

**Internal Audit Year-End Report**

**2020/21**

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# Introduction

This report outlines the internal audit work carried out for the year ended 31/03/21. The Public Sector Internal Audit Standards require the Head of Internal Audit to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management (Corporate Strategic Board) and approved by the Governance, Audit, Risk Management & Standards Committee (Harrow Council's Audit Committee), designed to provide a reasonable level of assurance, subject to the inherent limitations described below and set out in Appendix 1. The opinion does not imply that Internal Audit has reviewed all risks relating to the organisation.

2020/21 has been a year like no other for the Council and Internal Audit with work being disrupted at the beginning of the year due to the requirement for all staff to work from home initially without appropriate IT equipment for all staff i.e. lap tops, keyboards, mouse and screens, with staff being required to find suitable space to work within their own homes. New ways of working needed to be developed to enable audit reviews to be undertaken remotely requiring the adaptation of audit programs/approaches and the use of new and unfamiliar IT software. The Governance, Audit, Risk Management & Standards Committee did not meet in April 2020 or July 2020 as a result of the disruption and thus the Internal Audit Plan for 2020/21, which would usually have been presented to the Committee in the April, was not presented until the October meeting. This was a revised plan that took into account the disruption and the change in Internal Audit resources.

The Internal Audit Plan 2020/21 was based on a level of internal audit input of 564 days, of which 603 days were delivered. This reflects additional work undertaken in various areas of the plan including Families First, Business Grants and Professional Advice as reflected in the report below.

Internal audit work was performed in conformance with the Public Sector Internal Audit Standards.

# Head of Internal Draft Audit Opinion

**Good with improvements required in a few areas:** The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control is generally good with 98% of reports issued being amber, amber/green or green assurance. One red assurance report has been issued identifying significant weakness and/or non-compliance in the framework which could potentially put the achievement of objectives in this area at risk and no significant governance gaps have been identified so far as part of the annual review of governance process. The direction of assurance travel over the past three years is positive with fewer red and red/amber assurance reports issued each year. Improvements have been recommended in areas where weaknesses were identified of which 98% have been agreed by management. See Summary of Findings section.

# Framework for the Opinion

The opinion is based on:

- All audits undertaken as part of the 2020/21 Internal Audit Plan (except Core Financial Systems audits);
- Audits of Core Financial Systems undertaken in Q1/Q2 of 2021/22 (part of the 2021/22 plan);

- Recommendations made accepted/not accepted by management;
- Recommendations implemented by management at follow-up;
- Re-assessed assurance ratings at follow-up in respect of audits from previous periods.
- The annual review of governance process.

## Key Factors for the 2020/21 Draft Opinion

The opinion is currently in draft only as work on the Council's core financial systems is currently incomplete. This is due to reduced Internal Audit resources due to vacancies and maternity leave and reduced resources in some of the core financial system areas due to vacancies and the work on the introduction of the replacement ERP system. The key factors that contributed to the draft opinion are summarised as follows:

- 98% of assurance reviews undertaken during 2020/21 were given an amber, an amber/green or a green assurance (2% higher than 2019/20);
- 100% of overall recommendations made during 2020/21 were agreed by management for implementation (2% higher than 2019/20);
- 87% of recommendations were implemented/substantially implemented (19% higher than 2019/20), 8% were in progress (13% lower than 2019) and 5% (6% lower than 2019/20) were planned at time of follow-up thus it is expected that in due course 100% will be implemented (the same as 2019/20);
- 100% of follow-up reviews attained an amber, amber/green or green assurance rating (the same as 2018/19), all, bar one resulted in an improved assurance rating with;
- The annual review of governance has not identified any significant governance gap so far.

