

NHS Lothian

Internal Audit 2023/24

‘Quit Your Way’ Service Review

August 2023

Final Report

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For action:	
• Head of Partnership and Place	
For Information:	
• Director of Finance	
• Service Managers	
• Audit and Risk Committee	

Executive summary



Background

The Scottish Government has a goal of creating a tobacco-free generation by 2034, meaning that by 2034, less than 5% of adults will smoke. 'Quit Your Way' is an advice and support service for anyone in Scotland trying to stop smoking. The service delivers free stop smoking support provided by specialist practitioners at a variety of locations.

The 'NHS Stop Smoking Services Scotland 2021/22' report, published on 21st February 2023, states that the smoking cessation services provided by NHS Lothian had reported lower performance than the national average for Scotland at both 4 and 12 weeks. NHS Lothian had the lowest percentage of successful quit attempts at 4 weeks, at 35.2% (significantly lower than the national average figure of 44.6%). Similarly, at 12 weeks, the percentage of successful quit attempts reported by NHS Lothian was 22.9%, which was lower than the national average for Scotland (28.7%).



Objectives

Our review focussed on the following key risks:

- Inaccurate or incomplete procedural documentation can create confusion, inefficiencies, and non-compliance risks.
- Operational process includes duplication of effort and/or unnecessary steps.
- Non-compliance with established processes may result in patient dissatisfaction, incorrect reporting, and data breaches.
- Inadequate data verification controls can lead to inaccurate national reporting.



Limitations in scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined above. Other risks exist in this process which our review and therefore our conclusion has not considered. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing.

This report does not constitute an assurance engagement as set out under ISAE 3000.



Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit.

Headline messages



Conclusion

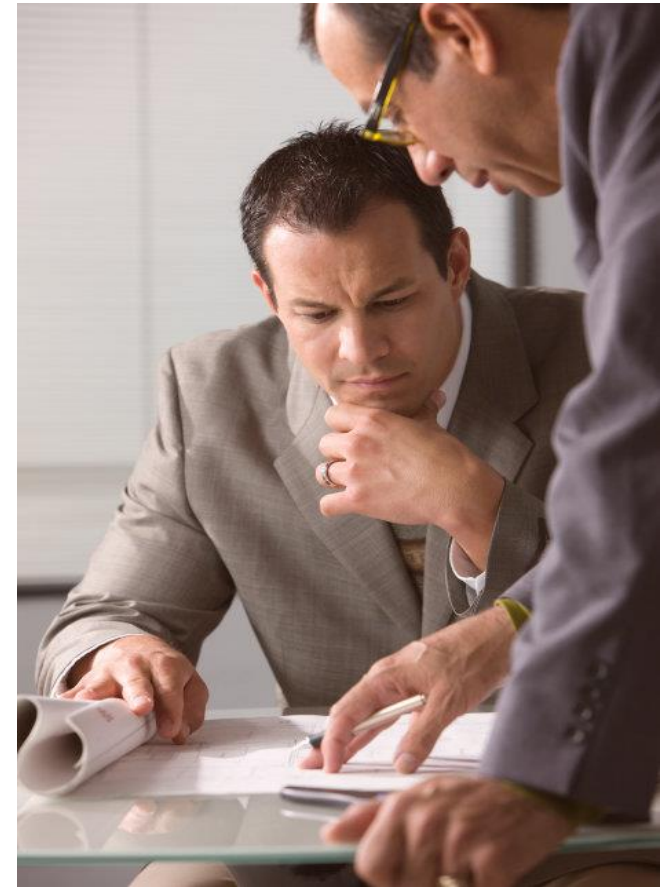
Moderate Assurance

We have reviewed the processes and controls around Quit Your Way and have concluded that the processes have provided a **MODERATE level of Assurance**. This was confirmed through testing in specific areas of the organisation and through discussions with management.

The objectives reviewed are set out on the following page with the assurance rating we have assessed for each one and the number of recommendations raised. We have reported by exception against the areas where we consider that Management and the Audit and Risk Committee should focus their attention.

