the Standards, the Board will receive, from the Chair of the Performance, Finance and Audit Committee, a separate mid-year activity report setting out progress with the delivery of the 2025/2026 Internal Audit Plan and on the level of compliance with GIAS.

6. Employee Implications

- 6.1. The Standards have required a review of current audit processes. The Service already operates with integrity, objectivity and competency respecting confidentiality and operating with due professional care. The Internal Audit team operate within South Lanarkshire Council's Code of Conduct as well as that of their respective accountancy body's code of ethics. Continuous professional development and training will further support the embedding of the new Standards across the internal audit service.
- 6.2 80 audit days have been calculated as being available to SLLC in 2025/2026. This is consistent with the days available in prior years. All known factors have been reflected in capacity planning. The underlying assumptions will be reviewed throughout the year and any significant changes to the Plan will be re-presented to the Performance, Finance and Audit Committee. There are no resourcing constraints that would prevent delivery of the Audit Plan required to be reported under the Global Internal Audit Standards.

7. Financial Implications

- 7.1 There are no financial implications attached to the implementation of the new Standards.
- 7.2 Capacity planning for the 2025/2026 Internal Audit Plan has been based on the available budget for 2025/2026 which continues to be set around £37,550. This is considered to provide sufficient resources to deliver the Audit Plan.

8. Climate Change, Sustainability and Environmental Implications

- 8.1. There are no climate change, sustainability, or environmental implications in terms of the information contained in this report.

9. Other Implications

- 9.1. To mitigate against the risk of non-delivery of the Plan, the progress of every assignment is monitored using Figtree risk management software.

10. Equality Impact Assessment and Consultation Arrangements

- 10.1 There is no requirement to conduct an equality impact assessment on the proposed Audit Plan.
- 10.2 There are no days allocated within the 2025/2026 Plan for Internal Audit to perform work on behalf of Azets, SLLC's external auditor. However, if this was deemed necessary, at any point in the year, additional requests can be considered through re-allocation or purchase of additional days.

Jackie Taylor

Executive Director Finance and Corporate Resources

29 April 2025

Link(s) to Objectives and Values in SLLC Strategy 2022 - 2027

- ♦ Risk Management / Good Governance / Organisational Sustainability / Accountability / Learning from Mistakes / Doing the Right Thing

Previous References

- ♦ 2025/2026 Internal Audit Plan, Performance Finance and Audit Committee 6 February 2025

List of Background Papers

- ♦ [Global Internal Audit Standards](#)
- ♦ [Application Note: Global Internal Audit Standards in the UK Public Sector](#)

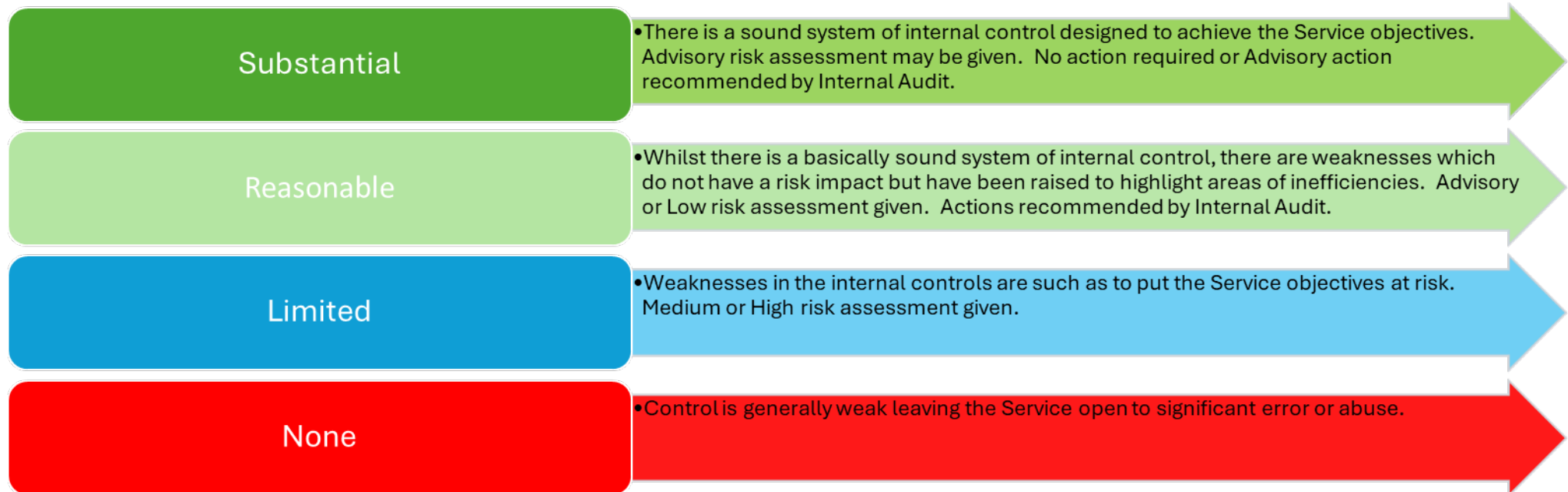
Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Global Internal Audit Standards Domain III, Roles and Responsibilities

The Standards, domain three set out roles and responsibilities. While the chief audit executive is responsible for the requirements in this domain, the activities of the **those charged with governance** (which, for South Lanarkshire Leisure and Culture is the Board, with assistance from the Performance, Finance and Audit Committee per responsibilities delegated to them from the Board) and **senior management** are essential to the internal audit function's ability to fulfil the Purpose of Internal Auditing. These activities are identified as 'essential conditions' in each standard and establish a necessary foundation for an effective dialogue between the board / audit committee, senior management, and the chief audit executive, ultimately enabling an effective internal audit function.

A Code of Practice for the Governance of Internal Audit in UK Local Government outlines specific considerations for Local Authorities. South Lanarkshire Leisure and Culture, although providing services on behalf of South Lanarkshire Council, operate as an independent organisation. However, the principles from the Code of Practice, in particular in relation to elements of the role and responsibilities of an audit committee, have been included below.

1. Providing authority for internal audit

1.1 The Internal Audit Mandate (Standard 6.1)

To be effective and to meet the requirements of professional standards, internal audit's authority needs to be established.

In the Standards, this is referred to as internal audit's mandate. The mandate identifies roles and responsibilities and specifies the scope and type of internal audit function.

In those jurisdictions and industries where the internal audit function's mandate is prescribed wholly or partly in law or regulations, the internal audit charter must include the legal requirements of the mandate. Where the primary mandate does not come from law or regulations, the Board can agree a statement of internal audit's authority.

The essential conditions for the Board (or Audit Committee, where delegated), as set out in the Standards are as follows:

Board

- Discuss with the chief audit executive and senior management the appropriate authority, role, and responsibilities of the internal audit function.
- Approve the internal audit charter, which includes the internal audit mandate and the scope and types of internal audit services.

Senior Management

- Participate in discussions with the board and chief audit executive and provide input on expectations for the internal audit function that the board should consider when establishing the internal audit mandate.
- Support the internal audit mandate throughout the organization and promote the authority granted to the internal audit function.

In developing the mandate with the chief audit executive, the wider assurance framework should be considered. The framework ensures that those responsible for governance receive the assurances they need, including assurance from first and second lines, and clarifies how internal audit contributes.

Development of the mandate will involve the chief audit executive, senior management and

the Board / Audit Committee. If the Audit Committee has the delegated power, it must approve the mandate. Alternatively, the Audit Committee should recommend approval to those charged with governance (the Board).

The chief audit executive should meet at least annually with those approving the Mandate to discuss any necessary changes to the Mandate's, scope, role, and objectives.

1.2 The Internal Audit Charter (Standard 6.2)

The chief audit executive has a responsibility to prepare a charter that conforms with the Global Internal Audit Standards (UK Public Sector).

The essential conditions for the Board (or Audit Committee, where delegated), as set out in the Standards are as follows:

Board

- Discuss with the chief audit executive and senior management other topics that should be included in the internal audit charter to enable an effective internal audit function.
- Approve the internal audit charter.
- Review the internal audit charter with the chief audit executive to consider changes affecting the organization, such as the employment of a new chief audit executive or changes in the type, severity, and interdependencies of risks to the organization.

Senior Management

- Communicate with the board and chief audit executive about management's expectations that should be considered for inclusion in the internal audit charter.

The chief audit executive must reference the mandate in the internal audit charter. As a minimum the charter should specify the internal audit functions:

- Purpose
- Commitment to adhering to the Standards
- Mandate, including scope and type of services to be provided and the Board's responsibilities and expectations regarding both the audit committee (where in place) and management's support of the internal audit function.
- Organisational position and reporting relationships.

When reviewing the charter, the Board (and Audit Committee, when in place) should be satisfied that it covers the governance arrangements for internal audit, and it accurately reflects their understanding and expectations of the internal audit function. The Charter must include the agreed mandate and include internal audit's reporting line to the Board / Audit Committee. The charter should include the administrative reporting arrangements for internal audit and the chief audit executive.

Senior management must work with the chief audit executive to ensure that the charter sets out the arrangements the function needs to achieve internal audit's purpose. For South Lanarkshire Leisure and Culture, this is likely to include:

- ♦ Supporting the delivery of the organisation's strategic objectives by providing risk-based and objective assurance on the adequacy and effectiveness of governance, risk management and internal controls.
- ♦ Championing good practice in governance through assurance, advice and contributing to governance review of the organisation.

If the Audit Committee has the authority, it must approve the charter; alternatively, it should recommend approval to those charged with governance (the Board).

Where there are significant changes to the governance of the organisation, its risks or the

internal audit function, the charter must be reviewed to ensure it is still fit for purpose and new formal approval given. A regular review is recommended to confirm the charter or update as required.

1.3 Support for internal audit (Standard 6.3)

Internal audit's activities require access to and support from senior management and those charged with governance (Board and Audit Committee). Support allows internal audit to apply their mandate and charter in practice and meet expectations.

The essential conditions for the Board (or Audit Committee, where delegated), as set out in the Standards are as follows:

Board

- Champion the internal audit function to enable it to fulfill the Purpose of Internal Auditing and pursue its strategy and objectives.
- Work with senior management to enable the internal audit function's unrestricted access to the data, records, information, personnel, and physical properties necessary to fulfill the internal audit mandate.
- Support the chief audit executive through regular, direct communications.
- Demonstrate support by:
 - Specifying that the chief audit executive reports to a level within the organization that allows the internal audit function to fulfill the internal audit mandate.
 - Approving the internal audit charter, internal audit plan, budget, and resource plan.
 - Making appropriate inquiries of senior management and the chief audit executive to determine whether any restrictions on the internal audit function's scope, access, authority, or resources limit the function's ability to carry out its responsibilities effectively.
 - Meeting periodically with the chief audit executive in sessions without senior management present.

Senior Management

- Support recognition of the internal audit function throughout the organization.
- Work with the board and management throughout the organization to enable the internal audit function's unrestricted access to the data, records, information, personnel, and physical properties necessary to fulfill the internal audit mandate.

Where internal audit is outsourced or delivered through a partnership arrangement (as is the case for SLLC), senior management and those charged with governance should ensure there is a nominated chief audit executive, and client responsibility lies with a member of senior management.

For SLLC, support means:

- ♦ Championing the role and work of internal audit to the staff within the organisation and any partner organisations with whom internal audit will work.
- ♦ Facilitating access to senior management and the audit committee (and if necessary, external audit).
- ♦ Assisting, where possible, with access to external providers of assurance such as regulators, inspectors and consultants.
- ♦ Engaging constructively with internal audit's findings, conclusions and advice.
- ♦ Building awareness and understanding of the importance of good governance, risk management and internal control for the success of the organisation, and of internal audit's contributions.
- ♦ putting in place conditions to enable its work.

The audit committee can demonstrate its support for internal audit by:

- ♦ Enquiring of senior management and the chief audit executive about any restrictions on the internal audit's scope, access, authority or resources that limit its ability to carry out its responsibilities effectively.
- ♦ Considering the audit plan or planning scope, and formally approving or recommending approval to those charged with governance.
- ♦ Meeting at least annually with the chief audit executive in sessions without senior management present.

2. Positioning internal audit independently

On behalf of those charged with governance, senior management establishes and protects the internal audit function's independence and qualifications.

2.1 Organisational independence (standard 7.1)

On behalf of those charged with governance, senior management need to establish and safeguard internal audit's independence.

The essential conditions for the Board (or Audit Committee, where delegated), as set out in the Standards are as follows (but see note 1 below):

Board

- Establish a direct reporting relationship with the chief audit executive and the internal audit function to enable the internal audit function to fulfill its mandate.
- Authorize the appointment and removal of the chief audit executive.
- Provide input to senior management to support the performance evaluation and remuneration of the chief audit executive.
- Provide the chief audit executive with opportunities to discuss significant and sensitive matters with the board, including meetings without senior management present.
- Require that the chief audit executive be positioned at a level in the organization that enables internal audit services and responsibilities to be performed without interference from management. This positioning provides the organizational authority and status to bring matters directly to senior management and escalate matters to the board when necessary.
- Acknowledge the actual or potential impairments to the internal audit function's independence when approving roles or responsibilities for the chief audit executive that are beyond the scope of internal auditing.
- Engage with senior management and the chief audit executive to establish appropriate safeguards if chief audit executive roles and responsibilities impair or appear to impair the internal audit function's independence.
- Engage with senior management to ensure that the internal audit function is free from interference when determining its scope, performing internal audit engagements, and communicating results.

Senior Management

- Position the internal audit function at a level within the organization that enables it to perform its services and responsibilities without interference, as directed by the board.
- Recognize the chief audit executive's direct reporting relationship with the board.
- Engage with the board and the chief audit executive to understand any potential impairments to the internal audit function's independence caused by nonaudit roles or other circumstances and support the implementation of appropriate safeguards to manage such impairments.
- Provide input to the board on the appointment and removal of the chief audit executive.
- Solicit input from the board on the performance evaluation and remuneration of the chief audit executive.

Note 1 - in SLLC, the internal audit service is purchased via an agreed Service Level Agreement from South Lanarkshire Council and some of the responsibilities relating to the

appointment and remuneration of the chief audit executive of the South Lanarkshire Council internal audit function remain with South Lanarkshire Council².

In general, the arrangements that SLLC need to include are:

- ◆ Ensuring internal audit's access to staff and records, as set out in the charter, operates freely and without any interference.
- ◆ Ensuring that the chief audit executive reports in their own right to the audit committee on the work of internal audit.
- ◆ Providing opportunities for the chief audit executive to meet with the audit committee without senior management present.
- ◆ Where there are actual or potential impairments to the independence of internal audit, senior management should work with the chief audit executive to remove or minimise them or ensure safeguards are operating effectively.
- ◆ Recognise that if the chief audit executive has additional roles and responsibilities beyond internal auditing, or if new roles are proposed, it could impact on the independence and performance of internal audit. The impact must be discussed with the chief audit executive and the views of the audit committee sought. Where needed, appropriate safeguards must be put in place by senior management to protect the independence of internal audit and support conformance with professional standards

The audit committee must support internal audit's independence by reviewing the effectiveness of safeguards at least annually, including any issues or concerns about independence from the chief audit executive. The chief audit executive must have the right of access to the chair of the audit committee at any time. The audit committee can escalate its concerns about internal audit independence to those charged with governance.

The chief audit executive must confirm the organisational independence of the internal audit function at least annually.

Qualifications of the chief audit executive (standard 7.2)

Ensuring effective leadership of the internal audit team requires a suitably qualified and experienced chief audit executive. The Standards set out the qualification of and competencies expected of the chief audit executive.

The essential conditions for the Board (or Audit Committee, where delegated), as set out in the Standards are as follows (but see note 2):

² In local government, matters around the appointment, removal, remuneration and performance evaluation of the chief audit executive will be undertaken by senior management, but these arrangements must not be used to undermine the independence of internal audit. The audit committee should provide feedback on the proposed job description and the performance evaluation of the chief audit executive should include feedback from the chair of the audit committee.

Board

- Review the requirements necessary for the chief audit executive to manage the internal audit function, as described in Domain IV: Managing the Internal Audit Function.
- Approve the chief audit executive's roles and responsibilities and identify the necessary qualifications, experience, and competencies to carry out these roles and responsibilities.
- Engage with senior management to appoint a chief audit executive with the qualifications and competencies necessary to manage the internal audit function effectively and ensure the quality performance of internal audit services.

Senior Management

- Engage with the board to determine the chief audit executive's qualifications, experience, and competencies.
- Enable the appointment, development, and remuneration of the chief audit executive through the organization's human resources processes.

Note 2 – where internal audit is fully outsourced, senior management should ensure that an appropriate individual from the provider is nominated as the chief audit executive and meets the qualification requirements.

3. Oversight of internal audit

Oversight by those charged with governance is essential to enable the overall effectiveness of the internal audit function. Collaboration and communication between those charged with governance and the chief audit executive is required as well as support in ensuring the internal audit function obtains sufficient resources to fulfil the internal audit mandate.

Additionally, those charged with governance receive assurance about the quality of the performance of the chief audit executive and the internal audit function through review of the results of the quality assessment.

In SLLC, the audit committee supports the Board to oversee the effectiveness of internal audit on behalf of the Board³.

3.1 Oversight by those charged with governance (standard 8.1)

The essential conditions for the Board (or Audit Committee, where delegated), as set out in the Standards are as follows:

³ CIPFA has established recommended practice for audit committees in local government and police, the Position Statement: audit committees in local authorities and police 2022 and its supporting guidance publication, Audit committees: practical guidance for local authorities and police (2022). Again, although SLLC is an independent organisation, since they provide services on behalf of South Lanarkshire Council, the principles for the oversight of internal audit are reflected above.

Board

- Communicate with the chief audit executive to understand how the internal audit function is fulfilling its mandate.
- Communicate the board's perspective on the organization's strategies, objectives, and risks to assist the chief audit executive with determining internal audit priorities.
- Set expectations with the chief audit executive for:
 - The frequency with which the board wants to receive communications from the chief audit executive.
 - The criteria for determining which issues should be escalated to the board, such as significant risks that exceed the board's risk tolerance.
 - The process for escalating matters of importance to the board.
- Gain an understanding of the effectiveness of the organization's governance, risk management, and control processes based on the results of internal audit engagements and discussions with senior management.
- Discuss with the chief audit executive disagreements with senior management or other stakeholders and provide support as necessary to enable the chief audit executive to perform the responsibilities outlined in the internal audit mandate.

Senior Management

- Communicate senior management's perspective on the organization's strategies, objectives, and risks to assist the chief audit executive with determining internal audit priorities.
- Assist the board in understanding the effectiveness of the organization's governance, risk management, and control processes.
- Work with the board and the chief audit executive on the process for escalating matters of importance to the board.

The chief audit executive must provide those charged with governance with the information needed to conduct its oversight activities, including:

- The internal audit plan and budget and any subsequent significant revisions to them
- Changes potentially affecting the mandate or charter
- Potential impairments to independence
- Results of internal audit services including conclusions, themes, assurances, advice, insights and monitoring results
- Results from the quality assurance and improvement programme.

In SLLC, the audit committee supports the Board in terms of the oversight of the internal audit function and the CIPFA audit committee guidance for the oversight of internal audit outlines the following principles:

- To ensure there is good interaction between the audit committee and internal audit, the audit committee must agree its work plan with the chief audit executive to ensure there is appropriate coverage of internal audit matters within audit committee agendas. The audit committee workplan should provide for the internal audit mandate and charter, strategy, plans, engagement reporting and the annual conclusion, and quality reports.
- The audit committee must familiarise itself with the organisations assurance framework, governance, risk management and internal control arrangements to facilitate its interactions with internal audit.
- Senior management should engage with the audit committee on significant changes to governance, risk and control arrangements and any concerns they may have on

assurance. Audit committee familiarity with these will support their effective interaction with internal audit.

- Where there is disagreement about the management of risks or agreed audit actions between internal audit and senior management, the audit committee must review and make their recommendation to either management or those charged with governance.

3.2 Resources (standard 8.2)

The chief audit executive must evaluate whether the internal audit resources are sufficient to fulfil the internal audit mandate and achieve the internal audit plan.

