

By: Jonathan Idle – Head of Internal Audit

To: Governance and Audit Committee – 21st July 2020

Subject: **INTERNAL AUDIT ANNUAL REPORT AND OPINION
FOR 2019-20**

Classification: Unrestricted

Summary:

This Annual Report details:

- The overall outcomes and key themes from Internal Audit work undertaken during 2019-20.
- The translation of these outcomes to the resultant annual opinion on the Council's systems of governance, risk management and internal control that is incorporated into the Annual Governance Statement.
- The related performance of the Internal Audit service in delivering this work.

Recommendation: FOR ASSURANCE

1. Introduction

1.1 Public Sector Internal Audit Standards (PSIAS) require that an annual report on the work of Internal Audit should be prepared and submitted to those charged with governance to support the Council's Annual Governance Statement (AGS), as required by the Accounts and Audit Regulations (England) 2015. This report should include the following:

- An annual opinion on the overall adequacy and effectiveness of the organisation's governance, risk and control framework;
- A summary of the audit work from which the opinion is derived;
- Any issue the Head of Internal Audit judges particularly relevant to the preparation of the Annual Governance Statement;
- A comparison of the work undertaken with the work that was planned and a summary of the performance of the internal audit function against its performance measures and criteria;
- A statement on conformance with the PSIAS and the result of the Internal Audit Quality Assurance and Improvement Programme;
- Disclosure of any qualifications to the opinion, together with the reasons for the qualification; and
- Disclosure of any impairments (in fact or appearance) or restriction in scope.

1.2 Accordingly, the Internal Audit Annual Report is prepared and submitted to both the Executive and the Governance and Audit Committee. Additionally, in year update reports have periodically been provided to the Committee and the Executive detailing key issues arising throughout the year.

1.3 The Annual Report includes the following components:

- Purpose and Background;
- Annual Opinion;
- Summary of Internal Audit work undertaken;
- Analysis of Council Implementation of Agreed Actions;
- Conformance with PSIAS;
- Internal Audit Performance;
- Internal Audit Resources; and
- Disclosure on Impairment and Escalation.

This year, an Annual Counter Fraud Report has been prepared separately, which outlines Counter Fraud activity for 2019-20.

- 1.4 The issues detailed in the attached report have been considered by the Council in the formulation of the draft Annual Governance Statement for 2019-20.
- 1.5 The Governance and Audit Committee's Terms of Reference include ensuring that Internal Audit is effective. Sections 7 of the Annual Report sets out performance information to enable the Committee to continually assess and consider the effectiveness of Internal Audit.
- 1.6 The proposed formal wording for the relevant declaration into the Annual Governance Statement is as per Section 2 within the Annual Report.

2. Recommendations

- 2.1 Members are requested to:

Receive and note this report as a source of independent assurance regarding the risk, control and governance environment across the Council, noting the outcomes from 2019-20 Internal Audit work and the resultant '**Adequate**' opinion to the Annual Governance Statement.

3. Background Documents

Appendix A: Internal Audit Annual Report 2019-20

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July 2020



Kent County Council

Internal Audit Annual Report 2019-20

July 2020

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1 Purpose and Background

- 1.1. This Annual Report provides a summary of the work completed by the Internal Audit service during 2019-20.
- 1.2. Public Sector Internal Audit Standards (PSIAS) require that an annual report on the work of Internal Audit should be prepared and submitted to those charged with governance to support the Council's Annual Governance Statement (AGS), as required by the Accounts and Audit Regulations (England) 2015. This report should include the following:
 - An annual opinion on the overall adequacy and effectiveness of the organisation's governance, risk and control framework;
 - A summary of the audit work from which the opinion is derived;
 - Any issue the Head of Internal Audit judges particularly relevant to the preparation of the Annual Governance Statement;
 - A comparison of the work undertaken with the work that was planned and a summary of the performance of the Internal Audit function against its performance measures and criteria;
 - A statement on conformance with the PSIAS and the result of the Internal Audit Quality Assurance and Improvement Programme;
 - Disclosure of any qualifications to the opinion, together with the reasons for the qualification; and
 - Disclosure of any impairments (in fact or appearance) or restriction in scope.
- 1.3. The purpose of this report is to satisfy these requirements and members are requested to note its content and the Annual Internal Audit Opinion provided.
- 1.4. Additionally, the report highlights key messages and outcomes, issues, patterns, strengths and areas for development in respect of internal control, risk management and governance arising from work undertaken by Internal Audit.
- 1.5. The Annual Opinion is derived from evaluation of the outcomes of Internal Audit work with specific emphasis upon the following key factors:
 - Assurance Opinions from audit assignments;
 - Assessment of audit outcomes against key themes of corporate health (the "Reasonable Assurance" model); and
 - The level of implementation by management of agreed actions to improve internal control and the management of risk.

- 1.6. The “Reasonable Assurance” Model evaluates the outcomes of Internal Audit and Counter Fraud work against the following 8 themes of what a healthy organisation requires to operate effectively.

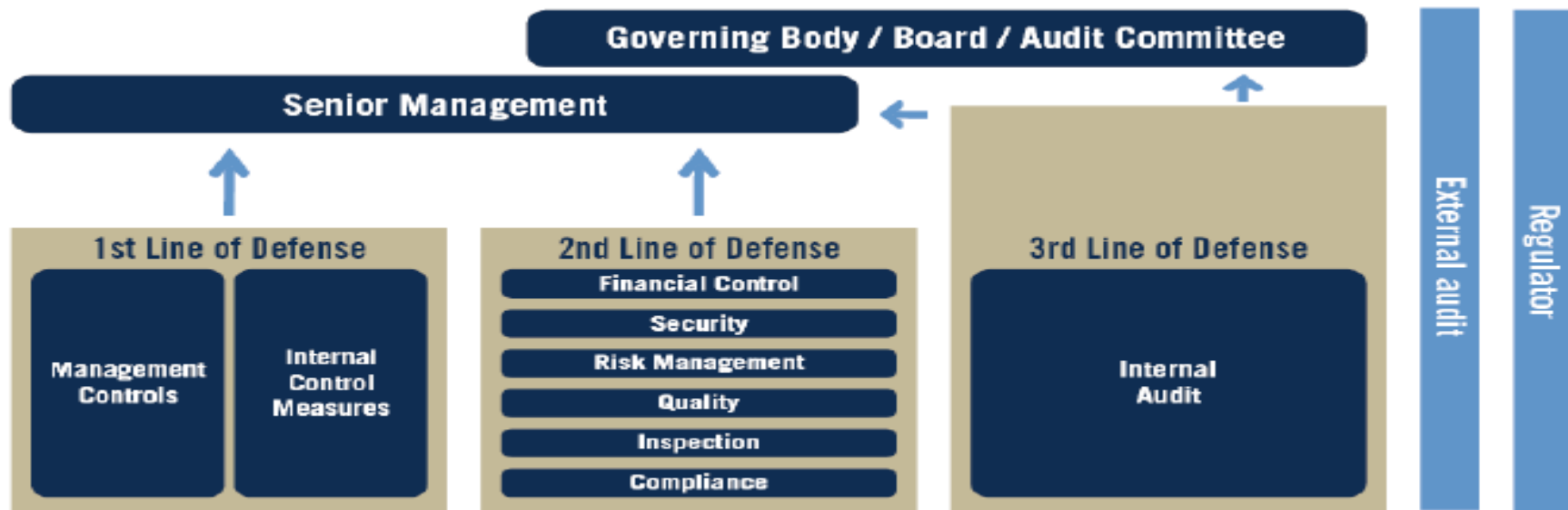
Figure 1: Reasonable Assurance Model:



- 1.7. Internal Audit is guided by the Internal Audit Charter, which is reviewed annually. Internal Audit provides an independent and objective opinion on the Council's control environment through the work based on the Annual Internal Audit Plan agreed by the Governance and Audit Committee.

1.8. The position of Internal Audit within an organisation's governance framework is best summarised in the Three Lines of Defence Model:

Figure 2: Three Lines of Defence Model



2 Annual Opinion

Overall Assurance and Opinion

- 2.1. Internal Audit concludes that **Adequate** Assurance can be assigned in relation to the Council's corporate governance, risk management and internal control arrangements.
- 2.2. This opinion is principally based upon the evaluation of the findings, conclusions and assurances from the work undertaken by Internal Audit compared to eight key indicators of corporate health, as set out in paragraphs 3.7-3.9. The overall balance of systems or functions assigned a "substantial" assurance or better remained at the same level in 2019-20, with a slight increase in the assigning of "limited" assurance or worse.
- 2.3. It should be emphasised that the assignment of an overall "Adequate" assurance opinion in 2019-20 is not a significant change from the overall opinion in 2018-19, when the assessment for an overall opinion of "Substantial" assurance was marginal. Therefore, the "Adequate" assurance opinion does not reflect a fundamental deterioration in the Council's corporate governance, risk management and internal control arrangements.
- 2.4. The opinion is also based on an improvement in the level of implementation by management of actions to address internal control and risk management issues identified by Internal Audit reports. The momentum on such improvement needs to be maintained, however, and the overall full implementation rate of 62% continues to leave room for improvement.
- 2.5. No incidences of material external or internal fraud have been detected or reported and there was positive external assurance that the Council has effective arrangements in place to manage the risk of fraud.
- 2.6. Areas for further improvement have also been highlighted and reported in the Internal Audit Annual Report and the Council has been receptive to addressing issues raised by Internal Audit.
- 2.7. Internal Audit aims to add value and continues to work with the organisation to improve governance and internal control arrangements via identifying improvements such as suggestions to senior management relating to the Annual Governance Statement process and contribution to key Council groups relating to Information Governance and Covid-19 Recovery. The commitment to working with the Council has been recognised in the Senior Management Survey.
- 2.8. There have been no limitations to the scope of Internal Audit work, but it should be noted that the assurance expressed can never be absolute and as such Internal Audit provides "reasonable assurance" based on the work performed.

