

This Report will be made public on 8 March 2022



Report Number **AuG/21/22**

To: Audit and Governance Committee
Date: 16 March 2022
Status: Non-Executive Decision
Corporate Director: Charlotte Spendley – Director – Corporate Services (S151)

SUBJECT: QUARTERLTY INTERNAL AUDIT UPDATE REPORT FROM THE HEAD OF THE EAST KENT AUDIT PARTNERSHIP

SUMMARY: This report includes the summary of the work of the East Kent Audit Partnership (EKAP) since the last Audit and Governance Committee meeting together with details of the performance of the EKAP to the 31st December 2021.

REASONS FOR RECOMMENDATION:

The Committee is asked to agree the recommendations set out below because: In order to comply with best practice, the Audit and Governance Committee should independently contribute to the overall process for ensuring that an effective internal control environment is maintained.

RECOMMENDATIONS:

- 1. To receive and note Report AuG/21/22.**
- 2. To note the results of the work carried out by the East Kent Audit Partnership.**

1. INTRODUCTION

- 1.1 This report includes the summary of the work completed by the East Kent Audit Partnership (EKAP) since the last Audit and Governance Committee meeting.

2. AUDIT REPORTING

- 2.1 For each Audit review, management has agreed a report, and where appropriate, an Action Plan detailing proposed actions and implementation dates relating to each recommendation. Reports continue to be issued in full to the relevant Heads of Service, as well as an appropriate manager for the service reviewed.
- 2.2. Follow-up reviews are performed at an appropriate time, according to the status of the recommendation, timescales for implementation of any agreed actions and the risk to the Council.
- 2.3. An assurance statement is given to each area reviewed. The assurance statements are linked to the potential level of risk, as currently portrayed in the Council's risk assessment process. The assurance rating given may be substantial, reasonable, limited or no assurance.
- 2.4 Those services with either limited or no assurance are monitored and brought back to Committee until a subsequent review shows sufficient improvement has been made to raise the level of assurance to either reasonable or substantial. There are currently no reviews with such a level of assurance as shown in appendix 2 of the EKAP report.
- 2.5 The purpose of the Council's Audit and Governance Committee is to provide independent assurance of the adequacy of the risk management arrangements, the control environment and associated anti-fraud and anti-corruption arrangements and to seek assurance that action is being taken to mitigate those risks identified.
- 2.6 To assist the Committee in meeting its terms of reference with regard to the internal control environment an update report is regularly produced on the work of internal audit. The purpose of this report is to detail the summary findings of completed audit reports and follow-up reviews since the report submitted to the last meeting of this Committee.

3. SUMMARY OF WORK

- 3.1. There have been four audit reports completed during the period. These have been allocated assurance levels as follows: one was providing substantial and three were reasonable assurance. Summaries of the report findings are detailed within Annex 1 to this report.
- 3.2 In addition, four follow up reviews have been completed during the period. The follow up reviews are detailed within section 3 of the update report.

3.3 For the period to 31st December 2021 278.86 chargeable days were delivered against the planned target of 350 days, which equates to achievement of 79.67% of the planned number of days.

4. RISK MANAGEMENT ISSUES

4.1 A summary of the perceived risks follows:

Perceived risk	Seriousness	Likelihood	Preventative action
Non completion of the audit plan	Medium	Low	Review of the audit plan on a regular basis
Non implementation of agreed audit recommendations	Medium	Low	Review of recommendations by Audit and Governance Committee and Audit escalation policy.
Non completion of the key financial system reviews	Medium	Medium	Review of the audit plan on a regular basis. A change in the external audit requirements reduces the impact of non-completion on the Authority.

5. LEGAL, FINANCIAL AND OTHER CONTROLS/POLICY MATTERS

5.1 Legal Officer's comments (DK)

No legal officer comments are required for this report.

5.2 Finance Officer's Comments (TM)

Responsibility for the arrangements of the proper administration of the Council's financial affairs lies with the Director – Corporate Services (s.151). The internal audit service helps provide assurance as to the adequacy of the arrangements in place. It is important that the recommendations accepted by Heads of Service are implemented and that audit follow-up to report on progress.

5.3 **Head of the East Kent Audit Partnership comments (CP)**

This report has been produced by the Head of the East Kent Audit Partnership and the findings / comments detailed in the report are the service's own, except where shown as being management responses.