The essential conditions for the Board (or Audit Committee, where delegated), as set out in the Standards are as follows:

Essential Conditions

Board

- Collaborate with senior management to provide the internal audit function with sufficient resources to fulfill the internal audit mandate and achieve the internal audit plan.
- Discuss with the chief audit executive, at least annually, the sufficiency, both in numbers and capabilities, of internal audit resources to fulfill the internal audit mandate and achieve the internal audit plan.
- Consider the impact of insufficient resources on the internal audit mandate and plan.
- Engage with senior management and the chief audit executive on remedying the situation if the resources are determined to be insufficient.

Senior Management

- Engage with the board to provide the internal audit function with sufficient resources to fulfill the internal audit mandate and achieve the internal audit plan.
- Engage with the board and the chief audit executive on any issues of insufficient resources and how to remedy the situation.

The audit committee and senior management, on behalf of the Board, should engage with the chief audit executive to review whether internal audit's financial, human and technological resources are sufficient to meet internal audit's mandate and achieve conformance with the Standards.

Where there are concerns about internal audit's ability to fulfil its mandate or deliver an annual conclusion, the concerns should be formally recorded and reported to those charged with governance. If resource issues result in a limitation of scope on the annual conclusion, this should also be reported.

Decisions on internal audit resourcing by senior management and those charged with governance must take account of the longer-term risks to the governance and financial sustainability of the organisation and internal audit's role in supporting those objectives. Where there are temporary resource constraints, senior management must work with the chief audit executive to establish longer-term plans for sustainable internal audit resources.

3.3 Quality (standard 8.3)

The CAE must develop, implement and maintain a quality assurance and improvement programme that covers all aspect of the internal audit function (internal and external assessments).

The essential conditions for the Board (or Audit Committee, where delegated), as set out in the Standards are as follows:

Board

- Discuss with the chief audit executive the quality assurance and improvement program, as outlined in Domain IV: Managing the Internal Audit Function.
- Approve the internal audit function's performance objectives at least annually. (See also Standard 12.2 Performance Management.)
- Assess the effectiveness and efficiency of the internal audit function. Such an assessment includes:
 - Reviewing the internal audit function's performance objectives, including its conformance with the Standards, laws and regulations; ability to meet the internal audit mandate; and progress towards completion of the internal audit plan.
 - Considering the results of the internal audit function's quality assurance and improvement program.
 - Determining the extent to which the internal audit function's performance objectives are being met.

Senior Management

- Provide input on the internal audit function's performance objectives.
- Participate with the board in an annual assessment of the chief audit executive and internal audit function.

Where an audit committee is in place, annually, on behalf of the Board they should:

- review the results of the chief audit executive's assessment of conformance against the Standards, including any action plan.
- review the chief audit executive's annual report, including the annual conclusion on governance, risk management and control, and internal audit's performance against its objectives.

To meet the requirements of the mandate for internal audit, the audit committee must satisfy itself on the effectiveness of internal audit. They should take into account conformance with the standards, interactions with the committee, performance and feedback from senior management. Their conclusions should be reported to those charged with governance, for example, as part of the audit committee's annual report.

3.4 External quality assessment (standard 8.4)

The CAE must develop a plan for external assessment, once every five years, and discuss the plan with the board.

On behalf of those charged with governance and the audit committee, senior management must ensure that internal audit has an external quality assessment at least once every five years of its conformance against the Standards.

The essential conditions for the Board (or Audit Committee, where delegated), as set out in the Standards are as follows:

Board

- Discuss with the chief audit executive the plans to have an external quality assessment of the internal audit function conducted by an independent, qualified assessor or assessment team.
- Collaborate with senior management and the chief audit executive to determine the scope and frequency of the external quality assessment.
- Consider the responsibilities and regulatory requirements of the internal audit function and the chief audit executive, as described in the internal audit charter, when defining the scope of the external quality assessment.
- Review and approve the chief audit executive's plan for the performance of an external quality assessment. Such approval should cover, at a minimum:
 - The scope and frequency of assessments.
 - The competencies and independence of the external assessor or assessment team.
 - The rationale for choosing to conduct a self-assessment with independent validation instead of an external quality assessment.
- Require receipt of the complete results of the external quality assessment or self-assessment with independent validation directly from the assessor.
- Review and approve the chief audit executive's action plans to address identified deficiencies and opportunities for improvement, if applicable.
- Approve a timeline for completion of the action plans and monitor the chief audit executive's progress.

Senior Management

- Collaborate with the board and the chief audit executive to determine the scope and frequency of the external quality assessment.
- Review the results of the external quality assessment, collaborate with the chief audit executive and board to agree on action plans that address identified deficiencies and opportunities for improvement, if applicable, and agree on a timeline for completion of the action plans.

The following should be brought to the audit committee for agreement:

- The recommendations and options by senior management and the chief audit executive on the timing of the review.
- The proposals for the scope, method of assessment and assessor.
- The complete results of the assessment and the chief audit executive's action plan to address any recommendations. Progress should be monitored.

Where the audit committee does not have delegated authority, the committee should report the overall results of the external quality assessment to those charged with governance.

South Lanarkshire Leisure and Culture Internal Audit Mandate and Charter

Purpose

Internal Audit is an independent assurance function that seeks to provide South Lanarkshire Leisure and Culture's (SLLC) senior management and Board (via reporting to the Performance, Finance and Audit Committee) with independent and objective assurance and consultative guidance that meets professional standards.

Internal Audit seeks to enhance governance, risk management and control processes within SLLC to support achievement of the organisation's objectives and its ability to serve the public interest.

The internal audit function aims to operate in a:

- Professional and competent manner in compliance with Global Internal Audit Standards issued by the Internal Audit Standards Board and endorsed by the Chartered Institute of Internal Auditors effective from 1 April 2025.
- Position of organisational independence with a direct accountability to SLLC's Board (via reporting to the Performance, Finance and Audit Committee).
- Environment that is free from undue influence and demonstrates a commitment to making objective assessments.

Adherence to Global Internal Audit Standards

The internal audit function will adhere to the mandatory elements of the Global Internal Audit Standards effective from 1 April 2025. Compliance with the Standards will be a self-assessment exercise using a quality assurance and improvement programme. Output from this programme will be reported by the Chief Internal Auditor on an annual basis to the Performance, Finance and Audit Committee and senior management.

An external assessment of the internal audit function's compliance with the Global Internal Audit Standards will be undertaken on a periodic basis and in a manner that is compliant with the requirement of the Standards. The arrangements to appoint an external evaluator will be reported to the Performance, Finance and Audit Committee and senior management in advance of engaging and the output from their review will be reported timeously to both.

Mandate

Authority

The Board grants the internal audit function the mandate to provide the Board, via the Performance, Finance and Audit committee along and senior management with objective assurance, advice, insight and foresight.

The authority of the function is established through its direct reporting relationship to SLLC's Board, via the Performance Finance and Audit Committee, that allows for unrestricted access, where necessary, to both groups.

The Board authorises the internal audit function to:

- Examine all SLLC records, systems, cash, stores and other property, to obtain explanations and to enter SLLC property or land. Access is unrestricted and shall be granted on demand and not necessarily be subject to prior notice.
- Allocate resources, formulate plans and communicate findings that deliver the function's objectives.
- Seek cooperation and assistance to deliver internal audit services within SLLC.

Within SLLC, the authority to deliver an internal audit service is also set out within the SLLC's Financial Regulations.

Independence, Organisational Position and Reporting Relationships

Internal Audit is located within South Lanarkshire Council's Finance and Corporate Resources, under the direction of the Proper Officer, the Executive Director Finance and Corporate Resources.

In addition, general management duties will be delegated from the Executive Director Finance and Corporate Resources to the Chief Internal Auditor and will cover audit matters as well as general management duties, including representation on the Resource Senior Management Team.

The Chief Internal Auditor is positioned at a level in South Lanarkshire Council that enables an internal audit service and responsibilities to be performed without interference from management and establishes the independence of the internal audit function.

The establishment structure of the internal audit function will comprise qualified and technician posts with a mix of professional specialisms. Structural reviews may take place from time to time. Resource monitoring is reported to the SLLC Performance, Finance and Audit Committee.

For SLLC, the Chief Internal Auditor reports directly to the SLLC Performance, Finance and Audit Committee, with access to the Board, as required. The Performance, Finance and Audit Committee serves as the audit committee for South Lanarkshire Leisure and Culture and independently provides assurance on the soundness of the organisations's control environment and the adequacy of governance and risk management frameworks. It also delivers scrutiny and oversees external financial reporting processes. The Committee is made up of six members.

Internal Audit reports plans, an annual conclusion and all significant audit findings to the Performance, Finance and Audit Committee.

Within the context of the employing organisation, the Chief Internal Auditor has direct access and reports administratively to the Executive Director Finance and Corporate Resources, the Proper Officer, as defined in Section 95, Local Government Act 1973, meeting with this officer on a regular one to one basis. This relationship provides an escalation route for issues arising within Internal Audit that are of relevance to the employing organisation and for any matters where it is appropriate for the Chair of the Performance, Finance and Audit Committee for SLLC to be briefed. The Chief Internal Auditor also has direct access to the Council's Monitoring Officer and will use this route to report as appropriate.

Within the context of providing internal audit services to SLLC, the Chief Internal Auditor has direct access to the Head of Strategy and Governance and Head of Corporate Services and meets with these parties on a regular one to one basis. This relationship, within the context of SLLC audit work, provides the escalation route for issues arising within Internal Audit that are of relevance to SLLC and for any matters where it is relevant for the Chair of the SLLC Performance, Finance and Audit Committee to be briefed.

The Chief Internal Auditor will confirm to the SLLC Performance, Finance and Audit Committee on an annual basis that the internal audit function is organisationally independent. Any factors that impact on independence will be disclosed to the audit committee along with any issues encountered relating to a limitation of scope, performance or communication of internal audit findings and conclusions. This disclosure will include an assessment as to the implication of this limitation and the impact on the internal audit function's ability to fulfil its mandate.

Changes to the Mandate and Charter

Circumstances may require either or both the internal audit mandate or elements of the internal audit charter to be amended or updated. This could include a significant change in the Global Internal Audit Standards or material changes in organisational structure, operational environment or new laws or regulations that impact on the nature and scope of internal audit services.

Where such a revision is required, a revised Internal Audit Mandate and Charter will be presented to senior management and the Performance Finance and Audit Committee for endorsement before being presented to the Board for approval.

The role of the Board and Performance, Finance and Audit Committee

The Head of Strategy and Governance, the Head of Corporate Services and the Chief Internal Auditor should seek to maintain sound working relationships with members of both the Board and the Performance, Finance and Audit Committee and ensure that good channels of communication are maintained.

The Board will discuss with the Chief Internal Auditor the function's mandate in terms of its role, responsibility, scope and services and will review and approve the Internal Audit Mandate and Charter on an annual basis.

Members of both the Board and the Performance, Finance and Audit Committee and the Chief Internal Auditor are able to meet privately. Internal Audit report all findings from concluded assignments via progress reports to the Performance, Finance and Audit Committee. Lines of communication between the Chair of the Committee and the Chief Internal Auditor will be open at all times.

All members are free to raise concerns directly with the Chief Internal Auditor and input to the Internal Audit Charter and audit plan. Areas suggested for inclusion in the audit plan will be assessed in terms of risk prior to any audit work being undertaken.

Enquiries from members will follow accepted protocols and guidance.

The Board, following endorsement by the Performance, Finance and Audit Committee, will approve a risk-based internal audit plan on an annual basis having satisfied itself around

the adequacy of budgets, qualifications and competencies of the internal audit function and of the Chief Internal Auditor to deliver the plan.

The Board, via the work of the Performance, Finance and Audit Committee, will also satisfy itself that a quality assurance and improvement programme has been established and the Performance Finance and Audit Committee will review the results of the quality assurance and improvement programme on an annual basis.

The Performance, Finance and Audit Committee will seek assurances that there has been no limitation in scope or resources and receive regular updates in relation to performance to allow this to be assessed relative to the function's objectives and individual roles and responsibilities.

Chief Internal Auditor Role and Responsibilities

The Chief Internal Auditor will ensure that internal auditors:

- Comply with the Global Internal Audit Standards and the key principles of Ethics and Professionalism set out within the Standards.
- Understand and embrace the organisation's legitimate and ethical expectations, recognising conduct that is contrary to those expectations.
- Promote an ethics based culture within the organisation.
- Report organisational behaviour that does not conform with the organisation's ethical expectations.

Objectivity

The Chief Internal Auditor has a responsibility to ensure that the internal audit function operates in an environment where the ability of auditors to carry out their responsibilities in an objective manner across all aspects of the audit engagement is not threatened. Any impairment in such will be disclosed to the appropriate parties.

Within South Lanarkshire Council, the function's employing organisation, the Employee Code of Conduct provides guidance on the type and nature of interests that should be declared (including paid employment outside the Council and personal interests in contracts). Auditors must declare their interests in accordance with the Code of Conduct and with regard to the audit principle of independence, notifying the Chief Internal Auditor of any conflicts of interest which may arise. This formal declaration is required to be renewed on an annual basis but will be revisited should any conflicts arise. Any conflict relating to SLLC will also require to be declared.

This disclosure extends to any impairments of independence either actual or perceived with an expectation that internal auditors will act with professional objectivity in all aspects of the audit engagement, that this results in balanced assessments that considers all facts and circumstances and avoids bias and undue influence.

Auditors will not be assigned to review or be involved in any activity where they have previously had operational or other involvement, usually within a period of one year. This includes instances where Internal Audit employees have been consulted during system, policy or procedural developments.

Internal auditors will maintain an objective approach in the delivery of audit assignments, avoid compromising quality and retain overall authority over the presentation of audit

findings. They will also ensure that they display professional objectivity in all aspects of their role, making informed and balanced assessments and avoiding conflicts of interest, bias and undue influence.

Managing the Internal Audit function

The Chief Internal Auditor has a responsibility to:

- Prepare an annual plan for formal review and endorsement by senior management and the Performance, Finance and Audit Committee for onward approval by the Board.
- Review the plan, amending to reflect significant changes in the organisation's risks, operations or objectives and communicating these amendments to the Performance, Finance and Audit committee and senior management.
- Communicate the impact of any resource implications.
- Ensure that all audit engagements are conducted in accordance with the Global Internal Audit Standards.
- Deliver a range of audit assignments, as set out in the approved annual Audit Plan, and communicate assignment findings and conclusions to management.
- Make recommendations for improvements and follow up on the delivery of these actions.
- Communicate the results of each audit assignment to the Performance, Finance and Audit Committee and senior management (annually).
- Ensure a system of close supervision of audit work, and maintain a review of audit files through the supervisory structure ensuring that the function possesses the knowledge, skills and competencies to meet the requirements of the Global Internal Audit Standards and fulfil the internal audit mandate.
- Monitor trends, patterns and emerging issues, reporting to the Performance, Finance and Audit Committee and senior management as appropriate.
- Consider and promote new approaches to internal audit service delivery.
- Ensure adherence to wider policies and procedures. Any conflict with such and either the Internal Audit Mandate and Charter or the Global Internal Audit Standards will require to be resolved and reported to the Performance, Finance and Audit Committee and senior management.
- Consider extent to which reliance can be placed on the work of external auditors, inspectors and regulators.

Communicating with the Board, Performance, Finance and Audit Committee and Senior Management

The Chief Internal Auditor will report to the Board, via the Performance, Finance and Audit Committee and senior management, the internal audit function's mandate; the Audit Plan and delivery of this Plan; significant revisions to the Plan; any potential impairments to independence; results of the quality assurance and improvement programme (including conformance with the Global Internal Audit Standards) and an action plan to address any gaps in compliance, if required.

The Chief Internal Auditor will also convey any significant risk exposures and any management responses which are deemed to represent a level of risk contrary to the recognised risk management approach.

All planned audit assignments will formally be reported and every assignment will be closed after review by audit management. All Internal Audit reports will be submitted to the Head of Strategy and Governance and the Head of Corporate Services and to recipients within

the Service being audited, including the Head of Service and the auditee. Copies of reports relating to routine planned assignments can also be forwarded to external auditors by SLLC, if this is deemed appropriate.

The Audit Manager will plan for regular formal consultations with Heads of Service, especially when preparing the formal audit plan. Feedback on performance and value of work undertaken will be sought. Heads of Service will be copied on every report affecting their area of responsibility. Effective relationships will be maintained by both parties and confidentiality of information will be protected, unless this would prevent the delivery of audit assurance.

Quality Assurance and Improvement Programme

The Chief Internal Auditor will develop, deliver and maintain a quality assurance and improvement programme that will assess all aspects of the internal audit function. This includes compliance with professional standards and applicable and relevant laws and regulations.

In addition, a suite of performance measures will be reported at each meeting of the Performance, Finance and Audit Committee and to senior management as part of the annual reporting process.

All elements will be considered to assess the internal audit function's progress with the delivery of its objectives. Where required, an improvement plan will be developed to promote an ethos of continuous improvement.

The quality and assurance programme will be internally assessed with an external inspection being completed once in each five-year period.

The quality and assurance programme will be reported on an annual basis to the Performance, Finance and Audit Committee and to senior management.

Scope and Types on Internal Audit Service

Internal Audit covers the breadth of SLLC activities and operations to provide independent assurance and advisory services in relation to:

- governance, risk management and control arrangements

Where required, this will lead to recommended improvements in control, performance and productivity to support the achievement of corporate objectives.

This may include an assessment of:

- Risks that compromise achievement of organisational strategic objectives.
- The extent of compliance with financial and operational procedures, policies, regulations and legislation and their impact on operation.
- Contribution and the identification of opportunities.
- Financial and operational controls in terms of their adequacy and application.
- Compliance with all corporate standards and frameworks, ensuring that management information is produced accurately.

The existence of Internal Audit does not diminish the responsibility of management to exercise sound systems of internal control. It is clearly and solely a management responsibility to ensure that activities are conducted in a secure, efficient and well-ordered manner and that finances are safeguarded and used to maximum effect. This includes identifying and managing risks including fraud.

Managers are expected to provide requested information within reasonable timescales.

AUDIT STRATEGY 2025-2026

Background

The internal audit function delivers a service to South Lanarkshire Leisure and Culture Trust (SLLC) in compliance with Global Internal Audit Standards.

The Purpose of the Internal Audit Strategy

The purpose of the audit strategy is to direct the content of the annual audit plan providing assurance that a coherent and effective plan is delivered. The strategy directs a programme of work that covers significant risks that, in turn, informs an independent and objective assessment of the organisation's governance, risk management and control frameworks. The strategy aims to align audit work with the organisation's risks, strategic goals and objectives in line with recognised standards, guidance and other best practice.

Strategic Objectives of Internal Audit

The over-arching aims of the strategy is to ensure that the annual audit plan recognises and reflects:

- The function's objectives as set out in the Internal Audit Mandate and Charter.
- The key objective of the function to provide assurance (as part of a rolling programme of work) in relation to the strategic risks that would prevent the organisation meeting its objectives and priorities.
- Delivery of a risk-based and balanced plan that complies with the Global Internal Audit Standards utilising resources available and prioritising assignments to ensure key areas of work are completed in the year.
- An investment in time to develop audit practices and skills within the team.

Audit Planning Process

The annual audit plan is developed through:

- a review of the organisation's risk registers to ascertain key risks
- an analysis of any output from audit work over a rolling three-year period
- consideration of proposals from Members, senior management and the internal audit function
- an identification of residual gaps from previous audit planning reviews

In determining items for inclusion in a draft Plan, all proposed assignments generated from research and consultation are risk assessed to determine suitability. The risk assessment utilises a series of criteria set out in the attached appendix and considers planned "shared systems" audit work due to be undertaken on behalf of South Lanarkshire Council. The risk of significant subsequent changes to the Plan, arising from a change in the organisation's priorities or risks, are managed through a level of contingency time that provides a level of flexibility throughout the year.

Significant amendments to the Plan will be presented to the Performance, Finance and Audit Committee and to the Board for approval.

Quality Control and Assurance

The Audit Plan will be delivered in compliance with Global Internal Audit Standards.

Progress against the audit strategy is monitored and reported to the Performance, Finance and Audit Committee as part of regular monitoring reports that are presented at each meeting. Delivery of the strategy will be evidenced by the completion of the Internal Audit Plan in-year and will be monitored through the performance indicators regularly reported to the audit committee.

Revision

The Internal Audit Strategy will be subject to an annual review and presented with the annual audit plan to the Performance, Finance and Audit Committee for endorsement before seeking approval from the Board.

