

## **INTERNAL AUDIT STRATEGY AND PLAN 2019-20**

### **1 Purpose**

- 1.1 The purpose of this report is to provide the committee with details of the internal audit risk assessment and plan for 2019-20.

### **2 Recommendations**

- 2.1 The committee is recommended to approve the Internal Audit Strategy and Plan for 2019-20 attached at Appendix 1.

### **3 Supporting Information**

- 3.1 This report sets out the annual risk assessment and internal audit plan for Aylesbury Vale District Council (AVDC).
- 3.2 A summary of the approach to undertaking the risk assessment and preparing the internal audit plan is provided. The internal audit plan is driven by the Council's organisational objectives and priorities, and the risks that may prevent the Council from meeting those objectives.
- 3.3 In developing the internal audit risk assessment and plan we have taken into account the requirement to produce an annual internal audit opinion by determining the level of internal audit coverage over the "audit universe" and key risks.
- 3.4 Each auditable unit has been risk assessed at a high level to determine the priority for internal audit, represented by the frequency of audit review.
- 3.5 Assurance can come from numerous sources within the Council. In developing the internal audit risk assessment and plan we have taken into account other sources of assurance and have considered the extent to which reliance can be placed upon these other sources.
- 3.6 Corporate level objectives and risks have been considered when preparing the internal audit plan.
- 3.7 In developing the plan for the final year of AVDC, consideration has been given to the Unitary context and the changing priorities and risk of AVDC as a transitioning authority rather than a continuing organisation.
- 3.8 It is also important that the plan reflects the impact that an internal audit review has on the capacity of the teams involved to deliver their core activities. On teams that are already stretched to deliver services, the additional work associated with a review might impact on performance. More assurance from "First and Second Level" sources, such as the risk management process and work being taken as part of the Transition Programme will be needed.

- 3.9 Input has been obtained from Directors, Assistant Directors and Senior Managers to take into account any areas they specifically identified for review.
- 3.10 The Internal Audit Plan will be reviewed on a quarterly basis to allow for flexibility to pick up new areas of risk or organisational change. This will be reported to the committee as part of the progress report.

#### **4 Options considered**

- 4.1 None

#### **5 Reasons for Recommendations**

- 5.1 The Internal Audit Strategy and Plan fulfils requirements of the Public Sector Internal Audit Standards which came into force on 1 April 2013.

#### **6 Resource Implications**

- 6.1 The Head of Internal Audit (Corporate Governance Manager) is responsible for delivering the internal audit plan. Work will be performed by external service providers under a co-source arrangement, within the allocated budget.

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# **Internal Audit Strategy and Plan 2019/20**

**DRAFT**

**July 2019**

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# 1. Introduction and approach

