INTERNAL AUDIT PROGRESS REPORT

GOVERNANCE AND AUDIT COMMITTEE

18 May 2023

1. Introduction

The role of the Internal Audit function is to provide Members and Management with independent assurance that the control, risk and governance framework in place within the Council is effective and supports the Council in the achievement of its objectives. The work of the Internal Audit team should be targeted towards those areas within the Council that are most at risk of impacting on the Council's ability to achieve its objectives.

Upon completion of an audit, an assurance opinion is given on the effectiveness of the controls in place. The results of the entire programme of work are then summarised in an opinion in the Annual Internal Audit Report on the effectiveness of internal control within the organisation.

This activity report provides Members of the Governance and Audit Committee and Management with 15 summaries of completed work between January and May 2023.

2. Key Messages

- 15 audits have been finalised in the period reported. **Appendix A**
- 3 of the 15 audits for the period received Limited Assurance. **Appendix A**
- 27 of 46 audits from the 2022/23 rolling Audit Plan are either in planning, fieldwork or reporting stage. **Appendix B**
- 70 grants have been certified since 01 April 2022. **Appendix C**

3. Resources

In accordance with the Public Sector Internal Audit Standards, Members need to be appraised of relevant matters relating to the resourcing of the Internal Audit function. The key updates are as follows:

- Permanent recruitment for the vacant Audit Manager posts have been recruited to successfully.
- Permanent recruitment for vacant Principal Auditor posts has been completed.
- Recruitment to Senior Auditor positions has been completed.
- There have been a number of challenges with the recruitment of additional temporary contract audit resources to support Audit delivery for the remainder of 2022/23
- A number of issues relating to the resourcing of the Internal Audit service are currently being addressed and will be reported back to members at a subsequent Committee.

4. 2022/23 Internal Audit Plan

This report also provides an update on the work completed between January and May 2023 against the original 2022/23 Audit Plan. The audit summaries are provided at **Appendix A**. A summary is provided on current progress against the 2022/23 Audit Plan.

Status	Number of Audits	%
Not yet started	0	0
Planning	5	11
Fieldwork	14	30
Ongoing	3	7
Draft Report	2	4
Final Report	18	39
On Hold	4	9
Total	46	

Appendix B sets out progress against the Rolling 2022-23 Audit Plan alongside where audit coverage aligns against the **8 Pillars of Corporate Health** utilised for Annual Audit Opinion.

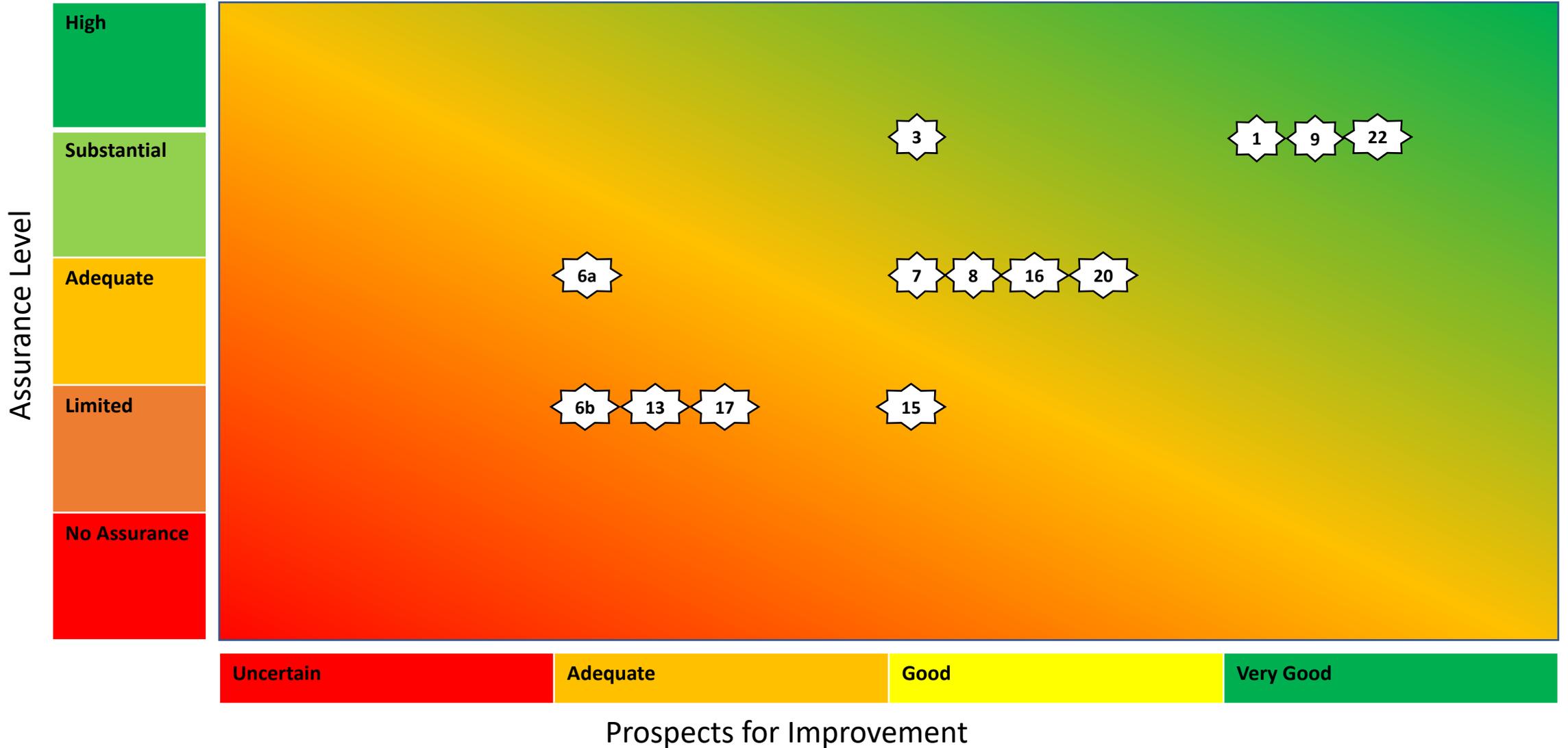| Corporate Governance	Risk Management	Financial Control / VFM	Change Management & Programme / Projects
Commissioning, Procurement & Partnerships	Information Technology & Information Security	Asset Management	Counter Fraud

Table 1 – Summary of Audits by Committee Meeting

|	Governance & Audit Committee – 18 May 2023		
No	Audit	Opinion	Prospects for Improvement
8	ICT03-2023 – Information Technology Risk Management	ADEQUATE	GOOD
9	RB06-2023 – Recruitment & Retention of Experienced Social Workers (CYPE)	SUBSTANTIAL	VERY GOOD
10	RB18-2023 – Estates Change Programme (Sessions House)	N/A	N/A
11	CA06-2023 – Information Governance – Role of the Information Asset Owner	N/A	N/A
12	CR04-2023 – Enterprise Business Capabilities (Oracle) EXEMPT	N/A	N/A
13	RB07-2023 – Climate Change	LIMITED	ADEQUATE
14	CR03-2023 – Preparedness for CQC Inspection (ASCH)	N/A	N/A
15	RB03-2023 – Individual Contracts with Care Providers	LIMITED	GOOD
16	CA04-2023 – Health and Safety	ADEQUATE	GOOD
17	CS01-2023 – Budget Savings	LIMITED	ADEQUATE
18	CS02-2023 – Imprest Accounts Follow-up	N/A	N/A
19	CS03-2023 – Purchase Cards (DRAFT)	ADEQUATE	TBC
20	CS04-2023 – Pension Scheme Admin	ADEQUATE	GOOD
21	RB33-2023 – Public Health (Grant Certification)	N/A	N/A
22	RB32-2023 – Data Security Toolkit (DRAFT)	SUBSTANTIAL	VERY GOOD