5.4 **Diversities and Equalities Implications (CP)**

This report does not directly have any specific diversity and equality implications however it does include reviews of services which may have implications. However none of the recommendations made have any specific relevance.

6. **CONTACT OFFICERS AND BACKGROUND DOCUMENTS**

- 6.1 Councillors with any questions arising out of this report should contact either of the following officers prior to the meeting.

Christine Parker, Head of the Audit Partnership
Telephone: 01304 872160 Email: Christine.parker@folkestone-hythe.gov.uk

Charlotte Spendley Director – Corporate Services (S151)
Telephone: 01303 853420 Email: Charlotte.spendley@folkestone-hythe.gov.uk

- 6.2 The following background documents have been relied upon in the preparation of this report:

Internal Audit working papers - Held by the East Kent Audit Partnership.

Attachments

Annex 1 – Quarterly Update Report from the Head of the East Kent Audit Partnership.

INTERNAL AUDIT UPDATE REPORT FROM THE HEAD OF THE EAST KENT AUDIT PARTNERSHIP

1. INTRODUCTION AND BACKGROUND

1.1 This report includes the summary of the work completed by the East Kent Audit Partnership since the last Audit and Governance Committee meeting, together with details of the performance of the EKAP to the 31st December 2021.

2. SUMMARY OF REPORTS

Service / Topic		Assurance level	No of recs	
2.1	Housing Rent Setting, Collection & Debt Management	Substantial	C	0
			H	0
			M	2
			L	1
2.2	Folkestone Community Works Programme	Reasonable	C	0
			H	0
			M	0
			L	1
2.3	Coast Protection / Engineers	Reasonable	C	0
			H	0
			M	2
			L	0
2.4	E-Procurement including corporate cards	Reasonable	C	0
			H	2
			M	5
			L	0

2.1 Housing Rent setting, Collection and Debt Management – Substantial Assurance

2.1.1 Audit Scope

To provide assurance on the adequacy and effectiveness of the controls established to ensure that the rent setting, collection and debt management functions are carried out effectively and efficiently and meet the Council's policies and any relevant Government guidance and legislation.

2.1.2 Summary of Findings

The housing function was brought back in house in October 2020 and this included the rent collection and debt monitoring processes. Folkestone & Hythe District Council is committed to increasing the provision of housing and making the best use of stock to meet the needs of existing and new tenants. The setting of rental figures and the subsequent collection of the monies (including former tenant arrears) ensure that there is a budget in place for the Council to work towards delivering the highest possible standard of living accommodation across the district.

The primary findings giving rise to the Substantial Assurance opinion in this area are as follows:

- Established processes and procedures are in place for the calculation of housing rents which include the approval process by Members.
- Established processes are in place to update the housing system with new rent figures each year and the ongoing reconciliation of the payments that are credited against each rental account.
- Established processes and procedures are in place for the ongoing monitoring of the rental accounts and for the chasing of arrears by both current and former tenants.

Scope for improvement was however identified in the following areas:

- The Write Off Policy should be updated to include the Housing function and the authorised officers' job titles that are able to carry out write offs on behalf of the authority.
- The write off figures should be reported either in the quarterly housing performance booklet that has all the performance indicators in it or as part of the quarterly debt report so that senior management and members are aware of the value of rental income written off.

2.2 Folkestone Community Works Programme – Reasonable Assurance

2.2.1 Audit Scope

To provide assurance on the adequacy of the internal controls in place to administer, as the accountable body, the Folkestone Community Works Programme in line with its scheme requirements. The programme is in place due to a successful bid by Folkestone & Hythe District Council for a Community Led Local Development (CLLD) Programme funded by the European Regional Development Fund. The programme is designed to help local people access jobs, and to support local businesses.

2.2.2 Summary of Findings

Folkestone Community Works Programme (FCWP) aims to improve social and economic community cohesion in the wards of East Folkestone, Central Folkestone, Folkestone Harbour and a part of Broadmead. The programme aim is to encourage businesses, organisations, charities and voluntary groups, to put forward and deliver projects that boost employment, help local businesses grow and improve

opportunities for local residents. The Folkestone Community Works Programme now runs until June 2023 with the end date recently being extended from 2022.