Assessment Criteria (Appendix to Audit Strategy)

Factor	Description
Materiality - value	Systems that process significant income or expenditure
Materiality - volume	Estimate of the number of transactions processed by the systems / activities per annum
Significance / profile	The significance of the system / process to the activities of the organisation
Top risks	Consideration of the organisation's top risks and the controls that mitigate these risks (has Internal Audit reviewed the effectiveness of the controls recently / can Internal Audit add any value via review)
Change	Recent changes to the system / process or the likelihood of change to the systems / process in the audit period planned
Regulatory / contractual	Extent to which the system / activity is subject to regulation or contractual obligation
Other areas of assurance (assurance mapping)	The extent to which a service / activity is monitored or audited by an external body (may mean less priority for Internal Audit work unless external reviews are highlighting risks that would benefit from Internal Audit review).
Prior audits / audit knowledge	Highlighting areas of risk based on Internal Audit team knowledge (via output from previous audits, team knowledge / awareness)
Inherent susceptibility to fraud and corruption	Areas where there is "opportunity" inherent within a system / activity for fraud and corruption to occur.
Staff turnover	The turnover of staff, especially with key skills (new teams / areas with significant vacancies may bring risks via opportunity for process not to be followed, controls to be overridden, such as appropriate authorisation or segregation of duties).
Organisation's priorities	Consideration of the processes and systems that facilitate achievement of the organisation's priorities. Ties into all other areas above.

Proposed 2025/2026 Internal Audit Plan

Appendix Five

Audit assignment	Outline Scope	Expected days	Links to SLLC objectives / values	Links to SLLC risks	Priority
Risk assessed core programme of work					
Fusion	Undertake review of Fusion process using a sample of transactions processed through Fusion. Consider the controls in the system and any “off-system” controls that support a good overall control environment.	30	Efficiency, good governance, compliance with Standing Order, Financial and Procurement / Contract Regulations.	Significant change - new financial system / implementation of iprocurement for first time Fraud Non-compliance Inefficiency	High
Continuous Controls Monitoring (CCM) / Data Analytics	Identify how petty cash and supplier expenditure data for 2024/2025 can best be extracted from Fusion and then provide reports for analysis and further investigation by SLLC.	10	Efficiency, good governance, compliance with Standing Order and Procurement / Contract Regulations.	Significant change - new financial system / implementation of iprocurement for first time Fraud Non-compliance Inefficiency	High
Cash and stock security	Continue rolling programme of site visits to assess controls to safeguard cash and additionally high value stock.	10	Efficiency, good governance, safeguarding assets	Theft, Fraud Inefficiency	Medium
Advice and Guidance	Liaise with SLLC to provide advice and guidance in chosen risk areas.	10	Efficiency, compliance with legislation	Inefficiency Health and Safety Non-compliance	Medium
Shared systems	Include SLLC samples in any other relevant ‘shared systems’ testing being undertaken as part of agreed audit work for SLC during 2025/2026.	6	Efficiency, good governance	Inefficiency Non-compliance	Medium

Audit assignment	Outline Scope	Expected days	Links to SLLC objectives / values	Links to SLLC risks	Priority
Fraud					
Fraud Alerts	React to fraud alerts through professional publications and network groups and disseminate information as appropriate to SLLC.	0.5	Good governance	Fraud	High
GIAS requirements					
Informal Follow-up	Advise SLLC of actions due each period. Collate responses for reporting and discussion at update meetings with client.	0.5	Good governance	Poor governance Continued exposure to risks identified in original audit reports	Medium
Formal Follow-Up	Formal review and follow-up testing for recommendations made in the prior year audit reports.	4.5			Medium
Planning, Year End and Administration					
Audit Plan	Undertake consultation, risk assessment, set scopes and objectives for 2026/2027 Plan and seek approval through preparation of reports for SLLC Performance, Finance and Audit Committee.	1	Good governance	Insufficient reporting to those charged with governance	High
Annual Assurance Report	Prepare annual assurance report for 2024/2025 for SLLC for presentation to SLLC Performance, Finance and Audit Committee.	2.5			High
Administration	Attend update meetings with SLLC and prepare activity reports for SLLC Performance, Finance and Audit Committee.	5			Medium
		80			

South Lanarkshire
Leisure and Culture

Quarterly Report



Quarter 4
January to March 2025

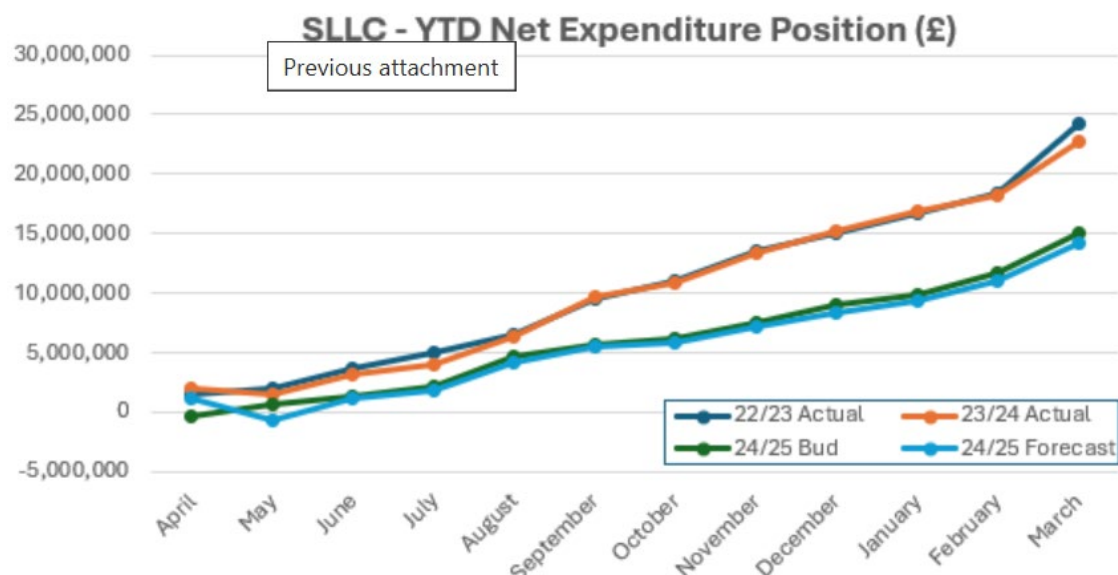
1. Business Perspective

Budgetary position

Actual income overall is currently showing an over recovery, which is mainly attributable to increased outdoor income including one off golf rental income relating to Mote Hill, museum filming income and show ticket income. This is partially offset by under-recoveries in other areas such as ACE membership, Activage, swimming due to temporary Dollan pool closure, golf and zoo income (both impacted by poor weather earlier in the financial year).

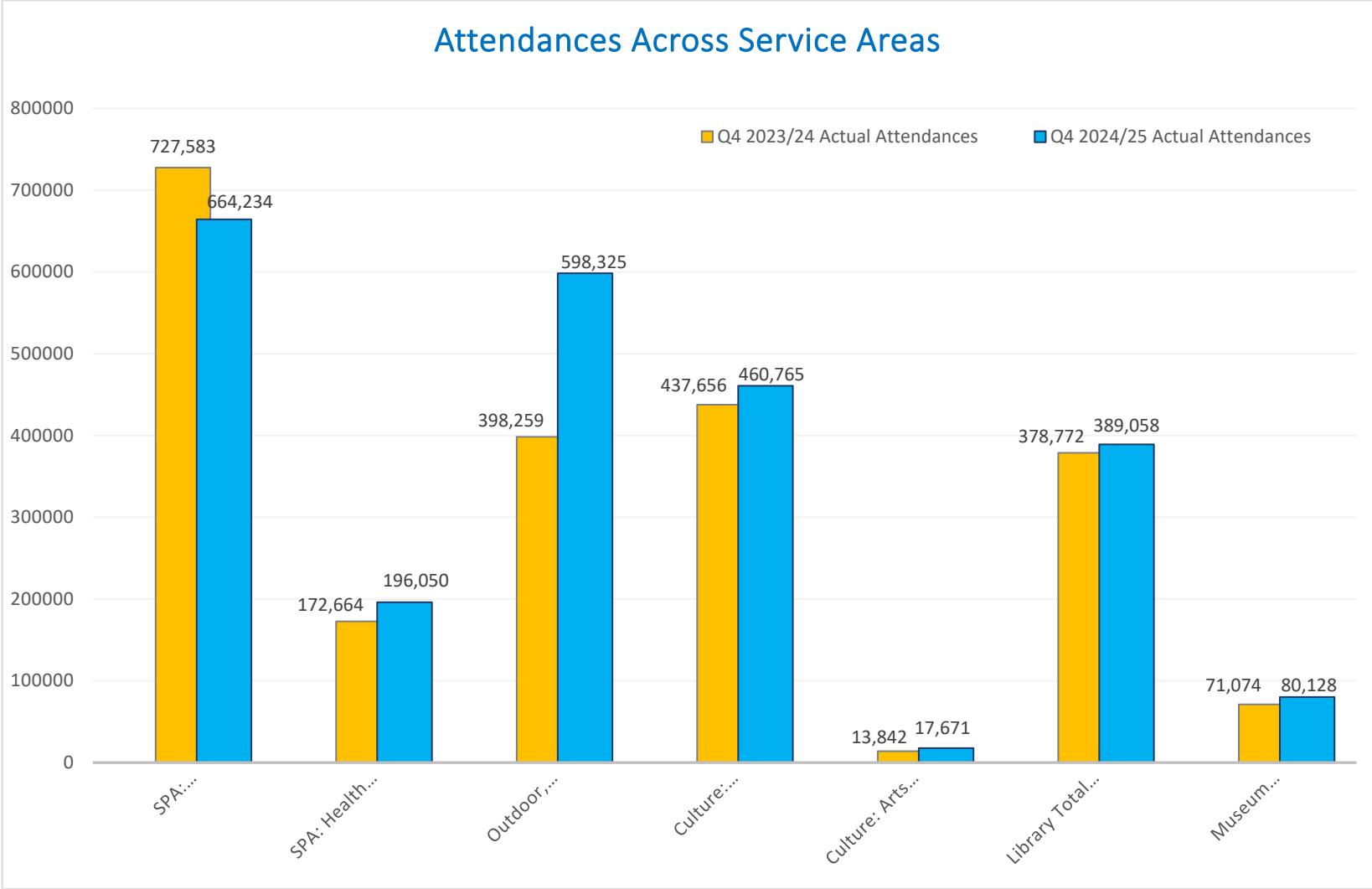
Actual expenditure was underspent, primarily from employee cost underspends due to the level of vacancies (noting challenges in attracting candidates) and an element of posts being held for redeployment where suitable, and offset by overspends in property costs of due to water and pool chemical charges and in supplies and services related to IT and irrecoverable VAT. There are also overspends related to payments to other bodies of and payments to contractors of related to external events costs.

Measure: FINANCE	Budget (£K):	Actual (£K):	Variance (£K):	% +/-
Income YTD	(32,470)	(32,940)	470	1.45%↑
Expenditure YTD	29,134	28,987	147	0.50%↓
Net Position	(3,336)	(3,953)	617	18.50%↑



Q4 Attendances – year on year comparison

The table below provides a comparison of Q4 performance this year against previous year attendances.

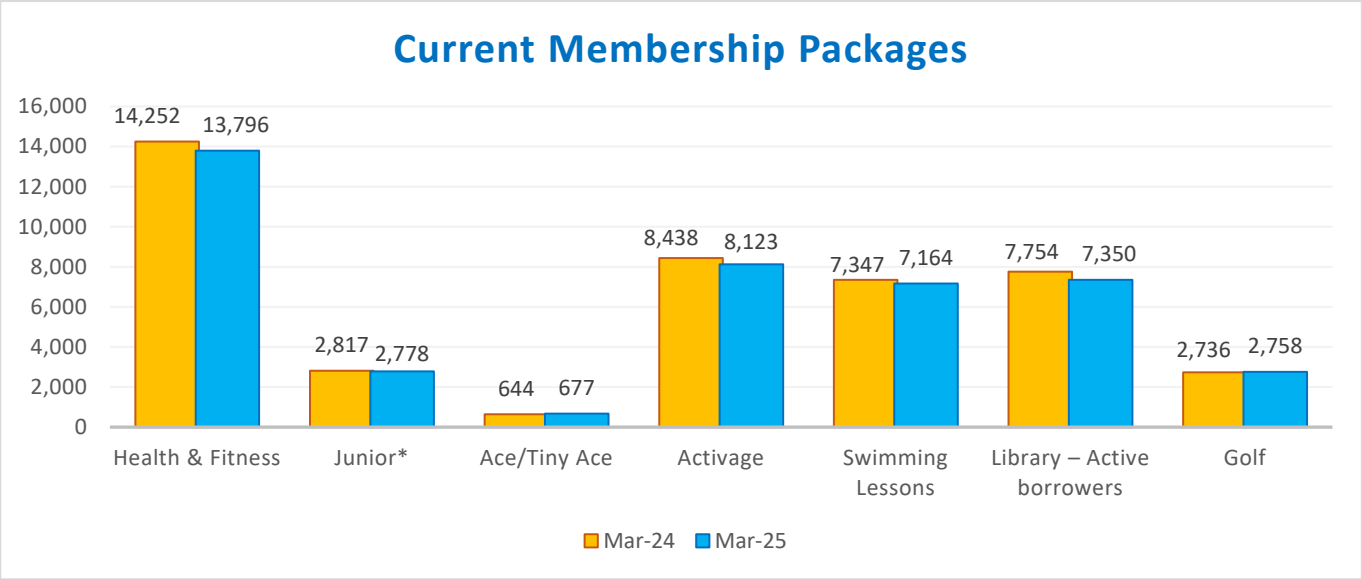


- Notes:**
- Q4 Leisure Centres – wetside 10%↓ and dryside 7%↓, overall 9%↓ on Q4 23/24, with health and development programmes up 14%↑ over the period.
 - Q4 venues 6%↑, halls 12%↓, schools 30%↑ and arts development 28%↑ on Q4 23/24. Overall 5%↑ across all cultural facilities.
 - Q4 Library physical visits dropped by 4%↓, virtual visits 9%↑ on Q4 23/24, overall there has been a 3% rise on the previous year. Over 58% of customers are using online services.
 - Q4 Museums physical visits 16%↑, virtual visits 1%↑, overall, there has been a 13%↑ on Q4 23/24.
 - Q4 Outdoor Recreation 34%↑, OLA 56%↑, Golf 81%↑ and CP's 24%↑, overall increasing by 27%↑ on the Q4 23/24.

Measure: ATTENDANCES	Q4 2023/24 Actual Attendances	Q4 2024/25 Actual Attendances	% +/- Q4 Current Year vs Q4 Previous Year
Leisure Centres: Dryside/Wetside	727,583	664,234	9%↓
Leisure Centres: Health & Development	167,330	196,050	14%↑
Outdoor, Golf & CP	398,259	598,325	27%↑
Culture: Venues/Halls/Schools	437,656	460,765	5%↑
Culture: Arts Development	13,842	17,671	28%↑
Libraries: Physical visits	178,796	170,967	4%↓
Virtual visits	<u>199,976</u>	<u>218,091</u>	9%↑
Total	378,772	389,058	3%↑
Museums: Physical visits	57,596	66,547	16%↑
Virtual visits	<u>13,478</u>	<u>13,581</u>	1%↑
Total	71,074	80,128	13%↑

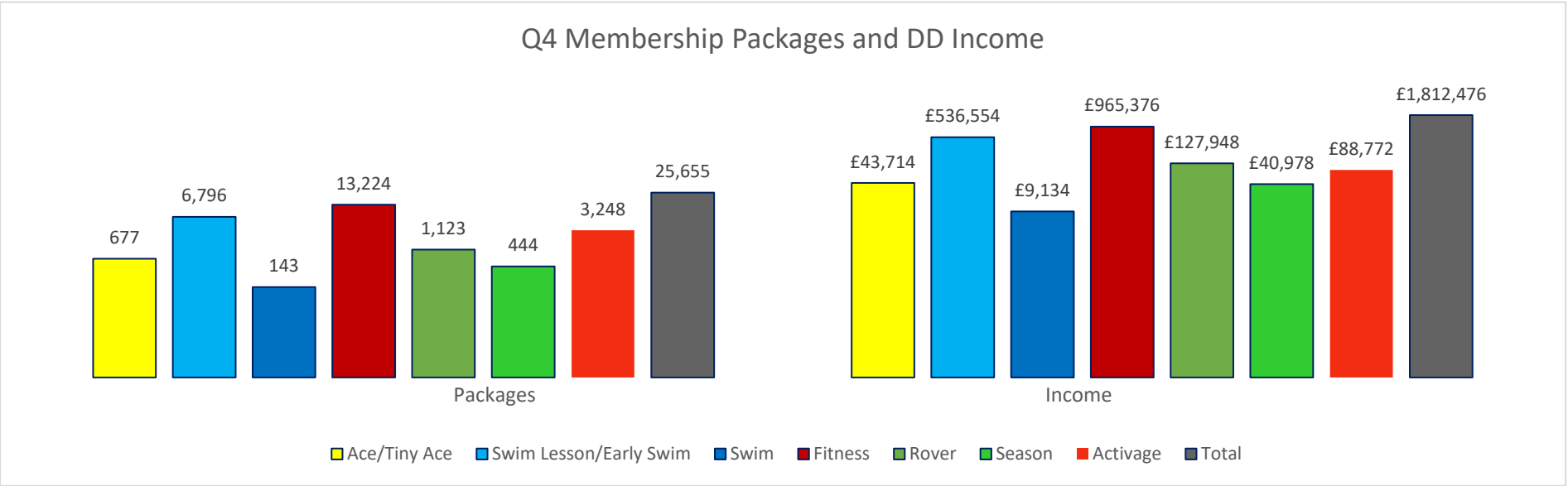
Note: Leisure Centres – dryside attendances dropped by 7% and wetside by 10%, impacted by maintenance issues. **Health & Development** – Ace and events programmes saw a slight drop over the quarter, all other areas saw increases: school activities 21%, development 3%, inclusion 83%, health 2%, ClubSL 6%, and workforce development 92% (training activity that our team delivers/organises) resulting in an overall increase of 14%. **Outdoor, Golf & CP's** have increased attendances over the period (outdoor recreation 34%↑, Golf 81%↑, OLA 56%↓, CP's 24%↑). **Culture** – venues 6%↑, halls 12%↓, schools 30%↑, arts development 28%↑. **Library** – virtual attendances continue to rise by 9%, giving an overall increase of 3%. **Museums** also saw an overall rise of 13%.

Q4 Membership Packages – comparison to previous year



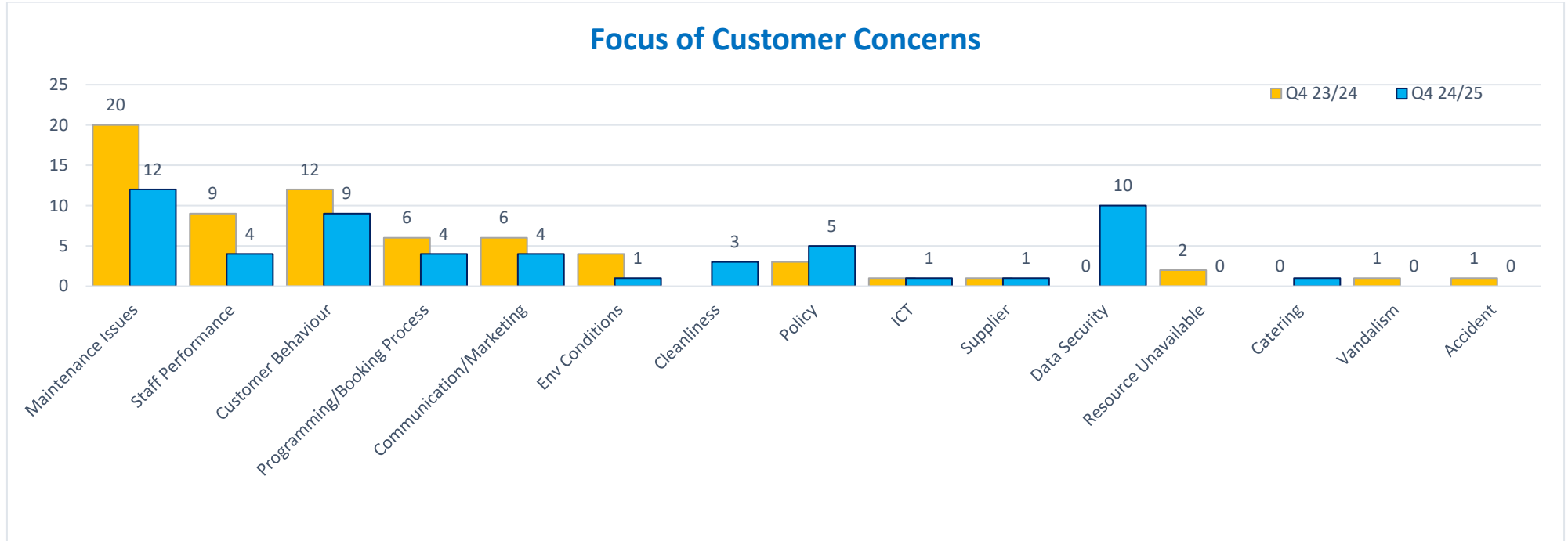
Notes:

- H&F memberships (includes Juniors is down by 3% overall against Q4 last year.
- Ace/Tiny Ace packages rose 5% on Q4 last year.
- Activage has dropped 4%.
- Swimming Lessons: down 2% on last year but are now recovering as full programme has resumed following maintenance issues.
- Library: Active Borrowers is down 11% on last year and represents members who borrowed an item this year, this doesn't account for customers who do not borrow.
- Golf includes current members with valid season ticket to 31/3/25 and 148 new members joined online for season 2025/26 (14 months).