Table 2 – Summary of Audits by Committee Meeting

No	Audit	Opinion	Prospects for Improvement
	Governance & Audit Committee – 26 January 2023		
1	CS01-2022 CIPFA Financial Management Code – Part 2	SUBSTANTIAL	VERY GOOD
2	RB29-2022 Inland Border Posts / Decision Making and Financial Management	N/A	N/A
3	RB02-2023 Talent Management	SUBSTANTIAL	GOOD
4	RB10-2023 Modern Slavery	N/A	N/A
5	CA02-2023 Assurance Mapping (1) – Simultaneous Response, Recovery & Resilience (EXEMPT)	N/A	N/A
6a	CA01-2023 Annual Governance Statement - PROCESS	ADEQUATE	ADEQUATE
6b	CA01-2023 Annual Governance Statement - RETURNS	LIMITED	ADEQUATE
7	RB01-2023 Data Mapping	ADEQUATE	GOOD

2022/23 Audit Assurance Levels and Prospects for Improvement of Audits

Assurance Level

- High
- Substantial
- Adequate
- Limited
- No Assurance

Prospects for Improvement

- Uncertain
- Adequate
- Good
- Very Good

2022/23 Audit Assurance Levels and Prospects for Improvement of Audits

Assurance Levels 2022/23

- High
- Substantial
- Adequate
- Limited
- No
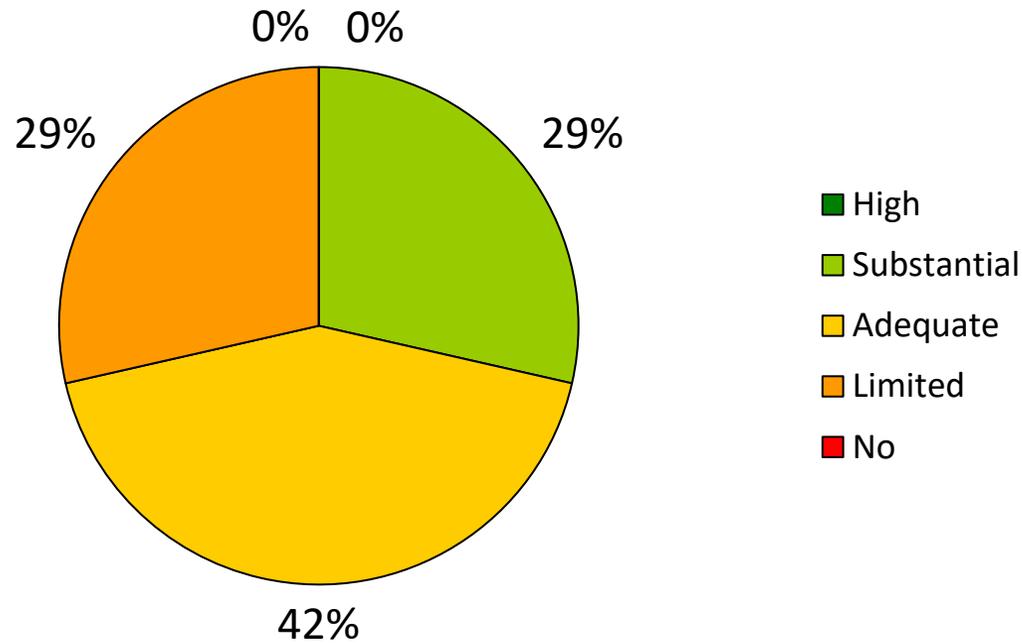
Assurance Level	No	%
High	0	0%
Substantial	4	29%
Adequate	6	42%
Limited	4	29%
No	0	0%

Prospects for Improvement	No	%
Very Good	3	25%
Good	6	50%
Adequate	3	25%
Uncertain	0	0%

5. Grant Certification Work

The independent certification work assists the Council in the ongoing receipt of funding from various Government Departments. Internal Audit's work on grant certification provides an essential service for the Council. Although it is not audit opinion work, the Audit team's schedule of grant certifications is an ongoing commitment of Internal Audit resources which requires adherence to strict timescales for the certification of claims submitted.

In **2022-23**, the Team has, to date, audited and certified 46 Interreg grant claims with a value of **€3,734,378**. Additional On the Spot (enhanced re-audit) for 12 grant projects have been completed with a further 1 On the Spot check currently in progress.

The Audit team also provide a service to certify Interreg grant claims for external clients with 5 claims and 1 On The Spot having been certified to date in 2022-23.

The Joint Secretariat (JS) are responsible for ensuring that all project claims made from the European Regional Development Fund are approved following strict adherence to the rules set. One of the KCC claims for the Experience project was recently subjected to an audit by the JS and feedback provided advised that the claim was found to have been of a very high standard, supported by all required evidence with no certification errors identified.

Grant work is also completed by the Internal Audit team in respect of validating expenditure of various UK Government Grants awarded for activities such as Public Health, Highways, Environment, Travel Demand Management and Bus Service Operators Grant.

Details of all certifications for **2022-23** can be seen at **Appendix C**.

6. Under the Spotlight!
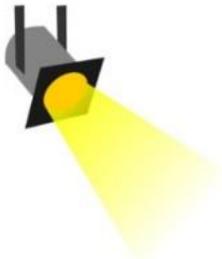
With each Progress report, Internal Audit turns the spotlight on the audit reviews, providing the Governance and Audit Committee with a summary of the objectives of the review, the key findings, conclusions and recommendations; thereby giving the Committee the opportunity to explore the areas further, should it wish to do so.

In this period, the following report summaries are provided at **Appendix A** for the Committee's information and discussion.

Audit Definitions are provided at **Appendix D**

(A) Adult Social Care and Health	**(B) Children, Young People and Education**
A1. CR03-2023 – Adult Social Care Reform – Preparation for the CQC Inspection A2. RB03-2023 – Individual (Indi) Contracts with Care Providers A3. RB33-2023 – Public Health (Grant Certifications)	B1. RB06-2023 – Recruitment & Retention of Experienced Social Workers (CYPE)
(C) Growth, Environment and Transport Cross Directorate	**(D) Chief Executive**
C1. RB07-2023 – Climate change – KCC,s Net Zero Action Plan	D1. CA06-2023 – Information Governance – Role of the Information Asset Owner D2. CS04-2023 - Pension Scheme Admin D3. CS02-2023 - Imprest Accounts Follow-up D4. CS03-2023 - Purchase Cards (DRAFT) D5. CS01-2023 - Budget Savings D6. RB32-2023 - Data Protection Security Toolkit (DRAFT)
(E) Deputy Chief Executive	**(E) Cross Directorate**
E1. ICT03-2023 – Information Technology Risk Management E2. RB19-2023 – Estates Change Programme – Sessions House E3. CR04-2023 - Enterprise Business Capabilities (Oracle) E4. CA04-2023 - Health & Safety	

Appendix A - Summaries

A1. CR03-2023 – Adult Social Care Reform – Preparation for the CQC Inspection

Audit Opinion	Advisory
Prospects for Improvement	N/A

In September 2021, the Government set out its new plan for Adult Social Care Reform in England. This covers a 10-year national programme which includes the intention to reintroduce an assurance process of local authorities' adult social care functions by the Care Quality Commission (CQC), as well as introducing a power for the Secretary of State to intervene where, following assessment, it is considered that a local authority is failing to meet their duties. It is anticipated that the CQC assessments will begin in April 2023, although it is not yet known when the Kent assessment will be undertaken.

The Health and Care Act 2022 gave the CQC new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions set out in Part 1 of the Care Act 2014. The functions to be assessed will be specified in new regulations which are anticipated to be laid before parliament in early 2023.

A local authority assessment framework has been developed for providers, local authorities and integrated care systems. The single assessment framework is based on a set of quality statements that are arranged under topic areas and describe what good care looks like.

The framework:
• sets out clearly what people should expect a good service or system to look like
• places people's experiences of care at the heart of our judgements
• ensures that gathering and responding to feedback is central to our expectations of providers, local authorities and integrated care systems

Conclusions

Internal Audit performed a review of the self-assessment and worked alongside the service to provide assurance on the robustness of this process and the conclusions drawn. Internal Audit provided an evidenced based position statement which provided a benchmark as to current position compared to the framework.

Internal Audit conclude that whilst significant progress has been made in preparation for the CQC inspection; gaps identified include:
· Lived experience.
· Showcasing of best practice.
· Feedback from providers.
· Carers & care receivers.
· Monitoring information to demonstrate where KCC are now and where KCC want to be.