Specific findings from our review include:

- **Paper-Based Processes:** The heavy reliance on paper-based records within the Quit Your Way service poses significant risks to data integrity, accessibility, collaboration, and decision-making due to the inherent vulnerabilities of physical documents, including loss, damage, unauthorised access, and the lack of analytical capabilities. These risks are further intensified by the process for updating the National Database, which requires Business Administrators to extract information from paper files maintained by Tobacco Control Practitioners (TCP). This manual transfer of information between TCPs and Business Administrators introduces additional points of potential error, delays, and dependency on physical paperwork. Transitioning to digital processes would streamline database updates, eliminate the need for paper records, and enable direct access to information, significantly reducing risk and enhancing efficiency across the Quit Your Way service.
- **Referral Process Weakness:** The referral process for hospital patients to the Quit Your Way service exhibits weaknesses, with inconsistent practices in asking patients about their interest in being referred.
- **Lack of Clear Guidelines:** The NHS Lothian Smoke Free Policy lacks clear guidelines on how healthcare professionals should make referrals and follow specific steps, increasing the risk of inconsistent practices and missed opportunities.
- **Non-Compliance Issues:** Testing of service users from acute and community pathways revealed non-compliance, including progress notes not scanned, users not on the National Database, and missed follow-ups. The identified weaknesses are linked to the paper-heavy processes.



Headline messages



Conclusion

We have raised seven recommendations. The grading of these recommendations based on risk, is summarised in the table below.

Risks	Assurance rating	Number of recommendations			
		High	Medium	Low	Imp
Inaccurate or incomplete procedural documentation can create confusion, inefficiencies, and non-compliance risks.	Significant Assurance	-	-	1	-
Operational process includes duplication of effort and/or unnecessary steps.	Moderate Assurance	-	1	-	-
Non-compliance with established processes may result in patient dissatisfaction, incorrect reporting, and data breaches.	Moderate Assurance	-	3	1	-
Inadequate data verification controls can lead to inaccurate national reporting.	Significant Assurance	-	-	1	-

Summary of findings



Examples of where recommended practices are being applied

- The language and terminology used in the governance documentation are clear and concise, avoiding unnecessary technical jargon. This ensures that the procedures outlined in the SOPs are easily understood by the intended readers.
- The Quit Your Way program has clearly defined and well-documented guidelines for how progress notes should be handled by both Business & Administration (B&A) staff and Tobacco Control Practitioners (TCPs). This promotes consistency and accuracy in how patient information is recorded and managed.
- TCP Progress notes (where available) were clear and easy to follow.
- Tobacco Control Practitioners are undertaking contact attempts in alignment with Standard Operating Procedures.
- The Smoke Free Policy emphasises the need to assess the smoking status of patients at various stages, including referral, admission, and attendance at the hospital. It shows an intention to provide support for patients, visitors, and staff who wish to quit smoking. Despite the lack of clarity in the policy, there is an active process where referrals to Quit Your Way can be made by medical staff.

Summary of findings



Areas requiring improvement

- The SOPs require final tidying up and formal approval. While the draft SOPs for the Quit Your Way service adequately describe operational processes and procedures, with clear language, effective formatting, and comprehensive instructions, as the proposed recommendations within this report, particularly those implicating a change in process, are implemented, there will inevitably be a need to revise, update, and amend the SOPs.
- After reviewing the Standard Operating Procedures and conducting interviews with Tobacco Control Project Managers (TCPM), it was found that the processes heavily rely on paper-based approaches, posing inherent risks such as data loss and damage, limited accessibility, inefficient document retrieval, security vulnerabilities, and lack of analytics. To address these inefficiencies, suggestions include simplifying telephone referrals, adopting electronic methods for assessments and progress notes, replacing paper referrals from outpatient clinics with a digital submission system, streamlining prescription fulfilment through electronic communication, integrating follow-up updates into TCP workflow and improving remote working processes through digital tools.
- The decision to refer hospital patients to the Quit Your Way service depends on medical staff asking patients if they want to be referred, but our interview with the Acute Tobacco Control Project Manager revealed a weakness in the referral process. Only a few medical staff consistently ask patients about being referred, resulting in low referral rates. Currently, referrals can be made by telephone, email, or paper forms. However, the absence of systems or reports to record smoking status and compare it to the number of referrals hinders visibility and identification of areas with low referral rates. Additionally, potential non-compliance with the NHS Lothian Smoke Free Policy further limits the reach of the Quit Your Way service.
- The NHS Lothian Smoke Free Policy lacks clear guidelines on how healthcare professionals should make referrals and follow specific steps, increasing the risk of inconsistent practices and missed opportunities for referring patients to Quit Your Way services.
- Testing of service users from acute and community pathways revealed areas of non-compliance with procedures. These included a failure to scan progress notes in a timely manner, a service user was not recorded on the National Database, two follow-ups were not completed in the reporting window and two successful follow-ups were not recorded in the National Database. These non-compliance issues are attributed to paper-heavy processes, hindering access to information and increasing the risk of data discrepancies and missed appointments.
- Our review of the design and implementation of data verification controls indicates weakness with the current processes for ensuring accurate national reporting from the Quit Your Way service.