3 Summary of Internal Audit Work 2019-20

Delivery Against the Internal Audit Plan

- 3.1 Appendix 1 details delivery against the 2019-20 Internal Audit Plan including amendments and changes. During the year, several planned audits were cancelled or deferred which enabled audit resources to be moved to high priority audit and advisory work.

Assurance Opinions from Audit Assignments

- 3.2 Assurance levels are assigned to completed risk-based audit reviews based on the criteria in Appendix 2. For the 2019-20 Audit Plan, a total of 46 substantive audits were undertaken and the assurance levels assigned are set out in Appendix 3.
- 3.3 Overall 53% of systems or functions have been assigned with “Adequate” assurance or lower with 41% assigned Adequate and 12% assigned Limited or No assurance. This represents a broadly similar performance since 2015-16 but a reduction compared to last year of the assigning of “High” assurance opinions in 2019-20, as illustrated in Table 1 below.

Table 1: Summary of Assurance Opinions 2015-16 to 2019-20

Assurance Level	2015-16	2016-17	2017-18	2018-19	2019-20
High	3%	3%	4%	13%	0%
Substantial	39%	35%	38%	33%	47%
Adequate	39%	55%	44%	45%	41%
Limited	19%	7%	12%	7%	9%
No Assurance	0%	0%	2%	2%	3%
Substantial or above	42%	38%	42%	46%	47%

- 3.4 Detailed summaries on the outcomes from Internal Audit work completed for 2019-20 Audit Plan have been reported in Progress reports to the Governance and Audit Committee throughout the year.

Prospects for Improvement

- 3.5 On the conclusion of each audit assignment, an assessment of the prospects for improvement is provided in the respective audit report. This is based on the criteria set out in Appendix 2.
- 3.6 Overall 91% of systems or functions have been assessed as having good, or better, prospects for improvement. This represents a significant increase on previous financial years 2015/16 to 2018-19, as illustrated in Table 2:

Table 2: Summary of Prospects for Improvement to 2019-20

Prospects Category	2015-16	2016-17	2017-18	2018-19	2019-20
Very Good	3%	4%	2%	2%	19%
Good	71%	72%	73%	76%	72%
Adequate	22%	24%	25%	20%	9%
Uncertain	4%	0%	0%	2%	0%
Good or above	74%	76%	75%	78%	91%

Reasonable Assurance Methodology Analysis

- 3.7 Evaluation of Internal Audit outcomes from audits undertaken utilising the Reasonable Assurance Model (as referred to at paragraph 1.6) provides focus on those audits which assign an opinion on the 8 themes of corporate health. Thus, this analysis forms the key component of the derivation of the Head of Internal Audit Annual Opinion.
- 3.8 In planning to be able to conclude an opinion on the whole risk management, governance and internal control framework, Internal Audit work is assessed around the 8 key lines of enquiry. Internal Audit assessments for each theme is summarised in Table 3:

Table 3: Audit Outcomes Evaluated on Reasonable Assurance Model

1. Corporate Governance				2019-20 Assessment: Adequate Assurance
No.	Audit	Opinion	Prospects for Improvement	Summary to Committee
-	Annual Governance Statement Returns	TBD	TBD	TBD
9	Pension Fund Investment Governance	Limited	Good	January 2020
13	Members Grants	Adequate	Good	January 2020
29	Information Governance DSPT	Substantial	Very Good	July 2020
26	SEND Follow-up	N/A	N/A	July 2020
The Audit of Annual Governance Statement Returns remains in progress and therefore Internal Audit cannot provide assurance at this time. Significant changes have, however, been undertaken in the process. The SEND Follow-up found there to be robust governance and oversight arrangement to monitor progress against the written statement of account which was considered when assessing this component.				
2. Risk Management				2019-20 Assessment: Substantial Assurance
No.	Audit	Opinion	Prospects for Improvement	Summary to Committee
3	Home to School Transport	Substantial	Good	October 2019
4	KRT EU Exit Lessons Learn Exercise	Substantial	N/A	October 2019
5	Highways Transportation & Waste – Health & Safety	Adequate	Very Good	October 2019
6	Foster Care	Adequate	Adequate	January 2020
16	Customer Feedback	Substantial	Very Good	January 2020
20	Care Leavers	Adequate	Good	July 2020
31	Risk Management	Substantial	Good	July 2020
32	School Themed Review – Business Continuity Planning	Limited	Good	July 2020
The fundamental consideration in the assessment of this theme was the “Substantial” assurance opinion of the annual review of Risk Management.				
3. Financial Control				2019-20 Assessment: Adequate Assurance
No.	Audit	Opinion	Prospects for Improvement	Summary to Committee
1	Debt Recovery	Adequate	Good	October 2019
8	Family Placement Payments	Substantial	Good	January 2020
9	Pension Fund Investment Governance	Limited	Good	January 2020
10	Respite Overpayments	Limited	Good	January 2020
11	Imprest Accounts and Cash Balances	No	Good	January 2020
19	Non-Household Waste Charging	Adequate	Good	July 2020
24	Economic Development Grant Schemes	Adequate	Good	July 2020
25	Public Health Grant – Sexual Health Spend	Substantial	Good	July 2020
35	Savings Delivery Plan	Adequate	Adequate	July 2020
39	Payroll	Substantial	Good	July 2020
27	Developer Contributions CIL Follow-up	N/A	N/A	July 2020
41	School Financial Services	Substantial	Very Good	July 2020
The follow-up audit of Developer Contributions (CIL) found that whilst all actions remain open, there is evidence to demonstrate that progress has been made in addressing the issues identified in the previous audit of undertaken in 2018-19.				

4. Change Programme and Project Management				2019-20 Assessment: Adequate Assurance
No.	Audit	Opinion	Prospects for Improvement	Summary to Committee
17	Troubled Families	Substantial	Good	January 2020
33	ICT Change Project Benefits Realisation	Adequate	Adequate	July 2020
26	SEND Follow-up	N/A	N/A	July 2020
38	Highways Term Services Commissioning Programme	Substantial	N/A	July 2020
40	ASCH Portfolio Board	N/A	N/A	July 2020
Although the nature of the Internal Audit engagement for the ASCH Portfolio Board was not to assign a formal opinion (as the Portfolio Board was placed on hold), significant concerns as to the effectiveness of the governance, roles and responsibilities, the substantiation of supporting documentation utilised in the analysis of activity and cost savings and the likelihood of effective delivery of the very wide-ranging projects identified within the Programme were highlighted. At the time of compilation of this report, an audit relating to Change for Kent Children had not been finalised.				
5. Procurement, Commissioning and Partnerships				2019-20 Assessment: Adequate Assurance
No.	Audit	Opinion	Prospects for Improvement	Summary to Committee
4	KRT EU Exit Lessons Learn Exercise	Substantial	N/A	October 2019
23	Agilisys Contract Management	Adequate	Good	July 2020
26	SEND Follow-up	N/A	N/A	July 2020
34	LATCos – Client-side Contract Management	N/A	N/A	July 2020
37	Voluntary Sector Contract – Adult Social Care	Substantial	Good	July 2020
38	Highways Term Services Commissioning Programme	Substantial	N/A	July 2020
The review of LATCos – Client-side Contract Management found that agreed actions had not been completed and are now not expected to be completed until the middle of 2020/21 at the earliest. Additionally, the overall evaluation of this theme also includes an awareness that despite Strategic Commissioning developing a suite of commissioning standards, such as for contract management, they have not been formally adopted, communicated or embedded throughout the Council. Furthermore, Internal Audit is aware that although work in progress relating to there being an effective Contract Register for planning contractual requirements, this was not complete or embedded during 2019-20.				
6. Information Technology and Information Security				2019-20 Assessment: Adequate Assurance
No.	Audit	Opinion	Prospects for Improvement	Summary to Committee
12	Data Protection Deep Dive CYPE	Adequate	Good	January 2020
14	Members ICT	Adequate	Good	January 2020
15	Software Licensing	Substantial	Good	January 2020
21	Wireless Network Security and Capacity	Adequate	Good	July 2020
29	Information Governance DSP Toolkit	Substantial	Very Good	July 2020
33	ICT Change – Project Benefits Realisation	Adequate	Adequate	July 2020
Other sources of assurance to support assessment include the Information Governance Assurance and Information Security Assurance Maps.				
7. Asset Management				2019-20 Assessment: Substantial Assurance
No.	Audit	Opinion	Prospects for Improvement	Summary to Committee
2	Social Care Recruitment Incentives	Substantial	Very Good	October 2019
5	Health & Safety Deep Dive	Adequate	Very Good	October 2019
18	Property – Statutory Compliance Follow-up	Substantial	Very Good	July 2020
22	Learning Disability Day Services Themed Review	Substantial	Good	July 2020
36	Clinical Professional Development – Public Health	Adequate	Good	July 2020

8. Counter Fraud Arrangements				2019-20 Assessment: Adequate Assurance
No.	Audit	Opinion	Prospects for Improvement	Summary to Committee
<p>The review of Counter Fraud has been conducted against the Fighting Fraud & Corruption Locally checklist, as outlined in the Counter Fraud Report for 2019-20, This has taken a more holistic view of how the organisation approaches Counter Fraud rather than just how the Counter Fraud function operates. Given this basis, it is concluded that there are adequate provisions in place across the Council to manage the risk of fraud and corruption.</p>				

3.9 This assessment of Audit outcomes indicates an overall opinion of “Adequate Assurance” as summarised in Table 4:

Table 4: Audit Opinion based on Reasonable Assurance Model

No.	Theme	Overall Opinion
1	Corporate Governance	Adequate
2	Risk Management	Substantial
3	Financial Control	Adequate
4	Change Programme and Project Management	Adequate
5	Procurement, Commissioning and Partnerships	Adequate
6	Information Technology and Information Security	Adequate
7	Asset Management	Substantial
8	Counter Fraud Arrangements	Adequate
Overall Assurance Opinion		Adequate

Strengths and Areas for Development

3.10 The annual review of audit outcomes has highlighted the following key strengths and areas for development:

Strengths:

- 47% of systems and functions that were assigned a Substantial Assurance opinion;
- 91% of systems and functions assessed as having good or better prospects for improvement;
- 98% of audit issues raised have been or are being implemented by management;
- Positive levels of assurance in relation to Asset Management and Risk Management systems across the Council; and
- Adequate arrangements in place to manage the risk of fraud.

