Final Internal Audit Report

North Herts Council – Safeguarding 2022/23

June 2023

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	FAR Committee Members
Report Status:	Final
Reference:	N097/22/001
Overall Assurance:	Reasonable
Recommendations:	Two Medium, Four Low

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1. EXECUTIVE SUMMARY

Introduction

1.1 Internal Audit provides North Herts Council (the Council) with an independent and objective opinion on the organisation's governance arrangements, encompassing internal control and risk management, by completing an annual risk-based internal audit plan. This internal audit forms part of the approved 2022/23 Internal Audit Plan.

1.2 Safeguarding is a collective responsibility to ensure adults, young people and children are free from harm or abuse. Legislative reforms (Care Act 2014 and Children and Social Work Act 2017) placed duties on top tier local authorities and health services to implement a Safeguarding Adults Board. Requirements were also placed on top tier local authorities, the Police and health services to plan for safeguarding children under their jurisdiction. The Hertfordshire Safeguarding Adults Board (HSAB) and Hertfordshire Safeguarding Children Partnership (HSCP) were established as a result, it being led by Hertfordshire County Council, the Police and health services. The Council also works in partnership with the HSAB and HSCP.

1.3 The Council works with several service users and has a responsibility for making safeguarding referrals to the appropriate agency where it establishes potential safeguarding concerns. In 2021/22, the Council made 661 safeguarding referrals. This is following a trend of rising referral rates, with the previous two years seeing 252 referrals made (2019/20) and 496 referrals made (2020/21).

1.4 The purpose of this internal audit was to provide assurance that training arrangements are in place to enable safeguarding awareness, mechanisms in place to take forward actions or recommendations from partnership arrangements, and that there is sufficient oversight in place from senior management and Members. The internal audit also included a sample review of referrals/incidents, including the arrangements in place regarding the logging of safeguarding referrals on the central database, and whether these were supported by appropriate evidence.

1.5 The internal audit did not cover whistleblowing arrangements, Prevent, domestic abuse, modern slavery, 'county lines' and gangs, cuckooing, radicalisation, or safeguarding allegations made against Council employees, contractors, or partners. In addition, safer recruitment was not in scope and has been included in the 2023/24 internal audit plan. Please see section 2 below for confirmation of the areas which were in scope for this internal audit.

Overall Audit Opinion

1.6 Based on the work performed during this audit we can provide overall **reasonable assurance** that there are effective controls in place for the areas covered by this review.

1.7 From the review undertaken, the following key statutory requirements and elements of good practice were confirmed to be in place:

a) The process for assessing safeguarding training requirements was discussed with key officers and management assurance received that sufficient mechanisms were in place. A safeguarding training tracker was also found to be in place.

b) The Named Safeguarding Officer (NSO) was an appropriate senior officer (Service Director – Legal & Community) and Designated Safeguarding Officers (DSOs) had been clearly identified, with contact details available through the Council's Intranet.

c) The Council are partners of the HSAB and HSCP and have completed the most recently issued safeguarding self-assessments (2020/21 and 2019/20 respectively). The Council is also part of the District Safeguarding Group (DSG), and we understand pertinent information from the HSAB and HSCP meetings feed into the DSG. All three DSG meetings held in 2022 were attended by a NHC representative and we also received management assurance that the Safeguarding Team Leader attended the DSG meeting on 23/03/2023.

d) Action plans were produced from the 2020/21 HSAB self-assessment and presentation process, whilst an action plan was also produced from the 2019 HSCP self-assessment. We have reviewed the actions plans from the self-assessments and confirmed the January 2023 update of the HSAB action plan shows all entries had a green RAG rating. We received management assurance the actions from the HSCP action plan were incorporated immediately into the day to day working by the Safeguarding Support Officer. Therefore, based on the above we have received assurance there are no outstanding actions from the most recent HSAB and HSCP self-assessments.

e) At the time of testing, the Council had publicly accessible web pages outlining how safeguarding concerns for adults and children can be reported.

f) Through the availability of intranet guidance, DSO support (if required by referring officers), as well as oversight from the safeguarding team (Safeguarding Team Leader and Safeguarding Admin Assistant), we have been assured there are clear processes in place at the Council for officers to make safeguarding referrals. We received this assurance through a combination of documentation reviewed and management assurance.

g) Safeguarding updates are provided to a wider group of officers at the Council using the online monthly staff briefing magazine 'Insight'. We have seen examples providing information on training available, high level safeguarding referral statistics and updates on making referrals.

h) For a sample of safeguarding referrals and a safeguarding incident reviewed, these were found to be logged on a centrally maintained database by the safeguarding team and supported by backing documentation.