Measure: Memberships	Previous Year March 2024	Current Year March 2025	%+/- Current Year vs Previous Year
Health & Fitness (inc D/D, annual & Junior*) packages	14,252	13,796	3%↓
Junior*	2,817	2,778	1%↓
Ace/Tiny Ace	644	677	5%↑
Activage	8,438	8,123	4%↓
Swimming Lessons	7,347	7,164	2%↓
Library – members Library – Active borrowers	142,423 12,296	149,431 11,154	5%↑ 9%↓
Golf	2,739	2,610	5%↓
Concession	6,586	6,092	8%↓
Notes on memberships	<ul style="list-style-type: none"> H&F members: 3%↓ pool issues at Dollan now resolved in March therefore Swim Lesson packages should begin to recover. Junior membership packages included in the Health & Fitness package figure above 		

Customer Focus



Measure: CUSTOMERS	Quarter 4 2023/24	Quarter 4 2024/25	% +/- Q4 Current Year vs Q4 Previous Year
Complaints	65	62	5%↓

Notes:

- Quarter 4 saw 62 recorded customer concerns across our services
- 30 were handled by the SPA service (48%), 11 by Culture (18%), 3 by Outdoor (5%), 1 by Libraries (2%) and 17 by HQ (27%)
- 55 complaints (89%) were closed off, 49 of which were fully resolved at the frontline resolution stage with 6 being resolved after further investigation
- 42 issues were closed off on time, equating to 76% completed within timescales
- 7 remain open awaiting conclusion from relevant manager

Information Security Incidents

One non-reportable security incident this quarter saw the personal data of one customer accidentally attached to the electronic record of a different customer.

Customer Satisfaction

Overall Satisfaction

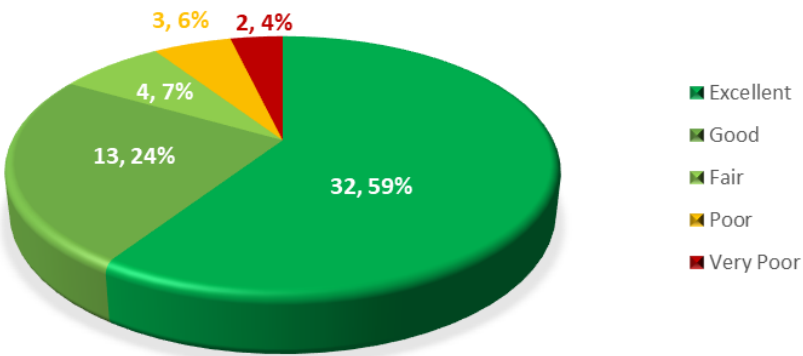
Although Q4 2024/25 returned fewer completed customer satisfaction surveys than usual, results continue to follow a consist pattern of excellent results, with an overall satisfaction rate of 91%. The commitment and dedication of our staff to maintain high standards and an excellent level of service delivery is reflected in the overall satisfaction rating.

This can be broken down further into more specific aspects of service delivery:

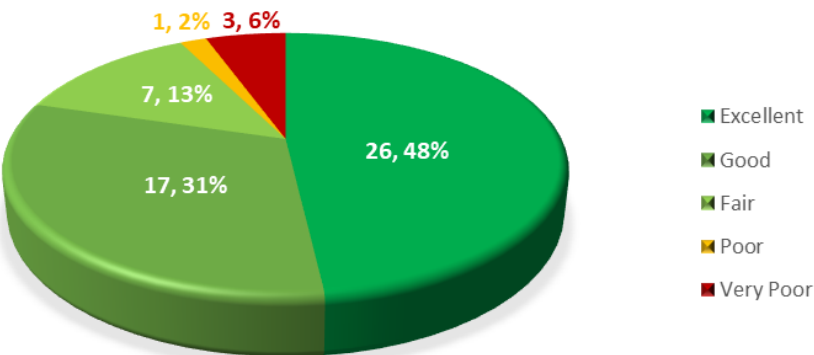
- Staff Performance 94%
- Cleanliness 92%
- Value of Money 90%
- Quality of equipment/services 82%

Note: percentages shown in graphs have been rounded.

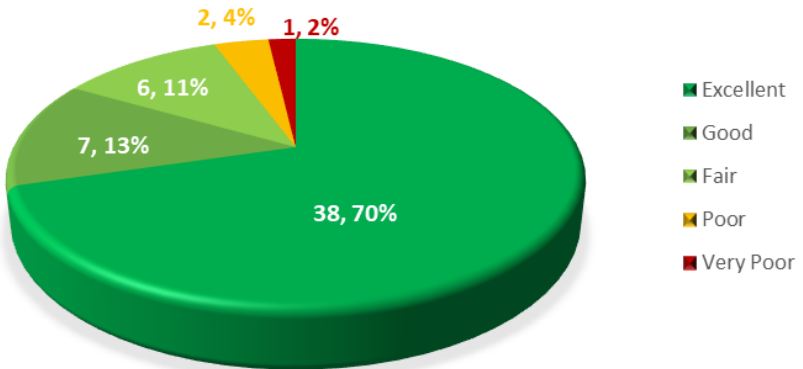
How did we perform -
Value for money - Top 3 responses : 90%



How did we perform -
cleanliness - Top 3 responses: 92%



How did we perform -
Staff performance - Top 3 responses: 94%



Health & Wellbeing

Why customers visited our sites

Customers visit for a variety of reasons, some to get fit, improve their health through exercise, others just to socialise, whatever the reason we welcome and encourage them:

- 40% said it's about improving their physical and mental health
- 21% said a place to relax
- 16% said a place to socialise

How customers felt after their visit

It's all about helping to improve customers lifestyles:

- 82% of respondents said they felt better, happier, achieved their goal, felt healthier, more energised and satisfied.
- 79% said their visit had a positive impact on their health and wellbeing.

Note: percentages shown in graphs have been rounded.

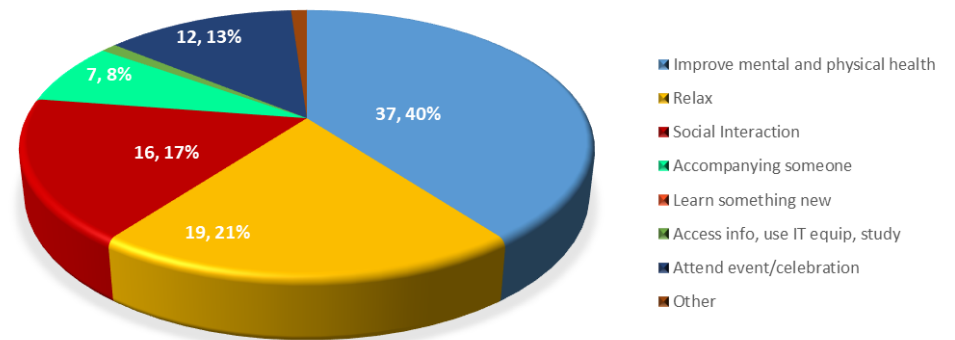
Following your visit, how did you feel?

Top 6 responses: 82%



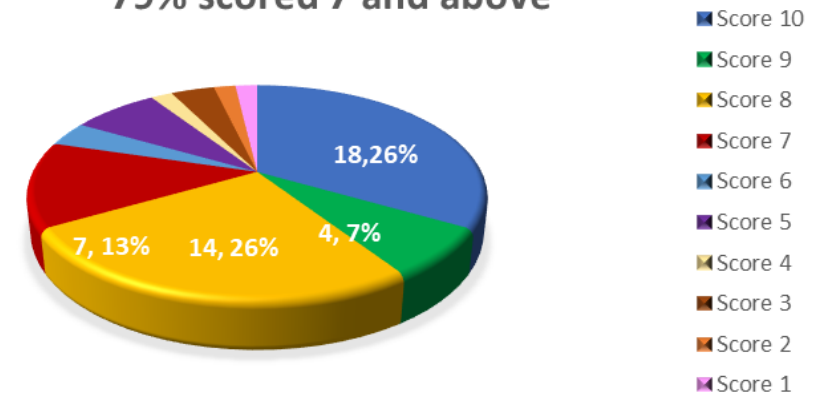
What was the reason for your visit?

Top 5 responses: 99%



Did your visit have a positive impact on your health and wellbeing (on a scale of 1-10)?

79% scored 7 and above



Communication

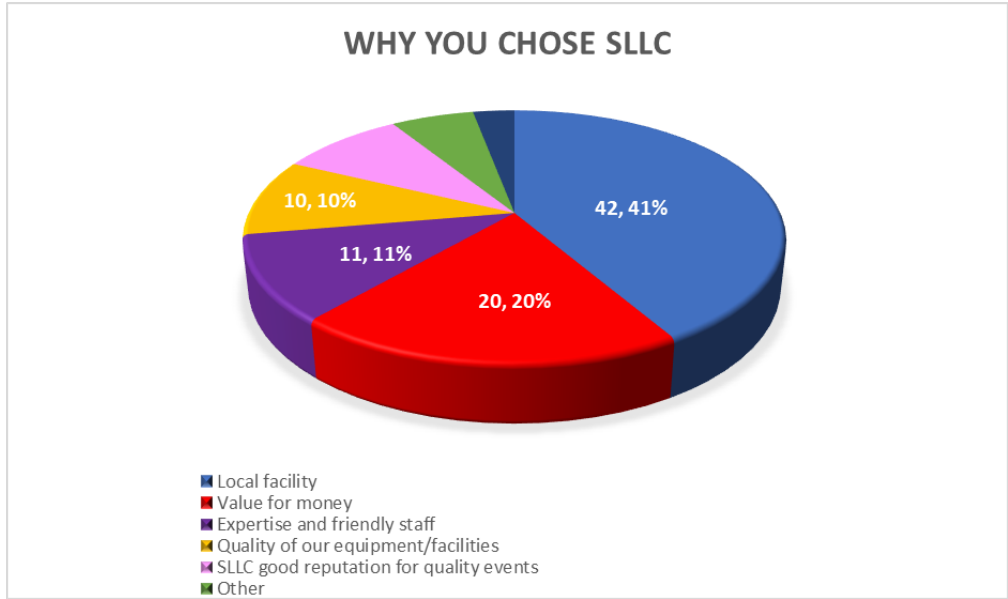
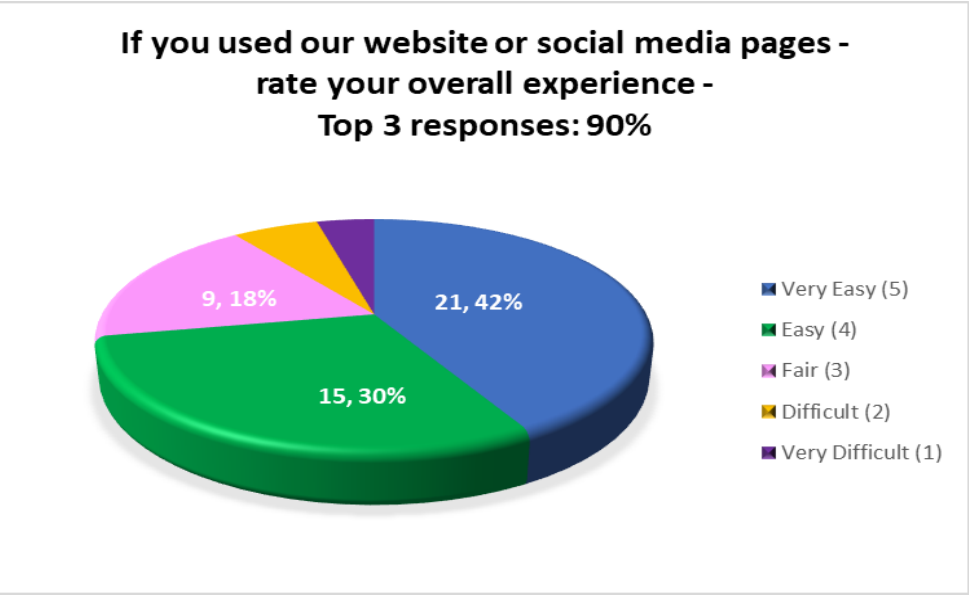
Word of mouth is always a great recommendation and 81% of customers said they would recommend us to a friend.

Asked how customers heard about SLLC, they responded:

- 32% word of mouth
- 36% other
- 14% website
- 14% social media
- 5% advertising

Over 88% of respondents said they found our webpage and social media pages easy to navigate and 90% said the booking process was fair - very easy to use.

Note: percentages shown in graphs have been rounded.



Safety

Q4 2024/25 saw a rise to staff accidents/incidents but a drop in customer accidents/incidents compared to last year.

Measure: HEALTH & SAFETY	Quarter 4: 2023/24	Quarter 4: 2024/25	% +/- Q4 Current Year Vs Q4 Previous Year
Accidents/Incidents to staff	11	8	27%↓
Accidents/Incidents to customers	54	31	43%↓
Note:	5 Major accidents: 1 staff (leisure wet facility), and 4 customers (2 HPSG, 1 Chatelherault CP and 1 venues) 16 Minor accidents: 5 staff and 11 customers 18 Incidents: 2 staff and 16 customers 4 Violent incidents: 3 at libraries and 1 outdoor pavilion.		

Staffing

In line with the new structure, we have been actively recruiting to fill existing vacancies. By filling existing vacancies, we will be able to address any gaps in the current establishment. As a result, the number vacancies will fall during 2025 with a consequential reduction in the current underspend in employee costs.

Establishment Position (31 March 2025)				
(Full time equivalent calculated 35 hour basis, Excludes Funded Posts)				
Area	Establishment Variance FTE	Establishment Variance %	Current Recruitment (FTE)	Comments
Halls	4.07	4.06%	0.70	
Libraries	1.01	1.34%	4.00	Overlap of current postholders still employed whilst post being advertised
Museums	0.7	5.47%	0.00	
Outdoor	21.32	29.89%	11.08	Seasonal recruitment ongoing
Leisure Centres	37.5	12.50%	15.88	Includes elements relating to new structure
Support	-11.54	-0.06%	4.00	Includes elements relating to new structure
Venues	15.78	5.05%	10.42	
Grand Total	68.84	11.14%	46.08	

2. Performance against SLLC Strategy 2022 - 2027

Objectives to meet Strategy Outcomes

Health and Wellbeing – We will help the people of South Lanarkshire to live healthier, happier lives with a focus on physical and mental wellbeing 24/25 (Year 3) – Priorities, Activities and Achievements				
Key Priorities	Priority 1 (HWB1) Participate in a whole system approach to health and wellbeing along with our partners including the NHS, the Health and Social Care Partnership and others, to improve health and wellbeing for individuals and communities within South Lanarkshire	Priority 2 (HWB2) Encourage and support the inactive to be active with focus on positive physical health and wellbeing outcomes	Priority 3 (HWB3) Support positive mental health and deliver on health and wellbeing outcomes	Priority 4 (HWB4) Provide early intervention and prevention initiatives to address health and wellbeing matters at their root cause
Comments from Chair of Health and Wellbeing Group	<p>The last quarter saw a strong end to the year and sees us on course to achieve most of our objectives, especially in terms of health referrals where we are on course to significantly overachieve on our milestone.</p> <p>A highlight of the quarter was our annual Fitness Live event which goes from strength to strength and is great demonstration of cross service working whilst helping achieve our Health and Wellbeing aims.</p> <p>Generally we saw increases in attendances also across our services as people continue to visit to help improve their wellbeing either through sport and physical activity, cultural activities including a wide and varied range of performance and in our library and museum services, both of which saw marked increases in our virtual offerings showing that we can make positive impacts even on those that are not physically visiting our facilities and services.</p> <p>We now look forward to the new year ahead and a reset to allow us to focus on new aims and objectives for Year 4.</p>			

Health and Wellbeing successes

Primary Schools Cross Country events

Almost 500 participants took part in the annual East Kilbride and Strathaven Primary Schools Cross Country event within Strathaven Park in March. This event was a great success with positive feedback from all participating schools and spectating parents and carers. Also in March the Clydesdale Primary Schools Cross Country event at Lanark Racecourse attracted over 670 participants. The weather was very favourable, and the event run smoothly over the two days required to accommodate all from the wider Clydesdale area.

Diabetes and adult obesity

This quarter we introduced our first Diabetes and Adult Obesity Medication specific classes in partnership with NHS Lanarkshire. This referral only health intervention programme will help educate and increase the physical activity levels of the participants. The sessions are being hosted at Carluke Leisure Centre, Fairhill Lifestyle and John Wrights Sports Centre.

Young at Heart Festival

Arts Development staged the annual Young at Heart festival in March. Over 370 people participated in the programme this year, attending Live Music Now recitals in six of our venues and a varied programme of art workshops. There were also exhibitions of class participants work from some of our adult classes in textile and drawing and painting. In addition, library events for the festival were also well attended with over 300 people taking part in the varied programme. Highlights included digital events such as Beyond Radio (discovering the world of podcasts), Demystifying AI (hands on with artificial intelligence) and popular murder mystery events performed by library staff teams at Avondale Community Wing and Lanark Memorial Hall.

Fitness Live

Fitness Live took place in January, against the odds as our teams battled with Storm Eowyn! The conditions prevented any equipment being transported to the three host venues - Lanark Memorial Hall, The Town House Hamilton and Rutherglen Town Hall - but didn't stop the day from being a success. Almost 300 people took part across the three venues where we showcased a large selection of our popular fitness classes with participants appreciating the hard work of staff in rising to the difficulties presented on the day and the value for money of a very enjoyable day.

Connected and Engaged – We will enable people to connect with each other and with their community through the services we provide
24/25 (Year 3) – Priorities, Activities and Achievements

Key Priorities	Priority 1 (CE1) Reach out to people where they are, by providing services to all communities across South Lanarkshire	Priority 2 (CE2) Support communities to develop and build their capacity and, where appropriate, explore options for asset transfer of our resources	Priority 3 (CE3) Develop alternative delivery methods and grow our digital offerings such as online classes and access to e-books	Priority 4 (CE4) Help tackle isolation by providing initiatives that bring people together
Comments from Chair of Connected and Engaged Group	<p>Engagement with customers and residents continues to develop and modernise with the introduction of Digital and Press Release Officers, with the intention of boosting targeted posts, paid adverts and use of management software tools such as 'Canva' and 'Metricool'. All this alongside our traditional health and fitness campaigns such as 'Just Do You'.</p> <p>The newly formed Community and Education team have continued to develop important and fruitful relationships with the wider SL community planning partners. This includes neighbourhood planning and a number of local events including two recent talks delivered by the museum team –<i>Exhibition 2029 'Visions for the Mind'</i> and <i>Interpreting Art Works</i>. A recent presentation to the Community and Education team, from the Youth Community Family Learning Team, highlighted the success of the partnership via the Community Learning Development Annual Delivery Plan which focuses on the learning offer to South Lanarkshire residents.</p> <p>SLLC ICT along with colleagues in procurement, finance and SLC are nearing the end of the procurement process for the replacement front of house system. We are currently working to deliver control access, Wi-Fi, and renewal of reception hardware. The department has also concluded the new Windows 11 refresh program with over 300 devices being replaced, and continue to work with our partners in SLC to ensure device compliance. We continue to support the integration of the new SLLC business structure by providing hardware, software, support and guidance to help a smooth transition of staff into new roles. SLLC ICT have successfully installed Wi-Fi in Willie Waddell Sports and Community Centre and Hillhouse and Earnock Community Centre and continue to provide support to our NHS colleagues at Eddlewood Community Hall vaccination centre, along mobile Wi-Fi setups for NHS events.</p>			

Connected and Engaged successes

FARA at Low Parks Museum

The fabulous fiddle-led FARA returned to our auspicious, eighteenth-century Assembly Room in Low Parks Museum bringing their innovative yet unmistakably Orcadian sound to a more than appreciative audience at a sold-out concert in March, with customers describing it as a 'superb concert'.