Detailed findings & action plan

1.1

Significant Assurance

Inaccurate or incomplete procedural documentation can create confusion, inefficiencies, and non-compliance risks.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Incomplete approval and refinement of the revised SOPs present a challenge to operational efficiency within the Quit Your Way service.</u></p> <p>Work is currently in progress to develop and approve a revised set of Standard Operating Procedures (SOPs) for the Quit Your Way service.</p> <p>The five recently produced SOPs were considered to adequately describe the operational processes and procedures to be employed by the Quit Your Way team as:</p> <ul style="list-style-type: none"> • the language and terminology were clear, • the formatting and layout were effective, • the instructions and steps were comprehensive, • the cross-referencing and appendices were well-utilised, • the guidance on database and record-keeping was detailed, and • the procedures in the SOPs are clearly described and easily accessible to the relevant personnel. <p>However, as the proposed recommendations within this report, particularly those implicating a change in process, are implemented, there will inevitably be a need to revise, update, and amend the SOPs. This will ensure their relevance and effectiveness in guiding operational procedures within the Quit Your Way service.</p>	<p>Recommendation 1:</p> <p>Ensure the timely completion and formal approval of the new set of Standard Operating Procedures (SOPs) for the Quit Your Way service. Additionally, ensure that any process changes resulting from the other agreed actions in this report are adequately reflected.</p>	<p>Actions: The update, finalisation, and formal approval of the Standard Operating Procedures (SOPs) for the Quit Your Way Service are dependent on the successful completion of the other actions outlined in this report, which will necessitate some level of service re-design. After completing the other outlined actions (predecessors), we will proceed to finalise the SOPs.</p> <p>Responsible Officer: Head of Partnership and Place</p> <p>Executive Lead: Director of Public Health</p> <p>Due Date: 29/02/2024</p>

Detailed findings & action plan

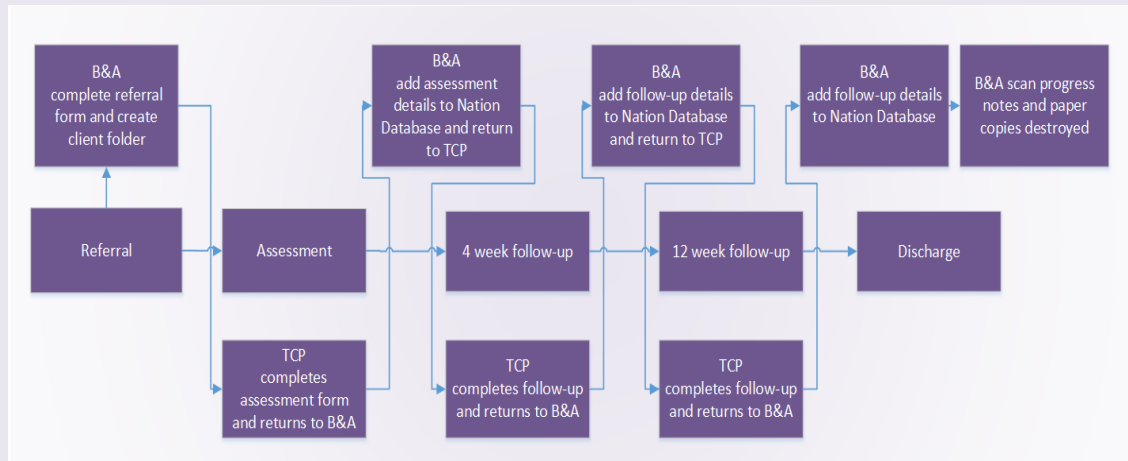
2.1

Moderate Assurance

Operational process includes duplication of effort and/or unnecessary steps.

Finding and implication

After reviewing the Standard Operating Procedures and conducting interviews with Tobacco Control Project Managers (TCPM), we have identified that the processes heavily rely on paper-based approaches. Below is a summary process map which illustrates how paper files are passed between Business and Administration (B&A) and the Tobacco Control Practitioners (TCP). Referrals, assessments, progress notes, and follow-up details are recorded on paper, with B&A extracting the relevant information for data entry onto the National Database.