## Introduction

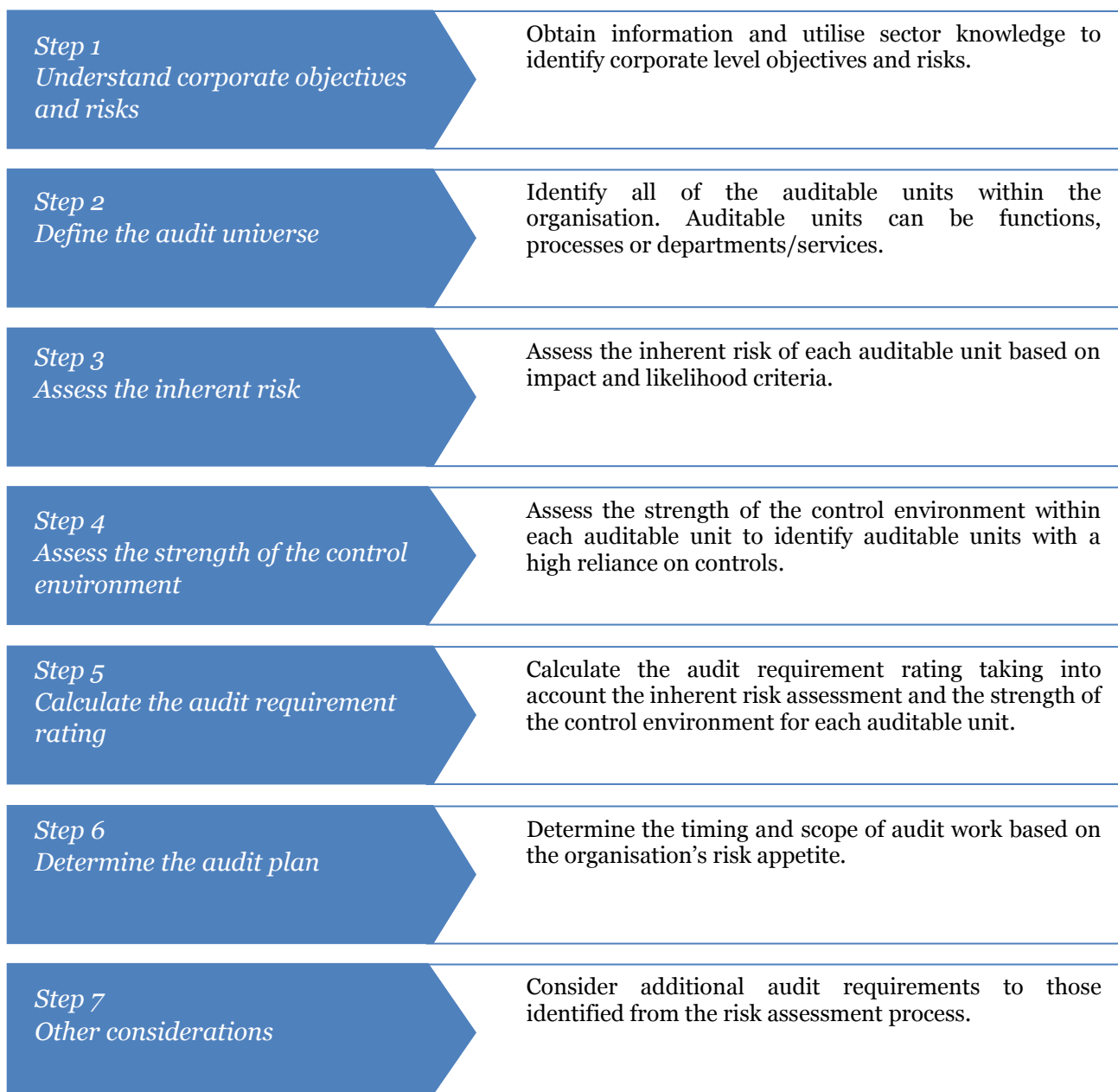
This document sets out the risk assessment and internal audit plan for Aylesbury Vale District Council (AVDC).

## Approach

The internal audit service will be delivered in accordance with the Internal Audit Charter and the Public Sector Internal Audit Standards.

A summary of the approach to undertaking the risk assessment and preparing the internal audit plan is set out below. The internal audit plan is driven by the Council's organisational objectives and priorities, and the risks that may prevent the Council from meeting those objectives. A more detailed description of our approach can be found in Appendix 1 and 2.

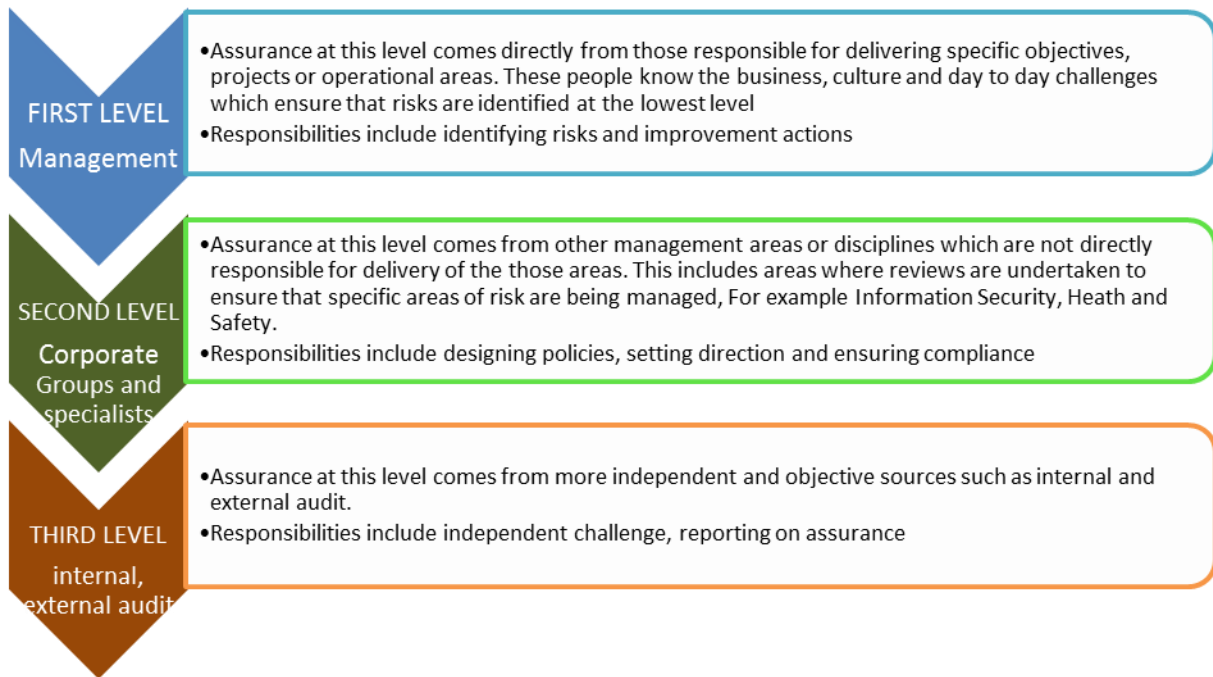
In developing the internal audit risk assessment and plan we have taken into account the requirement to produce an annual internal audit opinion by determining the level of internal audit coverage over the audit universe and key risks.