1.8 From the testing completed, the following findings were also identified, which have affected our assurance opinion in the risk areas identified in section 2 below:

a) We have raised three recommendations (two medium and one low) relating to safeguarding training completion and tracking processes in place. Please see recommendations 1, 2 and 5 in Appendix A.

b) At the time of testing, the last time the Corporate Safeguarding Group (CSG) had convened was in November 2021. Although we were assured the CSG meetings would be restarting in 2023/24, we have raised a low priority recommendation to ensure this continues to operate. We also understand that the CSG is an important mechanism to feedback actions and points of good practice from the HSAB and HSCP, however a key officer outlined that the bi-annual meetings do not currently align with the DSG meetings. We have raised a recommendation for the CSG meetings to be held within a suitable timeframe after DSG meetings have taken place.

c) Although action plans were produced for the most recently completed HSAB and HSCP issued self-assessments (2020/21 and 2019/20 respectively), review of the Overview and Scrutiny Committee reports did not show these action plans being reported to Members. It is our understanding that this committee is the main mechanism by which Member oversight of safeguarding is achieved. A finding and recommendation have been raised to ensure the Committee receives the resulting action plans from all HSAB and HSCP self-assessment activities. We acknowledge this usually takes place for HSAB self-assessments but had not occurred on this occasion.

d) From our review of the Councils safeguarding intranet pages and supporting documents, we found some minor revisions could be made to provide some missing information on the referral process for CRHTT to Luton, amendments to contact details on the DSO page and clarifying the support available to officers on some safeguarding pages. These are discussed further to recommendation six below.

1.9   Please note the commentary in the report covers the period during which the audit was undertaken (between March to May 2023).

1.10 For definitions of our assurance levels, please see Appendix B.

Summary of Recommendations

1.11 We have raised two medium and four low priority recommendations to further strengthen the control environment.

1.12 Please see Management Action Plan at Appendix A for further detail.

Annual Governance Statement

1.13 This report provides reasonable levels of assurance to support the Annual Governance Statement.

2. ASSURANCE BY RISK AREA

2.1   Our specific objectives in undertaking this work, as per the Terms of Reference, were to provide the Council with assurance on the adequacy and effectiveness of internal controls, processes, and records in place to mitigate risks in the following areas:

Risk Area	No	Limited	Reasonable	Substantial
Safeguarding Training – The Council has assessed the safeguarding training level required for each officer position at the Council and for Members, including the frequency of refresher training. Mechanisms are in place to ensure that new starters complete the required safeguarding training in a timely manner. Training trackers are in place to clearly monitor when safeguarding training has been completed, when training is due for renewal with reminders being issued in a timely manner to ensure training is renewed before expiring. Escalated alerts are issued for overdue safeguarding training to ensure these are completed. Mechanisms are in place to ensure safeguarding training being delivered is sufficient and relevant.				
Key Safeguarding Roles - The Council has identified its Named Safeguarding Officer (NSO) and has Designated Safeguarding Officers (DSOs) in place. The council has suitable arrangements in place to ensure staff are aware of who the NSO and DSOs are and how these officers can be contacted.				
Partnership and Oversight Arrangements - The Council is a partner of the Hertfordshire Safeguarding Adults Board (HSAB) and Hertfordshire Safeguarding Children Partnership (HSCP). Mechanisms are in place to ensure the Council actively takes forward actions and outcomes from the partnership meetings. Partnership issued self-assessments audits have been completed by the Council with rectifying actions being identified and taken forward for implementation in a timely manner. Where follow up visits have been conducted by the HSAB or HSCP, recommendations made have been implemented in a timely manner. Appropriate tracking tools are in place to monitor the status of actions and				

recommendations, with these being reported to senior management and members on a scheduled basis.				
Referrals – The Council has clearly advertised to the public how referrals for safeguarding adults and children are to be completed on its website. A clear process is in place for officers at the Council to make safeguarding referrals. A central database is maintained of safeguarding incidents and referrals made with these being adequately supported by backing documentation/evidence.				