Areas for further development:

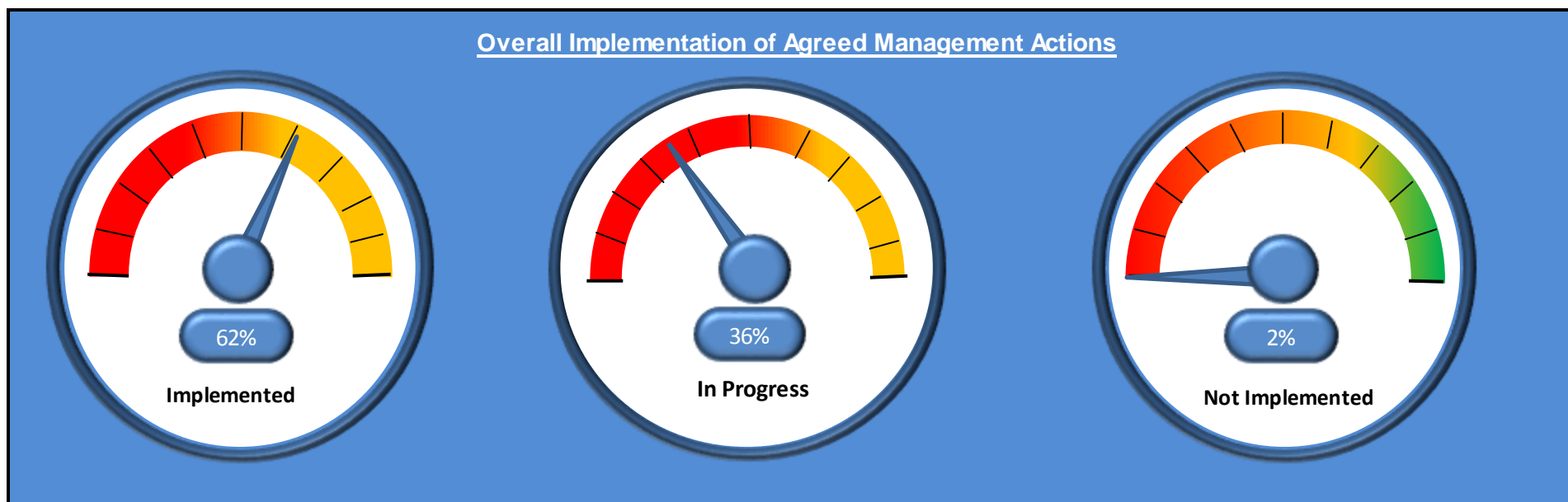
- The need to continue improvements in the full implementation of agreed actions to a level comparable with good practice;
- The assurance over core financial systems has reduced overall, with significant weaknesses identified with Imprest Accounts, Respite overpayment and the governance arrangements for Pension Fund Investments;
- Issues with inconsistencies relating to change programme and project management, despite some areas of good practice being identified in the year; and
- The outcomes from Information Technology and Information Security audits indicate that there is scope for improvement.

4 Implementation of Agreed Actions

- 4.1 Details of the year end position on the implementation of actions from Internal Audit reports is set out at Appendix 4. This sets out the implementation status of 89 actions categorised by the age of actions assigned to the original report.
- 4.2 The status of implementation of implementation in Appendix 4 is summarised in Table 5:

Table 5: Summary of Action Implementation

	Total Number due for implementation		Implemented		In Progress		Not Implemented	
	High	Medium	High	Medium	High	Medium	High	Medium
Total	21	68	13	42	8	24	0	2
	Total %		62%	62%	38%	35%	0%	3%












* Not Implemented relates to one issue which is no longer relevant due to changes made in policy and action related to Members Mandatory Training

4.3 The following key points are highlighted:

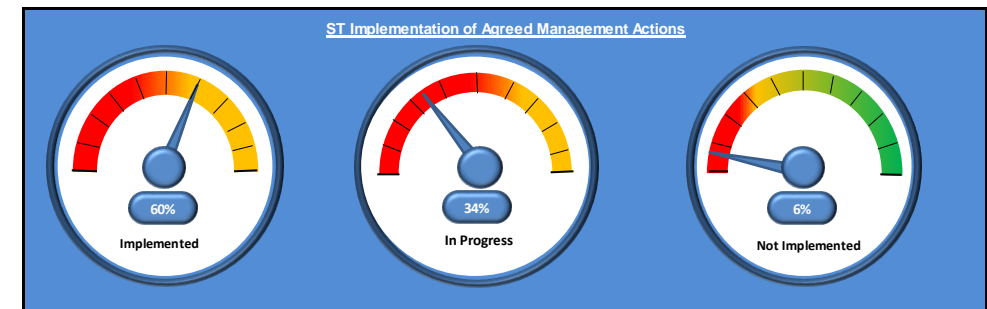
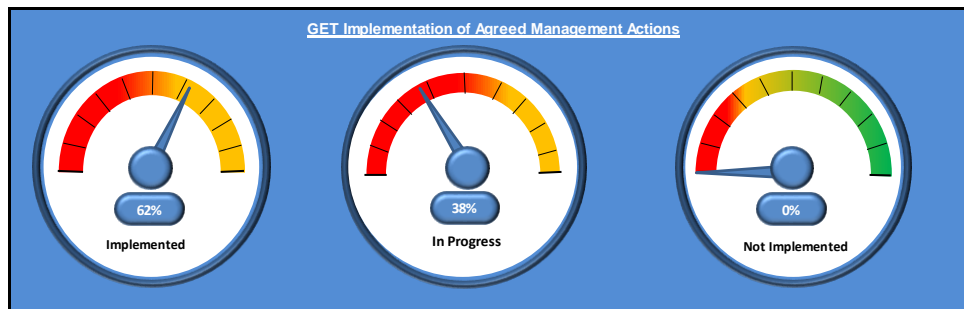
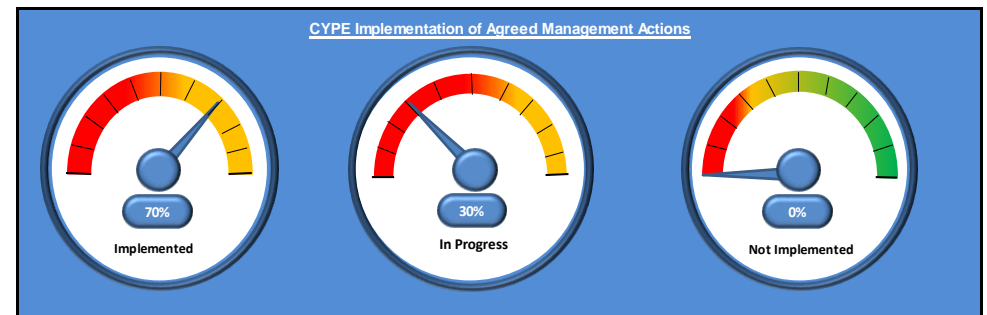
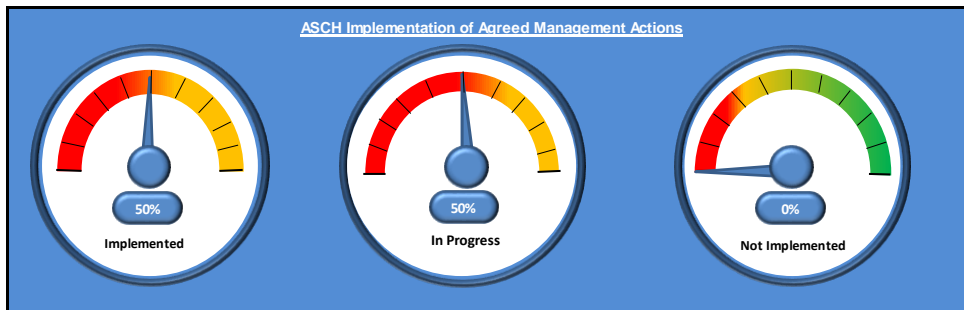
- 98% of high and medium ranked actions have either been implemented or are in progress;
- 100% of high ranked actions have either been implemented or are in progress;
- 97% of medium ranked actions have either been implemented or are in progress;
- 62% of high ranked actions had been implemented;
- 62% of medium ranked actions had been implemented;
- 62% of both high and medium ranked actions had been implemented;
- 38% of high ranked actions were in progress and not fully implemented;
- 35% of medium ranked actions were in progress and not fully implemented; and
- 36% of both high and medium ranked actions were in progress and not fully implemented.

