The Highland Council

Agenda Item	**5**
Report No	**AC/17/26**

Committee: **Audit Committee**

Date: **19 August 2026**

Report Title: **Action Tracking Report**

Report By: **Strategic Lead (Audit and Risk)**

1. Purpose/Executive Summary

1.1 The Global Internal Audit Standards (the GIAS) require the Chief Audit Executive to establish a follow-up process to monitor and ensure that management actions have been effectively implemented or that senior management has accepted the risk of not taking action. Details of this process known as action tracking, is provided at section 5 of this report.

1.2 The outcome of this process is reported to each meeting of the Audit Committee. This report provides details of the action tracking completed for all actions that had passed their agreed target date at the end of May 2026. In addition to the summary information reported, section 6.1 includes additional information to assist understanding of the profile in days of open actions to completion dates, and trend information showing agreed action completion rates.

2. Recommendation

2.1 The Committee is invited to **scrutinise, comment** and **note** the action tracking information provided including the revised target dates for the completion of outstanding actions.

3. Implications

3.1 Resource: any resource implications arising from audit actions should be addressed by the relevant Services and where required, will be reported to Committee.

3.2 Risk: the implementation of the management agreed actions will improve the control environment and assist in reducing the risk exposure to the Council.

3.3 There are no Legal, Health and Safety or Gaelic implications arising from this report.

4. Impacts

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 This is an update report and therefore an impact assessment is not required.

5. Action Tracking Process

5.1 The action tracking process operates as follows:

(1) Audit reports contain an action plan which details the areas of concern; management agreed action; target date for implementation; and the title of the Officer responsible for implementation.

(2) On a monthly basis those actions which have passed their agreed target dates are action tracked. This involves contacting the appropriate Manager(s) to confirm that their actions have been implemented. If a timely response is not received the matter is escalated to the appropriate Assistant Chief Executive.

(3) Where the agreed management action has not been undertaken, an explanation is requested. However, if this response is considered unsatisfactory, it is subject to further audit enquiry and/ or investigation. Where delays have occurred and the explanation provided is considered reasonable, a revised implementation date is agreed, and this is action tracked once this date has expired.

5.2 In addition to the above, monthly reports are provided to each of the Assistant Chief Executives detailing all outstanding recommendations within their service cluster which enables them to monitor progress leading up to the target dates when these should be completed. The monthly reports also detail the number of times a revised action date has been applied. Where a second revised action date is requested by the responsible officer, approval is required from the appropriate Assistant Chief Executive before this is agreed.

6. Action Tracking Results

6.1 <u>Summary report</u>

There are currently 82 agreed actions in progress, of which 32 (39%) have revised action dates.

The report attached at **Appendix 1** provides a summary of actions which have been subject to the action tracking procedure outlined above. This details the audits where management agreed actions had passed their agreed target date and were subject to action tracking at the end of May 2026. Overall, this shows that 3 (43%) of the 7 actions tracked had been completed, with revised target dates agreed for the remainder.

Table 1 profiles all open agreed management actions (as at 20/07/26) by the number of days until they are due to be completed.

Table 1 – Open management actions

	0 - 30 Days	30-60 days	60-90 days	Over 90 days	Total
High	12	3	0	1	16
Medium	23	12	13	15	63
Low	0	1	1	1	3
Total	35	16	14	17	82

Table 2 shows the action tracking completion rates previously reported to the Audit Committee over the last year. This details the number of actions tracked at the end of the month showing: number tracked (Due), number completed (C) and percentage completed (% C).

Table 2 – Completion performance

	September 25			December 25			March 26			May 26		
	Due	C	% C	Due	C	% C	Due	C	% C	Due	C	% C
High	0	-	-	9	3	33%	8	3	38%	2	2	100%
Medium	8	6	75%	10	5	50%	23	10	43%	5	1	20%
Low	1	1	100%	2	1	50%	4	4	100%	0	-	-
Total	**9**	**7**	**78%**	**21**	**9**	**43%**	**35**	**17**	**49%**	**7**	**3**	**43%**

6.2 Actions with revised target dates

Action tracking at the end of May 2026 resulted in revised target dates being agreed for 4 actions. These are in respect of two audits, further details provided below. The original target date for implementation and the most recent revised date are shown in brackets. Further information has also been provided by way of management updates.

Children's Service transitions arrangements (3 Medium actions).

For the following three medium priority actions a checklist and process had been submitted to Adult Social Work for approval, due to the requirements of MOSAIC (new Social Care Case Management System) implementation for Adult Social Work senior managers consideration of this has been delayed, therefore a revised action date for completion is 01/09/26.

The Joint Transitions Team would benefit from setting out all key tasks in the transitions process in a formal document including a minimum expectation for meeting records, specifically having action points for each meeting to show tasks, assigned responsibility and timescales so that there is clear accountability. Joint meeting template to be agreed including actions and timescales, to be recorded on Client's file. (Original target date 31/12/25. Revised action date 01/09/26).

The Joint Protocol should be reviewed and brought up to date particularly to include a robust quality assurance mechanism for assessing the Transitions Service's performance. Updated Joint Transition procedures to be agreed between the Council and NHS Highland in line with National Transitions to Adulthood Strategy for Young Disabled People 2025-2030. To include pathway of support, funding and timescale. Introduction of a checklist identifying tasks for each organisation and timescales within the transition journey. (Original target date 31/03/26. Revised action date 01/09/26).

The Joint Transitions Team should improve record keeping to better support an effective transitions process. It would be good practice to ensure the systems are kept up to date for all referrals, requests for service and allocated workers. Having a written record of the planned transition date for all different services for each service user would ensure both parties in the Joint Transitions Team have an indisputable set of dates where services should transfer. Procedures to be agreed between the Council and NHSH that will include a recorded planned transition date within transition pathway and will be recorded within the Transition checklist of the client. (Original target date 31/03/26. Revised action date 01/09/26).

CiA General Ledger (1 Medium action).

The Financial Regulations Instruction Note should be updated to reflect when pre-approval is not required from budget holders prior to journal processing, e.g. where it is impracticable to obtain due to high volumes of budget holder cost centres being impacted on recharge. Where pre-approval is required, evidence of approval for Journal Entries should be obtained and retained prior to processing. Guidance was issued to budget holders at CiA go live outlining the requirements they are expected to operate within. This documentation was also provided to the finance teams and will be incorporated into the Financial Regulations in due course. Meantime, reminders have also been sent out to CiA users. (Original target date 31/05/26. Revised action date 31/12/26).

Designation: Strategic Lead (Audit and Risk)

Date: 20 July 2026

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Appendix 1 - Audits where actions have passed their agreed target date and were subject to action tracking

Audit Name	Service Cluster	High		Medium		Low		Action Tracking Results			
		Due	Complete	Due	Complete	Due	Complete	**Due**	**Complete**	**Revised action date**	**% complete**
Children's Service transitions arrangements	People	0	0	3	0	0	0	**3**	**0**	**3**	**0%**
CiA General Ledger	Corporate	0	0	1	0	0	0	**1**	**0**	**1**	**0%**
Human Resources - Learning and Development	Corporate	1	1	1	1	0	0	**2**	**2**	**0**	**100%**
In-house bus operation income systems	Place	1	1	0	0	0	0	**1**	**1**	**0**	**100%**
Grand Total		**2**	**2**	**5**	**1**	**0**	**0**	**7**	**3**	**4**	**43%**
Percentage complete			**100%**		**20%**		**0%**				