Overall				

2.2   See definitions for the above assurance levels at Appendix B.

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
1.	**Safeguarding Training** We reviewed the safeguarding training completed for a sample of officers by reviewing the Councils safeguarding training tracker. The sample included a mix of officers requiring different levels of training. This included basic and advanced safeguarding training as well as E-Learning. The latter was limited to a sample of new starters from the 2022/23 financial year, due to the safeguarding team recently incorporating monitoring of this training completion into the training tracker. From the 13 officers we sampled, the following findings were noted: Incomplete Training: • Three officers were assessed as requiring basic adult and child safeguarding training courses however, they had not completed one or both courses since starting employment at the Council. The start dates of the officers were 30/06/19, 29/03/21 and 23/08/21. It is acknowledged that actions have been taken by the current safeguarding team to try and schedule courses for these officers. Three of the five outstanding courses were yet to be scheduled at the time of testing. • A casual Careline Operator who started employment on 22/08/22 has not completed	Medium	We recommend: 1. Where officers have outstanding or overdue safeguarding training, the safeguarding team continues to work with these officers to schedule the outstanding training as a matter of priority. 2. For the Casual Careline Operator mentioned, they must undertake the same level of safeguarding training which has been assessed as required by other Careline Operators (this was the basic adult and child safeguarding training at the time of testing).	**1. Responsible Officer: The member of staff/ their line manager/ follow up by the Safeguarding Team. Corporate issue.** If they have failed to attend an organised Basic or Advanced level training course, then should (if reasonably practical) undertake the Introductory E-learning within a week. **2. Responsible Officer: The Careline staff, their line Manager and the Service Director: Customers.** To ensure undertaken Introductory e-learning within the week and then to attend the next basic course arranged. Otherwise, will be	1. Start by end of June 2023, once staff and their line managers aware. 2. 31 December 2023 for ECP Training

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
	the basic adult and child safeguarding courses. It is our understanding that Careline Operators would as a minimum be required to undertake both these basic safeguarding courses. • An officer's basic child safeguarding training expired in June 2022 and at the time of testing (April 2023) had yet to be renewed. We acknowledge actions had been taken by the current safeguarding team to attempt to book a training course for renewal. <u>Timeliness of Training Completion</u> We understand the Council aims to schedule basic and advanced safeguarding courses within three months of an officers start date. We noted for some of the officers we sample tested, that they attended training courses after three months. This includes: • An officer attending basic safeguarding courses 14 and 15 months after their employment start date. • An officer attending basic safeguarding courses 6 and 11 months after their employment start date. • Two officers scheduled to attend an advanced safeguarding course 5 months after their employment start date. It is acknowledged		3. The Council reviews whether: • The current aim of scheduling basic or advanced safeguarding training for completion within three months is timely or whether this needs to be shortened. • E-Learning training is sufficient in the interim time where officers are waiting to receive basic or advanced safeguarding training. 4. Backing evidence must be adequately	reviewing with ECP if there are alternative ways to provide Basic and Advanced training. Casual Careline Operator has undertaken E-Learning. 3. Reviewed and considered to be sufficient, as the courses are run every month and should be undertaken within the probation period of up to 6 months. No further action required. All new staff will undertake e-learning within the week, and those who just have to undertake this level of training, every 3 years. 4. The Safeguarding team already do this, so N/A.	3. N/A 4. N/A

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
	these officers are the members of the newly formed safeguarding team. We were unable to obtain confirmation of the reasons for some of the delays mentioned above (first two bullet points), due to these pre-dating the current safeguarding team and therefore inhibiting the audit trails available. We were assured that where safeguarding courses cannot be provided in a timely manner, the safeguarding e-Learning module is instead issued to officers for completion. For three of the four officers, the training tracker shows they have completed the E-Learning training. For the remaining officer the date of completion was not logged on the training tracker. We understand that the safeguarding team feel the E-learning is sufficient to cover officers until they attend basic or advanced safeguarding courses. However, as the E-Learning is an introductory module, this may not be sufficient for officers who have roles/ responsibilities requiring basic or advanced safeguarding courses. Evidence of Training Completion: During testing, we requested to see backing evidence to confirm officers had attended/completed the basic or advanced safeguarding training courses held in person.		retained to demonstrate officers have attended/completed safeguarding training courses. 5. Officers assessed as requiring only E-Learning safeguarding training, must renew this training on a scheduled basis (e.g., every two years).	5. **Responsible Officer:** Safeguarding Team/ Learning and Development Team. Agreed, albeit every 3 years.	5. Start implementation from July 2023.