## Summary of Outputs

The year-end internal audit report is timed to inform Harrow's Annual Governance Statement. A summary of key outputs/findings from the programme of internal audit work for the year is recorded in the table below:

Key Outputs	
Description	Detail
<p><b>Audit reports</b></p> <p>29 internal audit reviews were undertaken resulting in an audit report.</p>	<ul style="list-style-type: none"> <li>• 11 green, 13 amber/green, 4 amber and 1 red assurance reports were issued;</li> <li>• 19 high risk, 46 medium risk and 19 low risk recommendations were made to improve weaknesses identified in governance, risk management or control.</li> </ul>
<p><b>Significant weaknesses</b></p> <p>1 red assurance report was issued during 2020/21 identifying significant weakness and/or potentially putting the achievement of objectives in this area at risk.</p>	<p>Red assurance report:</p> <ul style="list-style-type: none"> <li>• Major Projects - Depot Redevelopment Additional Works</li> </ul>
<p><b>Other audit work</b></p> <p>A number of other pieces of audit work have been undertaken as part of the 2020/21 Internal Audit Plan that did not result in a traditional audit report but none the less added value to the Council's governance, risk management and control framework.</p>	<ul style="list-style-type: none"> <li>• Corporate Governance, annual review of governance 2019/20 outputs = the annual review of governance evidence table, management assurance statements, share service/partnership evidence-based governance self-assessments and the 2019/20 Annual Governance Statement;</li> <li>• Risk Management, outputs = Corporate Risk register for Q1/ Q2, Q3 and Q4 of 2020/21;</li> <li>• Families First (Troubled Families Grant), outputs = validation of the Q1-Q4 grant claims;</li> <li>• Professional Advice, outputs = the provision of independent professional internal audit advice on a range of topics</li> </ul>

<p><b>Annual review of governance</b></p> <p>The annual review of governance is primarily undertaken to provide evidence to support the production of the Annual Governance Statement and consists of a review of governance arrangements against the CIPFA Good Governance Framework and the Council's own governance structure.</p>	<ul style="list-style-type: none"> <li>• A significant governance gap identified during 2019/20 in relation to the Depot Redevelopment Project was investigated by Internal Audit and a report on the full extent of the governance issues, recommendations to improve the governance weaknesses and agreed management action was presented to the GARMS Committee meeting in October 2020.</li> <li>• Follow-up work on the implementation of the report's recommendations began in 2020/21.</li> </ul>
<p><b>Follow up</b></p> <p>During the year we have undertaken follow up work on the implementation of previously agreed actions.</p>	<ul style="list-style-type: none"> <li>• 12 follow-ups have been completed during 2020/21. All, bar one, follow-up resulted in an improved assurance rating with 100% attaining an amber, amber/green or green assurance rating.</li> </ul>
<p><b>Good practice</b></p> <p>We also identified a number of areas where few weaknesses were identified.</p>	<ul style="list-style-type: none"> <li>• Work on the Council's core financial systems undertaken during 2020/21 (based on controls in place during 2019/20) continue to be well controlled.</li> <li>• Overall schools also continue to demonstrate a strong level of control over their finances and budgets along with good governance procedures.</li> </ul>

## Internal Audit Work Conducted: Results of Individual Assignments (resulting in an audit report)

Review	Assurance Rating		Number of Recommendations		
	H	M	L		
<b>Corporate Compliance Checks</b>					
Contract Procedure Rules (Annual Assurance)	AMBER	GREEN	0	1	0
Financial Regulations (Annual Assurance)	AMBER	GREEN	0	2	1
Adults Financial Assessments (Residential + non-residential)	AMBER	GREEN	0	2	3
Adult Social Care - Personal Budgets Monitoring	AMBER		1	4	0
Invoice Payments - adherence to Fin Regs VAT invoice requirements	AMBER		2	3	1
Purchase Card expenditure during Covid-19	AMBER		3	5	0
Fees & Charges (Annual Assurance)	GREEN		0	0	0
<b>Corporate Risk Based Reviews</b>					
Income Collection	AMBER	GREEN	0	1	0
<b>Resources Directorate &amp; Core Financial Systems</b>					
Housing Benefit	GREEN		0	0	0
Treasury Management	GREEN		0	1	1
Housing Rents	AMBER	GREEN	1	4	0
Business Rates	AMBER	GREEN	1	0	0
Capital expenditure	GREEN		0	0	0
Corporate Accounts Receivable	GREEN		0	0	0
Corporate Accounts Payable	GREEN		0	0	0
Payroll	GREEN		0	0	1
Council Tax	AMBER	GREEN	1	0	0
Covid-19 Business Grants	AMBER	GREEN	0	4	3
<b>Directorate Risk Based Reviews</b>					
<b>Community</b>					
Major Projects - Depot Redevelopment Additional Works	RED		5	3	0
Major Projects - Grange Farm	AMBER	GREEN	1	2	0
Empty Property Grant (VFM)	AMBER	GREEN	0	4	0