The gaps have been accepted and an Action plan is being prepared.

A2. RB03-2023 – Individual (Indi) Contracts with Care Providers

Audit Opinion	Limited
Prospects for Improvement	Good

Key Strengths

Set-up, Registration & Amendment of Indi Providers
- Prior to the engagement of an Indi contract provider, referrals are sent out daily to framework providers.

Monitoring and Management of Indi Contracts
- Commissioning hold a Quality In Care (QiC) log which is used to record sanctions / issues where notification is received.
- Evidence of authorisation of all 30 Indi contracts tested had been consistently provided by a member of the Commissioning Team.
- KCC are proactive in working with providers to prevent hand-back of contracts. Unfortunately, once KCC has been notified of potential hand back it is often too late to resolve any issues which have come to light. The most common reason for hand back is lack of provider capacity.

Areas for Development

Set-up, Registration & Amendment of Indi Providers
- Limited due diligence checks are undertaken prior to setting up a contract with an Indi contract provider. These checks are currently limited to ensuring the provider is registered with the CQC, and noting the rating achieved at the last inspection. **Issue 1 (High).**
- There are ongoing issues with the accuracy and completeness of the SharePoint Indi contract referral forms which increases the risk of fraud and error. **Issue 2 (Medium).**
- Of the 30 contracts tested, only 4 out of 30 contracts had been returned as signed by the provider (13%). **Issue 3 (High).**
- Provider amendments are not consistently subject to adequate validation checks increasing the risk of fraud and error. **Issue 4. (Medium).**

Monitoring and Management of Indi Contracts
- There is a lack of ownership of the monitoring of Indi contracts and consequently no monitoring is performed. KCC is only made aware of things going wrong when a complaint is received. This is a lost opportunity to put things right before it gets to this stage. **Issue 5 (High).**
- There is an absence of a dashboard of reliable data and spend analysis. **Issue 5 (High).**
- Value for money is rarely achieved or monitored on Indi contract procurement. **Issue 6 (High).**
- There is little incentive for providers to join the Framework as fees tend to be higher for Indi contracts. The general consensus from staff interviewed was that the Framework is not working. **Issue 6 (High).**
- Due to the government initiative to reduce bed blocking, KCC has inherited a large number of costly NHS sourced care providers which have not been vetted or checked. **Issue 6 (High).**

A2. RB03-2023 – Individual (Indi) Contracts with Care Providers

Prospects for Improvement

Our overall opinion of **Good** for Prospects for Improvement is based on the following factors:

- This audit was included in the 2022-23 audit plan due to the known challenges and issues of managing and working with the social care market including the high vacancy rate and the sustainability of the existing supply chain.

- A comprehensive management response has been received which addresses all the issues raised in this report.

Summary of Management Responses

	No. of Issues Raised	Mgt Action Plan Developed	Risk Accepted & No Action Proposed
High Risk	4	4	NA
Medium Risk	2	2	NA
Low Risk	0	0	NA

A.3 RB33-2023 – Public Health (Grant Certifications)

Audit Opinion	Advisory
Prospects for Improvement	N/A

Section 31 Local Authority Grants - Inpatient Detoxification Grant Scheme 2022-2023: No 31/6186
Financial Year Period 1 April 2022 – 31st March 2023

Testing and findings
Total spent up to 31st March 2023 = £183,873.78
Total value of tested expenditure was £183,873.78 – 100% of total Revenue grant received.

Total amount forecast / committed	Total amount of sampled transactions	% Coverage	Number of transactions reviewed	Audit findings
£183,876.00	£183,873.78	100%	8	All transactions were reviewed by Internal Audit; substantiated by evidence and in compliance with the grant conditions

Internal Audit checks completed on transactions were as follows –
· Paid in Oracle in the period.
· Supporting evidence available
· Evidence matches amount paid and description of payment.
· Relates to revenue expenditure re Inpatient Detoxification grant, and therefore eligible under the grant conditions.

Conclusion
In our opinion, having carried out appropriate investigations and checks Internal Audit confirm that the conditions applied to the Inpatient Detoxification grant have been complied with.
Recommendation:
The grant declaration to be signed and submitted Corporate Director of Finance (Section 151 Officer) and the Office for Health Improvement & Disparities by 21st April 2023

A.3 RB33-2023 – Public Health (Grant Certifications)

Section 31 Local Authority grants for additional drug treatment crime and harm reduction activity in 2022/23: Supplementary Substance Misuse Treatment & Recovery Grant 2022-2023: No 31/6169
Financial Year Period 1 April 2022 – 31st March 2023

Testing and findings
Total spent up to 31st March 2023 = £1,098,862.19
Total value of tested expenditure was £732,136.42 – 66% of total Revenue grant received.

Total amount forecast / committed	Total amount of sampled transactions	% Coverage	Number of transactions reviewed	Audit findings
£1,101,719.00	£732,136.42	66%	26	All transactions were reviewed by Internal Audit; substantiated by evidence and in compliance with the grant conditions

Checks completed on transactions were as follows –
· Paid in Oracle in the period.
· Supporting evidence available
· Evidence matches amount paid and description of payment.
· Relates to revenue expenditure re Supplementary Substance Misuse Treatment & Recovery Housing Support grant, and therefore eligible under the conditions.

Conclusion
In our opinion, having carried out appropriate investigations and checks Internal Audit confirm that the conditions applied to the Supplementary Substance Misuse Treatment & Recovery grant have been complied with.

Recommendation:
The grant declaration to be signed and submitted Corporate Director of Finance (Section 151 Officer) and the Office for Health Improvement & Disparities by 21st April 2023

B1. RB06-2023 – Recruitment & Retention of Experienced Social Workers (CYPE)

Audit Opinion	Substantial
Prospects for Improvement	Very Good

Key Strengths

- KCC is an active participant of the Association of the Directors of Children's Social Care (ADCS) Workforce Development Group. The aim of the group is to share issues, challenges and solutions to recruitment issues and actively lobby government over the use of agency social workers.
- The Children's Social Worker Recruitment and Retention Action Plan is discussed at the Resources Group 6-weekly meeting. The plan is well-defined and contains key metrics and milestones. Clear governance and reporting arrangements are in place and the group is well-represented.
- The KCC website promotes the Social Worker Academy and the training & development offer raising the profile of KCC. There are testimonies from experienced social workers to give potential applicants an idea of what it is like to work as a social worker for KCC.
- A Memo of Understanding between southeast and southern Councils including Medway means that agency rates are capped, and gazumping prevented.
- A risk owner has been assigned against 'Difficulty in Recruiting and Retaining Experienced Social Workers' this risk is being actively monitored and reviewed. There is clear engagement with the Corporate Risk Team.
- There is comprehensive recruitment guidance for managers on KNET.
- In October 2022, a new Joiner survey was issued to all new members of staff who onboarded with KCC from July 2021 to June 2022. The survey was sent to 1384 employees and 502 responses were received. Feedback on the recruitment process was positive.
- Organisational Development have just launched new recruitment and selection programme to fit the new culture, promote required attributes and the need to be innovative.

- KCC offers numerous recruitment and retention payments to attract and retain social work staff including; market premium payment, retention payment, golden hello for experienced staff, car allowance and successful completion of studies. KCC has a comprehensive training package for social workers that capitalises on staff development. In addition, statutory and mandatory training that helps to ensure that staff are compliant with their statutory duties.
- KCC has a Practice Development Team dedicated to improving practice and looks at how the people of Kent have benefited from that intervention.
- The Kent Academy for the Children's and Adult's workforce is a dedicated platform for social care training and development opportunities – a one stop shop for professional development which includes the latest resources, research, and training.
- KCC are working with the University of Kent who will be interviewing all social workers who qualified between 3-5 years ago to obtain feedback regarding their role. Interviews are scheduled to take place in March 2023.
- Organisational Development are running a pilot with CYPE on exit interviews. The aim is that by the end of February 2023, KCC will be able to identify themes in terms of why staff are leaving and put in place an action plan to address, If the pilot is a success this will then be rolled out across the whole organisation to see what the themes are to ensure consistency of processes.
- A working group has been set up to look at how KCC can manage caseloads more effectively.
- The Children Outcome Analysis was introduced 18-months ago. The aim is to go into each district once a month and observe practice; look at case files, observe meetings, attend conferences and go out on visits. Part of this is having conversations with team managers about what is working in their district. This provides an opportunity to feedback. Have devised an action plan alongside each service manager.
- In addition to the annual staff survey, an annual social work survey is performed.
- HR are currently performing a benchmarking exercise against other local authorities. It is anticipated that a report will be available by the end of January 2023.