Conference of Schools 3 (COS3) Event

Our third annual COS event took place between 26 and 28 March at Low Parks Museum and Hamilton Palace Sports Ground. We connected with over 500 South Lanarkshire primary school pupils as they examined the learning themes of E.A.R.T.H.; Energy, Apparel, Reduce–Reuse–Recycle, Trees and Planting, Habitat – with workshops delivered by high-school students of the Youth Forum for Climate and Sustainability.

Arts Development – 'Windows to the Past'

SLLC Arts Development team created this bespoke mural 'Windows to the Past'. The concept of the mural was realised by spending time with the residents of South Lanarkshire Council's McKillop Gardens talking about memories of their lives. Listening to the residents' stories highlighted the particular points in their lives they return to and remember fondly. So, inspired by them, the plain corridor was transformed into a walk down memory lane with familiar places, scenes and even decor. The 'Windows to the Past' concept included painting old fashioned wallpaper choices with window frames to look out of - holidays to the seaside, going to the dancin', garden walks and village life. Each window has talking points and details for the residents - little animals, pastime shops, beach games etc. It was created not only for the residents but the staff too some of whom contributed ideas of what could be out of the windows.

The mural was painted by our SLLC art tutor who said 'It was a really enjoyable project to work on and bring a sense of brightness and fun to the corridor. I loved meeting all the residents and staff that participated along the way too'. the Care Home Manager commented 'What a great opportunity this project was for McKillop Gardens!'

Equality and Inclusion – We will provide accessible wellbeing and learning services through targeted interventions 24/25 (Year 3) – Priorities, Activities and Achievements				
Key Priorities	Priority 1 (EI1) Ensure equality of opportunity by making sure that our services are accessible to all	Priority 2 (EI2) Target our programmes and interventions to ensure we reach those most in need of our services	Priority 3 (EI3) Enable access to learning and information across our communities and support community learning	Priority 4 (EI4) Provide welcoming inviting spaces where customers receive a warm reception
Comments from Chair of Equality and Inclusion Group	<p>The function suite within the Hamilton Palace Sports Grounds Bowling Pavilion played host to Eid celebrations, commemorating the end of the holy month of Ramadan. This event brought over 60 family members together, spanning four generations. The event planning had its challenges as the date of Eid is not set in stone. This is dictated by the sighting of the moon and was then confirmed by Glasgow Central Mosque on 29 March. The event took place 31 March and was a huge success with SLLC staff being thanked for all their help.</p> <p>Key officers from our Community and Education team launched a new Inclusion Multi Sports session at the Jock Stein Centre aimed at primary aged children with additional support needs. Since its launch in January, there have been over 60 attendances at the session, which has given participants a safe space to take part in physical activity, supported by our lead sports coaches. We plan to continue growing this session as part of our wider ACE Inclusion programme.</p> <p>Quarter 4 saw the roll out of a new way to collect equalities data using QR codes within all our facilities. This will allow SLLC to collect data consistently from across our services. Additional questions have been added to allow us to understand the data in context to the service that was visited. The aim is this will lead to an increase in the number of completed forms and this will allow SLLC to understand more fully the accessibility of our services.</p>			

Equality and Inclusion successes

Lending Voices 1

The Library Service Lending Voices project partnered with the South Lanarkshire based recovery hub, The Beacons, to deliver podcasting sessions that gave participants space to share personal stories around mental health, addiction, and recovery. Conversations were raw, reflective and often deeply moving, with group members supporting each other through empathy, honesty and humour. Staff reported a clear boost in mood, confidence, and connection within the groups. The community will take part in listening sessions to help shape the final edits, with selected recordings shared publicly to reduce stigma and give voice to experiences often left unheard.

Ups and Downs

Ups and Downs Theatre Group, a parent-led theatre group dedicated to young people with Down Syndrome and their families celebrated their 30th anniversary with a weeklong run at Hamilton Town House offering a welcoming space where everyone can explore the joy of theatre, build friendships and experience a strong sense of community. Regular visitors to the venue, this time the group took a trip down memory lane of No1's over the past 30 years along with an Ups and Downs take on The Little Shop of Horrors. A great show of great singing and dancing, lots of laughs and all-round great entertainment, ensued – truly a show like no other. The performances attracted over two thousand attendees across the five nights.

Customer review of a show at Rutherglen Town Hall

'This was my first time here and I was sooo impressed with their disabled facilities and all the staff were lovely I use a rollator/stroller.

The lift is very modern too and quite spacious. We were at a comedy night and it was chairs temporarily put out. I found them comfortable with enough room but we always book the end of a row. A very helpful lovely young man stored my stroller safely and got it for me at the end. I can't fault my experience tonight, I will happily go there again...Other establishments should visit Rutherglen Town Hall to see how to do disabled access at its best''

**Organisational Sustainability – We will develop a business model that allows sustainable provision of quality services in priority areas
24/25 (Year 3) – Priorities, Activities and Achievements**

Key Priorities	Priority 1 (OS1) Develop a financially sustainable business model which optimises income and utilises diverse funding streams	Priority 2 (OS2) Develop our people ensuring staff remain highly skilled and are supported to deliver the best standard of customer service	Priority 3 (OS3) Review our facilities to ensure we have financially sustainable spaces to enable quality service provision	Priority 4 (OS4) Reduce waste and energy usage and seek new ways to be more energy efficient across our services
Comments from Chair of Organisational Sustainability Group	<p>Based on the quarter 3 position, the finance team completed another full outturn for the 2024/25 financial year which continues to indicate an expected underspend for the financial year. Following approval of the SLLC Financial Business Plan and SLLC budget on 26 February, the detailed budget workings for 2025/26 have been prepared for upload into the Fusion ledger system.</p> <p>The rollout of Fusion e-procurement system (P2P) has been effectively completed across SLLC. SLC's Corporate Services team continue to provide support to resolve issues or, where appropriate, refer to the SLC Fusion Implementation Team to find solutions.</p> <p>We continue to develop our people ensuring staff are highly skilled and supported to deliver the best standard of service. This quarter many of our officers have attended IOSH Managing Safely training and it has also been recognised the need for further Conflict Management Training, prioritising staff who have seen an increase in anti-social behaviour within their area. These courses will be available and rolled out in 2025/26.</p>			

Organisational Sustainability successes

SLC Transformational Change Fund

The three phase programme of LED floodlight upgrade works is now complete at Hamilton Palace Sports Grounds. The following areas benefited from the installation of state of the art 475–Watt Modus 450 LED sports Lights – the enclosed 7-a-side pitch, indoor training area and outdoor 5-a-side/tennis courts. This will also contribute to reducing energy costs within the facility.

Clydesdale Colts SCX Championships

The grand finale of the HUP Scottish Cyclocross Series was an epic conclusion to a fantastic series. Hosted by Chatelherault Country Park, in partnership with Clydesdale Colts and Royal Albert Cycling Club, over 500 cyclists put their wheel on the starting line to take on a very challenging course.

Lending Voices 2

The Lending Voices project continues to grow and is a great example of how external funding supports sustainability in our service. The groups reached by the library service are wide and varied with participants so far including VASLAN, local schools, The Hindu Temple Scotland, and a local drugs and alcohol rehab service. The project is growing in popularity whilst the aim of the library service is to continue developing, creating and sustaining a very diverse range of podcasts.

This quarter the service has been engaging with St Elizabeth's Primary School in Hamilton, celebrating reading and storytelling. The children met inspiring guests, explored the power of books, and reflected on the stories that shape us all.

Student volunteer placements

The SLLC Health Team continue to work in partnership with the City of Glasgow College and University of the West of Scotland, offering student volunteer placements. Students get to shadow both physio appointments and coached delivery of referral classes to give them an insight into some of the roles within an NHS and SLLC multi-disciplinary team. Twenty-two students have volunteered over 300 hours across our various health intervention programmes, in return providing them with some of the competences required for future employment.

3. Business Interruption

The following facilities experienced significant levels of service disruption during the quarter

Location	Description	Period	Estimated 24/25 YTD Financial Impact (Additional Cost of Lost Income)	Comments
Larkhall Leisure Centre	Closure of main hall due to issues with flooring.	September 2023 - Present	£44,000 Income Loss. (£4,000 per months; £3k dry-side & £1k wet-side)	SLC are investigating and progressing design options. The new centre has a target date of summer 2027.
Carluke Leisure Centre	Closure of main hall due to issues with flooring.	July 2024 – 22 January 2025	£20,000 (income) / £2,000 (staff costs) = Total £22,000	Insurance works. Work now completed and Hall re-opened 22 January 2025.
Blantyre Leisure Centre	Intermittent closure of main and teaching pool due to ongoing staff shortages	April 2024 - Present	£11,000 Income loss. (£1k per month)	Recruitment issue in process of being resolved.
Dollan Aqua Centre	Reduced functionality in main pool due to issues with the floating floor.	October 2023 - Present	£190,000 Income loss. (c.£5k per week & £28k per month swimming direct debits) £28,000 additional costs.	The pool re-opened on 3 March 2025.

4. Capital Projects

The Council has appointed a consultant to undertake an independent objective review of Council properties, including those operated by SLLC. This Estates Review is being led by Housing and Technical Resources and an update was report to Executive Committee in March. At the same time, the £13m Transition Fund is helping to modernise the leisure and culture asset base taking account of the following needs: to adapt and modernise; to address energy efficiency and decarbonisation of the estate; to reduce liabilities and cover costs of demolition; and to consider community accessibility. Phase 1 of the Transition Fund (£8.5m) is ongoing. Phase 2 projects were approved at Executive Committee on 13 November 2024, this included additional funding to complete works to Lanark Library and Priory Changing Pavilion.

Larkhall Leisure Centre - Hub South West, in conjunction with the Council, have appointed Tier One contractor BAM Construction. Extensive community consultation took place in the autumn with Community Engagement drop-in sessions taking place in Larkhall Leisure Centre, The Lighthouse and Larkhall Academy. Feedback was extremely positive for the pool, gym and fitness/ community room design but there was expression of concern regarding the omission of a games hall. An additional £3.85M of council funding has since been secured to include a games hall. Timescales for completion of the revised design, planning submission and site start are currently being updated. The dual use agreement with Larkhall Academy is still being explored to improve access to sports facilities in the school games hall.

Clydesdale Way paths project / joint 'Three Rivers' venture with Dumfries and Galloway and Scottish Borders councils, award of £22,809,416 from Levelling Up Fund (LUF): tender exercise complete. UK Government have awarded funding following the last budget, October 2024. Grant funding agreement has now been concluded with Dumfries and Galloway and Consultant Turner and Townsend appointed to design and project manage the project. The initially proposed route will be reviewed to firm up design and costs and stakeholder engagement plans will be developed.

Country Parks masterplan exercise underway. Turner and Townsend are leading a multi-disciplinary team to develop Business Cases and supporting intelligence which will identify investment priorities and support future funding applications and investment in both Chatelherault and Calderglenn Country Parks. Project is scheduled to conclude spring 2025. Funding has initially been secured for toilet, café and white bridge works at Chatelherault and bike pump track and replacement of the Conservatory Roof at Calderglenn.

5. Emerging Challenges

The following challenges remain

- General inflation has continued to reduce, however uncertainty remains with other cost increases.
- The employment market remains competitive with the ability to fill vacant posts creating pressure on operations
- Some of our older facilities require investment to bring to modern standards or to halt any further deterioration.

6. What we did well

Low Parks Museum

Townhill Primary wrote “Thank you for a fabulous day yesterday. The children learned loads and thoroughly enjoyed it. We look forward to doing it all again next year!”

Museums Outreach Team

Following an outreach visit from staff to St Elizabeth’s RC Primary School: “What a Friday Wet Playtime you both put in!! The props were just right and your content too. ... tons of thanks and hopefully more visits.

Hamilton Water Palace

Attending Pilates at HWP... a wonderful class and I have the physical and mental benefits of Pilates. Thank you for introducing this, the class has grown over the last few weeks which is an indication of how popular it has become. I hope this class continues.

Customer Recognition

Coalburn Leisure Complex

Staff called to advise pool was closed due to plant issue. This prevented me having to go out in icy conditions. Excellent customer service: staff know their customers and schedules!

Stonehouse Lifestyles

Attended a children's party at Stonehouse, very impressed with cleanliness, facilities and staff ... keep doing what you're doing

Fitness Live

“Brilliant idea to have these annual events. Good value for money and very enjoyable.”

PERFORMANCE, FINANCE AND AUDIT COMMITTEE UPDATE

1 MAY 2025

1. Key issues considered:
 - ◆ Internal Audit Activity Report
 - ◆ Health and Safety Policy Update
 - ◆ Procurement Update
 - ◆ Staff Governance
 - ◆ Information Security Incident
 - ◆ Health and Safety
 - ◆ Risk Register
2. Key issues to highlight:
 - ◆ As discussed at Board agenda item 7, the Committee noted that, due to new Global Internal Audit Standards (GIAS), the Audit Plan now requires Board approval to formalise governance arrangements, including the Internal Audit Mandate and Charter.
 - ◆ The Committee acknowledged that even minor cash discrepancies can present reputational risks, and although controls are in place to mitigate this, a risk assessment report in relation to cash controls has been requested for the next Committee meeting.
 - ◆ The Committee was provided with a comprehensive update on procurement activity, the exercise to review and update SLLC standing orders, the SLLC Fusion rollout and the SLLC Procurement Strategy.
 - ◆ A staff governance framework is being development for Committee review which will then be presented to the Board in November.
 - ◆ Three information security incidents took place in the last quarter however none were deemed reportable to the Information Commissioner's Office (ICO).
 - ◆ The Committee was informed of a health and safety incident at one of our venues. A claim has been submitted and is being handled by SLLC's insurers, who are currently reviewing the matter. The Committee and Board will be kept updated as it progresses.
 - ◆ The Committee was advised of recent correspondence from Unison concerning flexible retirement. The matter will be reviewed further to ensure all relevant aspects are carefully considered.
3. Any decisions/approvals taken to highlight:
 - ◆ The Committee approved the Health and Safety Policy, due to be discussed at Board agenda item 13, which was updated to reflect changes in the Committee structure, the appointment of a new Trustee Health and Safety representative, and to include additional governance information and the role of Trade Unions in health and safety.
4. Any risks identified to highlight:
 - ◆ There were no significant risks to add to the register as a result of the Committee meeting.



Report

Report to:	Board of Trustees
Date of Meeting:	29 May 2025
Report by:	Ross McKie, Head of Corporate Services

Subject:	Revenue Budget 2024/25 – Update
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1. Background

1.1. The purpose of the report is to:

- ◆ Update the Board on the most recent 2024/25 budget monitoring position as at 28 February 2025.
- ◆ Update the Board on the current projected outturn for financial year 2024/25.

2. Recommendations

2.1. The Board is asked to approve the following recommendation:

- (1) That the content of the report be noted.

3. Background

3.1. This report follows a previous report to the Board on 5 March 2025 regarding the 2024/25 budget.

3.2. This report provides an update on the 2024/25 budget monitoring position as at 28 February 2025 following a robust review of income and expenditure to date across all service areas of South Lanarkshire Leisure and Culture (SLLC).

4. Position as of 28 February 2025

4.1. As at 28 February the SLLC budget has an underspend position of £0.616m which is further detailed in Appendix 1.

4.2. This relates to an expenditure underspend of £0.147m. This primarily relates to employee cost underspends of £0.839m. This is due to the level of vacancies (noting challenges in attracting candidates), offset through additional hours being taken up by the existing workforce where possible, and an element of posts being held for redeployment where required.

4.3. Underspends in employee costs are offset by higher than budgeted property costs of (£0.472m) due to water and pool chemical charges and (£0.124m) in supplies and services related to IT and irrecoverable VAT. There are also overspends related to payments to other bodies of (£0.069m) and payments to contractors of (£0.074m) related to external events costs.

- 4.4. Income overall is currently showing an over recovery of £0.470m, which is mainly attributable to increased outdoor income including one off golf rental income relating to Mote Hill, museum filming income and show ticket income. This is partially offset by under-recoveries in other areas such as ACE membership, Activage, swimming due to temporary Dollan pool closure, golf and zoo income (both weather-impacted earlier in the financial year).

5. Projected Outturn Position for 2024/25

- 5.1. An underspend position of £0.745m is projected which is further detailed in Appendix 2.
- 5.2. The overall projected expenditure underspend of £0.257m resulting from employee cost underspends of £1.129m are due to the level of vacancies (noting challenges in attracting candidates throughout the year) and an element of posts being held for redeployment where required. This underspend is offset by overspends in property costs of (£0.583m) due to water and pool chemical charges and (£0.115m) in supplies and services related to IT and irrecoverable VAT. There are also overspends related to payments to other bodies of (£0.089m) and payments to contractors of (£0.139m) related to external events costs.
- 5.3. Income overall is currently showing an over recovery of £0.488m, which is mainly attributable to increased outdoor income including one off golf rental income relating to Mote Hill, museum filming income, show ticket income, bank interest and NHS vaccination centre income. This is partially offset by under-recoveries in other areas such as ACE membership, Activage, swimming due to temporary Dollan pool closure, golf and zoo income (both weather-impacted earlier in the financial year).

6. Utilities

- 6.1. At its 28 February 2024 meeting, the Board approved a new arrangement for the payment of utilities. It was agreed that the Council would be responsible for, contract for and pay the utility costs relating to SLLC managed properties with the budget for utilities now held by the Council.
- 6.2. There is an opportunity that the underspend on utilities in 2024/25 could be set aside to contribute towards the budget gap projected for SLLC in 2026/27, recognising that the pressures will be higher due to the temporary reduction in pension contribution benefits ending in April 2026. As reported to the Board in March within the Financial Business Plan 2025-28, a variation in utility costs for SLLC operated buildings in 2024/25 relative to the budget may result in an opportunity to mitigate savings requirements, with any underspends being used to offset some of the gap on a temporary, one off basis in 2026/27. It should be noted however that proposals would be required to meet the gap that was temporarily offset on a permanent recurring basis from 2027/28 onwards.
- 6.3. Work around year end calculations are ongoing by the Council and will be reported at the Council's Executive Committee in June, where it would be for the Council to approve the underspend on utilities in relation to facilities used by SLLC being passed to SLLC.
- 6.4. The estimates for 2025/26 utilities are being worked on in conjunction with the Council. Discussions will continue on the detail of the agreed procedures moving forward which will be brought back to the Board at a future date.
- 6.5. An anticipated reduction in utility costs provided the opportunity for the Council to generate a saving for 2025/26 from the utilities budget they hold. There was no reduction in the management fee provided by the Council for 2025/26. Any further underspends in utilities could be considered in the same way as the 2024/25 position, and discussions with the Council will continue as estimates emerge.

7. Next Steps

- 7.1. Continued monitoring will be undertaken in conjunction with budget holders across SLLC. This will include preparation and subsequent implementation of year end processes to establish the position for the end of the financial year, subject to the audit process. Staff will also continue to liaise closely with SLC officers where required in the completion of these processes.

8. Employee Implications

- 8.1. There are no employee implications arising from this report.

9. Financial Implications

- 9.1. The financial implications are as detailed within this report.

10. Other Implications

- 10.1. There are no other implications in terms of risk and sustainability.

11. Equality Impact Assessment and Consultation Arrangements

- 11.1. There is no requirement to carry out an impact assessment or consultation in terms of the proposals contained within this report.