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
	For three officers, backing evidence could not be located to demonstrate attendance at either one or both basic safeguarding courses and for one officer no evidence could be located to demonstrate attendance to an advanced child safeguarding course. E-Learning Training From discussions with key officers, it is understood that the E-Learning safeguarding course is not required to be renewed. This means that officers who are assessed as only requiring the E-Learning safeguarding training, do not need to undertake any safeguarding training renewal. As all officers have a responsibility for safeguarding, a recommendation has been raised requiring these officers to renew their safeguarding training on a scheduled basis. Associated Risk Officers do not undertake an adequate level of safeguarding training for their job role. This could lead to officers not identifying potential safeguarding concerns or not taking appropriate action. This could result in harm to the persons affected and damage to the Councils reputation.				

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
2.	**Councillor/Member Safeguarding Training** From discussions with key officers, we found that Councillor uptake of safeguarding training was as follows: • 22 of 48 Members have not had any safeguarding training. • 6 and 10 Members attended the safeguarding children and adult awareness session respectively. Awareness sessions were last held in 2021. • 17 of 48 Members had completed the E-Learning training. E-Learning training is currently not required to be renewed. <u>Associated Risk</u> Members have a responsibility for safeguarding, as their role could include contact with members of the public, whilst they may also be required to have oversight of safeguarding arrangements operating at the Council. Without sufficient training, potential safeguarding incidents may not be identified, or appropriate action may not be taken on identification of potential concerns. This could result in harm to the persons in potential danger and damage to the Councils reputation. As part of their oversight role, Members may not have sufficient awareness of safeguarding	Medium	We recommend, as a minimum, all Members complete the safeguarding E-Learning module. This is to be renewed on a scheduled basis (e.g., every two years). We further recommend, that adult and child safeguarding awareness sessions are run on a scheduled basis for Members (e.g., every two years) or when there is a significant change in membership. We are aware the Council intends to run sessions in 2023/24 following the May 2023 elections.	**Responsible Officer: Committee, Member & Scrutiny Officer/ Safeguarding Team (and Service Director: Legal & Community).** Responsibility is also with the Members. Dependent on self-audit (i.e., if they have undertaken before / similar or equivalent within the last year), every 4 years**.** We shall undertake an audit of those elected to check they have undertaken e-learning and seek to ensure outstanding e-learning is taken by them within 6 months. Failing this, this will be completed post all out elections from June 2024. E-learning is sufficient, so not accepted, as a proportionate level for	31 December 2023 for current Members. 31 December 2024 for newly elected Members in May 2024. N/A

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
	arrangements to provide challenge and ensure these are operating effectively.		Members with responsibility for oversight of the Councils safeguarding arrangements (e.g., members of the Overview and Scrutiny Committee), should attend the awareness sessions.	District Councillors. See above, not accepted without Members agreement. This will be reviewed with the Overview & Scrutiny Committee when the Annual Safeguarding report is presented at the September 2023 meeting. At present, E-learning should be completed.	
3.	**Corporate Safeguarding Group Meetings** From discussions with key officers, we understand that the Corporate Safeguarding Group (CSG) meetings are an important mechanism to feedback and discuss actions with officers holding key safeguarding roles at the Council (including DSOs). This includes guidance and points of practice identified from the HSAB, HSCP and DSG meetings. However, at the time of testing the last CSG meeting was held in November 2021. In addition, a key officer has outlined that the CSG meetings have not previously been aligned to the DSG meetings to ensure feedback is provided and discussed in a timely manner after DSG meetings	Low	We recommend CSG meetings are held at least on a bi-annual basis within the Council, with meetings scheduled to take place within a timely manner after DSG meetings (within a month of DSG meetings taking place).	**Responsible Officer: Safeguarding Team Leader.** Accept the bi-annual, but not linked to the DSG as these can be cancelled easily/ do not always align and monthly updates are provided to all CSG members in any event by email. June 2023 CSG meeting has taken place.	October 2023 and continuous going forward.