4.4 This represents a similar direction of travel since 2018-19, as illustrated in Table 6:

Table 6: Summary of Implementation of Actions 2018-19 to 2019-20

Indicator	18-19	19-20	Change
High and Medium Ranked Issues Implemented or In Progress	93%	98%	
High Ranked Issues Implemented or In Progress	100%	100%	
Medium Ranked Issues Implemented or In Progress	91%	97%	
High Ranked Actions Implemented	56%	62%	
Medium Ranked Actions Implemented	55%	62%	
High and Medium Ranked Actions Implemented	55%	60%	
High Ranked Actions In Progress and not Fully Implemented	44%	38%	
Medium Ranked Actions In Progress and not Fully Implemented	36%	35%	
High and Medium Ranked Actions In Progress and not Fully Implemented	38%	36%	

- 4.5 The analysis of the implementation of actions to address internal control and risk management actions following Internal Audit reports, therefore highlights a broadly improved position in 2019-20 for the majority of implementation indicators compared with the previous financial year.
- 4.6 Implementation of issues has marginally improved, however, and the overall full implementation rate of 62% leaves room for significant improvement.
- 4.7 Internal Audit maintains analysis of outstanding recommendations across all Directorates and this is utilised in the monitoring and promotion of action implementation, as illustrated in the following graphics:



* Not Implemented relates to one issue which is no longer relevant due to changes made in policy and action related to Members Mandatory Training

Programmed Follow Ups

- 4.8 As part of the 2019-20 Internal Audit Plan, three in depth follow ups were undertaken of areas where, in the previous year audit opinions had been Limited, with the following results:

Table 7: Programmed Follow Ups 2018-19

Audit	Previous Opinion	Revised Opinion after follow-up	Revised Prospects for Improvement
Property Statutory Compliance	Limited	Substantial	Very Good
SEND	Limited	N/A – of the 7 issues, 3 issues fully implemented and 4 superseded. 2 new issues raised.	
Developer Contributions (CIL)	Limited	N/A – all 4 issues still in progress (not yet fully implemented)	

- 4.9 In all cases, progress had been made and this is reflected in Table 7 above. Revised audit opinions have not been given for two of the audits because of the limited scope of the follow-up, which focussed only on the areas where issues were raised in the previous report. Where action remains outstanding, revised dates for implementation have been agreed and these will be followed-up to their conclusion.

5 Other Audit Work including Grant Certification

- 5.1 Internal Audit perform a vital service for the Council in the auditing of grant claims to evidence spend is in accordance with grant terms and conditions. Thus, in 2019-20, Internal Audit audited / certified 57 grants to the value of £86.36m and €2.14m Euros.

The breakdown of the 57 grants was:

- 49 EU Interreg grant returns
- 3 Bus grant returns
- 2 Department for Transport grants
- 1 Brexit Transport grant
- 1 Sports England grant
- 1 Department for Education grant

- 5.2 The diversification of Internal Audit by offering a proportion of our services to other public sector related or associated bodies has continued throughout 2019-20, including:

- KCC LATCos and Kent HoldCo – including Kent Commercial Services, Gen2, Invicta Law, The Education People and Cantium Business Solutions;
- Appointed auditor to 12 Parish Councils;
- Appointed auditor to the 'Mytimeactive' Leisure Trust;
- Appointed auditor to IC24;
- Internal audit of Kent and Essex Inshore Fisheries and Conservation Authority;
- Internal audit of Kent and Medway Fire and Rescue Service; and
- Management of the audit and fraud service at Tonbridge and Malling Borough Council.

6. Conformance with Public Sector Internal Audit Standards (PSIAS)

- 6.1 In April 2013, a new set of Public Sector Internal Audit Standards (PSIAS) became effective. The standards apply to the Internal Audit function in all parts of the public sector in the UK and are mandatory. Within the PSIAS there is a requirement for an independent external review of the internal audit function once every five years.
- 6.2 Members will recall that the Internal Audit service has previously been externally assessed against PSIAS by the Institute of Internal Auditors (IIA) in 2015 and 2016, the outcomes of which was conformation of compliance with all 56 standards. The previous full self-assessment was undertaken in April 2019, which confirmed a continuing position of conformance. The next independent assessment against PSIAS will be commissioned and undertaken in 2020-21.
- 6.3 Prior to the independent assessment, Internal Audit will refresh the self-assessment of its compliance with the requirements of the Public Sector Internal Audit Standards (PSIAS) and the relevant CIPFA's Local Government Application Note (LGAN). The purpose of the self-assessment will be firstly to provide assurance to the Governance and Audit Committee and management that Internal Audit is compliant with the PSIAS and that consequently they can rely on the work of Internal Audit, and secondly, to further enhance delivery of the internal audit function through the identification of opportunities for development. This review was temporarily postponed due to the workload impact of the Covid-19 pandemic.
- 6.5 There has been continual review against the Internal Audit Quality Assurance and Improvement Programme (QAIP) in 2019-20. This has confirmed that the quality standards continue to be generally complied with, although some areas for improvement have been identified and will be addressed through staff training sessions over the coming months.

7 Internal Audit and Counter Fraud Performance

Internal Audit

- 7.1 The performance of the Internal Audit Team is measured and monitored throughout the year and the year-end position is shown in Table 7 below:

Table 7: Internal Audit Performance 2019-20

Performance Indicator	Target	2019-20 Actual	2018-19 Actual
Outputs			
90% of Priority 1 audits completed (by year end)	90%	93%	97%
20% of Priority 2 audits completed	20%	20%	26%
Draft audit reports issued within agreed date on the engagement plan	60%	53%	33%
Outcomes			
% of high priority / risk issues agreed	N/A	100%	100%
% of high priority / risk issues implemented	N/A	57%	56%
% of all other issues agreed	N/A	100%	100%
% of all other issues implemented	N/A	34%	55%
Client satisfaction	90%	97%	91%

Plan Delivery

- 7.2 Table 7 highlights performance in respect of Audit Plan delivery was above target in 2019-20.

Draft Audit Plan Completion

- 7.3 Performance relating to the timeliness of issuing draft reports was a key area for service improvement in 2019-20 with the indicator improving from 33% to 53%.

Client Satisfaction

- 7.4 At the end of each audit review, a client satisfaction questionnaire is sent to the auditee. The cumulative results for these surveys was 97% satisfaction, which is above target and an improvement on 2018-19 performance.

Client Perception

7.5 In addition to the Client Satisfaction surveys, an annual Perception Survey has been completed requesting views of senior management and the Chair of the Committee on the quality of Internal Audit services. The questions are intentionally challenging for the service and the responses and the comments received will be utilised as part on the continuous improvement for the service. The results are detailed in Appendix 5 and the key responses were:

- 83% strongly agree / agree that Internal Audit understands the Council, its needs and objectives;
- 100% strongly agree / agree that Internal Audit works with the Council to assist in achieving its objectives;
- 67% strongly agree / agree that Internal Audit adds value;
- 83% strongly agree / agree that Internal Audit provided an effective service in 2019-20; and
- Only 50% strongly agree / agree that Internal Audit enables the sharing of good practice, solutions and experiences across the Council.

7.6 The survey also requested any additional comments and comments received are replicated below:

“Overall a good performance – supporting and developing the Council objectives and priorities.”

“The Council has a high quality, competent and professional Internal Audit and Counter Fraud function. There is ongoing challenge regarding the capacity of the teams to meet the demands on them which continue to increase.”

“The service performs very well and is a credit to the organisation. It is staffed by officers of excellent quality and is well led.”

8 Internal Audit and Counter Fraud Resources

- 8.1 In accordance with the PSIAS, Members of the Committee need to be appraised of relevant matters relating to the resourcing of the Internal Audit function. Resources have been sufficient to provide adequate Internal Audit and Counter Fraud coverage and assurance to the Council. The in-house team has been enhanced by the procurement of specialist resources to assist in the delivery of assurances from the Internal Audit Plan and has continued to carry several vacancies throughout 2019-20, which in part have been addressed by a combination of additional capacity from a contracted provider, fixed-term, agency and placement recruitments.
- 8.2 Members have been informed throughout 2019-20, however, that the positive expansion of the provision of Internal Audit services to a wide range of external clients and bodies has not been accompanied by corresponding resources to deliver the very wide range of assurance and governance matters it engages in and to the expectations of its stakeholders and clients on a continual basis.
- 8.3 In respect of its budgetary performance, the solid levels of external income contributed towards the Internal Audit service making a surplus on its budget of £138,900. Furthermore, the outturn position for 2019-20 was £151,100 more cost effective than in 2018-19. There is the potential, therefore, for such external income performance achieved by the team to be utilised to further develop the structure and the team itself moving forward into 2020-21.
- 8.4 During 2020-21, the service must, therefore, review its structure to ensure it remains fit for purpose for the delivery of effective and quality assurance services to the Council and its array of external clients.