Discretionary Grants Fund	AMBER	GREEN	0	6	2
<b>People</b>					
Woodlands Investigation	AMBER		2	3	0
Whitmore School Finance Review	GREEN		0	1	3
Elmgrove School Budgetary Control & Management	GREEN		0	0	1
West Lodge School Budgetary Control & Management	GREEN		0	1	1
Kenmore Park Junior School Budgetary Control & Management	AMBER	GREEN	1	1	1
Cedars Manor School Budgetary Control & Management	GREEN		0	1	1
Stanburn Primary School Budgetary Control & Management	AMBER	GREEN	0	3	3
<b>TOTAL</b>			18	52	22

Final red and red/amber assurance reports are presented to the GARMS Committee individually for review and comment with relevant managers attending the meetings. The red assurance report in the above table was presented to the GARMS Committee in October 2020.

## Results of Other Audit Work on the 2020/21 Plan

Work Undertaken	Results/Output
Corporate Governance	Each year the Council undertakes a review of its governance arrangements to meet the requirements of the CIPFA/SOLACE Framework <i>Delivering Good Governance in Local Government</i> and to fulfil its statutory duty as outlined in the Accounts and Audit Regulations 2015. The review annual review process undertaken as part of the 2020/21 plan covering the 2019/20 financial year consisted of an evidenced based self-assessment undertaken by members of the Corporate Governance Working Group co-ordinated and reviewed by Internal Audit, a management assurance exercise completed by each Directorate, and a review of the governance of shared service and partnership arrangements. The result of this work was fed into the production of the Annual Governance Statement for 2019/20.
Risk Management	<p>The update of the Corporate Risk Register for Quarter 1 of 2020/21 was delayed due to the disruption caused by the pandemic and focus of the Council's senior management team quite rightly being on managing the day to day risks of dealing with the pandemic. However a Quarter1/Quarter 2 update was undertaken in July/August 2020 and was further updated in November for Quarter 3 and February 2021 for Quarter 4. Each update was presented and agreed with CSB and presented to the GARMS Committee.</p> <p>A review of Risk Management in Decision Making was included in the 2020/21 Internal Audit Plan with the intention of undertaken a retrospective review of decision reports presented to Cabinet to assess quality of risk management information contained in the reports. However the review on the Depot Redevelopment Additional Works highlighted weaknesses in the reporting of risk management implications in decision reports and a recommendation was made that the Risk Management Implications of Cabinet reports should be 'formally cleared' to improve the robustness of the information provided to support decision making. This was accepted by Management and the sign-off task allocated to the Head of Internal Audit. This essentially turned the planned retrospective review into a pro-active real-time review of the Risk Management Implications section of Cabinet reports.</p> <p>This task was first undertaken for the reports being presented to Cabinet in December 2020 and it quickly became apparent that to improve the robustness and consistency of the risk management implications in the reports that the report template and the guidance for report authors needed to be reviewed and improved. This task was completed in time for reports being presented to the January meeting.</p> <p>Twenty-eight reports were reviewed and signed-off for Cabinet meetings December – March as follows:  <b>December:</b></p>