## Other sources of assurance

Assurance can come from numerous sources within the Council. In developing the internal audit risk assessment and plan we have taken into account other sources of assurance and have considered the extent to which reliance can be placed upon these other sources.

There are broadly three main categories of assurance modelled below and by working towards defining these across areas of risk it will help the Council understand how each contributes to the overall level of assurance and how best they can be integrated and mutually supportive. Level 3 is undertaken by the Internal Audit team and other independent external or regularity auditors.



## Key contacts

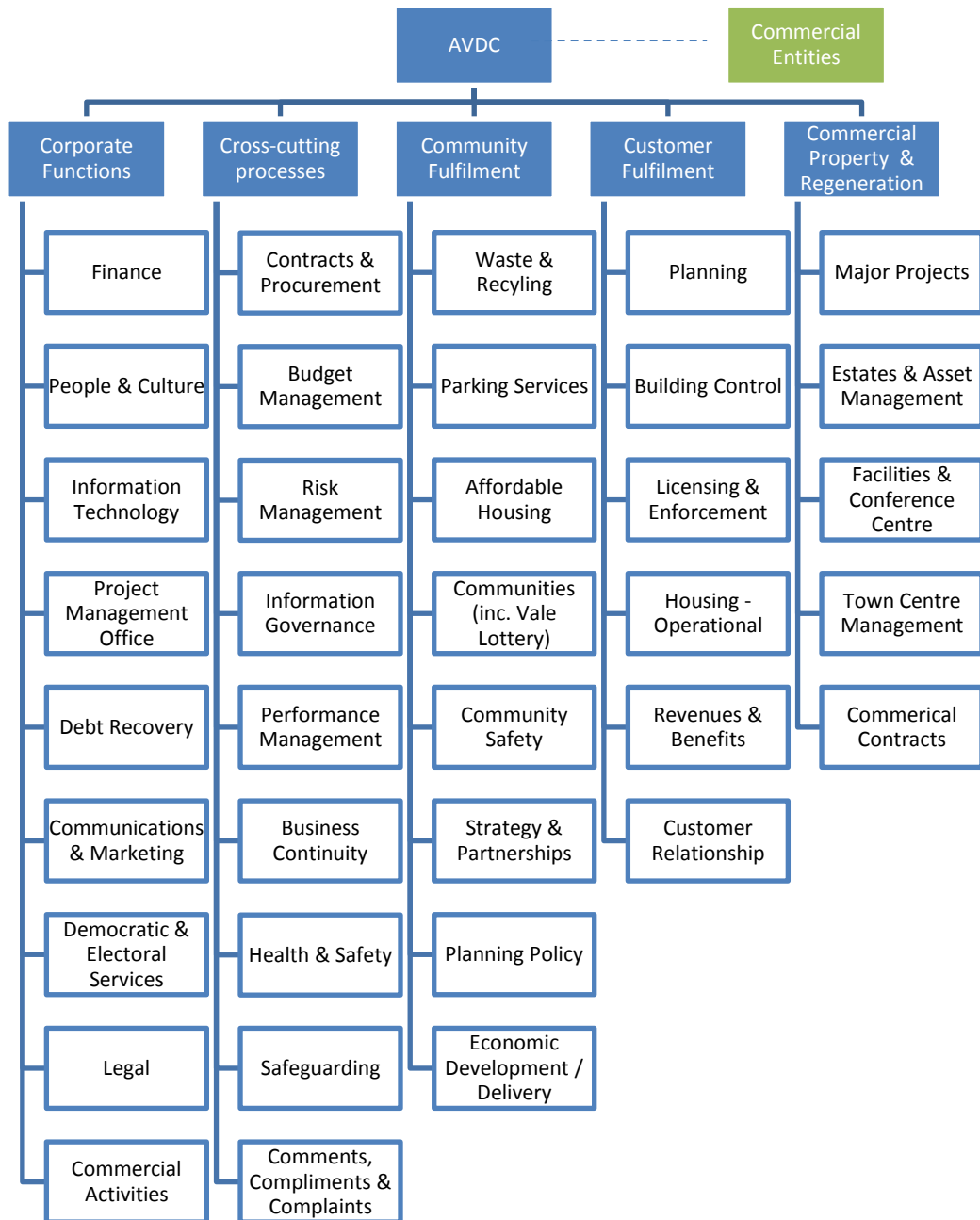
The internal audit plan has been discussed with the following members of the Senior Management team during the planning process:

| Name              | Title   |
|-------------------|---|
| Andrew Small      | Interim Head of Paid Service and s151 Officer |
| Tracey Aldworth   | Director                                      |
| Andy Barton       | Business Strategy & Support                   |
| Teresa Lane       | Commercial Property & Regeneration            |
| Jeff Membery      | Customer Fulfilment                           |
| Will Rysdale      | Community Fulfilment                          |
| Maryvonne Hassall | Digital & Transformation                      |

## 2. Audit universe, objectives and risks

### Audit universe

We have identified the auditable units within the Council based on the structure as of June 2019 and consideration of processes that run across a number of different areas (cross-cutting processes).



\* Commercial entities - Aylesbury Vale Estates

## *Corporate objectives and risks*

In November 2018, the Secretary of State announced his decision for a single unitary authority for Buckinghamshire. Subsequently, the objectives and priorities of AVDC have changed to ones appropriate for a transitioning authority rather a continuing organisation. The focus has shifted from transformation and continuous improvement to ensuring that statutory services are maintained and operating in a “safe and legal” way and that we hand over robust services and processes to Buckinghamshire Council.

There is considerable risk to the achievement of these objectives due to diminishing staff capacity to maintain services and deliver priority projects. A number of staff have transferred to the Unitary programme or are leaving AVDC to find employment elsewhere. The Chief Executive and one of the Directors have already confirmed plans to leave. AVDC is also experiencing significant demands on “experts” to resource unitary work streams, in some cases, AVDC senior managers are providing 50% or more of their time to support unitary work. Across every area of operation the pressure is being felt, across front line services, and “back office”; Finance, HR, IT and Communications in particular, are heavily involved. There is increasing recognition that there is no longer “business as usual”; AVDC needs to operate under a new model as it transitions towards the new Buckinghamshire Council.

The risk of losing key staff on our ability to deliver core services and priorities is greater in some areas than others and is likely to increase everywhere as we approach April 2020. The “Transition Programme” has put in place a process to prioritise work and resource allocation accordingly over the transition period. This is reviewed regularly and there is ongoing consideration and decision about priorities and the scope of work. Cabinet members have been briefed on this process and will continue to engage as risks and priorities are reviewed and further actions required.

As we consider the Internal Audit programme of work during the final year of AVDC, there is a need to reflect upon the impact that an internal audit review has on the capacity of the teams involved to deliver their core activities. On teams that are already stretched to deliver services, the additional work associated with a review might impact on performance. More assurance from “First and Second Level” sources, such as the risk management process and work being taken as part of the Transition Programme will be needed.

As we near the vesting day, there will also be limited time for AVDC to implement any actions arising from internal audit reviews. Whilst these can carry forward to the new Buckinghamshire Council, it is unclear at this stage who would be responsible for implementing them, and whether or not they would remain relevant. For example, it has already been agreed that the new Council will use SAP for its Finance and HR system from 1 April 2020; there is therefore little value in internal audit reviews of AVDC’s existing financial, HR and payroll systems and processes. The reviews selected must deliver real-time, value-add recommendations that can be implemented prior to vesting day.

The Internal Audit Plan for 2019/20, as set out in Section 4, has considered the context outlined above, and the Corporate risks as described in the Corporate Risk Register (July 2019), detailed below.