B1. RB06-2023 – Recruitment & Retention of Experienced Social Workers (CYPE)

Areas for Development

- The health and wellbeing support offered to social workers has not been tailored in recognition of the nature of the work they perform. Any support provided tends to be at a team level. **Issue 1 (Medium)**

Prospects for Improvement

Our overall opinion of **Very Good** for Prospects for Improvement is based on the following factors:

- The recruitment and retention of experienced social workers is a national issue. There are a large number of challenges that KCC is proactively trying to address. The key factors are rates of pay, work related pressure / stress and caseloads. Whilst caseloads are being reviewed, it is unclear what KCC's attitude is in respect of increasing rates of pay. There is a heavy reliance on locums/agency workers.

Summary of Management Responses

	No. of Issues Raised	Mgt Action Plan Developed	Risk Accepted & No Action Proposed
High Risk	0	0	NA
Medium Risk	1	1	NA
Low Risk	0	0	NA

C1. RB07-2023 – Climate Change – KCC's Net Zero Action Plan

Audit Opinion	Limited
Prospects for Improvement	Adequate

Key Strengths

- The Net Zero 2030 target is based on forecasting carried out by Laser Energy who are experts in the field.
- Laser Energy use a consistent methodology to update and validate emissions data every quarter.
- The 2030 Net Zero Target and Action Plan was a key decision approved by the Cabinet Member in September 2020.
- The Greenhouse Gas (GHG) emissions KPI is reported to the Environment and Transport Cabinet Committee (ETCC) and Cabinet quarterly as expected.
- This KPI is Specific, Measurable, Attainable, Relevant and Time-bound (SMART) as well as aligning with KCC's data quality policy criteria.
- Business Mileage data is consistently monitored and reported to the relevant Directorate Management Team (DMT).
- Each Service has an Environmental Specification which shows how the department will contribute to the Net Zero 2030 target.
- Other factors impacting carbon emissions that the department is responsible for, in addition to mileage will be added to these specifications, monitored and reported going forward.
- Refresh work is underway to review the forecast, assumptions, re-profile emissions, review costs and horizon scan for innovative actions.

Areas for Development
- The current cost of the Net Zero 2030 Plan has not been fully estimated, spend to date has not been monitored and, therefore, the amount of funding required to achieve the Plan is not yet known. **Issue 1 (High)**
- It is anticipated that the current approach for securing external funding will not be sufficient to fund the full cost of the Plan. **Issue 1 (High)**
- The governance, reporting and decision-making structure for the Net Zero 2030 Plan is unclear, which compromises the effectiveness of the Environment Board. **Issue 2 (High)**
- Accountable officers will be nominated to deliver each of the Net Zero actions but there is no mechanism to ensure that this role becomes a priority and an integral part of their job. **Issue 3 (High)**
- Actions do not have timetables, so it is not possible to objectively monitor whether individual actions are progressing at a sufficient pace to achieve the 2030 target. **Issue 3 (High)**
- Net Zero actions do not have plans detailing how their action will be delivered, including clear criteria to evaluate whether actions have been implemented as intended. **Issue 3 (High)**
- There will be a requirement to off-set the gap between the remaining level of emissions, after all actions have been completed, and the Net Zero target. This is not currently being monitored or reported and nor is the evolving cost of off-setting. **Issue 4 (Medium)**
- There is no risk or issues register for the Net Zero 2030 Plan. There is also the lack of an articulated risk appetite for the Plan. **Issue 5 (Medium)**
- The Service Level Agreement with Laser has not been updated to include the 6 monthly review work that is required to update the annual greenhouse emission target for the KPI. **Issue 6 (Low)**
- An Equalities Impact Assessment (EQiA) has been completed on the Net Zero target by 2030 but there has not been an evaluation of which of the Net Zero 2030 Plan's actions should also have an EQiA. **Issue 7 (Low)**

C1. RB07-2023 – Climate Change – KCC's Net Zero Action Plan

Prospects for Improvement

Our overall opinion of **Adequate** for Prospects for Improvement is based on the following factors:

• Officers are mindful of the Net Zero 2030 Plan challenges and believe the Plan will return on its investment, but 'buy in' is required from the Council to put this strategy into action.
• External factors, predominately funding, may inhibit delivery of actions and the achievement of the Net Zero Plan.
• Officers are motivated to build the governance, monitoring and the co-ordination of the delivery of the Plan.

Summary of Management Responses

	No. of Issues Raised	Mgt Action Plan Developed	Risk Accepted & No Action Proposed
High Risk	3	3	NA
Medium Risk	2	2	NA
Low Risk	2	2	NA

D1. CA06-2023 – Information Governance – Role of the Information Asset Owner

Audit Opinion	Advisory
Prospects for Improvement	N/A

As part of the 2022/23 Audit Plan, it was agreed that Internal Audit would review one of several potential areas of the Council's information governance arrangements. In subsequent discussions with the Council's Data Protection Officer, the focus of the review was narrowed to the role of Information Asset Owners (IAOs) and the extent that the appointed officers understood the role.

Internal Audit planned to review the level of assurance that KCC's IAOs, who are Corporate Directors, have that their Directorates meet or exceed the Government's mandatory minimum measures for handling personal data. However, once fieldwork commenced, Internal Audit found that the role of IAOs within KCC's information governance arrangements diverged from the Government's guidance. On review, the Head of Internal Audit agreed to report how the IAO role within KCC differs from the Government's guidance and Internal Audit's observations about how the role has been interpreted by post holders.

Conclusions

KCC's suite of information governance policies and procedures declare that the IAO is a mandated role. This statement is cross referenced to the Government's data handling guidelines. These guidelines include the Government's mandatory minimum measures for handling personal data and relevant IAO responsibilities. However, the responsibilities of KCC's IAOs, which are not clearly defined, are not consistent with the Government's guidelines. The current review of KCC's information governance policies is a timely opportunity to consider how IAO responsibilities are documented.

Within the Council, many of the IAO responsibilities under the Government's mandatory minimum measures sit with other parties. These include the Corporate Information Governance Group (CIGG) and the Information Governance Cross Directorate Working Group, as well as individual officers. There is, however, some ambiguity across the policies regarding where responsibility for some data handling activity sits. Furthermore, there is no individual or body within the Council that has responsibility for ensuring that the Council meets the Government's mandatory minimum data handling measures.

KCC's IAOs have different approaches to leading and fostering a culture that values, protects and uses information for the public good. They are involved in the production of Data Protection Impact Assessments, but some acknowledge that the process in their respective Directorates could be improved. Other data handling responsibilities tend to be delegated and the degree of IAO oversight varies across Directorates.

D2. CS04-2023 – Pension Scheme Admin

Audit Opinion	Adequate
Prospects for Improvement	Good

Key Strengths

- The Fund's policies are being reviewed and where gaps are identified, new policies are drafted and presented to the Pension Fund Committee.
- Work has been undertaken to implement the recommendations made following a review by a consulting firm of the fund's governance. 139 recommendations were made and as at March 2023, 116 recommendations have been implemented or are in progress.
- The workload of the team and level of resource has been reviewed with additional roles being created to increase the capacity of the team.
- Ways of working are continuously reviewed in order to improve efficiency. Since 1 November 2022, the way work is allocated to the team was changed so that all administration teams spend a minimum of one month on a given subject area. Previously, teams only spent one week on a given subject area before moving on. This new arrangement allows team members to become more experienced in each area as they spend more time processing each case type. Furthermore, postage tasks are to be outsourced to increase capacity for casework, and bulk processing of certain tasks is to be introduced to reduce processing times.
- Pension administration information provided to Committees has been improved with Key Performance Indicators (KPIs) being reported to the Pension Board and Pension Fund Committee since November 2022 and December 2022 respectively. KPIs were previously not reported to either forum

Areas for Development

- There are processes in place for the production and despatch of Annual Benefit statements and Annual Allowances. However, work needs to be undertaken to ensure regulations are not breached and where breaches occur, the Pension Fund Committee and Pension Board should be informed. *Issue 1 (High)*.
- Data for the McCloud data remedy project is yet to be collected and gaps in member data identified through a data quality review carried out by a consulting firm in October 2022 have not yet been addressed. *Issue 2 (High)*.