9 Disclosure on Impairment and Statement of Independence

- 9.1 Internal Audit is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, internal control and governance processes. (Source: Public Sector Internal Audit Standards and Local Government Application Note).
- 9.2 Internal Audit is a statutory requirement for local authorities. There are two key pieces of relevant legislation:
- Section 151 of the Local Government Act 1972 requires every local authority makes arrangements for the proper administration of its financial affairs and to ensure that one of the officers has responsibility for the administration of those affairs
 - The Accounts and Audit Regulations 2015 (England) states that "A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance"
- 9.3 Internal Audit independence is achieved by reporting lines which allow for unrestricted access to the Leader of the Council, Head of Paid Service, Senior Management Boards, which includes the s.151 Officer, and the Chair of the Governance and Audit Committee.
- 9.4 There has been no restriction on the scope of Internal Audit work or reporting of audit findings during 2019-20. Consequently, it is confirmed that there have been no material factors which have adversely impacted on the independence of Internal Audit and the ability to form an evidenced annual opinion.
- 9.5 Summaries of audit work completed have been provided to the Committee throughout the year and have identified areas that have required escalation.

Appendix 1 – Delivery Against Internal Audit Plan 2019-20

Ref	Audit	Status	Assurance	Prospects for Improvement
CA01	Annual Governance Statement 2018-19 Annual Governance Statement 2019-20	Final Report (18-19) In Progress	Adequate -GAC July 19 n/a	
CA02	Corporate Governance	Completed	n/a – relate to Head of Internal Audit Opinion.	
CA03	Department Governance – Strategic and Corporate Services	Plan Deletion – GAC Oct 19	n/a	n/a
CA04	Risk Management	Final Report	Substantial - GAC July 20	Good
CA05	Information Governance – DPS Toolkit	Final Report	Substantial - GAC July 20	Very Good
CA06	Data Protection – Deep Dive	Final Report	Adequate – GAC Jan 20	Good
CA07	Data Protection and GDPR – Advisory	In Progress / Ongoing	n/a – Advisory	n/a- Advisory
CA08	Business Planning	Plan Deletion – GAC Oct 19	n/a	n/a
CA09	Strategic Commissioning	C/Fwd to 20/21- GAC Jan 20	n/a	n/a
CA10	Savings Plan Delivery	Final Report	Adequate – GAC July 20	Adequate
CA11	LATCos- Client-Side Contract management, governance and impact of HoldCo	Management Letter	n/a – GAC July 20	n/a
CA12	HoldCo	Completed	n/a- Advisory	n/a- Advisory
CS01	Social Care Client Billing	C/Fwd to 20-21 due to priority change re Covid-19	n/a	n/a
CS02	Debt Recovery and Write-Off	Final Report	Adequate – GAC Oct 19	Good
CS03	Family Placement Payments	Final Report	Substantial – GAC Jan 20	Good
CS04	Imprest Accounts	Final Report	No Assurance – GAC Jan 20	Good
CS05	Schools Financial Services	Draft Report	Substantial – GAC July 20	Very Good
CS06	Payroll	Final Report	Substantial - GAC July 20	Good
RB01/2	Leadership and Management Strategy/ Kent Manager	Deleted from Plan due to priority change re Covid-19	n/a	n/a
RB03	Customer Feedback	Final Report	Substantial – GAC Jan 20	Very Good
RB04	Agilisys Contract Management	Final Report	Adequate - GAC July 20	Good
RB05/6	Strategic Commissioning – I-Procurement / Indirect Procurement	In Progress and c/fwd to 20-21	n/a	n/a
RB08	Public Health – Sexual Health Spend	Final Report	Substantial - GAC July 20	Good
RB09	Infrastructure – Property Statutory Compliance Follow Up	Final Report	Substantial - GAC July 20	Very Good
RB10	Infrastructure – Property Consultants	Deleted from Plan due to priority change re Covid-19	n/a	n/a
RB11	Finance External Funding – LOCASE 2 Grant	Initially c/fwd to 20-21, however assurance no longer required.	n/a	n/a

RB13	Public Health – Clinical Professional Development (was Level 2)	Draft Report	Adequate – GAC July 20	n/a – CPD Requirements suspended for 2 years due to Covid-19 pandemic.
RB20	KMPT Transformation	Coverage replaced by ASCH Transformation review - GAC Oct 19	n/a	n/a
RB21	Complaints Process and Outcomes (Adult Social Care)	Final Report - GAC July 20	n/a- Advisory - GAC July 20	n/a- Advisory
RB22	Home Care – Post New Contract	Deleted from Plan due to priority change re Covid-19	n/a	n/a
RB23	Mosaic & Finestra -P.I.R.	Completed	n/a – Advisory - GAC Jan 20	n/a
RB25	Deprivation of Liberties – Progress with Addressing Backlog	In Progress		
RB26	Quality of Adult Social Care (was Level 2)	Completed	n/a- Advisory	n/a- Advisory
RB28	Voluntary Sector Contracts (was Level 2)	Final Report	Substantial - GAC July 20	Good
RB31	SEND Follow Up	Completed	n/a- Follow Up report - GAC July 20	n/a
RB32	Change for Kent Children	Draft Report		
RB33	Youth Justice	Completed	n/a- Advisory - GAC July 20	n/a- Advisory
RB34	Foster Care	Final Report	Adequate – GAC Jan 20	Adequate
RB35	Care Leavers	Final Report	Adequate – GAC Jul 20	Good
RB36	Safeguarding Children (Assurance Mapping)	In Progress		
RB37	School Themed Review	Final Report	Limited – GAC Jul 20	Good
RB39	Troubled Families (was Level 2)	Final Report	Substantial – GAC Jan 20	Good
RB40	Business Continuity Planning - Incident Management	C/Fwd to 20-21 due to priority change re Covid-19 (Critical Friend role provided 19-20)	n/a	n/a
RB41	Carbon Reduction Commitment Annual return for KCC	Final Report	Compliant- GAC Jan 20	n/a
RB42	Gypsy and Traveller Service	C/Fwd to 20-21 – GAC Oct 19		
RB43	Health and Safety Deep Dive	Final Report	Adequate – GAC Oct 19	Very Good
RB44	Highways Term Services Commissioning Programme	Final Report	Substantial – GAC July 20	n/a
RB45	Non-Household Waste Charging	Final Report	Adequate – GAC Jul 20	Good
RB46	Developer Contributions (CIL) Follow Up	Completed	n/a- Follow Up report – GAC Jul 20	n/a
RB47	Kent Resilience Team – EU Exit Lessons Learnt Exercise	Final Memorandum	Substantial – GAC Oct 19	n/a
RB48	Companies in which KCC has a Substantial Interest /investment	Deleted from Plan due to priority change re Covid-19	n/a	n/a
RB56	Economic Development – Grant Schemes (was Level 2)	Final Report	Adequate – GAC Jul 20	Good
ICT01	Access Controls to Personal Data	Plan Deletion – GAC Jan 20		
ICT02	Wireless Network Security and Capacity	Final Report	Adequate – GAC Jul 20	Good

ICT03	Software Licensing	Final Report	Substantial – GAC Jan 20	Good
ICT04	ICT Change – Business Realisation	Final Report	Adequate – GAC Jul 20	Adequate
ICT05	Members ICT	Final Report	Adequate - GAC Jan 20	Good
CF01	Fraud Awareness /Detection and Prevention	In Progress / Ongoing	Separate Agenda Item - GAC Oct 19 / Jan 20 / Jul 20	
CF02	National Fraud Initiative	In Progress / Ongoing	Separate Agenda Item - GAC Oct 19 / Jan 20 / Jul 20	
CF03	Kent Intelligence Network (KIN)	In Progress / Ongoing	Separate Agenda Item - GAC Oct 19 / Jan 20 / Jul 20	
CF04	Independent Review of Fraud Service / Fighting Fraud and Corruption Locally Assessment	Completed	GAC Jul 20	
CF05	Proactive Fraud Exercise	In Progress	Separate Agenda Item - GAC Oct 19 / Jan 20 / Jul 20	
CF06	Investigations	In Progress / Ongoing	Separate Agenda Item - GAC Oct 19 / Jan 20 / Jul 20	

NB – (Initial “Level 2” Priority Audits from 19-20 Audit Plan, which were not commenced, are not included in the Table above)

Ref	Additional Reviews	Status	Assurance	Prospects for Improvement
	Pension Fund Investment Governance - Lessons Learnt Review	Final Report	Limited – GAC Jan 20	Good
	Review of Respite Overpayment	Final Report	Limited – GAC Jan 20	Good
	Assurance Mapping – IT	Final Report	N/A – GAC Jul 20	
	Assurance Mapping - ASCH	In Progress		
	Assurance Mapping – Information Governance	Final Report	N/A – GAC Jan 20	
	ASCH Transformation	Completed	n/a- Advisory	n/a- Advisory
	Contract / Commissioning Standards (previously Contract Management Group)	Completed	n/a- Advisory	n/a- Advisory
	Property Board (merged with original RB19)	Deleted from Plan due to priority change re Covid-19	n/a	n/a
	Adult Social Care and Health – Winter Pressures Spending - Follow Up	In Progress		
	Establishment Audits	Final Report	Substantial – GAC Jul 20	Good

Work Carried Forward From 2018-19:

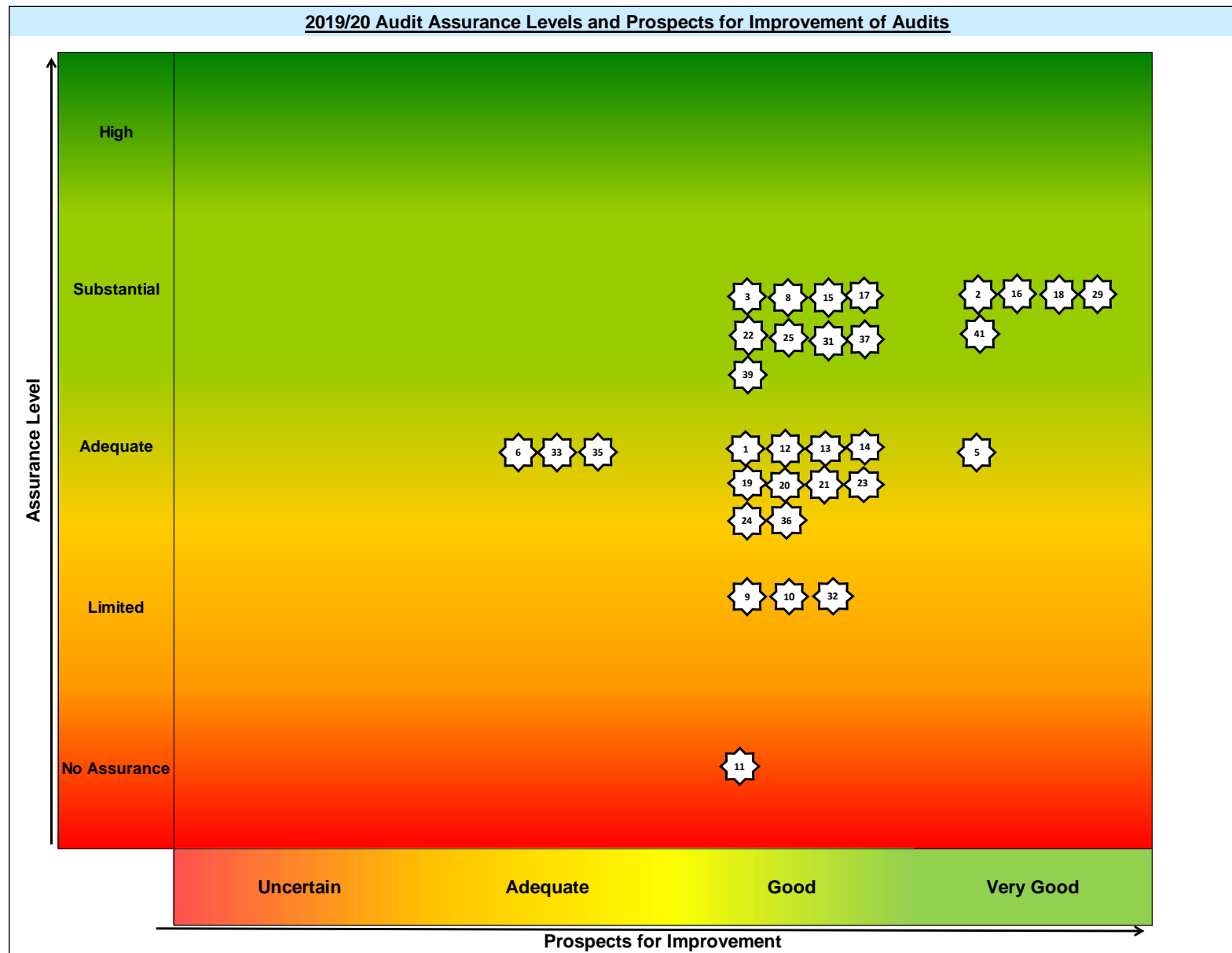
Ref	Audit	Status	Assurance	Prospects for Improvement
1	Home Care	Advisory Memorandum	N/A – Advisory- GAC Jan 20	
2	Social Care Recruitment and retention Initiatives Follow Up	Final Report	Substantial – GAC Oct 19	Very Good
3	Home to School Transport	Final Report	Substantial – GAC Oct 19	Good
4	Combined Members Grant Scheme	Final Report	Adequate – GAC Jan 20	Good

Appendix 2 – Internal Audit Assurance Levels

Assurance Opinion	Definition
High	There is a sound system of control operating effectively to achieve service/system objectives. Any issues identified are minor in nature and should not prevent system/service objectives being achieved.
Substantial	The system of control is adequate, and controls are generally operating effectively. A few weaknesses in internal control and/or evidence of a level on non-compliance with some controls that may put system/service objectives at risk.
Adequate	The system of control is sufficiently sound to manage key risks. However, there were weaknesses in internal control and/or evidence of a level of non-compliance with some controls that may put system/service objectives at risk.
Limited	Adequate controls are not in place to meet all the system/service objectives and/or controls are not being consistently applied. Certain weaknesses require immediate management attention as if unresolved they may result in system/service objectives not being achieved.
No assurance	The system of control is inadequate and controls in place are not operating effectively. The system/service is exposed to the risk of abuse, significant of error or loss and/or misappropriation. This means we are unable to form a view as to whether objectives will be achieved.
Not Applicable	Internal audit advice/guidance only - no overall opinion provided.

Prospects for Improvement	
Very Good	There are strong building blocks in place for future improvement with clear leadership, direction of travel and capacity. External factors, where relevant, support achievement of objectives.
Good	There are satisfactory building blocks in place for future improvement with reasonable leadership, direction of travel and capacity in place. External factors, where relevant, do not impede achievement of objectives.
Adequate	Building blocks for future improvement could be enhanced, with areas for improvement identified in leadership, direction of travel and/or capacity. External factors, where relevant, may not support achievement of objectives.
Uncertain	Building blocks for future improvement are unclear, with concerns identified during the audit around leadership, direction of travel and/or capacity. External factors, where relevant, impede achievement of objectives.

Appendix 3 – Distribution of Internal Audit Assurances 2019-20



Audit Opinion October G&A Committee

No	Audit	Assurance	Prospects for Improvement
1	Debt Recovery	Adequate	Good
2	Social Care Recruitment Incentives (18/19)	Substantial	Very Good
3	Home to School Transport (18/19)	Substantial	Good
4	KRT EU Exit Lessons Learnt Exercise	Substantial	N/A
5	HTW Health & Safety	Adequate	Very Good

Audit Opinion January G&A Committee

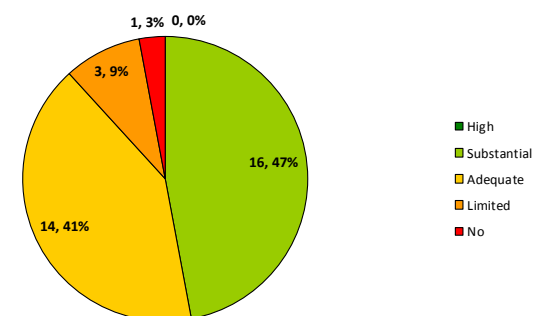
No	Audit	Assurance	Prospects for Improvement
6	Foster Care	Adequate	Adequate
7	Carbon Reduction Commitment	Compliant	N/A
8	Family Placement Payments	Substantial	Good
9	Pension Fund Investment Governance	Limited	Good
10	Respite Overpayments	Limited	Good
11	Imprest Accounts	No	Good
12	Data Protection Deep Dive	Adequate	Good
13	Members Grants	Adequate	Good
14	ICT - Members ICT	Adequate	Good
15	ICT - Software Licencing	Substantial	Good
16	Customer Feedback	Substantial	Very Good
17	Troubled Families	Substantial	Good

Audit opinion July G&A Committee

No	Audit	Assurance	Prospects for Improvement
18	Property Statutory Compliance Follow-up	Substantial	Very Good
19	Non-Household Waste Charging	Adequate	Good
20	Care Leavers	Adequate	Good
21	ICT - Wireless Network Security and Capacity	Adequate	Good
22	Adults LD Disability Day Services Themed Review	Substantial	Good
23	Agilisys Contract Management	Adequate	Good
24	Economic Development Grants	Adequate	Good
25	Public Health Grant - Sexual Health Spend	Substantial	Good
26	SEND Follow-up	N/A	N/A
27	Developer Contributions (CIL) Follow-up	N/A	N/A
28	Customer Care & Complaints Advisory Review	N/A	N/A
29	Information Governance DSPT	Substantial	Very Good
30	Youth Justice	N/A	N/A
31	Risk Management	Substantial	Good
32	School Themed Review - Business Continuity planning	Limited	Good
33	ICT Change Project Benefits Realisation	Adequate	Adequate
34	LATCos - Clinet-Side Contract Management	N/A	N/A
35	Savings Plan Delivery	Adequate	Adequate
36	Clinical Professional Development - Public Health (DRAFT)	Adequate	Good
37	Voluntary Sector Contract - Adult Social Care	Substantial	Good
38	Highways Term Services Commissioning Programme - Start Up	Substantial	N/A
39	Payroll	Substantial	Good
40	ASCH Portfolio Board	N/A	N/A
41	Schools Financial Services	Substantial	Very Good

Assurance Level	No	%
High	0	0%
Substantial	16	47%
Adequate	14	41%
Limited	3	9%
No	1	3%