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
	have taken place. Whilst we acknowledge the Council are restarting the CSG meetings in 2023/24, we have raised this recommendation to ensure these meetings continue to be held and are scheduled within a suitable timeframe after DSG meetings. <u>Associated Risk</u> Actions, guidance, and points of good practice are not sufficiently disseminated and discussed with officers holding key safeguarding roles at the Council. This could lead to slow or ineffective implementation of such actions.				
4.	**Overview and Scrutiny Committee** Section 6 of the Councils Constitution ('Scrutiny') includes the terms of reference for the Overview and Scrutiny Committee. Under 6.2.7 (y) it states a term of the Committee is to 'Consider reports relating to the authority's safeguarding responsibilities'. From review of the annual safeguarding reports to the Overview and Scrutiny Committee, we found that the action plans from the most recently issued HSAB and HSCP self-assessments (2020/21 and 2019 respectively) have not been reported to the committee. We acknowledge the actions from the HSCP self-	Low	We recommend all resulting action plans from HSAB and HSCP issued assessments are reported to the Overview and Scrutiny Committee at least twice a year. Actions/ recommendations	**Responsible Officer: Safeguarding Team Leader/ Service Director: Legal & Community** We include these in the annual report, which ensures any relevant debate as against the figures. The Annual report and an information note will be	To be taken forward for future HSAB/HSCP assessments.

| No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
	assessment were immediately incorporated into day-to-day working (as assured by a key officer), however the action plan should have been reported to the committee. In addition, we acknowledge the HSAB action plans are usually reported to the committee, however on this occasion this did not take place. It is also our understanding that progress against action plans are reported once a year to the committee as part of the annual safeguarding report. This means that Members could potentially be waiting 12 months for further updates on the action plans. This does not enable Members to have effective oversight of the action positions. <u>Associated Risk</u> Members are not provided with adequate information on actions/recommendations raised from HSAB and HSCP assessment processes, including the current position of implementation of these actions/recommendations. This could prevent Members from being able to provide adequate oversight and challenge to ensure actions/recommendation are being take forward appropriately and in a timely manner. This could lead to inadequate safeguarding processes.		should continue to be reported to the Committee until fully completed. Only once actions have been reported as completed to the committee (with the committee being happy the actions have been adequately completed), these should be ceased to be reported at future meetings.	provided to the Overview & Scrutiny committee to update them on the relevant HSAB/HCSP actions/recommendations. The LGA Peer Committee Support report has two recommendations regarding member training. The first recommendation is for whole council training for the 2023 and 2024 induction of new members. The second recommendation is to review the quality of the provision and delivery of training.	

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
5.	**Safeguarding Training Tracking and Database** Following a review of the safeguarding training tracking arrangements, we identified opportunities where these could be strengthened to track a complete picture of the training received by officers at the Council. These are discussed in further detail below: Safeguarding and protecting children and adults in our local communities handout: We received management assurance the safeguarding handout is issued to new starters when joining the Council. The handout includes a self-certification form at the end asking the new starter to confirm they have received and read the handout. However, from discussions with key officers, we understand this self-certification form is inconsistently completed and returned by new starters. Also, as discussed further below, the safeguarding team do not currently track the completion of the safeguarding handout for all new starters at the Council. Therefore, the completion and return of the self-certifications will enable this mechanism of safeguarding training to be tracked for new starters. Safeguarding E-Learning Training It is understood the safeguarding team have	Low	We recommend: 1. the safeguarding handout self-certification process is robustly implemented, with the signed off form being returned to the safeguarding team by all new starters. The date of sign off should then be recorded in the safeguarding training tracker. 2. A monthly report of completed E-Learning safeguarding training is produced by the HR learning and development team and provided to the safeguarding team, to enable the training tracker to be populated with this information.	**Responsible Officer: Safeguarding Team Leader** 1. Agreed. 2. This is already in place so no further action.	1. Implemented and continuous going forward 2. 31 July 2023