## Assurance over corporate risks

| Extreme risks  | Reference to IA plan or other sources of assurance  |
|--|---|
| 1) Loss of AVDC leadership and vision as the unitary programme progresses  | The Transition Programme involves risk assessment and governance of a prioritisation process to ensure services are maintained with diminishing resource; together with staff retention strategies; this will provide ongoing assurance over the management of these risks. |
| 2) Loss of key staff (external or to Unitary programme) & inability to recruit high performing individuals   |   |
| 3) Failure to deliver the Connected Knowledge Strategy and achieve the Council's Digital objectives within AVDC lifetime. Lack of alignment to wider strategic / unitary authority objectives.   |   |
| <b>High risks</b>  |   |
| 4) Lack of clarity and/or political engagement with partners hinders ability to engage in & influence next round of growth including consideration of CaMKOx Corridor, HS2, housing need targets. A Bucks wide plan could result in even more housing in the Vale geography.   | AVDC is engaged in the Housing, Growth and Economy Unitary Workstream   |
| 5) In-housing of Street and Horticulture service (Streetscene) is not completed by the end of the current contracts (January 2020), and in line with AVDC Council decision.  | Operations Programme Board provides oversight of the project.   |
| 6) Depot Transformation Programme fails to deliver commercial, customer, H&S, Environmental objectives   | Internal audit ref E1 will review governance arrangements over the management of these risks.   |
| 7) Pembroke Road Redevelopment programme is not delivered to time or budget - EA Fire Prevention Plan required resulting in possible extra capital cost up to £1m - risk assessing options to understand impact and time delay   | Level 2 assurance is via the Programme Governance Board.  |
| 8) Decline in retail sector reduces ongoing viability of AVDCs Town Centre assets and limits success of regeneration programme   | Aylesbury Town Centre plan and regeneration programme; joint Officer Steering Group (AVDC, BCC, ATC) . AVDC Transition Programme will review priorities.  |
| 9) Inadequate working with stakeholders to ensure safety of residential buildings following Grenfell.  | Assurance from Management (Level 1)   |
| 10) Impact of BREXIT - financial, procurement, employment, regulatory, environmental, major projects/partnering arrangements   | Brexit risk register is reviewed and reported to Audit Committee  |
| 11) Deterioration of quality of planning service delivery, decisions and timeliness of response to applications in the face of increasing growth demand; compounded by vacancies in the planning team, reliance on consultants and the national reduction in applicants; challenge locally due to job market and growth, unitary uncertainty | Ongoing review as part of Transition Programme.<br><br>Planning Advisory Authority will undertake review which will provide independent, Level 3 assurance.   |

### 3. Risk assessment

#### Risk assessment results

Each auditable unit has been assessed for inherent risk and the strength of the control environment, in accordance with the methodology set out in Appendix 1 and 2. The results are summarised in the table below.

| Ref      | Auditable Unit  | Inherent Risk Rating | Control Environment Indicator | Audit Requirement Rating | Frequency | Comments (incl. other sources of assurance)   |
|----------|---|----------------------|-------------------------------|--------------------------|-----------|---|
| <b>A</b> | <b>Corporate Functions</b>  |                      |                               |                          |           |   |
|          | Finance <ul style="list-style-type: none"> <li>General Ledger, Debtors, Creditors, Payroll</li> <li>Treasury, Fixed Assets</li> </ul> | 6                    | 2                             | 5                        | Annual    | Focus on fraud risk across council operations and services<br>General Ledger & Debtors reviewed 18/19<br>Creditors & Payroll last reviewed 17/18<br>Treasury & Fixed Assets last reviewed in 16/17 – low risk<br>IA resource will be prioritised if areas are identified during the unitary transition process. |
|          | People & Culture  | 3                    | 3                             | 2                        | 3 years   | Review of HR Management processes to ensure orderly transition of staff and employment information  |
|          | IT  | 6                    | 3                             | 5                        | Annual    | Assurance over governance of digital change is via Connect Knowledge Programme Board and Information Security via IGG.  |
|          | Project Management Office   | 5                    | 3                             | 4                        | 2 years   | PMO project governance controls in place. CK review done in 18/19,  |
|          | Debt Recovery   | 4                    | 2                             | 3                        | 2 years   | IA reviewed in 18/19.   |
|          | Communications & Marketing  | 3                    | 3                             | 2                        | 3 years   |   |
|          | Legal   | 3                    | 4                             | -                        | -         |   |
|          | Democratic & Electoral Services   | 3                    | 3                             | 2                        | 3 years   |   |
|          | Commercial Activities   | 3                    | 3                             | 2                        | 3 years   |   |
| <b>B</b> | <b>Cross-Cutting Processes</b>  |                      |                               |                          |           |   |
|          | Contracts & Procurement   | 5                    | 3                             | 4                        | 2 years   | Corporate processes reviewed in 18/19   |
|          | Budget Management   | 5                    | 3                             | 4                        | 2 years   | Assurance from Management Information, Finance Review Board and Scrutiny process.   |
|          | Risk Management   | 5                    | 3                             | 4                        | 2 years   | Continuous assurance over risk management processes and reporting to Audit Committee & Cabinet.   |
|          | Information Governance  | 5                    | 4                             | 3                        | 2 years   | Assurance via IGG.  |
|          | Performance Management  | 5                    | 2                             | 4                        | 2 years   | Assurance via Strategic Board   |
|          | Business Continuity   | 5                    | 2                             | 3                        | 2 years   | Review of BIAs and Plans is ongoing   |
|          | Health & Safety   | 6                    | 4                             | 4                        | 2 years   | IA reviewed in 18/19.   |
|          | Safeguarding  | 5                    | 4                             | 3                        | 2 years   | Reviewed in 16/17 and follow up being monitored.  |
|          | Customer comments, compliments and complaints   | 3                    | 2                             | 2                        | 3 years   | Internal Audit reviewed in 18/19  |
| <b>C</b> | <b>Community Fulfilment</b>   |                      |                               |                          |           |   |
|          | Waste & Recycling   | 5                    | 3                             | 4                        | 2 years   | Review of Pembroke Road redevelopment in 19/20.<br>In 18/19 reviewed Commercial Waste.  |
|          | Parking Services  | 4                    | 3                             | 3                        | 2 years   | Reviewed in 18/19.  |
|          | Affordable Housing  | 5                    | 4                             | 3                        | 2 years   | DFG grant audit   |
|          | Communities   | 5                    | 4                             | 3                        | 2 years   | Vale Lottery audited in 16/17.  |
|          | Community Safety  | 5                    | 3                             | 4                        | 2 years   | Safeguarding audited 16/17.   |
|          | Strategy & Partnerships   | 4                    | 4                             | 2                        | 3 years   |   |