There are several inherent risks connected with paper-based processes.

- **Data Loss and Damage:** Paper documents are susceptible to loss, damage, and destruction. Once a paper document is lost or destroyed, it is often challenging or impossible to recover the information it contained.
- **Limited Accessibility:** Paper-based processes can be restrictive when it comes to accessing and sharing information. This can reduce collaboration, and overall management oversight.
- **Inefficient Document Retrieval:** Finding specific information within a pile of paper documents can be time-consuming and tedious which can lead to delays, errors, and frustration for employees.
- **Security Vulnerabilities:** Paper documents can be easily accessed or tampered with if proper security measures are not in place. Unauthorised individuals may gain access to sensitive or confidential information, leading to data breaches or privacy violations. Additionally, physical documents are more prone to loss.
- **Lack of Analytics and Insights:** Paper-based processes often lack the ability to capture and analyse data effectively.

Detailed findings & action plan

2.1

Moderate Assurance

Operational process includes duplication of effort and/or unnecessary steps.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Over-reliance on paper processes impedes Quit Your Way's operational efficiency.</u></p> <p>We have identified operational inefficiencies arising from an excessive reliance on physical paperwork. As mentioned on the previous page, the paper-based processes pose inherent risks, which apply to all the areas listed below. Moreover, we've identified additional risks related to unnecessary steps. To add value and improve efficiency while mitigating these risks, we have pinpointed specific areas that require enhancement.</p> <p>Telephone Referrals: Directly inputting patient data into a digital platform could eliminate unnecessary steps and improve accessibility.</p> <p>Assessment / Progress Notes: Adopting electronic methods for assessment paperwork and progress notes could eliminate unnecessary steps and improve accessibility</p> <p>Paper Referrals from Outpatient Clinics: Implementing a digital submission system would bypass the inefficiencies of paper document handovers decreasing the risk of delays and errors.</p> <p>Prescription Fulfilment: Utilising electronic communication channels could expedite prescription fulfilment, decreasing the risk of delays and errors.</p> <p>Database Updates: By integrating routine follow-up updates into the regular TCP workflow, the need for file handovers and associated inefficiencies would be reduced.</p> <p>We viewed emails from the Project Support Manager which discussed TRAK's potential to optimise the Quit Your Way Service. Anticipated benefits included decreased paper use.</p>	<p>Recommendation 2:</p> <p>Streamline Quit Your Way service processes by exploring cost-effective solutions like TRAK integration, aiming to eliminate duplication, reduce paperwork, digitise and optimise operational efficiency.</p>	<p>Actions: We will conduct a service review with the aim of streamlining processes, reducing paper dependency, and implementing electronic records. The implementation of electronic records element is contingent upon adequate financial funding being provided.</p> <p>Responsible Officer: Head of Partnership and Place</p> <p>Executive Lead: Director of Public Health</p> <p>Due Date: 31/12/2023</p>

Detailed findings & action plan

3.1

Moderate Assurance

Non-compliance with established processes may result in patient dissatisfaction, incorrect reporting, and data breaches.

Finding and implication

Testing of service users from an acute pathway identified areas of non-compliance with procedures. We reviewed the pathways of a sample of patients at each of the three acute site with the Tobacco Project Manager. Out of the nine pathways reviewed, we identified the following issues:

- In five out of nine cases, the progress notes had not been scanned and were thus unavailable on the shared drive. All service users had a quit date in January 2023, with testing completed on at the end of May 2023. The procedure notes do not specify any time requirements for scanning documents.
- One service user had a prescription and quit date but was not recorded in the National Database, and no notes were scanned on the shared drive. This indicates that the user accessed the service but was not included in nationally reported figures.
- Two service users were not followed up during the designated windows. In one case, the 4-week follow-up was missed, and in the other case, the 12-week follow-up was not completed.

Similarly, testing of ten service users from a community pathway also identified areas of non-compliance with procedures. We selected ten community pathways, five from Mid Lothian and five from East Lothian. Out of the ten pathways reviewed, we identified the following issues:

- In nine out of ten cases, the progress notes had not been scanned and were thus unavailable on the shared drive.
- Two service users did not have their non-smoking status recorded in the 12-week follow-up on the National Database. The available evidence indicates that both service users successfully quit smoking for 12 weeks.
- One service user had not been discharged from the service.