Recently a mid-term study has been carried out by an external consultant to evaluate the Folkestone Community Works Programme and this takes stock of progress being made towards the FCWP objectives and identifies actions that may be needed to help ensure its performance is maximized before its proposed conclusion in June 2023.

Therefore, this audit review looked at the processes and procedures in place for Folkestone & Hythe District Council being the accountable body. Management can place Reasonable Assurance on the system of internal controls in operation.

The primary finding giving rise to the Reasonable Assurance opinion in this area are as follows:

- The role of Folkestone & Hythe District Council as the accountable body has been in place since 2016 (as per CLLD guidance) when the programme commenced, and established processes are in place. These processes have been positively reported on in the mid-term study that has been carried out by an external consultant
- It should be noted that there have been two on-site verification visits carried out by Department for Levelling Up, Housing & Communities (DLUHC) (re ERDF claims) that have resulted in highly positive reviews, and the FCWP's risk rating by DLUHC being lowered from high to medium. This is due to the work being carried out by the accountable body.

Scope for improvement was however identified in the following areas:

- There is the need for the grant claims and submissions to the DWP and DLUHC being carried out each quarter, to be in a timely fashion to ensure that the monies are reclaimed by the Council. The ESF claims are up to date but the ERDF claims are a year behind and during the review the Programme Manager for the Folkestone Community Works CLLD Programme confirmed that they will be brought up to date.

2.3 Coast Protection / Engineers – Reasonable Assurance

2.3.1 Audit Scope

To provide assurance on the adequacy and effectiveness of the procedures and internal controls regarding the engineering function within the Council, (mainly in respect of coast protection/flood defences), to ensure that the service provided protects the officers involved from a health & safety aspect, any projects are administered effectively, expenditure is controlled, and any service provision to external bodies is properly approved and accurately recharged.

2.3.2 Summary of Findings

The engineering function manages the coastal and fluvial flood defences for the district, which involves regular inspections, monitoring and remedial works. Capital works include ongoing Folkestone to Hythe beach management, for which funding

until 2025 has been secured from the Environment Agency. There are also plans to stabilise the cliff at Coronation Parade.

The primary findings giving rise to the Reasonable Assurance opinion in this area are as follows:

- The engineering function has a service plan aligned with statutory obligations.
- A high-level inspection plan is held in Excel, with more detailed records maintained on web-based application, GISmapp.
- Condition surveys are regularly undertaken and defects to assets are recorded, monitored and prioritised for repair on a risk-based approach.
- Budgets are monitored regularly as part of the budget monitoring and reporting requirement. Contract Standing Orders have been adhered to for the Folkestone to Hythe beach management contract (2020-2025).

Scope for improvement was however identified as follows:

- Consider producing a public annual report of flood risks that have been addressed and which cover the key questions in the Strategic Flood Risk Assessment (SFRA) (2015) and/or commission a more frequent SFRA, since it recommends an annual review.
- Consider a risk assessment of the lone work undertaken by the engineer and whether the issue of a footprint device would be beneficial.

2.4 E Procurement including Corporate Cards – Reasonable Assurance

2.4.1 Audit Scope

To provide assurance on the adequacy and effectiveness of the procedures and controls established to develop E-Procurement strategies and policies to improve procurement processes for the Council and its contractors, including controls over the use of corporate procurement cards.

2.4.2 Summary

Procurement is the process of acquiring goods, works and services from third parties and in-house providers. The paper processes for ordering goods, works and services have been replaced with the e-procurement routines which have required staff to have a mind shift in the way they carry out the ordering routines, it has also streamlined the back office function.

The Council also has twenty four active purchase cards currently in issue. The card holder is responsible for the security of the purchase card and must account for all items of expenditure on a monthly basis.

The primary findings giving rise to the Reasonable Assurance opinion in this area are as follows:

- Work is currently under way to review the procurement strategy with the aim to have the revised one in place during 2022. When the revised Procurement strategy is approved, the Folkestone & Hythe website and the staff intranet should

be updated and staff should be advised that the new strategy is in place and where it can be accessed.