Assurance Levels 2019/20



Appendix 4: Implementation of Agreed Actions

3+ Years						
Engagement Reference	Engagement Name	Audit Opinion	Title	Risk Rating	Directorate	Status
ICT07-2015	PCI DSS	Limited	Issue 1 - Business Areas Processing Card Transactions	High	ST	In Progress
RB22-2016	Quality Assurance Framework - Safeguarding Children / Online Case file audit process / Missing Children	Substantial	Issue 3 - Case Audit recording on Liberi	Medium	CYPE	Implemented
2 - 3 Years						
Engagement Reference	Engagement Name	Audit Opinion	Title	Risk Rating	Directorate	Status
RB01-2018	Members Induction and Training	Adequate	Issue 2 - Mandatory Training	Medium	ST	Not Implemented
RB45-2017	National Driver Offender Retraining Scheme – Phase 2	Adequate	Issue 1 - Trainer Recruitment and Retention	High	GET	In Progress
RB45-2017	National Driver Offender Retraining Scheme – Phase 2	Adequate	Issue 2 - Forecasting and Procurement	High	GET	In Progress
1 - 2 Years						
Engagement Reference	Engagement Name	Audit Opinion	Title	Risk Rating	Directorate	Status
CA03-2018	Risk Culture	Substantial	Issue 3 - Risk transparency with decision reports	Medium	ST	In Progress
CA09-2018	Departmental Governance Review – Adult Social Care and Health	Adequate	Issue 3 - Information flow – DMT and DivMTs	Medium	ASCH	In Progress
ES05-2018	OPPD Day Services Themed Report	Adequate	Issue 1 - Utilisation	High	ASCH	In Progress

ES05-2018	OPPD Day Services Themed Report	Adequate	Issue 2 - Inclusivity	High	ASCH	In Progress
ES05-2018	OPPD Day Services Themed Report	Adequate	Issue 3 - Letting Policy	Medium	ASCH	In Progress
ICT02-2019	ICT Cloud Navigation Phase 2 Modern workplace	Adequate	Issue 2 - Work Stream Timeline and Payments	Medium	ST	Implemented
ICT02-2019	ICT Cloud Navigation Phase 2 Modern workplace	Adequate	Issue 3 - Project Governance	Medium	ST	Implemented
RB01-2019	K2 Property Management System	Adequate	Issue 1 - Outstanding queries and transfer of properties held within the Directorates to Property	Medium	ST	Implemented
RB02-2019	Property - Statutory Compliance	Limited	Issue 1 - Non-TFM Properties	High	ST	Implemented
RB02-2019	Property - Statutory Compliance	Limited	Issue 2 - Compliance Certificates – Required Resultant Work	High	ST	Implemented
RB07-2018	Health & Safety	Adequate	Issue 2 - Health & Safety Training in Schools	High	ST	Implemented
RB20-2019	LD Lifespan Pathway Post Implementation	Adequate	Issue 1 - Pathway Plans and Assessments	High	CYPE	In Progress
RB20-2019	LD Lifespan Pathway Post Implementation	Adequate	Issue 3 - Post Implementation	Medium	CYPE	Implemented
RB41-2018	Economic Development inc. Regional Growth Fund	Adequate	Issue 8 - Exit Strategies /Sustainability Plans	Medium	GET	In Progress
RB46-2019	Coroners Service - Financial Controls	Adequate	Issue 2 - Due Diligence and Cost Control	Medium	GET	In Progress
RB46-2019	Coroners Service - Financial Controls	Adequate	Issue 1 - Succession Planning and Resourcing	Medium	GET	Implemented
RB55-2017	Kent Resilience Team Phase 3 and Follow-up	Adequate	Issue 3 - Business Case	Medium	GET	In Progress

Less than 1 Year						
Engagement Reference	Engagement Name	Audit Opinion	Title	Risk Rating	Directorate	Status
AD02-2019	Youth services – Commissioning and Contract Management	Adequate	Issue 6 - Undocumented changes to the commercial arrangements	Medium	ST	In Progress
AD02-2019	Youth services – Commissioning and Contract Management	Adequate	Issue 7 - Fully documented justification for changes to the performance management regime	Medium	ST	In Progress
AD04-2020	LPS / Controcc Overpayment	Limited	Issue 1 - Exception reporting	High	CYPE	In Progress
AD04-2020	LPS / Controcc Overpayment	Limited	Issue 3 - Pre-Payment Checks	High	CYPE	Implemented
AD04-2020	LPS / Controcc Overpayment	Limited	Issue 4 - Appreciation of the end to end process	Medium	CYPE	Implemented
CA01-2020	Annual Governance Statement for 2018/19	Adequate	Issue 3 - Opportunities to Enhance Assurances Sought from the Returns and Statements of Assurance	Medium	ST	Implemented
CA01-2020	Annual Governance Statement for 2018/19	Adequate	Issue 1 - Assurance from LATCOs	High	ST	Implemented
CA02-2019A	Developer Contributions S106 Planning Obligations	Adequate	Issue 9 - Tracking and reporting receipt and expenditure of s106 contributions	Medium	GET	Implemented
CA04-2019	Children, Young People & Education Directorate Governance Review	Substantial	Issue 3 - Risk Management	Medium	CYPE	Implemented
CA04-2019	Children, Young People & Education Directorate Governance Review	Substantial	Issue 4 - Commissioning	Medium	CYPE	Implemented
CA07-2019	Data Protection	Adequate	Issue 2 - Data Protection Impact Assessments - Project & Programme Management and Commissioning	Medium	ST	In Progress
CA09-2018	Departmental Governance Review – Adult Social Care and Health	Adequate	Issue 5 - Independence of reporting lines for the Chair of the Adult Safeguarding Board	Medium	ASCH	In Progress

CA09-2018	Departmental Governance Review – Adult Social Care and Health	Adequate	Issue 6 - Committee Terms of Reference	Medium	ASCH	In Progress
CA11-2019	Strategic Commissioning Overview	Adequate	Issue 1 - Analysing and evaluating the benefits of commissioned services	Medium	ST	Implemented
CA11-2019	Strategic Commissioning Overview	Adequate	Issue 4 - Transformation of SC Division into a Corporate Support Function	Medium	ST	In Progress
CA11-2019	Strategic Commissioning Overview	Adequate	Issue 5 - Fraud Risk Assessment	Medium	ST	Implemented
CS02-2020	Debt Recovery and write-off - Sundry debt	Adequate	Issue 1 - Debt Management Policy	Medium	ST	Implemented
CS02-2020	Debt Recovery and write-off - Sundry debt	Adequate	Issue 4 - Reporting to Governance & Audit Committee	Medium	ST	Superseded
CS02-2020	Debt Recovery and write-off - Sundry debt	Adequate	Issue 3 - Debts referred to Directorates	High	ST	Implemented
CS02-2020	Debt Recovery and write-off - Sundry debt	Adequate	Issue 2 - Interest & Penalty Charges	Medium	ST	Implemented
CS02-2020	Debt Recovery and write-off - Sundry debt	Adequate	Issue 5 - Direct Payment Debts	Medium	ST	Implemented
CS03-2020	Family Placement Payments - foster care	Substantial	Issue 1 - User Access and Data Security	High	CYPE	Implemented
CS03-2020	Family Placement Payments - foster care	Substantial	Issue 2 - Segregation of Duties	Medium	CYPE	Implemented
ICT03 2020	Software Licensing	Substantial	Issue 1 - Policies and Procedures	Medium	ST	Implemented
ICT03 2020	Software Licensing	Substantial	Issue 2 - Software Licencing Issue	Medium	ST	In Progress
RB02-2019	Property - Statutory Compliance	Limited	Issue 3 - Tenanted Properties – Requirement to notify KCC of Compliance Checks	Medium	ST	In Progress
RB03 -2020	Customer Feedback	Substantial	Issue 3 - Customer Feedback Responses	Medium	ST	Implemented

RB03 -2020	Customer Feedback	Substantial	Issue 5 - Lessons Learnt from customer feedback	Medium	ST	Implemented
RB03-2019	Grenfell Action Plan and Management	Substantial	Issue 1 - DMT Reporting and Grenfell Review Group Terms of Reference	Medium	ST	Implemented
RB05-2019	Client-side Relationship & Performance	Adequate	Issue 1 - Relationship & Performance Management Protocols	Medium	ST	In Progress
RB08-2020	Public Health Grant - Sexual Health Spend	Substantial	Issue 2 - Non-Contraceptive LARC Verification	Medium	ST	Implemented
RB08-2020	Public Health Grant - Sexual Health Spend	Substantial	Issue 1 - Out of Area GUM Clinic Recharges	Medium	ST	Implemented
RB08-2020	Public Health Grant - Sexual Health Spend	Substantial	Issue 3 - Reconciliation of LARC Drug Costs	Medium	ST	In Progress
RB11-2019	Public Health - Partnership with Kent	Substantial	Issue 1 - Issue & Risk Management	Medium	ST	Implemented
RB11-2019	Public Health - Partnership with Kent	Substantial	Issue 2 - Project/Workstream ownership and service development	Medium	ST	In Progress
RB18-2018	Protection of Property	Adequate	Issue 4 - Swift Records	Medium	ASCH	Implemented
RB21-2020	Customer Care & Complaints	Advisory	Issue 2 - Logging of Customer Feedback - Compliments/ Merits	Medium	ASCH	In Progress
RB21-2020	Customer Care & Complaints	Advisory	Issue 6 - Acceptance of Complaints - Formal Response Deadline	High	ASCH	In Progress
RB21-2020	Customer Care & Complaints	Advisory	Issue 8 - Acceptance of Complaints - Supporting Evidence	Medium	ASCH	In Progress
RB21-2020	Customer Care & Complaints	Advisory	Issue 9 - Acceptance of Complaints - Consent	Medium	ASCH	Implemented
RB21-2020	Customer Care & Complaints	Advisory	Issue 10 - Lessons Learned & Dissemination of Best Practice	High	ASCH	Implemented
RB21-2020	Customer Care & Complaints	Advisory	Issue 13 - Process & Procedures - KPIs/ SLAs	High	ASCH	Implemented