- The Pension Board only met once in the 12 months to 31 January 2023. The LGPS requires pension funds to operate a Local Pension Board. *Issue 3 (Medium)*.
- The KPIs reported do not have any comparators and are not benchmarked against other local authorities to assess how well the KCC pension administration team is doing. In addition, there is a backlog of cases, with the time taken to process leavers and transfers out running into years in some instances. *Issue 4 (Medium)*.
- There is no set timeframe for scheme employers to provide leaver information and in some cases, scheme employers take over a year to notify the pension administration team of members leaving. *Issue 5 (Medium)*.
- Improvements to housekeeping are required to ensure staff have access to up to date information and supporting documentation can be located easily. *Issue 6 (Low)*.
- The pension administration team does not proactively contact members who are owed deferred refunds. They wait to hear from the member and interest is added to the amount due when it is paid later. *Issue 7 (Low)*.

Prospects for Improvement

Our overall opinion of **Good** for Prospects for Improvement is based on the following factors:

- As described above, in addition to established practices and processes there a number of initiatives that are underway and imminent.
- Management have engaged positively with the audit and developed appropriate actions to address the issues identified.

Summary of Management Responses

	No. of Issues Raised	Mgt Action Plan Developed	Risk Accepted & No Action Proposed
High Risk	2	2	NA
Medium Risk	3	3	NA
Low Risk	2	2	NA

D3. CS02-2023 – Imprest Accounts Follow-up

Audit Opinion	N/A
Prospects for Improvement	N/A

As part of the 2022/23 Audit Plan, Internal Audit undertook a review of Imprest accounts.

The aim of the audit was to provide assurance that adequate progress has been made against issues raised from the previous audit reported in January 2020 where it received "No Assurance".

Internal Audit has also agreed to undertake some embedded assurance work on the Cashless project within CYPE though work from this is not included within this report.

	No. of Issues Raised from Original Report	Implemented	Issue Open and Agreed Actions	Risk Accepted
High	4	2	2	NA
Medium	3	0	3	NA
Low	0	0	NA	NA

Key Findings From Follow-up

The follow-up work has identified that of the seven previous issues being reviewed, two are now considered closed and five remain open. Though a number of issues remain open good progress has been made to address and a few resulting actions are required to be in a position to mark these as implemented. The issues which have been agreed to close are as follows:
Issue 2 - Payments
Issue 4 - Inappropriate use of Imprest Accounts

The following issues are considered to be in progress and will be followed up in six months' time:
Issue 1 - Central Log and Imprest Holder Oversight
Issue 3 - Security
Issue 5 - Imprest Training
Issue 6 - Cash Counts & Reconciliation
Issue 7 - Imprest Limits

Issue Status

Issue	Risk Rating	Status
1 - Central Log and Imprest Holder Oversight	High	In Progress
2 – Payments	High	Implemented
3 – Security	High	In Progress
4 – Inappropriate use of Imprest Accounts	High	Implemented
5 – Imprest Training	Medium	In Progress
6 - Cash Counts and Reconciliations	Medium	In Progress
7 – Imprest Limits	Medium	In Progress

D4. CS03-2023 – Purchase Cards *DRAFT*

Audit Opinion	Adequate
Prospects for Improvement	Good

Key Strengths

- There is an up-to-date Purchase Card Policy in place that details terms of use and the consequences of breaches to the Policy.
- The Purchase Card Policy has been reviewed within the last year and is held accessibly for card holders.
- There is a Card Holder Register spreadsheet held with limited access for security that includes all the necessary information on the card holders including transaction limits and cash withdrawal facility etc.
- On an annual basis, the Control Team complete a data cleanse of the Card Holder Register to update the list of old and inactive purchase cards on the spreadsheet.
- The Control Team monitor unapproved transactions through an extraction report and assign this card as 'On Hold' if it has passed 30 days without approval, this is listed in the Card Holder Register for documentation.
- The Control Team have sufficient controls in place surrounding the monitoring of dormant and inactive Purchase Card accounts to reduce the number of unnecessary card holders.
- All Purchase Card transaction limits are being reviewed by the Control Team to ensure that any temporary increase in limit thresholds is reduced to their original appropriate transaction limit, and ensuring that those listed in the register align with NatWest's record.
- The Control Team are currently working through a 2 year backdated leavers report to update the Purchase Card register with any ex-employees that may have previously not been removed and that the assigned card has been cancelled.

Areas for Development

- The Purchase Card procedure states that there should be management consideration on assigning a new purchase card and if it is necessary, there was no evidence of this consideration able to be provided for a sample of card holders.
- From a sample of 25, it was identified that no card holders had completed all the compliance documents as specified by KCC Purchase Card Procedures. **Issue 1 (High)**.
- Sample testing identified 72% of the sample transactions did not have a valid VAT receipt, due to this audit are unable to identify if VAT should be claimed back from the expenditure. **Issue 2 (Medium)**.
- Approved transactions claimed VAT when there was no listed VAT on the receipt to claim, as well as this approved transactions with VAT listed on the receipt was not claimed back **Issue 2 (Medium)**.
- Expenditure is not approved on Intellilink within 30 days for many transactions as shown in data analytics, therefore the balance is paid and cleared by KCC for the expenditure before many of the transactions have been approved. **Issue 3 (Medium)**.
- The Card Holder Register when sample tested and compared with Oracle employee information found 2 employees as active card holders that were listed on Oracle as ex-employees **Issue 4 (Medium)**. Although as listed in key strengths the Control Team are updating the card holders using a backdated HR Leavers report to remove and follow up any ex-employees and their purchase card.
- Transaction testing identified one instance of splitting transactions, this card holder withdrew £800 in two separate transactions to stay below their £500 transaction limit. Issue 5 (Low).

Prospects for Improvement

Our overall opinion of TBC for Prospects for Improvement is based on the following factors:

Summary of Management Responses

Management responses are due 15th May 2023.

	No. of Issues Raised	Mgt Action Plan Developed	Risk Accepted & No Action Proposed
High Risk	1		NA
Medium Risk	3		NA
Low Risk	1		NA

D5. CS01-2023 – Budget Savings

Audit Opinion	Limited
Prospects for Improvement	Adequate

As part of the 22/23 Audit Plan, Internal Audit were requested to undertake a review of the annual budget savings plan for 22/23. The aim of the audit was to provide assurance that there are adequate and effective controls in place to help ensure the delivery of the budget savings and income plan.

Key Strengths
- There were budget discussions with the Corporate Management Team, Corporate Board, and the Cabinet in the period September 2021 to January 2022, giving Senior Management and members the opportunity to question and challenge the savings and income proposals.
- There is regular monitoring and reporting to Senior Management and Members of progress against the income and savings plan.
- Monitoring reports set out the key risks and issues, as well as the savings and income plans that are at most risk of non-delivery.
- Internal Audit were informed that additional savings proposals are identified throughout the year to mitigate those which prove not to be achievable.
- The Council carried out the necessary consultation where there is a statutory requirement to do so.