- Training programmes and supporting guidance and procedure notes are in place to assist officers in using the e-procurement system.
- A Procurement Guide that provides practical guidance on how the Contract Standing Orders (CSO`s) apply to procurement decisions and processes is available to staff. It explains some of the more technical and legal issues involved in procurement and it provides practical working examples where possible. This document supports the Financial Procedure Rules and the Contract Standing Orders that are available to staff.
- Guidance notes on how to use the purchasing card and the records that the officers have to complete, and the required supporting evidence of expenditure are available to staff when they are issued with a purchasing card.
- Procedure notes are in place that the Case Management (Corporate Services) follows for the issuing of corporate credit cards, the ongoing monitoring of the expenditure, making the payment to the card provider and processing the necessary journals to recover the VAT where applicable.

Scope for improvement was however identified in the following areas:

- The Folkestone & Hythe website and the staff intranet should be updated to include the current version of the Procurement Strategy and also the result of the monitoring that is being carried out to ensure compliance with it.
- The Folkestone & Hythe website information under Contracting should be reviewed and updated as it makes reference to the Official Journal of the European Union (OJEU) under the financial thresholds that determine what process have to be used to procure a contract.
- Adequate staff cover should be in place to support the Case Management (Corporate Services) officer during periods of annual leave and sickness so that the financial verification processes that they carry out on the corporate credit cards can continue to be carried out each month.
- Staff should be reminded that when purchasing items, making bookings etc. that it should be in the Council`s name and not the name of the officer using the corporate credit card. They must also provide a VAT receipt to support all purchases made with a corporate credit card and that failing to do so could result in the authority not being able to reclaim the VAT.

FOLLOW UP OF AUDIT REPORT ACTION PLANS

3.0 FOLLOW UP OF AUDIT REPORT ACTION PLANS

- 3.1 As part of the period`s work four follow up reviews have been completed of those areas previously reported upon to ensure that the recommendations previously made have been implemented, and the internal control weaknesses leading to those recommendations have been mitigated. Those completed during the period under review are shown in the following table.

3.2

Service / Topic	Original Assurance level	Revised Assurance level	Original recs	Outstanding recs
Grounds Maintenance	Reasonable	Substantial	C 0 H 2 M 1 L 2	C 0 H 0 M 0 L 0
Housing Voids	Reasonable	Reasonable	C 0 H 0 M 4 L 0	C 0 H 0 M 0 L 0
Contract Standing Orders	Reasonable	Reasonable	C 0 H 1 M 2 L 0	C 0 H 0 M 0 L 0
Equality & Diversity	Reasonable	Reasonable	C 0 H 2 M 0 L 1	C 0 H 0 M 0 L 0

- 3.3 Details of any individual critical or high priority recommendations outstanding after follow-up are included at Annex 1 and on the grounds that these recommendations have not been implemented by the dates originally agreed with management, they are now being escalated for the attention of the s.151 Officer and Members of the Audit & Governance Committee (none this quarter).

The purpose of escalating outstanding high-priority recommendations which have not been implemented is to try to gain support for any additional resources (if required) to resolve the risk, or to ensure that risk acceptance or tolerance is approved at an appropriate level.

4.0 WORK IN PROGRESS

- 4.1 During the period under review, work has also been undertaken on the following topics, which will be reported to this Committee at future meetings: Covid Grants, Housing Data Integrity, FOI and Climate Change

5.0 CHANGES TO THE AGREED AUDIT PLAN

- 5.1 The 2021/22 audit plan was agreed by Members at the meeting of the Audit & Governance Committee on 4th March 2021.
- 5.2 The Head of the Audit Partnership meets on a regular basis with the Section 151 Officer or their deputy to discuss any amendments to the plan. Members of the Committee will be advised of any significant changes through these regular update

reports. Minor amendments are made to the plan during the course of the year as some high profile projects or high-risk areas may be requested to be prioritised at the expense of putting back or deferring to a future year some lower risk planned reviews. The detailed position regarding when resources have been applied and or changed are shown as Appendix 3.

6.0 FRAUD AND CORRUPTION

There are currently no reported incidents of fraud or corruption being investigated by EKAP on behalf of Folkestone-Hythe District Council.

7.0 INTERNAL AUDIT PERFORMANCE

7.1 For the period ended 31st December 2021 278.86 chargeable days were delivered against the planned target of 350 which equates to achievement of 79.67% of the original planned number of days.