| Ref      | Auditable Unit                  | Inherent Risk Rating | Control Environment Indicator | Audit Requirement Rating | Frequency | Comments (incl. other sources of assurance)  |
|----------|---------------------------------|----------------------|-------------------------------|--------------------------|-----------|--|
|          | Planning Policy                 | 5                    | 4                             | 3                        | 2 years   |  |
|          | Economic Development / Delivery | 5                    | 4                             | 3                        | 2 years   |  |
| <b>D</b> | <b>Customer Fulfilment</b>      |                      |                               |                          |           |  |
|          | Planning                        | 5                    | 4                             | 3                        | 2 years   | Planning and Enforcement reviewed in 17/18.  |
|          | Building Control                | 5                    | 3                             | 4                        | 2 years   | Reviewed in 17/18  |
|          | Licensing & Enforcement         | 5                    | 3                             | 4                        | 2 years   | Taxi licensing reviewed in 17/18. 19/20 review will focus on processes post system implementation.   |
|          | Housing –Operational            | 4                    | 4                             | 2                        | 3 years   | Audit of Housing Allocations in 15/16..  |
|          | Revenues & Benefits             | 6                    | 2                             | 5                        | Annual    | Audit of Housing Benefits in 18/19.<br>Council Tax & Business Rates in 19/20.  |
|          | Customer Relationship           | 3                    | 3                             | 2                        | 3 years   | Review Digital Contact Team in 19/20   |
|          | Environment                     | 3                    | 3                             | 2                        | 3 years   | Parks, open spaces – consider with Sec 106 audit   |
| <b>E</b> | <b>Commercial Property</b>      |                      |                               |                          |           |  |
|          | Major Projects                  | 6                    | 4                             | 3                        | 2 years   | Major Project Board provides oversight of significant capital projects – Waterside North, Pembroke Road, Crematorium Pembroke Road review in 19/20 |
|          | Estates & Asset Management      | 5                    | 2                             | 4                        | 2 years   | 17/18 reviewed landlord service charges. New Asset Management system being implemented during 19/20.   |
|          | Facilities & Conference Centre  | 3                    | 3                             | 2                        | 3 years   |  |
|          | Town Centre Management          | 4                    | 4                             | 2                        | 3 years   |  |
|          | Commercial Contracts            | 5                    | 4                             | 3                        | 2 years   | 16/17 review completed of two major contracts – Theatre & Everyone Active.   |
| <b>F</b> | <b>Commercial Entities</b>      |                      |                               |                          |           |  |
|          | Commercial Strategy             | 6                    | 2                             | 5                        | Annual    | Review of governance arrangements for AVB in 2016-18 and AVE in 18/19. No Further commercial entities.   |

### Key to frequency

| Risk based audit requirement rating | Frequency         |
|-------------------------------------|-------------------|
| 6 and 5                             | Annual            |
| 4 and 3                             | Every two years   |
| 2                                   | Every three years |
| 1                                   | No further work   |