	<ul style="list-style-type: none"> <li>• Approval for consultation for the Edgware Town Centre Supplementary Planning Document being jointly prepared with the London Borough of Barnet (2019-2021)</li> <li>• Grant Support to Local Businesses - Additional Restrictions Grant</li> <li>• Draft Revenue Budget 2021/22 and draft Medium-Term Financial Strategy 2021/22 to 2023/24</li> <li>• Draft Capital Programme 2020/21 to 2023/24</li> <li>• Revenue and Capital Monitoring 2020/21 - as at Quarter 2 (30th September 2020)</li> <li>• Calculation of Council Tax Base for 2021 – 2022</li> <li>• Estimated Surplus / (Deficit) on the Collection Fund 2020-21</li> <li>• Arrangements for the Supply of Temporary Staff Services and Permanent Recruitment Services</li> <li>• Byron Hall Covid-19 Vaccination Site</li> </ul> <p><b>January</b></p> <ul style="list-style-type: none"> <li>• Borough Wide Public Spaces Protection Order to address environmental issues</li> <li>• Consolidation of Fixed Penalty Notices for Environmental Crime Enforcement</li> <li>• Renewal of Selective Licensing of private rented accommodation in the Edgware Ward</li> <li>• Review of Housing and Homelessness Strategies (Part 2): Housing Allocation Scheme and Tenancy Strategy &amp; Policy</li> <li>• Green Homes Grant Scheme – request to utilise grant funding awarded via lead Borough Ealing</li> <li>• DWP Contract – Kick Start Scheme Gateway</li> <li>• Fees and Charges 2021/22</li> <li>• Calculation of Business Rates Tax Base for 2021-2022</li> <li>• Draft Housing Revenue Account Budget 2021-22 &amp; Medium-Term Financial Strategy 2022-23 to 2023-24</li> </ul> <p><b>February</b></p> <ul style="list-style-type: none"> <li>• Final Capital Programme 2020/21 to 2023/24</li> <li>• Final Revenue Budget 2021/22 and final Medium-Term Financial Strategy 2021/22 to 2023/24</li> <li>• Housing Revenue Account Budget 2021-22 &amp; Medium-Term Financial Strategy 2022-23 to 2023-24</li> <li>• Annual Treasury Management Strategy Statement including Prudential Indicators, Minimum Revenue Provision Policy Statement, Annual Investment Strategy and Annual Capital Strategy for 2021/22</li> <li>• Commissioning of Harrow Community Paediatric Services</li> <li>• Revenue and Capital Monitoring 2020/21 - as at Quarter 3 (31 December 2020)</li> </ul> <p><b>March</b></p> <ul style="list-style-type: none"> <li>• Additional Restrictions Grant Policy Revision</li> <li>• Essential heating upgrade works for Sheltered schemes: Cornell, Meadfield and Alma Court</li> <li>• Property Disposal Programme 2021-2022</li> <li>• Department for Education (DfE) funded Holiday Activities and Food Programme</li> </ul> <p>Only one report was not reviewed and signed off as it was an information report.</p> <p>The new template, guidance, review and sign-off has been well received by report authors and senior management and the template and guidance was extended to the decision reports of all other committees from April 2021.</p>
Families First (Troubled Families Grant)	<p>Five claims were submitted during the year in April 2020, September 2020, December 2020, February 2020 and March 2020. This is three more than during 2019/20. For each Grant Submission, a 10% and one 20% sample of the cases were reviewed by Internal Audit to ensure that:</p> <ul style="list-style-type: none"> <li>• the cases are eligible for claim;</li> <li>• the criteria and the outcomes are accurately identified and evidenced where applicable;</li> <li>• the case has not been re-opened for further work;</li> <li>• the closure report on the Mosaic system clearly identifies the outcomes achieved; and</li> <li>• the spreadsheet has been checked for duplicates.</li> </ul>

Professional Advice	A range of professional advice has been provided to managers during 2020/21 including: Authorisations during Covid-19 Pandemic; development of the Business Grants process, HSDP governance arrangements.
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**To be noted:** an allocation of time was included in the 2020/21 Internal Audit Plan for work on SFVS Assurance Statement and the Information Governance Board however the DfE suspended the requirement for data to be submitted on the School Financial Value Standards for 2020 and the IGB did not meet during 2020/21.

## Follow Up Work Conducted

### Introduction

In order for the Council to derive maximum benefit from internal audit, agreed actions should be implemented. Whilst management is responsible for implementing recommendations, in accordance with the internal audit plan, follow-ups of recommendations are undertaken for all reports on the Council's core financial systems and all but Green assurance reports of other systems. The table below summarises the follow up work performed during 2020/21.