RB21-2020	Customer Care & Complaints	Advisory	Issue 5 - Acceptance of Complaints - Acknowledgement	High	ASCH	Implemented
RB21-2020	Customer Care & Complaints	Advisory	Issue 4 - Acceptance of Complaints - Customer Contact	Medium	ASCH	In Progress
RB21-2020	Customer Care & Complaints	Advisory	Issue 11 - Process & Procedures - iCasework	High	ASCH	Implemented
RB21-2020	Customer Care & Complaints	Advisory	Issue 12 - Process & Procedures - Outlook	Medium	ASCH	Implemented
RB21-2020	Customer Care & Complaints	Advisory	Issue 16 - Process & Procedures - Printing	Medium	ASCH	Implemented
RB21-2020	Customer Care & Complaints	Advisory	Issue 14 - Process & Procedures - Staff Development	Medium	ASCH	Implemented
RB21-2020	Customer Care & Complaints	Advisory	Issue 7 - Acceptance of Complaints - Response from Service Departments	Medium	ASCH	Implemented
RB21-2020	Customer Care & Complaints	Advisory	Issue 1 - Feedback Forums - Under Representation	Medium	ASCH	In Progress
RB34 2020	Foster Care	Adequate	Issue 5 - Placements Outside Regulations, Exemptions and Variations to Approval	High	CYPE	Implemented
RB34 2020	Foster Care	Adequate	Issue 2 - Communication and Information Sharing	Medium	CYPE	In Progress
RB34 2020	Foster Care	Adequate	Issue 6 - Safe Care Plans	Medium	CYPE	Implemented
RB34 2020	Foster Care	Adequate	Issue 7 - Learning and Continuous Improvement	Medium	CYPE	Implemented
RB34 2020	Foster Care	Adequate	Issue 1 - Business Plan	Medium	CYPE	Implemented
RB34 2020	Foster Care	Adequate	Issue 3 - Voice of the Child	Medium	CYPE	In Progress
RB34 2020	Foster Care	Adequate	Issue 4 - Training	High	CYPE	Implemented

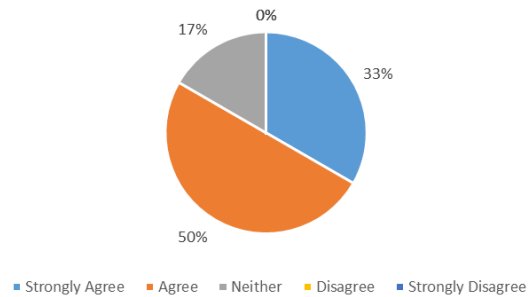
RB35-2020	Care Leavers	Adequate	Issue 5 - Staff Induction & Training	Medium	CYPE	In Progress
RB35-2020	Care Leavers	Adequate	Issue 1 - Extension of the Service - Review of the Pathway Plans	Medium	CYPE	Implemented
RB35-2020	Care Leavers	Adequate	Issue 3 - Care Leaver Offer	Medium	CYPE	Implemented
RB39-2020	Troubled Families	Substantial	Issue 1 - QA checks on Claims	Medium	CYPE	Implemented
RB43-2020	Health & Safety Deep Dive	Adequate	Issue 3 - The HTW Health & Safety Board	Medium	GET	Implemented
RB43-2020	Health & Safety Deep Dive	Adequate	Issue 4 - Procedural Guidance	Medium	GET	Implemented
RB43-2020	Health & Safety Deep Dive	Adequate	Issue 1 - Training	Medium	GET	Implemented
RB43-2020	Health & Safety Deep Dive	Adequate	Issue 2 - Risk Management	Medium	GET	Implemented
RB45-2020	Non-Household Waste Charging	Adequate	Issue 3 - Completion of iPad Forms	Medium	GET	Implemented
RB45-2020	Non-Household Waste Charging	Adequate	Issue 1 - Biffa Charges and Resources	Medium	GET	Implemented

Age Profile	Due		Implemented		In Progress		Not Implemented	
	High	Medium	High	Medium	High	Medium	High	Medium
Less Than 1 Year	12	55	10	36	2	18	0	1
1-2 Years	6	11	3	5	3	6	0	0
2-3 Years	2	1	0	0	2	0	0	1
3+ Years	1	1	0	1	1	0	0	0
Total	21	68	13 (62%) ↑	42 (62%) ↑	8 (38%) ↓	24 (35%) ↓	0 (0%) ↓	2 (3%) ↓

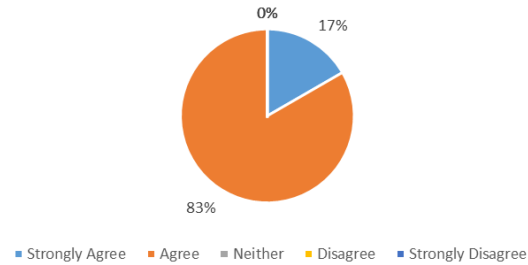
- Increase in High Priority issues implemented from 53% to 62%
- Increase in Medium Priority issues implemented from 54% to 62%
- Decrease in High Priority issues remaining in progress from 40% to 38%
- Decrease in Medium Priority issues remaining in progress from 37% to 35%
- Decrease in High Priority issues not implemented from 7% to 0%
- Decrease in Medium Priority issues not implemented from 10% to 2%

Appendix 5: Senior Management Survey

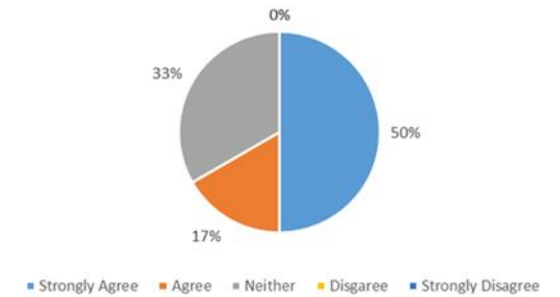
1. Understand the Council, its needs and objectives.



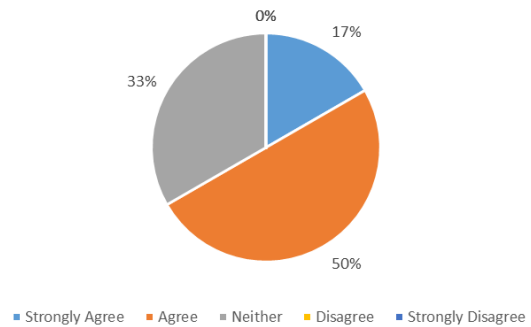
2. Works with the Council to assist you in achieving your objectives and managing your risks.



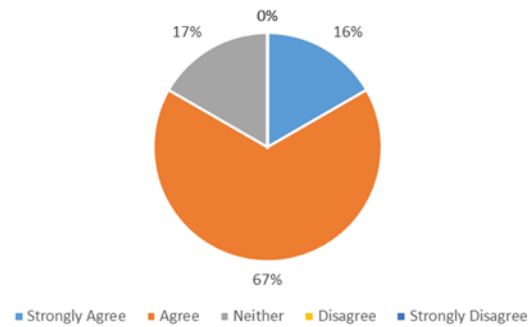
3. Consistently demonstrates competence and due professional care.



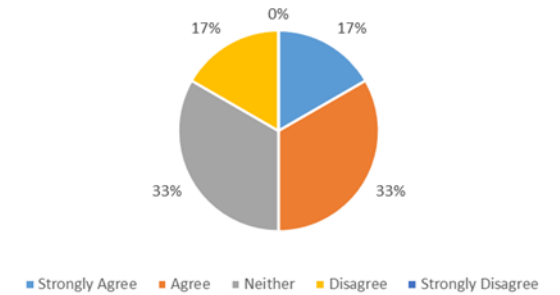
4. Adds value with the work delivered.



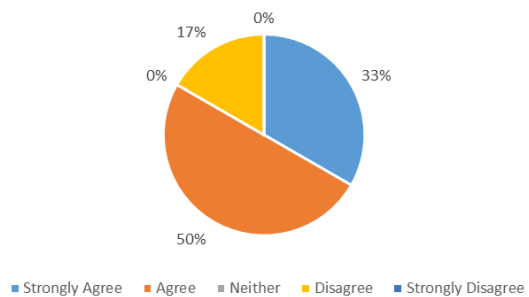
5. Is insightful, proactive and future-focused.



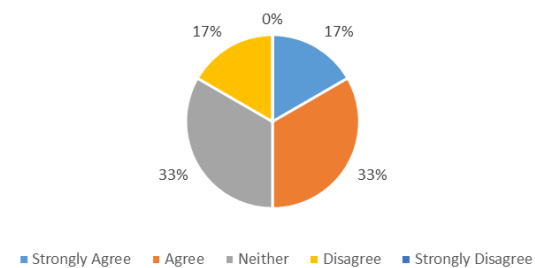
6. Promotes and supports organisational improvement and transformation.



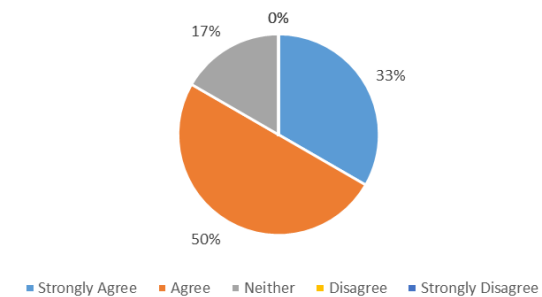
7. Provides timely reports which are of a high standard and meet your needs.



8. Enables benchmarking and the sharing of good practice, solutions and experience across Kent County Council.



9. Demonstrates quality and continuous improvement in the Audit Service.



10. Has provided an effective service for the Council in 2019/20.