Ross McKie

Head of Corporate Services

29 May 2025

Links to SLLC Objectives

- ◆ Organisational Sustainability
- ◆ Health and Wellbeing
- ◆ Connected and Engaged
- ◆ Equality and Inclusion

Previous References

- ◆ 5 March 2025 SLLC Board Report: Revenue Budget 2024/25 – Quarter 3 Update

List of Background Papers

- ◆ None

Contact for Further Information

If you would like to inspect the background papers, if any, or want further information, please contact:

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South Lanarkshire Leisure and Culture - 2024/25 February (Mid Qtr 4)
Current Financial Position Report (Variances greater than £50k highlighted)

Objective	Budget (m)	Phasing (m)	Actual (m)	Variance (m)	Comments
SPA	£3.418	£2.492	£2.886	(£0.394)	Income under-recovery and expenditure overspends in water, pool chemicals are partly offset by employee savings. Income loss of £190k at Dollan Aqua Centre due to temp closure.
Libraries	£2.964	£2.551	£2.290	£0.261	Employee cost underspends. All non-retained property costs and income have been removed or adjusted where appropriate and recharged to SLC.
Venues	£1.958	£1.635	£1.506	£0.129	Ticket income over recovered. This includes income from festive pantomimes. This is partly offset by the additional artist fees payments.
Halls	£1.858	£1.448	£1.073	£0.375	Employee cost and general supplies expenditure underspends compounded by Income over recovery. All non-retained property costs and income have been removed or adjusted where appropriate and recharged to SLC.
Museums	£0.405	£0.351	£0.288	£0.064	Employee cost savings compounded income over recovery which includes £34k filming rents received for Mausoleum.
ACE	£0.031	(£0.011)	£0.088	(£0.098)	Income shortfall.
Outdoor	(£0.314)	(£0.474)	(£0.668)	£0.194	Employee costs underspend and overall income is over-recovered.
Support	£4.665	£3.656	£3.570	£0.086	Over-recovered income re vaccination centres and bank interest is offset by overspends in Irrecoverable VAT and IT.
Management Fee	(£14.985)	(£14.985)	(£14.985)	£0.000	
Total SLLC	£0.000	(£3.336)	(£3.952)	£0.616	

Subjective	Budget (m)	Phasing (m)	Actual (m)	Variance (m)	Comments
Employee Costs	£24.601	£21.397	£20.558	£0.839	Vacancies and posts being held for redeployment. Budget increased to align with backdated pay award.
Property Costs	£2.932	£2.196	£2.668	(£0.472)	Overspends in water, pool chemicals and rent for NHS vaccination centres, which is offset by income.
Supplies and Services	£3.445	£2.691	£2.815	(£0.124)	Overspends in Irrecoverable VAT, IT costs and Artist Fees (off-set by income).
Transport Costs	£0.140	£0.111	£0.099	£0.011	
Administration Costs	£1.566	£1.511	£1.491	£0.020	
Payments to Other Bodies	£0.479	£0.445	£0.514	(£0.069)	Contribution to Active Schools Programme & PRS Licences.
Payments to Contractors	£0.681	£0.576	£0.650	(£0.074)	Self-employed coaches.
Financing Charges	£0.338	£0.208	£0.192	£0.016	
Gross Expenditure	£34.182	£29.134	£28.987	£0.147	
Income	(£19.197)	(£17.485)	(£17.954)	£0.470	Under-recoveries: SPA, ACE, Golf, Swimming & Zoo, Over-recoveries: Outdoor overall, Venues (Ticket income, Festive events), Hall lets and Museums (rent from filming).
Management Fee	(£14.985)	(£14.985)	(£14.985)	£0.000	
Net Expenditure	£0.000	(£3.336)	(£3.952)	£0.616	Vacancies and posts being held for redeployment. Budget increased to align with backdated pay award.

South Lanarkshire Leisure and Culture - 2024/25 February (Mid Qtr 4)
Projected Outturn Report (Variances greater than £50k highlighted)

Objective	Budget (m)	Outturn (m)	Variance (m)	Comments
SPA	£3.418	£3.942	(£0.524)	Income under-recovery and expenditure overspends in water, pool chemicals and Self-employed coaches are partly offset by employee savings. Stewartfield unbudgeted net costs of £84k and income loss of £180k at Dollan Aqua Centre due to temp closure are included.
Libraries	£2.964	£2.654	£0.310	Employee cost underspends. All non-retained property costs and income have been removed or adjusted where appropriate and recharged to SLC.
Venues	£1.958	£1.816	£0.142	Ticket income over recovered. This now includes income from festive pantomimes. This is partly offset by the additional artist fees payments.
Halls	£1.858	£1.419	£0.439	Employee cost and general supplies expenditure underspends compounded by Income over recovery. All non-retained property costs and income have been removed or adjusted where appropriate and recharged to SLC.
Museums	£0.405	£0.346	£0.059	Employee cost savings compounded income over recovery which includes £34k filming rents received for Mausoleum.
ACE	£0.031	£0.128	(£0.097)	Income shortfall.
Outdoor	(£0.314)	(£0.537)	£0.222	Employee costs underspend and overall income is over-recovered, despite both Golf and Zoo income being under recovered.
Support	£4.665	£4.471	£0.194	Reflects efficiency savings budget and over recovery of bank interest being offset by Irrecoverable Vat & IT overspends.
Management Fee	(£14.985)	(£14.985)	£0.000	
Total SLLC	£0.000	(£0.745)	£0.745	

Subjective	Budget (m)	Outturn (m)	Variance (m)	Comments
Employee Costs	£24.601	£23.472	£1.129	Vacancies and posts being held for redeployment. Budget increased to align with backdated pay award.
Property Costs	£2.932	£3.515	(£0.583)	Overspends in water, pool chemicals and rent for NHS vaccination centres, which is offset by income.
Supplies and Services	£3.445	£3.560	(£0.115)	Overspends in Irrecoverable VAT, IT costs and Artist Fees (off-set by income)
Transport Costs	£0.140	£0.120	£0.019	
Administration Costs	£1.566	£1.546	£0.020	
Payments to Other Bodies	£0.479	£0.568	(£0.089)	Contribution to Active Schools Programme & PRS Licences.
Payments to Contractors	£0.681	£0.820	(£0.139)	Self-employed coaches.
Financing Charges	£0.338	£0.323	£0.015	
Gross Expenditure	£34.182	£33.925	£0.257	
Income	(£19.197)	(£19.685)	£0.488	Under-recoveries: SPA, ACE, Golf, Swimming & Zoo. Over-recoveries: Outdoor overall, Venues (Ticket income, Festive events), Hall lets, Museums (rent from filming), Bank Interest & NHS vaccination centre income.
Management Fee	(£14.985)	(£14.985)	£0.000	None
Net Expenditure	£0.000	(£0.745)	£0.745	



Report

Report to:	Board of Trustees
Date of Meeting:	29 May 2025
Report by:	Ross McKie, Head of Corporate Services

Subject:	Revenue Budget 2025/26
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1. Background

1.1. The purpose of the report is to:

- ◆ Provide the Board with an update on the base revenue budget for 2025/26.

2. Recommendations

2.1. The Board is asked to approve the following recommendation:

- (1) That the content of the report be noted.

3. Background

3.1. Similar to the previous financial year, there are some particularly significant items relating to the budgetary requirements for South Lanarkshire Leisure and Culture (SLLC) that are noted below:

- ◆ Full funding for the 2024/25 pay award has now been incorporated into the budget.
- ◆ SLLC continue to be responsible for funding the annual pay award. The exact figure for this year has yet to be determined and is dependent upon Trade Union and COSLA agreement.

3.2. The proposed recommendations to address the overall 2025/26 budget gap were approved at the 5 March 2025 Board meeting. This was based on the budget modelling completed as part of the development of the 3-year financial business plan.

3.3. The amount required to cover general inflation of £0.161m was not allocated to the base budget for the start of financial year 2025/26, with the requirement or not to utilise reserves for this element being reviewed as the financial year progresses. This left the remaining budget gap to be addressed of £0.983m with the individual items detailed as below:

Table 1 - Summary of Budget Gap and Savings Proposals

Base Budget Gap	£(m)
Employee costs including provision for pay award and rise in national insurance contributions	£1.469m
Increase in budgets for key service renewals	£0.050m
Base income increase assumption (3% as approved by the Board in November 2024)	(£0.536m)
South Lanarkshire Council (SLC) budget decision – changes to the Management Fee for 2025/26	£0.000m
General Inflation of non-pay related costs (2%)	£0.161m

SLLC Budget Gap (including non-pay cost inflation)	£1.144m
SLLC Budget Gap (excluding non-pay cost inflation)	£0.983m
How the budget gap was met -	£(m)
Increased Income Generation	£0.373m
General Efficiencies	£0.127m
Transformational Change	£0.146m
Use of reserves to fund remaining pay award provision and rise in national insurance costs.	£0.337m
Total Proposals	£0.983m

4. **Base Revenue Budget for 2025/26**

- 4.1. The SLLC Finance Team have now modelled through the approved proposals and business plan position, with the final 2025/26 revenue budget figures detailed in Table 2 below:

Table 2 - 2025/26 Base Revenue Budget (High Level)

	Proposed Trust Budget (£m)	Proposed Trade Budget (£m)	Total Budget (£m)
Employee Costs	25.980	0.000	25.980
Other Costs	8.708	0.715	9.423
Total Expenditure	34.688	0.715	35.403
Earned income	(18.842)	(1.239)	(20.081)
SLC Management Fee	(14.985)	0.000	(14.985)
Contributions to (from) reserves	(0.337)	0.000	(0.337)
Shortfall/(Surplus)	0.524	(0.524)	0.000

- 4.2. A more detailed breakdown of the budget is provided in Appendix 1.
- 4.3. Should the financial position for 2025/26 be better than anticipated, options will be explored to utilise any better than expected position to support staffing levels in facilities, providing the greatest impact on alleviating operational pressures and sustaining income generation.
- 4.4. There are a number of risk items that are identified within the budget:
- ♦ **Employee Costs** - The 2025/26 pay award has yet to be determined which presents an unquantifiable risk. To mitigate this risk some provision has been made within the budget, however it may require to be revised following any pay award agreement with SLC aware of this.
 - ♦ **Utility Costs** – Although not contained within the budget, the actual value of utilities costs could require further funding, should these prove to be higher than the estimated transfer value to SLC. Early indications are however that there should be an underspend relative to the funding transferred to SLC and this will be confirmed as the financial year progresses.
 - ♦ **Income** – Although steps have been taken to more accurately predict income levels based on baseline performance and proposed increases, there continues to be an ongoing risk that income levels do not materialise as expected due to commercial competition and cost of living pressures on household budgets. There is also the potential impact on income as a result of planned closures while transformational works are completed at sites.
 - ♦ **Use of Reserves** – As highlighted, there may be the requirement to utilise reserves further should operating costs be higher than set budget levels. This will be reviewed as the financial year progresses.

5. Next Steps

- 5.1. Monthly monitoring and targeted forecasting will be undertaken to allow early intervention as required and SLLC officers will continue to liaise closely with SLC.
- 5.2. The SLLC financial business plan approved at the 5 March 2025 Board meeting, will be updated based on the latest financial assumptions and will help inform the development of proposals for the 2026/27 Revenue Budget. It is proposed that will be presented at the September Board meeting including any revisions or updates required to the SLLC reserves policy.

6. Employee Implications

- 6.1. There are no employee implications arising from this report.

7. Financial Implications

- 7.1. The report highlights the risk of SLLC ending the 2025/26 year with a funding gap and the requirement to closely monitor the position throughout the year, highlighting any issues timeously to SLC to allow for discussion to take place where required.

8. Other Implications

- 8.1. There are no other implications in terms of risk and sustainability.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. There is no requirement to carry out an impact assessment or consultation in terms of the proposals contained within this report.

Ross McKie
Head of Corporate Services

29 May 2025

Links to SLLC Objectives

- ◆ Organisational Sustainability
- ◆ Health and Wellbeing
- ◆ Connected and Engaged
- ◆ Equality and Inclusion

Previous References

- ◆ None

List of Background Papers

- ◆ None

Contact for Further Information

If you would like to inspect the background papers, if any, or want further information, please contact:

Ross McKie, Head of Corporate Services

Ext: 8454320 (Tel: 01698 454320)

E-mail: ross.mckie@southlanarkshireleisure.co.uk

Appendix 1

Final 25/26 Budget Proposal

Subjective Summary

	Proposed Trust Budget (£m)	Proposed Trade Budget (£m)	Total Budget (£m)
Employee Costs	25.980	0.000	25.980
Property Costs	2.990	0.000	2.990
Supplies and Services	2.727	0.712	3.439
Transport Costs	0.126	0.000	0.126
Administrative Costs	1.562	0.000	1.562
Payments to other bodies	0.240	0.000	0.240
Payments to other contractors	0.676	0.003	0.679
Financing charges	0.388	0.000	0.388
Income	(18.842)	(1.239)	(20.081)
SLC management fee	(14.985)	0.000	(14.985)
Contributions to (from) reserves	(0.337)	0.000	(0.337)
Shortfall/(Surplus)	0.524	(0.524)	0.000

Objective (Service) Summary

	Proposed Trust Budget (£m)	Proposed Trade Budget (£m)	Total Budget (£m)
Outdoor Recreation	(0.050)	(0.020)	(0.070)
Museums	0.426	0.000	0.426
Libraries	2.999	(0.001)	2.999
Sport and Physical Activity	2.799	(0.041)	2.758
ACE	0.004	0.000	0.004
Halls	1.929	(0.001)	1.929
Culture Venues	2.016	(0.441)	1.575
Support	5.723	(0.020)	5.702
SLC management fee	(14.985)	0.000	(14.985)
Contributions to (from) reserves	(0.337)	0.000	(0.337)
Shortfall/(Surplus)	0.524	(0.524)	0.000



Report

Report to:	Board of Trustees
Date of Meeting:	29 May 2025
Report by:	Ross McKie, Head of Corporate Services

Subject:	SLLC Employee Survey Findings and Action Plan
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1. Background

1.1. The purpose of the report is to:

- ◆ Provide the Board with an overview of the SLLC Employee Survey findings and related action plan that has been developed in conjunction with Employees.

2. Recommendation

2.1. The Board is asked to approve the following recommendation:

- (1) That the content of the report be noted.

3. Background

3.1. During November, a full survey of SLLC permanent, temporary and fixed-term workforce took place with a total of 217 taking part, equating to a response rate of approximately 21% of the workforce.

3.2. The survey itself covered three different sections including:

- ◆ A general survey of employee views.
- ◆ A section dedicated to identifying how employees wish to be communicated with regarding organisational updates/news.
- ◆ The identification of employee values in terms of what attracted our employees to SLLC, what keeps our employees working with SLLC, and how these are important going forward.

3.3. Following a comprehensive review by the Leadership Team and Extended Management Team during January and February, the summary findings were made available to all employees. Managers in conjunction with their teams co-developed the actions they felt were required to be addressed at a team, service and organisation.

3.4. The findings of the communication section of the survey have also been reviewed by the communication and engagement working group with the aim of implementing changes to our ongoing communication with employees based on their views and preferences.

4. Employee Survey Findings

- 4.1. Table 1 below provides a summary of the response rate by service area:

Table 1 – Employee Survey Response by Service

Area	Response Rate
Country Parks and Outdoor	17%
Leadership Team	60%
Admin and IT	60%
Cultural Venues	20%
Finance	14%
Golf	9%
Halls	13%
HR	30%
Libraries	38%
Marketing/Membership/Development/H&S (HQ)	100%
Museums	25%
Sports and Leisure Sites	17%
Grand Total	21%

Due to the timescales since the last employee survey which took place in 2013 a lower response rate was anticipated, and having now completed the cycle, engaging with employees in co-designing action plans, it is hoped that this encourages more employees to complete the survey in future years.

- 4.2. The overall results of the survey are detailed in Appendix 1, with information on equalities characteristic data contained within Appendix 2.

Table 2 below provides an overview of the main takeaways from the survey as identified through analysis.

Table 2 – Employee Survey Findings

Strengths	Areas for Improvement
Overall (I am satisfied working at SLLC) is positive, although it is recognised this was a 'somewhat agree' response	More opportunities for progression
Good awareness of Strategic Vision, Mission and Values	Consistency of performance appraisals taking place
Value placed by employees in their Teams/Team Working	Improved communication regarding updates across the organisation
Employees feel engaged at their work	Employees feel there has to be more visibility / communication from senior leadership and management
Clear preference towards monthly email/newsletter as communication method for employees	Increase employee engagement levels with the survey
Strong correlation between what attracted employee to SLLC and what keeps them here	Employees feel management processes and practices need to change – seeing this from new structure
82 employees took time to give detailed responses in "other feedback" section.	Survey highlighted a very small number of alleged instances of employees not being managed in a manner consistent with SLLC policies and procedures.

- 4.3. In relation to the employees who took the opportunity to provide other feedback, a thematic review of the comments highlighted the top three areas for improvement were:

- ◆ Improving communication in the organisation
- ◆ Employee resources and/or training
- ◆ Administrative/Operational processes

The survey results and action plan have been shared with the Trade Unions and any feedback received will be considered when developing future surveys.

- 4.4. The overall action plan outlines the positive actions that can be taken forward and is detailed in Appendix 3.

5. Next Steps

- 5.1. The action plan will now be implemented with progress tracked throughout the year with further feedback being sought from employees on the perceived impact of the changes.
- 5.2. A survey of the casual workforce will also be developed for circulation in the coming months with the findings also reviewed and subsequent plans developed to consider any actions identified from their feedback.

6. Employee Implications

- 6.1. The employee implications are as detailed within the report.

7. Financial Implications

- 7.1. There are no anticipated financial implications as a result of this report.

8. Other Implications

- 8.1. There are no other implications in terms of risk and sustainability.

9. Equality Impact Assessment and Consultation Arrangements

- 9.1. There is no requirement to carry out an impact assessment or consultation in terms of the proposals contained within this report.