Review	Original Assurance Rating		Re-Assessed Assurance Rating <sup>1</sup>		No. of agreed recs	Status of agreed actions				
						I	SI	PI	PL	NI
Parking Whistleblowing	RED		AMBER	GREEN	16	11	2	3	-	-
Pinner Park School – Governance & Financial Controls	AMBER	GREEN	GREEN		10	6	-	2	2	-
Council Tax KC	AMBER	GREEN	AMBER	GREEN	6	2		2	2	
Harrow Arts Centre	AMBER		GREEN		16	16	-	-	-	-
Kenmore Park Infants Pay Policy	AMBER	GREEN	GREEN		8	8	-	-	-	-
Grange School – Governance & Financial Controls	AMBER		GREEN		11	11	-	-	-	-
Fostering	AMBER		GREEN		7	6	1	-	-	-
Payroll KC	GREEN		GREEN		4	3	1	-	-	-
Personal Budgets Sample Testing	AMBER		GREEN		21	18	2	1	-	-
Roxbourne Primary School Governance & Financial Controls	AMBER		AMBER	GREEN	16	11	2	3	-	-
IT Systems Security – EMS	AMBER		GREEN		21	20	-	1	-	-
Cashiering	AMBER		AMBER	GREEN	6	3	-	-	3	-
<b>TOTALS</b>					142	115	8	12	7	-
<b>PERCENTAGES</b>						81%	6%	8%	5%	-

<sup>1</sup> The impact of recommendations implemented, substantially or partially implemented at follow-up on the expected controls are assessed to provide the re-assessed assurance rating and assumes that previous controls that were operating and still operating. It should be noted the correlation between control weaknesses and recommendations is not 1:1 i.e. one weakness identified may result in a number of recommendations being made and alternatively a number of weaknesses identified may result in only one recommendation being made.



## Summary







87% of recommendations were implemented/substantially implemented at the time of follow-up, with a further 8% in progress and 5% planned. All of the recommendations were still considered appropriate by management and thus it is expected that in due course 100% will be implemented.

All, bar one, follow-ups undertaken resulted in an improved assurance rating with 100% attaining an amber, amber/green or green assurance rating.<sup>2</sup> The one follow-up that did not result in an improved assurance rating was the Council Tax Key Control review this was because the one high risk recommendation had not been implemented at the time of follow-up.

## Direction of Assurance Travel

### Introduction

Whilst the audit days in the Internal Audit Plan have remained broadly consistent over the last 3 years the number of pieces of audit work contained in the plan varies year on year depending on the estimated audit days required to complete individual assignments. Direction of travel is therefore based on percentages rather than number of assignments.

Assurance Ratings (including follow-ups)	Direction of Assurance Travel between 2020/21 & 2019/20 (based on %)	Number/% of Reports + Follow-Ups		
		2020/21	2019/20	2018/19
GREEN	Up 	19 (41%)	19 (40%)	14 (33%)
AMBER GREEN	Up 	17 (41%)	17 (35%)	9 (22%)
AMBER	Down 	4 (10%)	10 (21%)	14 (33%)
RED AMBER	Down 	0	0	2 (5%)
RED	Same 	1(2%)	1(2%)	3 (7%)
% of Amber, Amber/Green or Green	Up 	40 (98%)	46 (96%)	37 (88%)

## Summary

One of the key factors used in the Head of internal Audit Opinion is the percentage of assurance reviews undertaken during the year that were given an amber, an amber/green or a green assurance. The direction of travel for this factor between 2019/20 and 2020/21 is positive showing a 2% increase.



# Performance of Internal Audit

## Introduction

A number of Key Performance Indicators (KPIs) were agreed as part of the 2020/21 Internal Audit Plan and performance against these is set out in the table below:

	Internal Audit Performance Indicator	Target	Mid-Year	Year-End	Comments
1	Recommendations agreed for implementation	95%	100%	100%	<b>Exceeded</b> All recommendation made were agreed
2	Follow up undertaken – Red & Red/Amber Assurance Reports	100%	100%	50%	<b>Not Met</b> 2 Red assurance reports where due to be followed up during 2020/21 – 1 is still in progress.
3	Follow up undertaken – Amber, Amber/Green & Green Assurance Reports	70%	35%	79%	<b>Exceeded</b> 11 of 14 follow ups were completed.
4	Plan achieved for key control reviews	100%	100%	100%	<b>Met</b> 3 full reviews and 6 evidence based self- assessments undertaken
5	Plan achieved overall (key indicator)	90%	46%	92%	<b>Exceeded</b>
Corporate Performance Indicator					
1	Implementation of recommendations	90%	79%	87% (higher at this stage than previous 2 years)	<b>Exceeded (in due course)</b> 87% of recommendations were implemented/substantially implemented, 8% were in progress and 5% were planned at time of follow-up thus it is expected that in due course 100% will be implemented.