7.2 The financial performance of the EKAP for 2021/22 is on target.

Attachments

- Appendix 1 Summary of high priority recommendations outstanding or in progress after follow up
- Appendix 2 Summary of services with limited / no assurances yet to be followed up.
- Appendix 3 Progress to 31st December 2021 against the 2021/22 Audit plan.
- Appendix 4 Balanced Scorecard to 31st December 2021
- Appendix 5 Assurance Definitions.

SUMMARY OF CRITICAL /HIGH PRIORITY RECOMMENDATIONS OUTSTANDING AFTER FOLLOW-UP – APPENDIX 1		
Original Recommendation	Agreed Management Action, Responsibility and Target Date	Manager’s Comment on Progress Towards Implementation.
None		

SERVICES GIVEN LIMITED / NO ASSURANCE LEVELS STILL TO BE REVIEWED			
Service	Reported to Committee	Level of Assurance	Follow-up Action Due
Community Infrastructure Levy & S106s	September 2021	Limited	Work in progress

PROGRESS AGAINST THE F&HDC AUDIT PLAN 2021/22

Review	Original Planned Days	Revised Planned Days	Actual To 31/12/2021	Status and Assurance level
FINANCIAL SYSTEMS				
Business Rates	10	0	0	Deferred
Housing Benefit Overpayments	10	11	11.25	Finalised - Substantial
Housing Benefit DHP	10	8	8.10	Finalised - Substantial
Housing Benefit Subsidy	10	0	0	Deferred
HOUSING SYSTEMS				
Homelessness	10	10	0.14	Quarter 4
Rent Setting, Accounting & Collection	10	12	12.12	Finalised - Substantial
Resident Engagement	10	8	8.14	Finalised - Reasonable
Voids Management	10	14	14.62	Finalised - Reasonable
Tenants' Health & Safety	10	10	0.41	Quarter 4
Contract Management	10	0	0.27	Deferred
Data Integrity	10	10	0.46	Work in progress
Garage Deposits/ Management	10	13	13.21	Finalised - Reasonable
Housing Regulator	10	0	0.17	Deferred
Right to Buy	10	0	0.03	Deferred
ICT SYSTEMS				
ICT review	10	12	11.66	Finalised - Substantial
HUMAN RESOURCES SYSTEMS				
Flexi, Leave and Sickness	10	0	0.17	Deferred
GOVERNANCE RELATED				
Freedom of Information	10	10	5.28	Work in progress
Fraud Resilience Arrangements	10	1	1.25	Replaced with Grants Review
Otterpool Park Governance	10	8	0.92	Quarter 4
SERVICE LEVEL				
Business Continuity / Emergency Planning	10	0	0	Deferred
Councillor Grants	10	13	13.49	Finalised - Reasonable
Climate Change	10	15	12.79	Work in progress
E-Procurement & Purchase Cards	10	10	9.03	Finalised - Reasonable
Engineers / Coast Management	10	13	13.24	Finalised - Reasonable
Garden Waste / Recycling Management	10	10	0.84	Quarter 4
Lifeline	10	0	0.10	Deferred

Review	Original Planned Days	Revised Planned Days	Actual To 31/12/2021	Status and Assurance level
Folkestone Community Works Programme	10	10	5.10	Finalised - Reasonable
Planning Income	10	0	0	Deferred
Safeguarding	10	10	9.93	Finalised - Reasonable
OTHER				
Committee Reports & Meetings	10	10	8.21	Ongoing
S151 Meetings & Support	10	10	5.03	Ongoing
Corporate Advice / CMT	5	5	2.29	Ongoing
Liaison with External Audit	1	1	0.03	Ongoing
Audit plan prep & Meetings	10	10	6.67	Ongoing
Follow Up Reviews	14	18	18.48	Ongoing
FINALISATION OF 2020-21 AUDITS				
Scheme of Delegations	10	1	1.29	Finalised - Reasonable
Community Safety Partnership		3	3.19	Finalised - Reasonable
Planning CIL & S106		7	7.18	Finalised - Limited
Grounds Maintenance		1	0.68	Finalised - Reasonable
Housing Compliance		7	6.58	Finalised - Substantial
RESPONSIVE WORK				
Election Duties	0	2	1.74	Completed
Princes Parade Project Arrangements	0	13	13.39	Finalised – N/A
COVID Grants	0	35	33.91	Work in Progress
Pay Policy	0	4	3.69	Finalised – N/A
Ross House	0	10	9.12	Finalised – N/A
Apprentices Review	0	5	4.66	Finalised – N/A
Total	350	350	278.86	79.67%