Areas for Development
- There is increasing risk around the Council's ability to achieve the savings it needs to deliver its Medium Term Financial Plan (MTFP). The majority of undelivered savings and income for 2022-23 will be rolled forward to the next year, with a significant proportion being written back as undeliverable. However, this creates additional pressures for future budgets and there is increasing risk around the Council's ability to achieve the savings it needs to deliver its MTFP. **Issue 1 (High)**
- The process to assess and challenge the veracity of initial savings proposals was not robust from the outset. For 6 out the 10 sampled savings and income proposals for 22/23 (totalling £9.8m), there was no clear/ detailed business case available setting out how they would be delivered and the potential deliverability risks and Implications. **Issue 2 (High)**

Prospects for Improvement
Our overall opinion of **Adequate** for Prospects for Improvement is based on the following factors:
- The scale of the savings requirements is increasing which increases deliverability risk.
- A significant proportion of savings target is not being delivered within the specific financial year, which is increases the deliverability risk in future year(s).
- The introduction of the Chief Executive function provides the opportunity for Finance to more effectively oversee and challenge the savings and income proposals developed by the Directorates.
- The budget setting process is being brought forward for next year, commencing in April 2023, with the intention of publishing the initial draft budget by the end of October. This will result in more time to develop robust business cases and fully understand and consider mitigation to the risks of not delivering savings.

Summary of Management Responses

	No. of Issues Raised	Mgt Action Plan Developed	Risk Accepted & No Action Proposed
High Risk	2	2	NA
Medium Risk	0	0	NA
Low Risk	0	0	NA

D6. RB32-2023 – Data Protection Security Toolkit *DRAFT*

Audit Opinion	Substantial
Prospects for Improvement	Very Good

Key Strengths
- The Council has an information Governance Framework in place.
- A revised Data Protection Impact Assessment (DPIA) Application and revised guidance has been introduced and communicated to staff.
- Completed and approved DPIA's are in place for 'high risk' processing activities.
- Procedures ensure that the General Data Protection Regulation (GDPR) principles and appropriate technical and organisational measures are built by default into the organisation's processing activities and business practices.
- The organisation has implemented data protection into wider business processes, strategies, and vision statements to build in data protection to the heart of its organisation.
- Data security and data protection is included in the induction process mandatory training, and compliance is monitored.
- Training needs are analysed, and ad-hoc training provided where necessary.
- The Disaster Recovery Plans are tested.
- Hard copies of business continuity and disaster recovery plans are maintained and restricted to appropriate personnel involved in the event of an incident.
- There is a defined Patch Management Policy which sets out the Council's approach to patch management and patching compliance is monitored.
- There is a Password Policy, authentication controls, and guidance given to users regarding security threats.

Areas for Development
- Job descriptions of senior commissioning and procurement officers to include the review of contracts for supplier model terms, privacy terms, and compliance with Article 28 of GDPR, and the Data Protection Act. **See Issue 1 (Medium)**
- Logging data security improvements, for promulgation of best practice, and target dates on action plans for closer monitoring. **See Issue 2 (Low)**

- Categorising data security incidents and root cause analysis. **See Issue 3 (Low)**
- Several minor issues were observed within the policies and procedures. **See Issue 4 (Low)**
- A SharePoint / Teams site, for collation of the evidence of compliance may benefit the Council. **See Issue 5 (Low)**
- Recovery Time Objectives (RTO's) and Recovery Point Objectives (RPO's) are incomplete; this was a previous finding raised in Internal Audit report: IT Data Security Audit for DSP Toolkit; Final report issued in August 2022.

Prospects for Improvement
Internal Audit's overall opinion of **Very Good** for Prospects for Improvement is based on the following factors:

- The Council has an Information Governance Framework in place, with Members of the two Governance groups meeting regularly to monitor actions and to improve data security across the Directorates.
- The percentage of staff completing their Information Governance training has increased over the previous year.
- The DPIA newly improved tools and controls are set to increase Data Protection knowledge and compliance.

Summary of Management Responses
Management responses are due 17th May 2023

	No. of Issues Raised	Mgt Action Plan Developed	Risk Accepted & No Action Proposed
High Risk	0		NA
Medium Risk	1		NA
Low Risk	4	0	NA

E1. ICT01-2023 – Information Technology Risk Management

Audit Opinion	Adequate
Prospects for Improvement	Good

Key Strengths
- Key roles and responsibilities for managing IT risks and controls have been allocated.
- Risk identification is undertaken at different management levels of the IT division.
- There are risk registers at the corporate, divisional and service level for recording IT risks.
- Staff and/or Management within the IT division conduct external research, knowledge sharing, and horizon scanning for new and emerging IT risks and threats.
- IT risks have been assessed as high, medium or low using the same risk scoring matrix set out in the Council's risk management policy.
- There is a balanced approach to treating risks. Management is not planning to take material/significant actions to treat IT risks with a very low inherent risk score.
- IT risks are reviewed on a regular basis (at least quarterly).

Areas for Development
- Internal Audit identified instances where mitigating controls/actions developed by Management have yet to be fully implemented. **Issue 1 (High).**
- Risks raised in the Technology risk register should be put through the existing Management review process in a more timely manner. **Issue 2 (Medium).**
- The Technology division has not yet defined its risk appetite. As a result, Internal Audit is unable to provide assurance that existing IT risks are being managed within the service's risk appetite. **Issue 3 (Medium).**

Prospects for Improvement
Our overall opinion of Good for Prospects for Improvement is based on the following factors:
- Refining the process for identifying, assessing, and escalating IT risks will help to ensure that Management within the Technology Division challenge and scrutinise key IT risks in a timely manner.
- Management within the Technology Division has agreed to clarify the risk appetite for the Technology division.

Summary of Management Responses

	No. of Issues Raised	Mgt Action Plan Developed	Risk Accepted & No Action Proposed
High Risk	1	1	NA
Medium Risk	2	2	NA
Low Risk	0	0	NA

E2. RB19-2023 – Estates Change Programme – SHQ Programme

Audit Opinion	Advisory
Prospects for Improvement	N/A

As part of the 2022/23 Audit Plan, it was agreed that Internal Audit would provide an ongoing and independent review of the Strategic Headquarters Programme (SHQ Programme). This Programme is part of the wider Future Assets Programme, which is one of the 11 programmes incorporated into the Council's Strategic Reset Programme (SRP).

The SHQ Programme is part of the SRP Programme. As such, the SHQ Programme should be subject to the governance procedures set out in the SRP Handbook.

Relevant details are:

Role of the SRP Board

o The SRP Board is the final decision-making forum on programme resources, mitigations, escalations, and actions for programmes exceeding agreed tolerances.

o The SRP Board will take a collective judgement on appropriate escalation of any significant political risks or major changes to scope of the programme to the Strategic Delivery Board.

o Unless a formal decision, requiring member involvement, is needed, the final place for a decision to be made is at the SRP Board. The SRP Board holds the line on decisions made.

Role of the Senior Responsible Officer (SRO)

o The SRO approves the monthly report submitted to the SRP Team, including escalations and risks.

o The SRO's role includes:

▪ Being accountable for programme/project delivery and project governance.

▪ Ownership of the programme's/project's Strategic Outline Case and any further business case development.

▪ Ensuring the project meets its outcomes and objectives.

▪ Overseeing and driving benefits realisation - ensuring the required benefits are delivered.

o The Corporate Assurance and Risk Team can provide support to SROs on [business case] development and provide a Delivery Confidence review/note.

While Internal Audit has not seen evidence of agreed tolerances for the SHQ Programme, the scale of the changes to the Programme's objectives and outcomes flowing from the cancellation of the August 2021 preferred option were considerable and beyond any reasonable tolerances. On this basis and if the above procedure had been applied, the decision should have been escalated in October / November 2022 to the SRP Board as the final decision-making forum. Internal Audit understands that the SRP Board will have an opportunity to discuss the options on 02 March 2023.

E2. RB19-2023 – Estates Change Programme – SHQ Programme

Conclusions

The changes to the SHQ Programme and to its objectives were not reviewed and approved by the SRP Board. The SHQ Programme is part of the SRP. Under the SRP governance procedures, these changes to the SHQ Programme should have been referred to the SRP Board.

When development of the August 2021 preferred option was stopped, the objectives of the SHQ Programme were not reviewed, revised, and agreed. The options that emerged, while all addressing the capital cost constraint, did not evolve to reflect other distinguishing key success criteria. Consequently, it is difficult to compare the four options against one another because they deliver different sets of outcomes which are not easily grounded against commonly understood and agreed objectives.

The Council's Project and Programme Management Toolkit does not include express guidance to SROs and their teams about what they need to do if a project or programme needs to go back a stage or two due to a significant change to the original business case/ objectives.