## 4. Annual internal audit plan

### Annual plan and indicative timeline

The internal audit work planned for 2019/20 as set out below reflects the changing nature of AVDC's objectives and risks during the period of transition to the new Buckinghamshire Council. Reviews have been identified where they will directly add value to the objectives of achieving an orderly transition, balanced against the desire not to place additional burden on already stretched teams. Contingency days have been built in to allow for additional reviews should the need arise during the period. It is important the plan remains flexible to adapt to changing risks and priorities.

| Ref      | Auditable Unit                   | Audit days | Planned start date |    |    |    | Comments  |
|----------|----------------------------------|------------|--------------------|----|----|----|---|
|          |                                  |            | Q1                 | Q2 | Q3 | Q4 |   |
| <b>A</b> | <b>Corporate functions</b>       |            |                    |    |    |    |   |
| A1       | Finance – Fraud Risk Assessment  | 20         |                    |    | X  | X  | Focus on fraud risk across council operations and services. The review will identify any areas of risk and make recommendations as appropriate.<br><br>Further Finance reviews may be identified during unitary transition work |
| A2       | People & Culture – HR Management | 20         |                    |    | X  |    | Review of HR Management processes using "checklist" approach to ensure orderly transition of staff and accurate, complete employment information  |
| <b>B</b> | <b>Cross-cutting processes</b>   |            |                    |    |    |    |   |
| B1       | -                                | -          |                    |    |    |    |   |
| <b>C</b> | <b>Community Fulfilment</b>      |            |                    |    |    |    |   |
| C1       | Section 106 Agreements           | -          |                    | X  |    |    | Conclude and report on the review that started in 2018/19.  |
| <b>D</b> | <b>Customer Fulfilment</b>       |            |                    |    |    |    |   |
| D1       | Council Tax and Business Rates   | 8          |                    |    | X  |    | Controls and processes will continue into Unitary. Review to focus on changes to discount arrangements.   |
| D2       | Digital Contact Team             | 12         |                    | X  |    |    | Review of customer contact processes. Actions identified will feed into the Unitary Customer Workstream   |
| D3       | Taxi Licensing                   | 8          |                    |    | X  |    | Focus on processes post implementation of RegService  |
| <b>E</b> | <b>Commercial Property</b>       |            |                    |    |    |    |   |
| E1       | Pembroke Road Redevelopment      | 12         |                    | X  |    |    | Advisory review of the governance of the programme (Capital Projects and Operations)  |
| <b>F</b> | <b>Other</b>                     |            |                    |    |    |    |   |
|          | Follow up of audit actions       | 10         |                    | X  | X  | X  | Validation that agreed internal audit actions have been implemented.  |
|          | Grant audits - DFG               | 2          |                    |    | X  |    | Grant compliance requirements   |
|          | <b>Total planned audit days</b>  | <b>92</b>  |                    |    |    |    |   |
|          | Contingency                      | 30         |                    |    |    |    |   |
|          | <b>Total</b>                     | <b>122</b> |                    |    |    |    |   |

## *Resourcing the plan*

The Head of Internal Audit (Corporate Governance Manager) is responsible for delivering the internal audit plan. Work will be performed by external service providers under a co-source arrangement. This allows for the flexibility, insight and innovation achieved through using suppliers who work with a range of other public and private sector organisations, and also retains the desired level of proximity to AVDCs risks and priorities.

# Appendix 1: Detailed methodology

## Step 1 -Understand corporate objectives and risks

We have:

- Reviewed the strategy, organisational structure and corporate risk register;
- Considered the wider public sector and local government context; and
- Met with a senior management.

## Step 2 -Define the Audit Universe

We have identified the audit universe made up of a number of auditable units. Auditable units include functions, processes, systems, departments or services. Any processes or systems which cover multiple departments are separated into their own distinct cross cutting auditable unit.

## Step 3 -Assess the inherent risk

The internal audit plan should focus on the most risky areas of the Council. As a result each auditable unit is allocated an inherent risk rating i.e. how risky the auditable unit is to the overall organisation and how likely the risks are to arise. The criteria used to rate impact and likelihood are recorded in Appendix 2.