BALANCED SCORECARD

Appendix 4

<u>INTERNAL PROCESSES PERSPECTIVE:</u>	<u>2021-22 Actual</u>	<u>Target</u>	<u>FINANCIAL PERSPECTIVE:</u>	<u>2021-22 Actual</u>	<u>Original Budget</u>
	Quarter 3		Reported Annually		
Chargeable as % of available days	90%	80%	<ul style="list-style-type: none"> • Cost per Audit Day 	£	£356.35
Chargeable days as % of planned days			<ul style="list-style-type: none"> • Direct Costs 	£	£459,443
CCC	59.31%	75%	<ul style="list-style-type: none"> • + Indirect Costs (Recharges from Host) 	£	£10,945
DDC	77.25%	75%	<ul style="list-style-type: none"> • - 'Unplanned Income' 	£	Zero
TDC	68.42%	75%			
F&HDC	79.68%	75%			
EKS	67.84%	75%			
Overall	71.89%	75%	<ul style="list-style-type: none"> • = Net EKAP cost (all Partners) 		£470,388
Follow up/ Progress Reviews;					
<ul style="list-style-type: none"> • Issued 	49	-			
<ul style="list-style-type: none"> • Not yet due 	15	-			
<ul style="list-style-type: none"> • Now due for Follow Up 	17	-			
Compliance with the Public Sector Internal Audit Standards (PSIAS) (see Annual Report for more details)	Partial	Full			

<u>CUSTOMER PERSPECTIVE:</u>	<u>2021-22 Actual</u>	<u>Target</u>	<u>INNOVATION & LEARNING PERSPECTIVE:</u>	Actual	Target
	Quarter 3		Quarter 3		
Number of Satisfaction Questionnaires Issued;	46		Percentage of staff qualified to relevant technician level	74%	74%
Number of completed questionnaires received back;	19		Percentage of staff holding a relevant higher level qualification	38%	38%
	= 41%		Percentage of staff studying for a relevant professional qualification	15%	N/A
Percentage of Customers who felt that;			Number of days technical training per FTE	4.99	3.5
<ul style="list-style-type: none"> • Interviews were conducted in a professional manner 	95%	100%	Percentage of staff meeting formal CPD requirements (post qualification)	38%	38%
<ul style="list-style-type: none"> • The audit report was 'Good' or better 	100%	90%			
<ul style="list-style-type: none"> • That the audit was worthwhile. 	100%	100%			

Appendix 5

Definition of Audit Assurance Statements & Recommendation Priorities

CiPFA Recommended Assurance Statement Definitions:

Substantial assurance - A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.

Reasonable assurance - 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 assurance - 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 assurance - 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.

EKAP Priority of Recommendations Definitions:

Critical – A finding which significantly impacts upon a corporate risk or seriously impairs the organisation's ability to achieve a corporate priority. Critical recommendations also relate to non-compliance with significant pieces of legislation which the organisation is required to adhere to and which could result in a financial penalty or prosecution. Such recommendations are likely to require immediate remedial action and are actions the Council must take without delay.

High – A finding which significantly impacts upon the operational service objective of the area under review. This would also normally be the priority assigned to recommendations relating to the (actual or potential) breach of a less prominent legal responsibility or significant internal policies; unless the consequences of non-compliance are severe. High priority recommendations are likely to require remedial action at the next available opportunity or as soon as is practical and are recommendations that the Council must take.

Medium – A finding where the Council is in (actual or potential) breach of - or where there is a weakness within - its own policies, procedures or internal control measures, but which does not directly impact upon a strategic risk, key priority, or the operational service objective of the area under review. Medium priority recommendations are likely to require remedial action within three to six months and are actions which the Council should take.

Low – A finding where there is little if any risk to the Council or the recommendation is of a business efficiency nature and is therefore advisory in nature. Low priority recommendations are suggested for implementation within six to nine months and generally describe actions the Council could take.