Detailed findings & action plan

3.1

Moderate Assurance

Non-compliance with established processes may result in patient dissatisfaction, incorrect reporting, and data breaches.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Non-compliance with procedures impedes patient pathways and increases the risk of inaccurate reporting.</u></p> <p>The identified non-compliance issues are likely connected to the reliance on paper-based processes. The use of paper notes for recording follow-up details and the multiple handoffs between Business and Administration (B&A) and clinical staff increase the risk of oversight and hinder timely scheduling of follow-up appointments and data entry into the National Database.</p> <p>The main priority is ensuring contact with clients during the designated follow-up periods to confirm their smoking status as any client follow-up outside of these specified timeframes won't be eligible for national reporting. Specifically, the 4-week check-in should be carried out within the window of week 4 to 6, while the 12-week follow-up needs to be performed within the timeframe of week 12 to 16.</p>	<p>Recommendation 3:</p> <p>Linked to recommendation 2; automate and digitise aspects of the Quit Your Way service specifically focusing on the follow-up protocol to include automated reminders to ensure timely and comprehensive follow-ups for service users and data entry into the National Database through an efficient workflow.</p>	<p>Actions: As part of the service review, a specific follow-up protocol will be developed to ensure that responsibilities for follow-ups are clear and that a formal process is in place, ensuring an efficient workflow. This streamlined system will provide clear visibility of upcoming client follow-up windows, enabling contact to be made on day 1 to determine if they can be recorded as a successful quit attempt.</p> <p>Responsible Officer: Head of Partnership and Place</p> <p>Executive Lead: Director of Public Health</p> <p>Due Date: 31/12/2023</p>

Detailed findings & action plan

3.2

Moderate Assurance

Non-compliance with established processes may result in patient dissatisfaction, incorrect reporting, and data breaches.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Inconsistent referral practices and lack of tracking systems weaken Quit Your Way's service reach.</u></p> <p>Our interview discussions identified possible non-compliance with policy by medical staff in offering referrals. The absence of systems or reports to track smoking status and monitor referral rates limits visibility and hinders in identifying areas of low referral rates. These weaknesses limit the reach of the Quit Your Way service.</p> <p>The interview with the Acute Tobacco Control Project Manager highlighted a weakness in the referral process for hospital patients to the Quit Your Way service. Referrals can be made by telephone, email, or on paper forms. However, the decision to make a referral depends on the medical staff asking the patient if they want to be referred to the service. It was mentioned that only a few individuals consistently ask patients about their interest in being referred.</p> <p>To assess the extent of this issue, we inquired about any systems or reports which record the smoking status of admissions and compare it with the number of referrals. Unfortunately, no such information is available, and there are no reports which compare the number of patients with a smoking status to the number of referrals made.</p> <p>The NHS Lothian Smoke Free Policy, as of March 2023, clearly outlines the requirements for assessing and documenting the smoking status of patients upon referral, admission, or attendance at the hospital. It further specifies that the offer of a referral to Quit Your Way services should be made at the first contact with a health professional, such as outpatient or pre-assessment clinics. Additionally, this offer should be repeated at appropriate stages throughout the patient journey, including the time of admission.</p>	<p>Recommendation 4:</p> <p>Establish systems or reporting tools to monitor the smoking status of patients upon admission and track the number of referrals made.</p>	<p>Actions: We will implement a robust surveillance system to effectively monitor the level of referrals within Hospitals. Currently, pregnant women referrals can be made through Trak using a one-click process. We will look at expanding the one-click referral process to cover all admissions, making it easier to refer patients.</p> <p>We will establish a process to monitor the referral rates of patients with a smoking status upon admission to enable an assessment of the effectiveness of the referral process.</p> <p>Responsible Officer: Head of Partnership and Place</p> <p>Executive Lead: Director of Public Health</p> <p>Due Date: 31/12/2023</p>
	<p>Recommendation 5:</p> <p>Conduct training sessions and awareness campaigns to educate medical staff about the importance of assessing smoking status and making referrals in accordance with the NHS Lothian Smoke Free Policy.</p>	<p>Actions: Following the implementation of the surveillance and electronic referral process, an awareness and training campaign will be conducted for clinical staff.</p> <p>Responsible Officer: Head of Partnership and Place</p> <p>Executive Lead: Director of Public Health</p> <p>Due Date: 31/12/2023</p>