## Summary

Of the 5 internal audit performance indicators 3 were exceeded and 1 was met and 1 was not met.

The target not met relates to the follow-up of one red assurance report which is ongoing.

**Excellent:** The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control is good and that there are adequate and effective governance, risk management and control processes to enable the related risks to be managed and objectives to be met. No areas of significant weakness (red or red/amber assurance reports) were identified. See Summary of Findings in section.

**Good with improvements required in a few areas:** The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control is generally good. Some red and red /amber assurance reports have been issued identifying significant weakness and/or non-compliance in the framework which could potentially put the achievement of objectives in these areas at risk. Improvements have been recommended in these areas of which over 95% have been agreed by management. See Summary of Findings in section.

**Major improvement required:** The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control require major improvement. A large number of red and red/amber assurance reports have been issued identifying significant and endemic weaknesses and/or non-compliance in the framework of governance, risk management and control which put the achievement of organisational objectives at risk. Improvements have been recommended in these areas of which less than 95% have been agreed by management. See Summary of Findings in section.

**Unsatisfactory:** The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control is unsatisfactory. The majority of assurance reports issued are red or red/amber identifying significant weaknesses and/or non-compliance in the framework of governance, risk management and control indicating the achievement of corporate objectives is unlikely and control is poor [and/or] there is significant non-compliance with controls. Because of this, systems have failed or there is a real and substantial risk that systems will fail and management's objectives will not be achieved. Immediate action is required to improve the adequacy [and/or] effectiveness of governance, risk management and control. See Summary of Findings in section.

## Limitations and Responsibilities

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibility for the design and operation of these systems.

The Head of Internal Audit's opinion is based solely on the work undertaken as part of the agreed internal audit plan. There may be weaknesses in systems of internal control that did not form part of agreed programme of work, in elements of systems that were not included in the scope of individual internal audit assignments or that were not brought to internal audit's attention. The risk of this is mitigated by implementing a risk-based approach to the development of the internal audit plan and to individual audit assignments.

Internal audit reports are given a **red**, **red/amber**, **amber**, **amber/green** or **green** assurance rating.

**Red** reports will indicate systems/functions/establishments with a low overall percentage of controls in place that represent a high risk to the authority needing immediate attention to improve the control environment;

**Red/amber** reports will indicate systems/functions/establishments that represent a high to medium risk to the authority needing immediate attention to improve the control environment;

**Amber** reports will indicate a fair level of controls operating that represent a medium risk in need of attention to prevent them becoming high risk;

**Amber/green** reports will indicate medium to low risk in need of attention to prevent them becoming high risk and

**Green** reports will indicate a high level of controls operating, including all critical controls, that represent low risk areas

A formula for converting audit findings into a **red**, **red/amber**, **amber**, **amber/green** or **green** rating has been developed as follows:

**Red** reports will essentially be those where there is **one or more** of the following:

- A low overall percentage of controls in place (0-50%)
- An absence of critical controls (reflected as high risk recommendations)
- A significant deterioration in control systems
- Poor progress with implementation of previous recommendations

**Red/Amber** reports will be those that have 51-60% of controls operating and no more than 40% of controls absent are critical (40% of recommendations made).

**Amber** reports will be those that have 61-70% of controls operating and no more than 25% of controls absent are critical (25% of recommendations made).

**Amber/Green** reports will be those that have 71-80% of controls operating and no more than 10% of controls absent are critical (10% of recommendations made).

**Green** reports will be those having 81-100% of controls operating including all critical controls and no absence of critical controls (no high risk recommendations).

Controls operating and substantially operating will be combined to give the overall assurance rating.