Ross McKie
Head of Corporate Services

29 May 2025

Links to SLLC Objectives

- ◆ Organisational Sustainability
- ◆ Health and Wellbeing
- ◆ Connected and Engaged
- ◆ Equality and Inclusion

Previous References

- ◆ None

List of Background Papers

- ◆ None

Contact for Further Information

If you would like to inspect the background papers, if any, or want further information, please contact:

Ross McKie, Head of Corporate Services

Ext: 8454320 (Tel: 01698 454320)

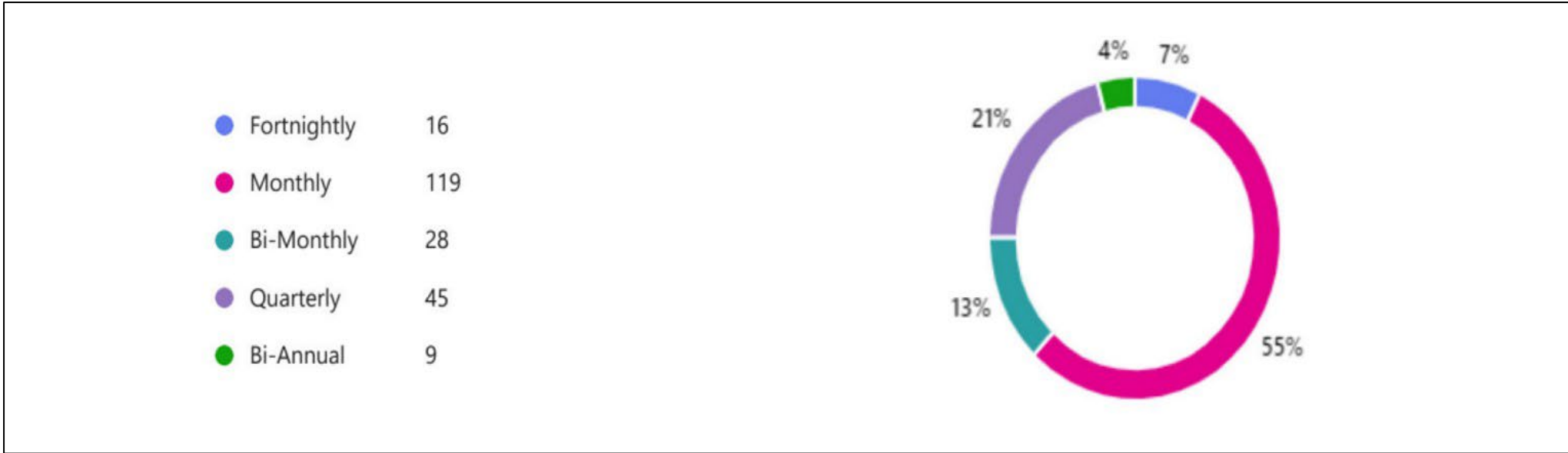
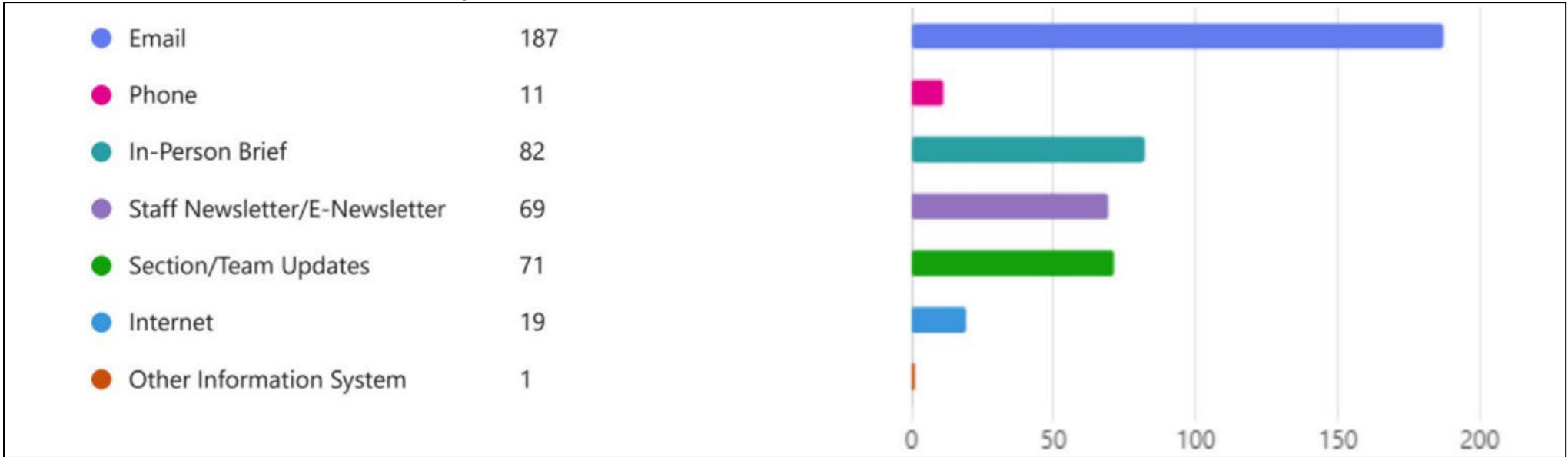
E-mail: ross.mckie@southlanarkshireleisure.co.uk

Appendix 1

General Employee Survey – Overall Results

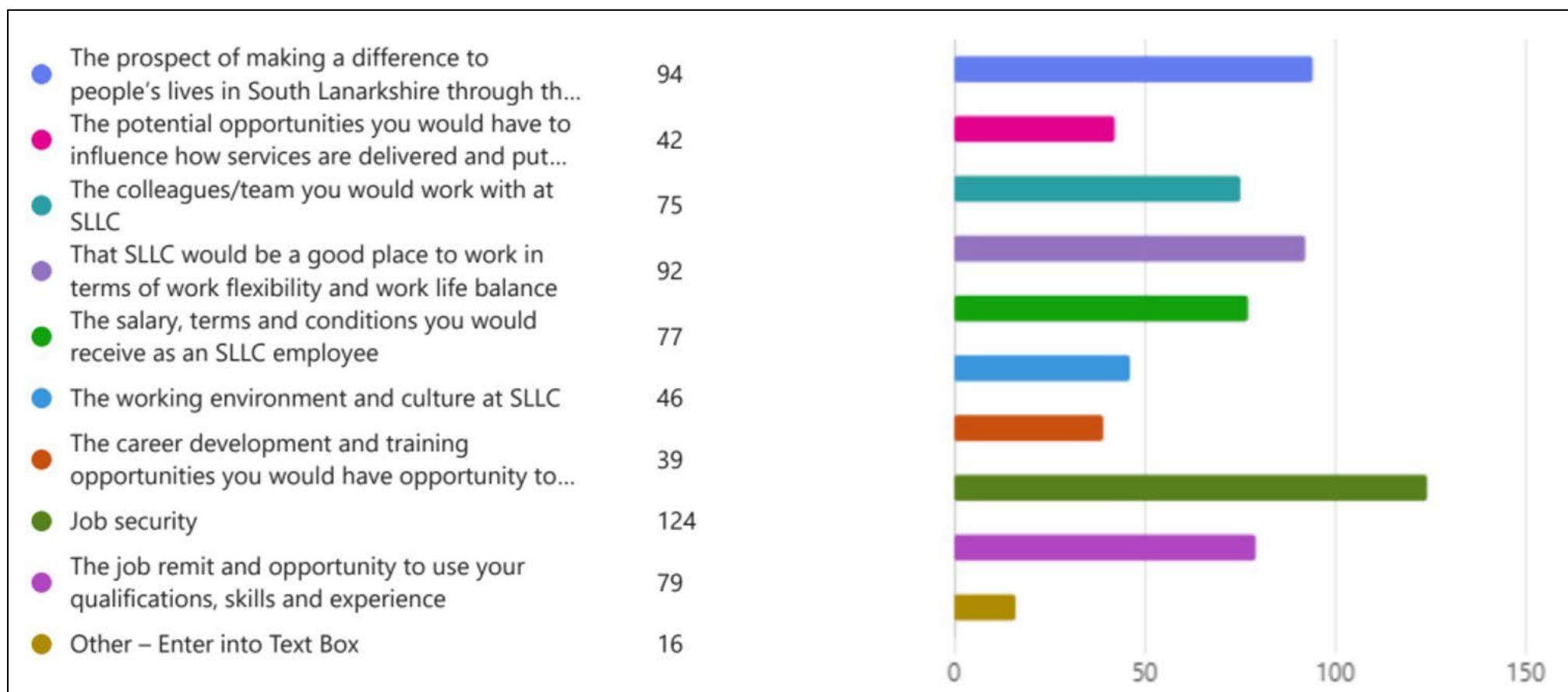
Theme	Questions	Average Response	% Positive
Overall	I am satisfied working for SLLC	Somewhat Agree	56%
Employee Engagement	I find my work to be engaging.	Somewhat Agree	69%
Employee Engagement	My immediate co-workers are committed to the success of the organisation.	Somewhat Agree	67%
Employee Engagement	I would recommend SLLC as a great place to work.	Somewhat Agree	59%
Career Growth and Development	I have opportunities for advancement or promotion at SLLC.	Somewhat Disagree	35%
Career Growth and Development	My line manager, through performance appraisal and/or other means, regularly discusses my job performance.	Somewhat Disagree	49%
Career Growth and Development	I am often involved in decisions affecting my work.	Somewhat Agree	54%
Career Growth and Development	I have a lot of control over my work.	Somewhat Agree	61%
Communication and Resources	I am kept well informed about what is happening in SLLC.	Somewhat Disagree	47%
Communication and Resources	I have the materials and equipment that I need for my job.	Somewhat Agree	61%
Communication and Resources	I have the information I need for my job.	Somewhat Agree	64%
Communication and Resources	I think my opinions count at work.	Somewhat Disagree	53%
Communication and Resources	When SLLC makes changes as an organisation, I understand why.	Somewhat Disagree	49%
Individual Needs	I regularly receive recognition or praise for good work.	Somewhat Agree	56%
Individual Needs	My job gives me the flexibility to meet the needs of my personal life.	Somewhat Agree	67%
Individual Needs	My line manager cares about me as a person.	Somewhat Agree	68%
Individual Needs	My line manager cares about my development.	Somewhat Agree	64%
Team Dynamics	I believe that SLLC as an organisation will look after my best interests.	Somewhat Disagree	46%
Team Dynamics	Key work objectives are clear to everyone on my team.	Somewhat Agree	63%
Team Dynamics	I am comfortable giving my views and opinions at team meetings.	Somewhat Agree	75%
Team Dynamics	I believe that my team works well together.	Somewhat Agree	73%
Future Strategy and Outlook	I understand what SLLCs vision, mission and values are.	Somewhat Agree	72%
Future Strategy and Outlook	I know how I contribute to achieving SLLCs vision, mission and values.	Somewhat Agree	73%
Future Strategy and Outlook	I have seen and understand SLLCs four strategic objectives.	Somewhat Agree	70%
Diversity and Inclusion	I trust SLLC to be fair to all employees.	Somewhat Agree	59%
Diversity and Inclusion	I work in an environment where my values, culture and personal ambitions are both respected and supported.	Somewhat Agree	64%
Diversity and Inclusion	I feel like I belong here.	Somewhat Agree	61%
Overall	Average Response to Questions	Somewhat Agree	60%

Appendix 1 (cont.)
 Communication Preferences and Frequency



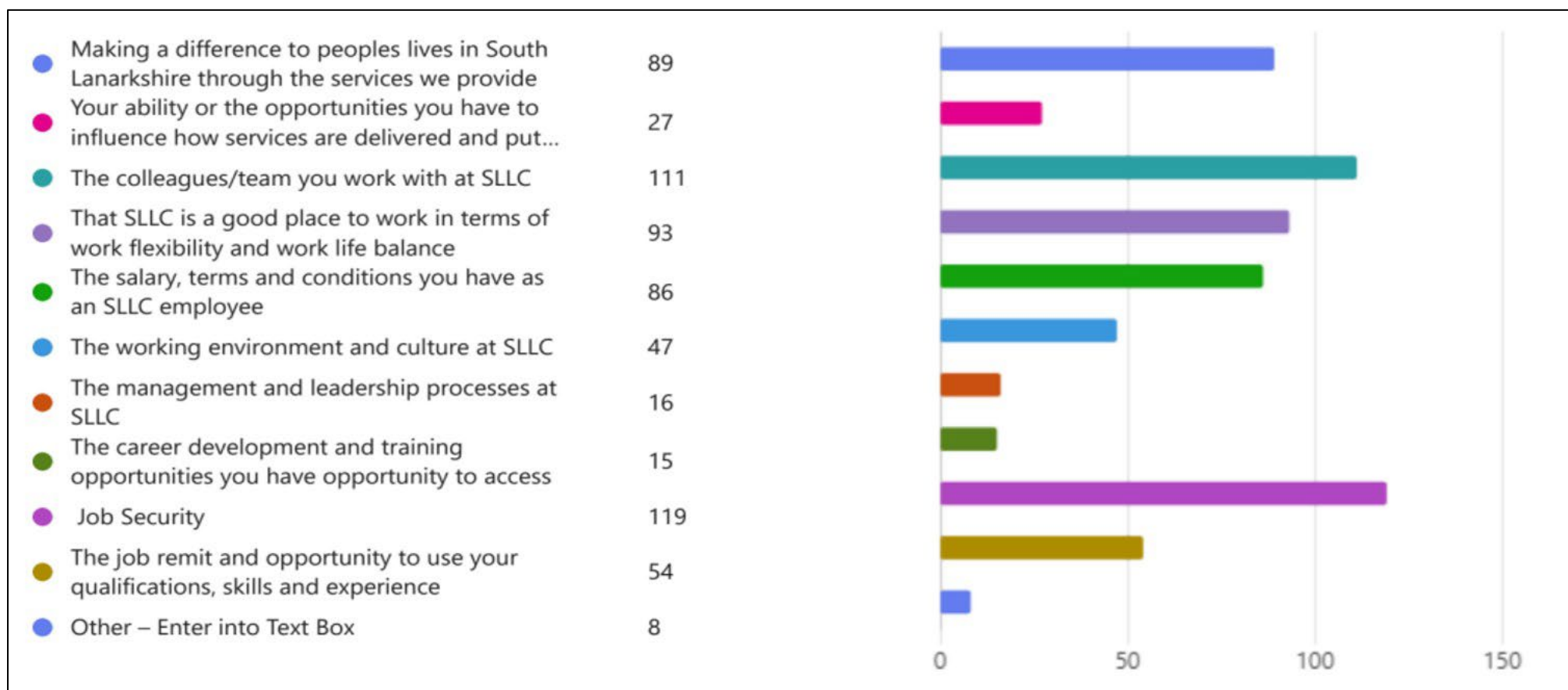
Appendix 1 (cont.)

Employee Values (What attracted you to work for SLLC)



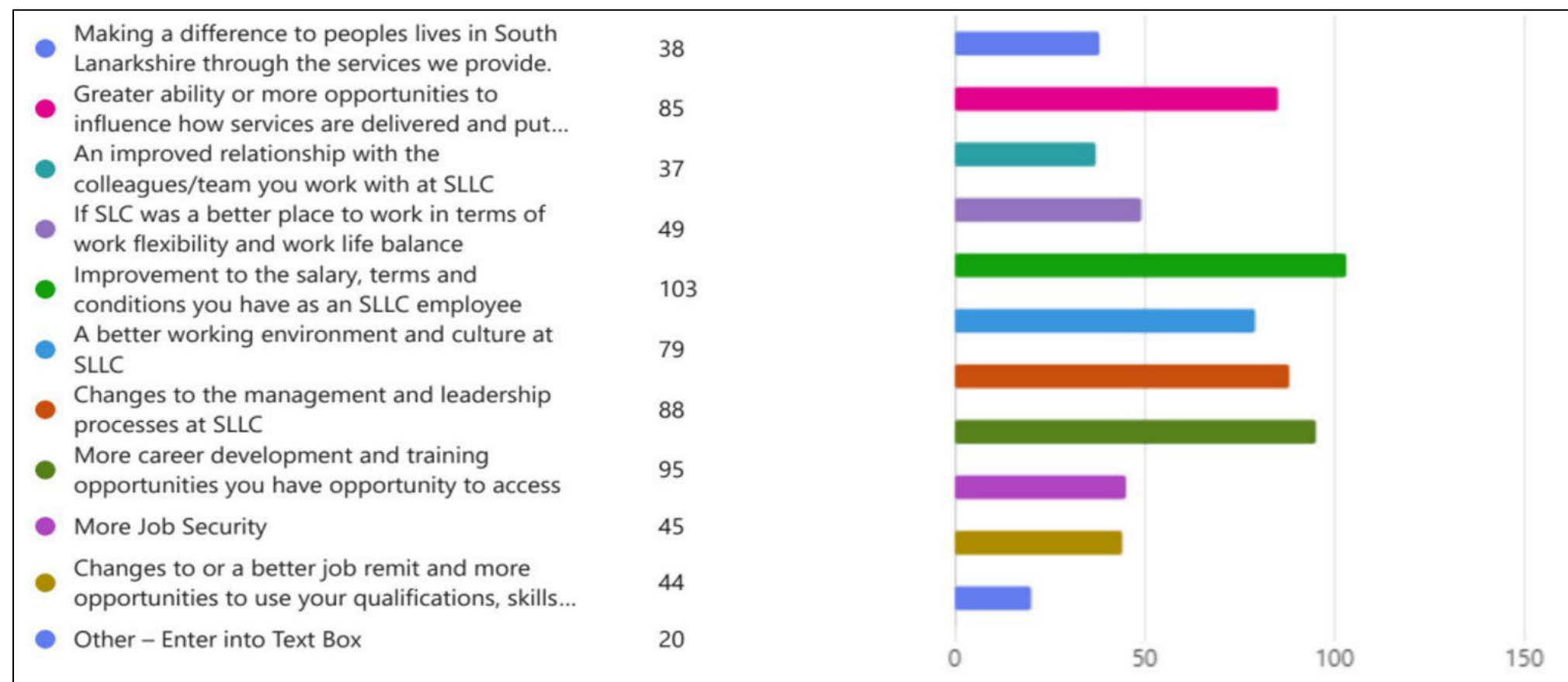
Appendix 1 (cont.)

Employee Values (What keeps you working at SLLC)



Appendix 1 (cont.)

Employee Values (What would improve your experience)



Appendix 2

Employee Equalities Characteristics (Based on overall Metric - I am satisfied working for SLLC)

Overall Summary

- Age - Higher satisfaction among younger SLLC employees, lower satisfaction in middle age, then raising again in the higher age groups.
- Gender – Higher levels of females reporting satisfaction working at SLLC than males.
- Caring Responsibilities – Higher levels of satisfaction reported for those with caring (other), no caring responsibilities. Lower for with those with childcare responsibilities.
- Religion – Higher levels of satisfaction reported for those with religious beliefs than those who have no religious beliefs.
- No strong variation compared to overall results for disability, nationality, orientation or ethnic background.

Characteristic - Age Group	Prefer not to say	16 - 24 years	25 - 34 years	35 - 44 years	45 - 54 years	55 - 64 years	65 years or over	Total
Strongly Agree	100.00%	0.00%	16.67%	7.69%	10.81%	17.50%	0.00%	12.33%
Agree	0.00%	66.67%	33.33%	20.51%	21.62%	32.50%	0.00%	26.71%
Somewhat Agree	0.00%	33.33%	16.67%	28.21%	24.32%	10.00%	20.00%	20.55%
Somewhat Disagree	0.00%	0.00%	33.33%	10.26%	27.03%	27.50%	60.00%	23.29%
Disagree	0.00%	0.00%	0.00%	25.64%	13.51%	7.50%	20.00%	13.01%
Strongly Disagree	0.00%	0.00%	0.00%	7.69%	2.70%	5.00%	0.00%	4.11%
% of Responses	0.68%	4.11%	12.33%	26.71%	25.34%	27.40%	3.42%	100.00%

Characteristic - Gender	Prefer not to say	Female	Male	Total
Strongly Agree	0.00%	16.13%	6.12%	12.33%
Agree	25.00%	29.03%	22.45%	26.71%
Somewhat Agree	25.00%	12.90%	34.69%	20.55%
Somewhat Disagree	0.00%	25.81%	20.41%	23.29%
Disagree	50.00%	10.75%	14.29%	13.01%
Strongly Disagree	0.00%	5.38%	2.04%	4.11%
% of Responses	2.74%	63.70%	33.56%	100.00%

Appendix 2 (cont.)

Employee Equalities Characteristics (Based on overall Metric - I am satisfied working for SLLC)

Characteristic - Caring Responsibilities	Prefer not to say	No caring responsibilities	Yes, (other)	Yes, childcare (under 18)	Total
Strongly Agree	0.00%	9.59%	22.22%	11.11%	12.33%
Agree	0.00%	26.03%	40.74%	20.00%	26.71%
Somewhat Agree	0.00%	19.18%	14.81%	26.67%	20.55%
Somewhat Disagree	0.00%	31.51%	11.11%	17.78%	23.29%
Disagree	100.00%	8.22%	7.41%	22.22%	13.01%
Strongly Disagree	0.00%	5.48%	3.70%	2.22%	4.11%
% of Responses	0.68%	50.00%	18.49%	30.82%	100.00%

Characteristic - Orientation	Prefer not to say	Bisexual	Gay	Lesbian	Other	Heterosexual (Straight)	Total
Strongly Agree	0.00%	0.00%	0.00%	50.00%	0.00%	13.18%	12.33%
Agree	37.50%	100.00%	0.00%	0.00%	50.00%	25.58%	26.71%
Somewhat Agree	0.00%	0.00%	33.33%	0.00%	0.00%	22.48%	20.55%
Somewhat Disagree	37.50%	0.00%	33.33%	0.00%	0.00%	23.26%	23.29%
Disagree	25.00%	0.00%	0.00%	50.00%	50.00%	11.63%	13.01%
Strongly Disagree	0.00%	0.00%	33.33%	0.00%	0.00%	3.88%	4.11%
% of Responses	5.48%	1.37%	2.05%	1.37%	1.37%	88.36%	100.00%

Characteristic - Ethnic Background	Prefer not to say	White	Total
Strongly Agree	0.00%	12.50%	12.33%
Agree	0.00%	27.08%	26.71%
Somewhat Agree	0.00%	20.83%	20.55%
Somewhat Disagree	50.00%	22.92%	23.29%
Disagree	50.00%	12.50%	13.01%
Strongly Disagree	0.00%	4.17%	4.11%
% of Responses	1.37%	98.63%	100.00%

Appendix 2 (cont.)