Detailed findings & action plan

3.3

Moderate Assurance

Non-compliance with established processes may result in patient dissatisfaction, incorrect reporting, and data breaches.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Absence of clear guidelines for healthcare professionals on patient referrals to Quit Your Way.</u></p> <p>Our read through of the NHS Lothian Smoke Free Policy, found areas where the requirements for referring patients to Quit Your Way and recording smoking status could be improved.</p> <p>The policy states that all patients who smoke should receive advice, guidance, and support about tobacco use and effective methods for stopping smoking, including an offer of a referral to Quit Your Way services. However, there are no clear guidelines provided on how healthcare professionals should make these referrals or what specific steps they should follow. This lack of clarity may lead to inconsistent practices and missed opportunities for referring patients to smoking cessation services.</p>	<p>Recommendation 6:</p> <p>NHS Lothian Smoke Free Policy should include clear and standardised guidelines for healthcare professionals to refer patients to the Quit Your Way service and record smoking status.</p>	<p>Actions: The revised National Tobacco Control Strategy is anticipated to be completed by the end of the year. Upon its publication, the NHS Lothian Smoke-Free Policy will be updated to align with the latest guidance. We will also incorporate the improvements made to the acute referral process, as agreed in recommendations 4 and 5.</p> <p>Responsible Officer: Head of Partnership and Place</p> <p>Executive Lead: Director of Public Health</p> <p>Due Date: 29/02/2024</p>

Detailed findings & action plan

4.1

Significant Assurance

Inadequate data verification controls can lead to inaccurate national reporting.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Inability to verify national reporting due to reliance on manual, paper-based processes raises risks of inaccurate or under-reporting.</u></p> <p>Our review of the design and implementation of data verification controls identified weakness with the current processes for ensuring accurate national reporting from the Quit Your Way service.</p> <p>Due to the reliance on paper processes, there is a significant challenge for easily verifying the data entered on the National Database against the Quit Your Way services records. The process would require a manual review of all paper files during each follow-up window.</p> <p>The process is further weakened through the multiple paper hand-offs between Tobacco Control Practitioners and Business and Administration staff which reduces accountability and is susceptible to the paper-based risks listed on page 9.</p> <p>In summary, not being able to verify nationally reported performance information to service records at a given time increases the risk of inaccurate and potential under-reporting. Our sample testing identified two users which should have been included on the National Database as successful quits but were omitted.</p> <p>While a digital data management system would enhance data verification, immediate implementation may be constrained by timelines and resources. In the interim, assigning database entry responsibility to TCPs can improve accountability mitigating the risks from multiple hand-offs and reducing potential data discrepancies. The change in process would not, however, improve the services ability to verify nationally reported data.</p>	<p>Recommendation 7:</p> <p>Develop and implement data validation and verification protocols to ensure accurate and complete data transfer to the National Database. Robust data verification is not feasible with the current paper-heavy process; a transition to electronic records is necessary for enhanced accessibility, efficiency, and reliability.</p>	<p>Actions: Recommendation agreed, better monitoring and verification are needed, but this can only be achieved through a move from a paper-based process to an electronic system. Implementation is only viable with financial approval to transition to an electronic system. If transition funding is provided, we will implement data validation and verification protocols.</p> <p>Responsible Officer: Head of Partnership and Place</p> <p>Executive Lead: Director of Public Health</p> <p>Due Date: 29/02/2024</p>

Appendices

Appendix 1: Staff involved and documents reviewed



Staff involved

- Tobacco Control Project Managers
- Assistant Service Manager
- Head of Partnership and Place



Documents reviewed

- Process and procedure notes
- Standard Operating Procedures
- Standard templates, forms and letters
- Service user information



Appendix 2:

Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating*	Description
Significant Assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. There may be an insignificant amount of residual risk or none at all.</p> <p>There is little evidence of system failure and the system appears to be robust and sustainable. The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>
Moderate Assurance	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p> <p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
Limited Assurance	<p>The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.</p> <p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
No assurance	<p>The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.</p> <p>The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance a number of HIGH rated recommendations)</p>

Appendix 2:

Our recommendation ratings

The table below describes how we grade our audit recommendations based on risks:

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> • Key activity or control not designed or operating effectively • Potential for fraud identified • Non-compliance with key procedures/standards • Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> • Important activity or control not designed or operating effectively • Impact is contained within the department and compensating controls would detect errors • Possibility for fraud exists • Control failures identified but not in key controls • Non-compliance with procedures/standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> • Minor control design or operational weakness • Minor non-compliance with procedures/standards
Improvement	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> • Information for management • Control operating but not necessarily in accordance with best practice