Objectives for the revised SHQ Programme are not set against the objectives in Framing Kent's Future.

E4. CA05-2023 – Health & Safety

Audit Opinion	Adequate
Prospects for Improvement	Good

Key Strengths

- There is a written policy for health and safety, signed by the nominated Cabinet Member and the Corporate Management Team (CMT), and published to officers.
- There is a wide range of training available so that officers have the necessary training, skills, knowledge and experience to fulfil their health and safety responsibilities.
- Key roles and responsibilities for all aspects of health and safety have been defined and allocated. A member of the CMT has been given overall responsibility for implementing the health and safety policy.
- The Council has a health and safety team who provide specialist advice and guidance throughout the Council on matters relating to health and safety.
- Members of the Council's CMT (through the health and safety group meetings) are involved in regular disscisions and decisions of health and safety matters.
- Trade union safety representatives are regularly consulted and invited to Health and Safety Committee meetings to represent the workforce in the decision-making process.
- The Health and Safety Team maintain an improvement plan to continuously improve the management of health and safety.

Areas for Development

- Safety inspections records are not being uploaded on to the Council's property document system (K2) for retention. **Issue 1 (Low)**
- There are at least 190 sites (including schools) with overdue/incomplete remedial works from statutory inspections. **Issue 2 (Medium)**
- Uptake of the basic health and safety training is low. Only 15% of new starters complete the introduction to health and safety training course. **Issue 3 (Medium)**
- Several health and safety guidance documents within the H&S manual are out of date and overdue for review. **Issue 4 (Medium)**

- Internal Audit identified instances where recommended actions to help prevent reoccurrence of a safety incident/accident had not been implemented as at the time of our testing. **Issue 5 (Medium)**
- Regular (at least annual) reporting of health and safety performance to Senior Management is required. Annual reporting to Elected Member(s) will help to keep Members informed and provide an opportunity for Members to scrutinise and challenge performance and the management of health and safety. **Issue 6 (Medium)**

Prospects for Improvement

Our overall opinion of **Good** for Prospects for Improvement is based on the following factors:

• A health and safety improvement plan is in place and is a working document so there is commitment to continuously improve the management of health and safety.

• Since the completion of our fieldwork, work is in progress to clear the backlog of remedial works from statutory inspections.

• Proposed automation if implemented will help to improve the effectiveness and efficiency of the health and safety investigation and follow-up process.

Summary of Management Responses

	No. of Issues Raised	Mgt Action Plan Developed	Risk Accepted & No Action Proposed
High Risk	0	0	NA
Medium Risk	5	5	NA
Low Risk	1	1	NA

Appendix B - 2022/23 Internal Audit Plan Status

Ref	Audit	Status	Assurance	Prospects for Improvement	Committee
CA01-2023	Annual Governance Statement - Process	Final Report	ADEQUATE	ADEQUATE	January 2023
CA01-2023	Annual Governance Statement - Returns	Final Report	LIMITED	ADEQUATE	January 2023
CA02-2023	Assurance Mapping - Simultaneous Response, Recovery & Resilience	Final Report	N/A	N/A	January 2023
CA03-2023	Informal Governance	On Hold			
CA04-2023	Decision Making	Fieldwork			
CA05-2023	Health & Safety	Final Report	ADEQUATE	GOOD	May 2023
CA06-2023	Information Governance	Final Report	N/A	N/A	May 2023
CA07-2023	Procurement	Fieldwork			
CA08-2023	Risk Management	Fieldwork			
CA09-2023	Assurance Mapping - Fraud & Error	Fieldwork			
CA10-2023	LATCO Governance Arrangements	Fieldwork			
CR01-2023	Inflation	On Hold			
CR02-2023	Operating Standards	On Hold			
CR03-2023	Preparedness for CQC Inspection-ASCH	Final Report	N/A	N/A	May 2023
CR04-2023	Enterprise Business Capabilities (Oracle)	Final Report	N/A	N/A	May 2023
CS01-2023	Budget Savings	Final Report	LIMITED	ADEQAUTE	May 2023
CS02-2023	Imprest Accounts Follow-up	Final Report	N/A	N/A	May 2023
CS03-2023	Purchase Cards	Draft Report	ADEQUATE	TBC	May 2023
CS04-2023	Pension Scheme Admin	Final Report	ADEQUATE	GOOD	May 2023
CS05-2023	Social Care Debt Recovery	Fieldwork			

Ref	Audit	Status	Assurance	Prospects for Improvement	Committee
RB01-2023	Data Mapping	Final Report	ADEQUATE	GOOD	January 2023
RB02-2023	Talent Management	Final Report	SUBSTANTIAL	GOOD	January 2023
RB03-2023	Individual Contracts with Care Providers	Final Report	LIMITED	GOOD	May 2023
RB04-2023	Making a Difference Every Day (MADE)	Ongoing	N/A	N/A	
RB05-2023	Change for Kent Children	Ongoing	N/A	N/A	January 2023
RB06-2023	Recruitment & Retention of Social Care Workers (CYPE)	Final Report	SUBSTANTIAL	VERY GOOD	May 2023
RB07-2023	Climate Change	Final Report	LIMITED	ADEQUATE	May 2023
RB08-2023	Highways Term Maintenance Contract	Ongoing	N/A	N/A	
RB09-2023	Estate Management / Maintenance	Planning			
RB10-2023	Modern Slavery	Final Report	N/A	N/A	January 2023
RB14-2023	Provider Invoicing (Follow Up)	Fieldwork			
RB15-2023	Engagement of Consultants	Fieldwork			
RB16-2023	Data Quality - LAS system - Risk of Overpayments	Fieldwork			
RB17-2023	Compliance with Financial Regulations - ASCH and GET	Planning			
RB19-2023	Estates Change Programme (Sessions House)	Final Report	N/A	N/A	May 2023
RB21-2023	Contract Extensions	Planning			
RB22-2023	Records Management (Follow-up)	Fieldwork			
RB24-2023	Property Disposals	Planning			
RB26-2023	United Kingdom Resettlement Scheme	On Hold			
RB29-2023	Unregulated Care Placements	Planning			
RB32-2023	Data Security Toolkit	Draft Report	SUBSTANTIAL	VERY GOOD	May 2023

Ref	Audit	Status	Assurance	Prospects for Improvement	Committee
ICT01-2023	Cyber Security Patch Management	Fieldwork			
ICT02-2023	Data Centre outage Lessons Learned Review	Fieldwork			
ICT03-2023	Information Technology Risk Management	Final Report	ADEQUATE	GOOD	May 2023
ICT04-2023	Disaster Recovery	Fieldwork			
ICT05-2023	Payment Card Industry Data Security Standards (PCI DSS)	Fieldwork			

8 Pillars of Corporate Health

Corporate Governance

Decision Making
United Kingdom Resettlement Scheme
LATCO Governance Arrangements
Climate Change
Annual Governance Statement

Risk Management

Risk Management
Disaster Recovery
Health & Safety
Information Technology Risk Management
Preparedness for CQC Inspection (ASCH)
Assurance Map – Simultaneous Response

Financial Control / VFM

Budget Savings
Purchase Cards
Data Quality – Lifespan Pathway Liquidlogic Adult System – Risk of Overpayments
Compliance with Financial Regulations (ASCH & GET)
School Placements to Independent / Specialist Schools (CYPE)
Unregulated Care Placements (CYPE)
Imprest Accounts Follow-up
Pension Scheme Admin
Social Care Debt Recovery
Provider Invoicing (Follow Up)

Change Management / Programme/ Projects

Making a Difference Everyday (MADE)
Change for Kent Children
Highways Term Maintenance Contract
Enterprise Business Capabilities (Oracle)
Estates Change Programme (Sessions House)

Commissioning, Procurement & Partnerships

Public Health Provider Failure / Capacity (ASCH)
Engagement of Consultants
Contract Extensions
Public Health Grants – Drugs & Alcohol
Procurement

Information Technology & Information Security

Records Management (Follow Up)
Payment Card Industry Data Security Standards (PCI DSS)
Cyber Security Patch Management
Data Centre Outage Lessons Learned Review
Data Security Protection Toolkit