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
	recently begun tracking the completion of the E-Learning safeguarding module by new starters (tracking began at the time of this audit). We understand the safeguarding team are currently confirming completion of the course by asking the officers directly to confirm the date they completed the online module. As we understand reports can be run from the learning system showing the module status of completion, there is an opportunity to instead use this mechanism to confirm training completion, which will support the reliability of information and efficiency of the process. Safeguarding Training Tracker There is an opportunity to record of the following information on the safeguarding training tracker for a complete view of the safeguarding training completed by officers and renewal deadlines: • The training tracker does not record the expiration date (date it must be renewed) for basic or advanced safeguarding training courses. • There is no consistent recording of the safeguarding handout training being completed by new starters. No dedicated section to record this completion date. • No recording of when the corporate induction safeguarding briefing was given to new starters.		3. The training tracker is reviewed to incorporate the information which is not currently tracked (as per the finding).	3. Reviewed and start date is in place.	3. 31 July 2023

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
	• We found the dates of basic or advanced safeguarding training courses were usually recorded as the month and year of completion. For an accurate audit trail, the full date when the course was attended should be logged (day, month, year). Following on from recommendation two above regarding Councillor safeguarding training, tracking of training expiration dates (e.g., E-Learning) should also be incorporated into the Member safeguarding training tracker. <u>Associated Risk</u> The safeguarding training tracker does not record pertinent information to demonstrate when safeguarding training was delivered or when renewal is required. This could limit the effectiveness of the tracker to support in ensuring all aspects safeguarding training has been completed or renewed in a timely manner.				
6.	**Safeguarding Intranet Pages** Following a review of the Councils safeguarding intranet pages, the following was noted and identified as an opportunity to clarify the information available to officers: • On the Adults Needing Mental Health Support page, the CRHTT referral form for Luton is	Low	We recommend: 1. The Adults Needing Mental Health Support or supporting	**Responsible Officer: Safeguarding Team** 1. Contacted Luton and not accepted as this is Luton's information and	1. Implemented

No.	Finding / Associated Risk	Priority	Recommendation	Management Response	Target Date
	provided. However, the form and supporting information on the page do not outline where the referral form needs to be submitted. • Looking through the DSO intranet page, we found the email address for the current Safeguarding Team Leader has not been included and the formatting of the safeguarding team email address needs to be corrected. • For the two intranet pages listed below, we found no link to the DSO intranet page was provided should officers require any support. Associated Opportunity Opportunity to clarify some of the safeguarding intranet pages, which could provide additional clarity to officers on how referrals should be made or the support available to officers should they require guidance with regards to safeguarding. This could in turn lead to more effective safeguarding at the Council.		information includes guidance on how the CRHTT referral form for Luton should be submitted. 2. The DSO intranet page is reviewed and amended to: • Include the email address of the current Safeguarding Team Leader. • Correct the safeguarding team email address which has been provided. 3. For the 'County Lines, Drugs, Gangs and Cuckooing' and 'Safeguarding Information Sharing' intranet pages, outline the contract details for DSOs (link to the DSO intranet page) and or the central safeguarding team, should officers require support.	they do not accept third party referrals any longer Council Intranet pages have been updated to remove information on Luton referrals as no longer relevant. 2. This is a very small team and not appropriate to provide the individual email address for 2 part time officers. The corporate generic email will be provided as it currently is. 3. Links have been reviewed and working with support in place.	2. N/A 3. Implemented

Assurance Level	Definition
Substantial	A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Priority Level			Definition
Corporate	**Critical**	🟥	Audit findings which, in the present state, represent a serious risk to the organisation, i.e. reputation, financial resources and / or compliance with regulations. Management action to implement the appropriate controls is required immediately.
	High	🟧	Audit findings indicate a serious weakness or breakdown in control environment, which, if untreated by management intervention, is highly likely to put achievement of core service objectives at risk. Remedial action is required urgently.
Service	**Medium**	🟨	Audit findings which, if not treated by appropriate management action, are likely to put achievement of some of the core service objectives at risk. Remedial action is required in a timely manner.
	Low	🟩	Audit findings indicate opportunities to implement good or best practice, which, if adopted, will enhance the control environment. The appropriate solution should be implemented as soon as is practically possible.