The inherent risk assessment is determined by:

- Mapping the corporate risks to the auditable units;
- Knowledge of the sector/function/process; and
- Discussions with management.

| Impact Rating | Likelihood Rating |   |   |   |   |   |
|---------------|-------------------|---|---|---|---|---|
|               | 6                 | 5 | 4 | 3 | 2 | 1 |
| 6             | 6                 | 6 | 5 | 5 | 4 | 4 |
| 5             | 6                 | 5 | 5 | 4 | 4 | 3 |
| 4             | 5                 | 5 | 4 | 4 | 3 | 3 |
| 3             | 5                 | 4 | 4 | 3 | 3 | 2 |
| 2             | 4                 | 4 | 3 | 3 | 2 | 2 |
| 1             | 4                 | 3 | 3 | 2 | 2 | 1 |

## Step 4 -Assess the strength of the control environment

In order to effectively allocate internal audit resources we also need to understand the strength of the control environment within each auditable unit. This is assessed based on:

- Knowledge of the internal control environment;
- Information obtained from other sources of assurance; and
- The outcomes of previous internal audits.

### *Step 5 -Calculate the audit requirement rating*

The inherent risk and the control environment indicator are used to calculate the audit requirement rating. The formula ensures that our audit work is focused on areas with high reliance on controls or a high residual risk.

| Inherent Risk Rating | Control design indicator (1= weak, 6= strong) |     |     |     |     |     |
|----------------------|---|-----|-----|-----|-----|-----|
|                      | 1   | 2   | 3   | 4   | 5   | 6   |
| 6                    | 6   | 5   | 5   | 4   | 4   | 3   |
| 5                    | 5   | 4   | 4   | 3   | 3   | n/a |
| 4                    | 4   | 3   | 3   | 2   | n/a | n/a |
| 3                    | 3   | 2   | 2   | n/a | n/a | n/a |
| 2                    | 2   | 1   | n/a | n/a | n/a | n/a |
| 1                    | 1   | n/a | n/a | n/a | n/a | n/a |

### *Step 6 -Determine the audit plan*

The risk appetite determines the frequency of internal audit work at each level of audit requirement. Auditable units may be reviewed annually, every two years or every three years.

### *Step 7 -Other considerations*

In addition to the audit work defined through the risk assessment process described above, we may undertake a number of other internal audit reviews such as regulatory driven audits or advisory reviews. These are identified separately in the annual plan.

## Appendix 2: Risk assessment criteria

### Determination of Inherent Risk

We determine inherent risk as a function of the estimated **impact** and **likelihood** for each auditable unit within the audit universe as set out in the tables below.

| <i>Impact rating</i> | <i>Assessment rationale</i>   |
|----------------------|---|
| 6                    | Critical impact on operational performance [quantify if possible]; or<br>Critical monetary or financial statement impact [quantify = materiality]; or<br>Critical breach in laws and regulations that could result in material fines or consequences [quantify if possible]; or<br>Critical impact on the reputation or brand of the organisation which could threaten its future viability). |
| 5                    | Significant impact on operational performance [quantify if possible]; or<br>Significant monetary or financial statement impact [quantify = materiality/2]; or<br>Significant breach in laws and regulations resulting in large fines and consequences [quantify if possible]; or<br>Significant impact on the reputation or brand of the organisation.  |
| 4                    | Major impact on operational performance [quantify if possible]; or<br>Major monetary or financial statement impact [quantify = materiality/4]; or<br>Major breach in laws and regulations resulting in significant fines and consequences [quantify if possible]; or<br>Major impact on the reputation or brand of the organisation.  |
| 3                    | Moderate impact on the organisation's operational performance [quantify if possible]; or<br>Moderate monetary or financial statement impact [quantify = materiality/8]; or<br>Moderate breach in laws and regulations with moderate consequences [quantify if possible]; or<br>Moderate impact on the reputation of the organisation.   |
| 2                    | Minor impact on the organisation's operational performance [quantify if possible]; or<br>Minor monetary or financial statement impact [quantify = materiality/16]; or<br>Minor breach in laws and regulations with limited consequences [quantify if possible]; or<br>Minor impact on the reputation of the organisation.   |
| 1                    | Insignificant impact on the organisation's operational performance [quantify if possible]; or<br>Insignificant monetary or financial statement impact [quantify = materiality/32]; or<br>Insignificant breach in laws and regulations with little consequence [quantify if possible]; or<br>Insignificant impact on the reputation of the organisation.                                       |

| <i>Likelihood rating</i> | <i>Assessment rationale</i>                 |
|--------------------------|---|
| 6                        | Has occurred or probable in the near future |
| 5                        | Possible in the next 12 months              |
| 4                        | Possible in the next 1-2 years              |
| 3                        | Possible in the medium term (2-5 years)     |
| 2                        | Possible in the long term (5-10 years)      |
| 1                        | Unlikely in the foreseeable future          |