Asset Management

Workforce Planning (ASCH)
Estates Change Programme (Sessions House)
Property / Asset Disposals
Modern Slavery
Talent Management
Recruitment and Retention of Experienced Social Workers (CYPE)

Counter Fraud

Appendix C – Grant Certification

Grant	Description	Current Status
EU Interreg - Aspire	A holistic approach to lowering obesity and unemployment rates in identified communities where the two issues are common and definitively linked.	2 claims completed and 1 On the Spot
EU Interreg - BHC21	A tribute to the development of more efficient and effective vocational training services for low skilled people and develop a generic 21st century training model to reduce unemployment rates amongst the engineering and manufacturing sector.	3 claims completed
EU Interreg – Blueprint	Upskill 18 social enterprises to training 2000 disadvantaged individuals with the skills they require to secure new jobs linked to circular economy growth (increased recycling, reverse logistics and secondary markets).	2 claims completed and 1 On the Spot
EU Interreg – BoostforHealth	Supporting Kent-based Life Sciences companies with internationalisation and in particular market entry in mainland Europe.	1 claim completed
EU Interreg – C5A	Aims to deliver a whole system approach to water and flood risk management in response to current and future risks from climate change.	1 claim completed
EU Interreg – C-CARE	To deliver a range of activities linked to Covid-19 response including: - A technology resilience voucher scheme for businesses (ED) - A green recovery voucher scheme for businesses (Environment Team) .	2 claims completed
EU Interreg – Connected Communities	To develop co-ordinated and integrated services for older people that help make communities more resilient and take early action to prevent or delay the need for long term care.	2 claims completed and 1 On the Spot
EU Interreg – Cool Towns	Spatial adaptation for heat resilience in small and medium sized cities to minimise the heat related effects of climate change.	2 claims completed
EU Interreg – DWELL	Empowerment programme enabling patients with type 2 diabetes to access tailored support giving them mechanisms to control their condition and improve their wellbeing.	2 claims completed
EU Interreg - Empower Care	To create resilient communities and reduce individual frailty and loneliness, addressing issues facing the care of our aging population.	3 claims completed and 1 On the Spot
EU Interreg - Ensure	Making use of the community peer to peer support, which will allow societies to become proactive in addressing circumstances which create vulnerability across Kent.	3 claims completed and 1 On the Spot
EU Interreg - Experience	To provide the tools and infrastructure to capitalise on the emerging trend for personalised and local tourism experiences which provide reasons to visit at any time of the year.	2 claims completed and 1 On the Spot

Grant	Description	Current Status
EU Interreg - H20	Overcoming barriers to integrated water and ecosystem management in lowland areas adapting to climate change.	2 claim completed
EU Interreg – IMPULSE2	Support innovation in order to address the economic and societal issues facing the FCE. This project aims to support 100 SMEs in the Life Sciences & Nutrition sector to increase innovation capacity and export sales potential.	2 claim completed and 1 On the Spot
EU Interreg - Inn2Power	Supporting Kent based companies in the offshore wind sector with internationalisation & market entry in mainland Europe.	1 claim completed
EU Interreg - PATH2	Enabling women, families, and healthcare professionals to prevent, diagnose and successfully manage mild and moderate perinatal mental health issues.	3 claim completed and 1 On the Spot
EU Interreg - Prowater	Contributing to climate adaptation by restoring the water storage of the landscape via ecosystem-based adaptation measures.	2 claim completed and 1 On the Spot
EU Interreg - SHIFT	Engaging with people over 45 years of age to develop a tailored sexual health and wellbeing model.	3 claim completed
EU Interreg - SIE	Evaluating and improving business support services for small and medium-sized enterprises (SMEs) in Kent, specifically related to exporting and internationalisation.	1 claim completed
EU Interreg – Step by Step	Seeking to increase the impact of the internationally evidenced men's sheds programme, in particular 'Shedders' employment & health outcomes.	1 claim completed
EU Interreg - TICC	A four-year social innovation research project aiming to transform the delivery of community care, guided by the principals of Buurtzorg.	2 claim completed
EU Interreg - Upcycle your Waste	The programme will run over three years and aims to support SMEs in reducing their running costs by handling and transforming their waste into new resources for the community.	1 claim completed
EU Interreg - USAC	Develop new sustainable tourism initiatives that celebrate and protect the natural and cultural assets of the Kent Downs Area of Outstanding Natural Beauty (AONB), while benefiting the local economy.	2 claim completed and 1 On the Spot
Department for Health	Public Health Universal Drug Treatment Grant 21/22 (£701k)	Complete
Department for Health	Contain Outbreak Management Fund (COMF) (£54.4m)	Complete

Grant	Description	Current Status
Department for Education	Local Transport Authority COVID-19 Bus Services Support Grant (CBSSG) and Local Transport Authority COVID-19 Bus Services Support Restart Grant (CBSSG Restart) (£6.2m total)	Complete
Department for Transport	Ashford Sevington IBF (Formerly MOJO) site funding - Tranche 8 (£8.6m)	Complete
Department for Transport	Dover Inland Border Facility (£9.1m)	Complete
Department for Transport	LEVI Fund – Local Electric Vehicle Infrastructure Funding 2022/23 (Capital Fund - £12.1m; Capability Fund - £940,400)	Complete
Sport England	Sport England 21/22 (£1.6m)	Complete
Department for Levelling Up, Housing & Communities	Community Renewal Fund (CRF) (£6.7 million)	Complete
Office for Health Improvement & Disparities	SSMTRG - Supplementary Substance Misuse Treatment and Recovery 2022-23 (1.1 million)	Complete
Office for Health Improvement & Disparities	IPD Grant - Local Government Act 2003: Section 31 Local Authority Grant for Inpatient Detoxification treatment 2022-23 (£167K)	Complete
Office for Health Improvement & Disparities	SSMTR - Housing Support Fund 2022/23 (£1.8m)	Complete
Office for Health Improvement & Disparities	OHID- Healthy Weight Grant - Supporting underserved groups or building capacity within Tier 2 Healthy Weight Services (£757K)	Complete
Office for Health Improvement & Disparities	RSDATG - Rough Sleeper Drug and Alcohol Treatment Grant 22-23 (£416K)	Complete
Department for Environment, Food & Rural Affairs (DEFRA)	Biodiversity Net Gain	Complete
Department for Digital Culture, Media & Sport	Create Growth Programme (£1.275m) (3 Year Programme) – 2022/23	Complete
Department of Culture, Media & Creative Industries	Turner ACE	In Progress

Appendix D - Definitions

Audit Opinion

High	Internal control, Governance and the management of risk are at a high standard. The arrangements to secure governance, risk management and internal controls are extremely well designed and applied effectively. Processes are robust and well-established. There is a sound system of control operating effectively and consistently applied to achieve service/system objectives. There are examples of best practice. No significant weaknesses have been identified.	**Limited**	Internal Control, Governance and the management of risk are inadequate and result in an unacceptable level of residual risk. Effective 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 there is a high risk that objectives are not achieved.
Substantial	Internal Control, Governance and management of risk are sound overall. The arrangements to secure governance, risk management and internal controls are largely suitably designed and applied effectively. Whilst there is a largely sound system of controls there are few matters requiring attention. These do not have a significant impact on residual risk exposure but need to be addressed within a reasonable timescale.	**No Assurance**	Internal Control, Governance and management of risk is poor. For many risk areas there are significant gaps in the procedures and controls. Due to the absence of effective controls and procedures no reliance can be placed on their operation. Immediate action is required to address the whole control framework before serious issues are realised in this area with high impact on residual risk exposure until resolved
Adequate	Internal control, Governance and management of risk is adequate overall however, there were areas of concern identified where elements of residual risk or weakness with some of the controls may put some of the system objectives at risk. There are some significant matters that require management attention with moderate impact on residual risk exposure until resolved.		

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.

Issue Risk Ratings

High	There is a gap in the control framework or a failure of existing internal controls that results in a significant risk that service or system objectives will not be achieved.
Medium	There are weaknesses in internal control arrangements which lead to a moderate risk of non-achievement of service or system objectives.
Low	There is scope to improve the quality and/or efficiency of the control framework, although the risk to overall service or system objectives is low.