Employee Equalities Characteristics (Based on overall Metric - I am satisfied working for SLLC)

Characteristic - National Identity	Prefer not to say	English	Other	British	Scottish	Total
Strongly Agree	0.00%	0.00%	0.00%	9.52%	13.45%	12.33%
Agree	0.00%	100.00%	50.00%	28.57%	25.21%	26.71%
Somewhat Agree	0.00%	0.00%	0.00%	23.81%	21.01%	20.55%
Somewhat Disagree	0.00%	0.00%	50.00%	19.05%	23.53%	23.29%
Disagree	100.00%	0.00%	0.00%	19.05%	11.76%	13.01%
Strongly Disagree	0.00%	0.00%	0.00%	0.00%	5.04%	4.11%
% of Responses	0.68%	0.68%	2.74%	14.38%	81.51%	100.00%

Characteristic - Religion	Prefer not to say	Buddhist	Church of Scotland	None	Other religion or belief	Roman Catholic	Total
Strongly Agree	11.11%	0.00%	25.81%	9.21%	20.00%	4.35%	12.33%
Agree	44.44%	100.00%	32.26%	22.37%	20.00%	26.09%	26.71%
Somewhat Agree	0.00%	0.00%	6.45%	30.26%	0.00%	21.74%	20.55%
Somewhat Disagree	33.33%	0.00%	25.81%	19.74%	40.00%	26.09%	23.29%
Disagree	11.11%	0.00%	9.68%	11.84%	20.00%	17.39%	13.01%
Strongly Disagree	0.00%	0.00%	0.00%	6.58%	0.00%	4.35%	4.11%
% of Responses	6.16%	0.68%	21.23%	52.05%	3.42%	15.75%	100.00%

Characteristic - Disability	Prefer not to say	No	Yes	Total
Strongly Agree	14.29%	14.05%	0.00%	12.33%
Agree	42.86%	26.45%	22.22%	26.71%
Somewhat Agree	0.00%	20.66%	27.78%	20.55%
Somewhat Disagree	28.57%	22.31%	27.78%	23.29%
Disagree	14.29%	13.22%	11.11%	13.01%
Strongly Disagree	0.00%	3.31%	11.11%	4.11%
% of Responses	4.79%	82.88%	12.33%	100.00%

Appendix 3 Action Plan

Action	Specific Activity
Completion of Performance Appraisals across the organisation	Remind managers of the importance of appraisal scheme and aim towards 100% of appraisals being completed via Fusion system Tracking with results reported as part of management team meetings and SLLC's strategic action plan.
Development of Regular employee Communications	Launch of new regular employee communications approach based on survey results which highlighted email as more preferred communication and mix of other methods.
Develop more opportunities and access to training	SLLC training plan to be developed that will consider mentoring, guidance for managers and further support for new systems. This will be considered for inclusion in regular employee communication or a separate communication to teams and/or employees.
Ensure employees are managed in manner consistent with SLLC policies and procedures.	Reminder email will be issued to all managers on the relevant policies and procedures, including the dignity at work policy.
Develop electronic reporting form to enable Employee to raise suggestions / concerns	A new e-form will be developed that can be accessed by all employees. employee will have the option to provide their name or just the location / service they work in in order to maintain their confidentiality. Once launched this will be reviewed on regular basis by Extended Management Team and Leadership Team.
Promote awareness of internal and external job opportunities across SLLC	Highlight available opportunities including description with appropriate links to My Job Scotland and Fusion Marketplace (Internal Recruitment Portal). This will be considered for inclusion in regular employee communication or a separate communication to employee.
Relaunch of Employee Recognition Scheme	Development of a revised framework and mechanism for Employee or Team Recognition. This will be considered for inclusion in regular employee communication or a separate communication to employee.
Cascade Meetings - Manager above Reporting Manager attending team meetings quarterly	Develop timetable.
Provide further opportunities for Employees to shape future employee surveys	A new e-form will be developed that can be accessed by all employees.



Report

Report to:	Board of Trustees
Date of Meeting:	29 May 2025
Report by:	Nick Lansdell, Head of Strategy and Governance

Subject:	Health and Safety Policy – Update
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1. Purpose of Report

1.1. The purpose of the report is to:

- ◆ Present the revised South Lanarkshire Leisure and Culture (SLLC) Health and Safety Policy.

2. Recommendation(s)

2.1. The Board is asked to approve the following recommendation:

- (1) That the revised SLLC Health and Safety Policy be approved.

3. Background

3.1. A review of the SLLC Health and Safety Policy has taken place which brings the policies up to date in line with the new Committee structure whereby health and safety matters are considered at the Performance Finance and Audit (PFA) Committee prior to being presented to the Board.

3.2. The update also reflects the change of the nominated Trustees health and safety representative following the Board meeting of 13 November 2024.

3.3. The Policy was presented to the PFA Committee at its meeting of 6 February 2025. Following feedback, the Policy was updated to include additional governance information and the inclusion of the role of Trade Unions in health and safety. The Policy was subsequently present at the Joint Consultative Committee (JCC) meeting of the Trade Unions on 24 April 2025. The Policy was then re-presented to the PFA Committee at its meeting on 1 May 2025 where it was agreed for presenting for Board approval at the May Board meeting.

4. SLLC Health and Safety Policy

4.1. The updated Policy is attached in Appendix 1 of the report.

5. Next Steps

5.1. Following the approval and publication of the Policy, this will be rolled out to staff and partners.

5.2. The Policy will be monitored and reviewed in line with our current procedures.

6. Employee Implications

6.1. There are no employee implications arising from this report.

7. Financial Implications

7.1. There are no financial implications arising from this report.

8. Other Implications

8.1. There are no other implications in terms of risk and sustainability.

9. Equality Impact Assessment and Consultation Arrangements

9.1. There is no requirement to carry out an impact assessment or consultation in terms of the proposals contained within this report.

Nick Lansdell

Head of Strategy and Governance

29 May 2025

Links to SLLC Objectives

- ◆ Organisational Sustainability
- ◆ Health and Wellbeing
- ◆ Connected and Engaged
- ◆ Equality and Inclusion

Previous References

- ◆ None

List of Background Papers

- ◆ None

Contact for Further Information

If you would like to inspect the background papers, if any, or want further information, please contact:

Nick Lansdell, Head of Strategy and Governance

Ext: 8454319 (Tel: 01698 454319)

E-mail: nick.lansdell@southlanarkshireleisure.co.uk



South Lanarkshire Leisure and Culture SCIO

Health and Safety Policy

May 2025

Issue: 11

South Lanarkshire Leisure and Culture SCIO

Health and Safety Policy Statement

South Lanarkshire Leisure and Culture SCIO ("SLLC") is committed to developing and maintaining the highest possible standards of health and safety. This is important to ensure the safety of staff, customers and anyone else that may be affected by SLLC activities.

It is the policy of South Lanarkshire Leisure and Culture SCIO to comply with both the letter and spirit of the Health & Safety at Work etc. Act 1974 and all other relevant legislation, and to regard the provisions of this legislation as minimum requirements.

The policy recognises that the Board of SLLC has a corporate responsibility to ensure effective health and safety management.

The policy acts to ensure that all reasonably foreseeable risks have been identified and controlled in so far as is reasonably practicable.

The policy also seeks to ensure that all staff are appropriately consulted with, on issues of health and safety.

Employees of SLLC have a right to work in safe and healthy conditions.

These conditions will be created and maintained by:

- The preparation of, and the adherence to, this health and safety policy.
- The Trustees of SLLC fully appreciating that responsibility for health and safety is an integral function of effective day to day management.
- The Trustees recognising the benefits of a fit and healthy workforce.
- Ensuring provision of adequate health and safety information, instruction and training to all employees, ensuring awareness of staff of the need to discharge their own health and safety responsibilities.

We believe that it is important for all personnel, whatever their position, to accept their personal responsibilities as detailed in this policy. We seek active co-operation between the Trustees of SLLC, management and employees to promote a safe and healthy environment.

Customer safety is integral to our philosophy. SLLC will ensure that there are effective systems in place to ensure the health and safety of all customers.

Finally, we undertake to review and revise this policy as often as is required by changing legislation. All changes will be brought to the attention of all employees.

Signed

Date 29 May 2025

Print Name Kay Morrison

Chief Executive

Signed

Date 29 May 2025

Print Name Dr Avril Osborne

Chair of SLLC Board

Introduction

This document lays down our aims and objectives in the important area of health and safety. It sets out, in broad terms, how to implement these aims and objectives.

All employees must co-operate with this endeavour.

The Policy statement will be communicated to all employees. It incorporates our general approach towards compliance with all UK and European Community based Health and Safety legislation [including the Management of Health and Safety at Work Regulations 1999 (as amended)].

Aims of the policy

1. To conduct all undertakings as to avoid any unnecessary risk or harm and maintain an acceptable level of health and safety of all of our employees.
2. This will also include any foreseeable risks to users of our services, all members of the general public who use our facilities and all others who work on or visit our premises.
3. To create and maintain a positive health and safety culture within all areas of our organisation, so that there is a continuous, cost effective, improvement in our health and safety performance.

These aims will be pursued regardless of whether the particular services, which form part of SLLC's undertakings, are performed by our employees, or by outside contractors acting for us.

These aims will be borne in mind in all policy and operational decisions made by SLLC, especially in relation to the adequate provision of resources.

Objectives of the Policy

SLLC expects and requires every area of service to work towards achieving the following objectives, in relation to health and safety.

1. To comply always with the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 (as amended).
2. Adopt and comply with all other current, relevant statutory provisions, including Health and Safety Executive codes of practice and guidance and relevant fire safety legislation.
3. To effectively identify all significant hazards arising from our activities. Any incident or occurrences out with this remit will be identified & rectified as appropriate.
4. To assess all the resultant risks to health and safety of our employees, customers and other people.
5. To develop the appropriate preventative and protective measures necessary to control these risks.
6. To effectively plan, do, check and act on preventative and protective measures.
7. To establish, and where necessary implement, appropriate emergency procedures to be followed in situations of serious and imminent danger. In this respect to co-operate and co-ordinate with the emergency services.
8. To provide and maintain suitable and safe vehicles, plant, equipment and systems of work.

9. To provide employees with adequate health and safety training, supervision, instruction and to take account of employees' capabilities as regards health and safety matters when assigning tasks to them.
10. To provide employees with comprehensible information on health and safety risks identified by assessments and on the preventative and protective measures necessary to control these risks.
11. To avoid safety, health and fire risks in connection with the use, handling and storage of articles and substances.
12. To provide a safe place of work and a healthy working environment.
13. Where appropriate, on health and safety grounds, ensure that employees are not only provided with suitable personal protective clothing or equipment but also make full and appropriate use of this equipment, where required. Also, to make adequate arrangements for the storage and maintenance of such personal protective clothing and equipment.
14. Where beneficial to the prevention of work-related illnesses or ill health conditions, to provide employees with appropriate health surveillance and occupational health.

Signed

Date 29 May 2025

Print Name Kay Morrison

Chief Executive

Signed

Date 29 May 2025

Print Name Avril Osborne

Chair of SLLC Board

Section Two

Organisational Responsibilities

2.1 Board Members

- 2.1.1 The Board accepts their corporate role in providing health and safety leadership within SLLC.
- 2.1.2 Each member of the Board accepts their individual role in providing health and safety leadership.
- 2.1.3 All Board decisions will reflect our commitment to achieving the objectives set out in this Health and Safety Policy statement and all Trustees have a responsibility to ensure that health and safety is not overlooked when Board decisions are taken.
- 2.1.4 The Board will seek to engage the active participation of employees in improving health and safety.
- 2.1.5 A Trustee of the Board (Mr Neil Brown) is nominated as the Health and Safety Trustee who will liaise with the Health and Safety Manager and oversee the implementation of the Health and Safety Policy. The role of this Trustee is non-executive. The understanding is that the Trustee will provide scrutiny and assurance to the Performance, Finance and Audit Committee.
- 2.1.6 Annual scrutiny, in terms of compliance with this policy, initiated in the Performance, Finance and Audit Committee, and take cognisance of the corporate and individual nature of the policy. This process of assurance will subsequently be duly reported to the Board on an annual basis

2.2 Chief Executive

- 2.2.1 Shall ensure that there is an effective policy for health and safety within the organisation.
- 2.2.2 Shall ensure that the relevant risks are assessed and will make available sufficient resources to allow for the appropriate control of these risks.
- 2.2.3 Shall ensure the implementation of the policy and fully support all persons who carry out that policy.
- 2.2.4 Shall have the responsibility of discharging SLLCs duty, under Section 2(3) of the Act of bringing the General Statement of Health and Safety Policy and the Organisation and Arrangements for the carrying out of that policy to the notice of the employees.
- 2.2.5 Shall ensure that the Health and Safety Policy of SLLC is understood at all levels.
- 2.2.6 Shall co-operate fully in the training of the Health and Safety Manager and arrange for consultation on health and safety matters as appropriate.
- 2.2.7 Shall include health and safety performance information in the annual report.
- 2.2.8 Shall ensure that adequate communication channels are maintained to provide information concerning health and safety.

2.3 Health and Safety Manager

- 2.3.1 To co-ordinate the implementation of health and safety requirements in conjunction with departmental heads and managers.
- 2.3.2 To provide advice and guidance on health and safety requirements within their level of competence.
- 2.3.3 To advise all levels of management and appropriate employees on matters of health and safety.
- 2.3.4 Shall be consulted on health and safety implications of all specifications and contract documents.
- 2.3.5 Shall be consulted at the planning and subsequent stages of the construction of new property and the revitalisation, adaptation or extension of property.
- 2.3.6 Shall investigate serious accidents, dangerous occurrences and similar incidents and prepare reports for submission to the Board, the Chief Executive and the enforcing authority, as necessary, and make recommendations to prevent recurrence.
- 2.3.7 To seek advice, as necessary, from fully qualified external Health and Safety Advisor(s) on behalf of SLLC.
- 2.3.8 Shall advise the appointed Trustee to the Board of SLLC (Mr Neil Brown) on compliance with this policy, in advance of reporting to Performance, Finance and Audit and to the Board

2.4 Health & Safety Team

- 2.4.1 Shall advise on necessary personal protective equipment.
- 2.4.2 Shall ensure that the managers have undertaken suitable and sufficient risk assessments and implemented any relevant safe systems of work.
- 2.4.3 Shall recommend appropriate training of employees and assist with its implementation.
- 2.4.4 Shall advise on the display of material and publicity regarding health and safety.
- 2.4.5 Shall monitor both employees and contractors in compliance with this policy and within current legislation.

2.5 External Health and Safety Advisors

- 2.5.1 To provide updates and guidance on legislation and sound practice in health and safety management.
- 2.5.2 To provide verbal, and where appropriate, written support to the Health and Safety Team.
- 2.5.3 To provide guidance on documentation and systems required.

2.6 Managers, Officers and Supervisory Staff

- 2.6.1 One person in each facility shall be nominated as the Site Safety Co-ordinator.

- 2.6.2 Shall fully familiarise themselves with the Health and Safety Policy of SLLC and ensure that all people in their charge comply with the policy at all times.
- 2.6.3 Shall ensure that all accidents are recorded, that they are investigated, and accident reports are completed properly and returned to the Health & Safety Team and also to the SLC Corporate Personnel, Health and Safety Unit within the agreed timescales.
- 2.6.4 Shall ensure that those for whom they are responsible are aware of the procedures to be adopted in the event of fire or other foreseeable emergencies.
- 2.6.5 Shall ensure that those for whom they are responsible know the location of First Aid facilities.
- 2.6.6 Shall ensure, in so far as reasonably practicable, that adequate supervision is available at all times for employees in their charge.
- 2.6.7 Shall devise safe working practices for tasks under their control and will ensure that only safe working practices are used, in order to provide maximum safety for all people in their charge.
- 2.6.8 Shall brief employees on health and safety procedures and policies.
- 2.6.9 Shall maintain good housekeeping standards in their facilities at all times.
- 2.6.10 Shall ensure that any health and safety issue, which cannot be resolved by them, is raised quickly with the Health and Safety Team.
- 2.6.11 Shall ensure all relevant qualifications remain current and relevant.

2.7 All Employees

- 2.7.1 Shall make themselves familiar with the health and safety policy of SLLC.
- 2.7.2 Shall, at all times, make full and proper use of safe systems of work, safety equipment and protective clothing and make full use of all appropriate safety devices.
- 2.7.3 Shall report to their line manager any hazard, defect, malfunction or any shortcoming, with regards to health and safety and to warn others that may be affected.
- 2.7.4 Shall take reasonable care for the health and safety of themselves and that of other people who may be affected by their acts or omissions.
- 2.7.5 Shall co-operate with SLLC so as to enable it to carry out its own duties and responsibilities.
- 2.7.6 Shall not intentionally or recklessly interfere with or misuse anything provided in the interest of health, safety or welfare.
- 2.7.7 All accidents must be reported immediately in accordance with SLLC reporting procedure.
- 2.7.8 Shall seek the advice of their line manager before carrying out any work or handling any substance or equipment with which they are unfamiliar and which they believe may be hazardous or dangerous.

- 2.7.9 All employees are encouraged to offer suggestions on ways to improve health safety and welfare matters. Such suggestions can be made to their line manager or to SLLC Health and Safety Team.

2.8 New Employees

- 2.8.1 In addition to the provisions of section 2.7 (inclusive) above, new employees shall: -
- a) Receive sufficient information, instruction and training to enable them to avoid hazards and to contribute positively to their own health and safety at work.
 - b) Ensure that they have read and fully understand instructions in the event of a fire or other serious or imminent danger.
 - c) Familiarise themselves with SLLC incident/accident (incl. near misses and violent incidents) reporting procedure.

2.9 Health and Safety Working Group

- 2.9.1 The Health and Safety Working Group is comprised of representatives from all areas of the business. The functions of this group is:
- a) To annually report to the Board on health and safety performance.
 - b) The study of accidents and notifiable injury, diseases and dangerous occurrence statistics and trends, so that reports can be made to management on unsafe and unhealthy conditions and practices, together with recommendations for corrective actions.
 - c) Examination of safety audit reports on a similar basis, as above.
 - d) Consideration of reports and factual information provided by Enforcing Authority Inspectors. (SLC Environmental Health Department & Health & Safety Executive).
 - e) Consideration of reports that the Health and Safety Manager may wish to submit.
 - f) Assistance in the development of safety rules and safe systems of work.
 - g) To monitor the effectiveness of the safety content of employee training.
 - h) To monitor the adequacy of safety, health, welfare communication and publicity in the workplace.
 - i) The provision of a link with the enforcing authority.

2.10 Trade Union Safety Representatives

- 2.10.1 SLLC is committed to working in partnership with employees and will consult with them through their relevant Trade Union Representatives who will be afforded their rights under the current legislation.
- 2.10.2 Employees whether represented by a Trade Union or not, may also communicate health and safety issues directly with their business area management.
- 2.10.3 Consultation with the Trade Unions will take place when measures are introduced that may substantially affect the health and safety of employees.

2.10.4 To help support the overall H&S performance of SLLC and in accordance with Health and Safety Executive (HSE) guidance, Trade Union Safety Representatives are allowed to:

- a) Perform safety inspections in the workplace, in accordance with SLLC and business area arrangements.
- b) Participate in accident investigation in accordance with the business area arrangements.
- c) Make relevant enquiries on Health and Safety matters as raised as matter of concern by TU members, in accordance with SLLC and business area arrangements.

Section Three

Health and Safety Arrangements

- 3.1 The health and safety manual provides a system of procedures to control the principal hazards within SLLC operation.
- 3.2 The procedures are in place to control hazards to staff, customers, contractors and anyone who may be affected by SLLC business.
- 3.3 Documented procedures are developed where it is agreed that the absence of such procedures may affect safety.
- 3.4 SLLC has adopted the South Lanarkshire Council Occupational Health and Safety Management System (Management Arrangements) as supplementary information to the current SLLC procedures.
- 3.5 SLLC is directly answerable to South Lanarkshire Council (Environmental Health Department) as the enforcing authority for all actions regarding Health & Safety issues. Where applicable, the Health and Safety Executive (HSE) may have input and interaction in relation to expert knowledge.

3.6 Contractors

- 3.6.1 All contractors and/or sub-contractors undertaking any works on behalf of SLLC will be required to carry out such works in a safe and proper manner and at all times in full compliance with the Health and Safety at Work etc. Act 1974 and in addition, to any other Act or Regulation currently in force pertaining to such works or undertakings.
- 3.6.2 The responsibility for compliance with 3.6.1 (above) will be that of the facilities and in particular the manager or nominated competent person.