

MID KENT AUDIT

Interim Internal Audit & Assurance Report

**November 2019
Tunbridge Wells Borough
Council**



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Introduction

1. The Institute of Internal Audit gives the mission of internal audit: to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.
2. The mission and its associated [code of ethics](#) and [Standards](#) govern over 200,000 professionals in businesses and organisations around the world. Within UK Local Government, authority for internal audit stems from the [Accounts and Audit Regulations 2015](#). The Regulations state services must follow the [Public Sector Internal Audit Standards](#) – an adapted and more demanding version of the global standards. Those Standards set demands for our reporting:

2060 Reporting to Senior Management and the Board

The chief audit executive must report periodically to senior management and the board on the internal audit activity's purpose, authority, responsibility and performance relative to its plan and on its conformance with the *Code of Ethics* and the *Standards*. Reporting must also include significant risk and control issues, including fraud risks, governance issues and other matters that require the attention of senior management and/or the board.

Interpretation:

The frequency and content of reporting are determined collaboratively by the chief audit executive, senior management and the board. The frequency and content of reporting depends on the importance of the information to be communicated and the urgency of the related actions to be taken by senior management and/or the board.

The chief audit executive's reporting and communication to senior management and the board must include information about:

- The audit charter.
- Independence of the internal audit activity.
- The audit plan and progress against the plan.
- Resource requirements.
- Results of audit activities.
- Conformance with the *Code of Ethics* and the *Standards*, and action plans to address any significant conformance issues.
- Management's response to risk that, in the chief audit executive's judgment, may be unacceptable to the organisation.

Audit Charter

3. This Committee approved our *Audit Charter* in September 2019 and it remains in place through the audit year.

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Independence of internal audit

4. Mid Kent Audit works as a shared service between Ashford, Maidstone, Swale and Tunbridge Wells Borough Councils. A Shared Service Board including representatives from each council supervises our work based on our collaboration agreement.
5. Within Tunbridge Wells BC during 2019/20 we have continued to enjoy complete and unfettered access to officers and records to complete our work. On no occasion have officers or Members sought or gained undue influence over our scope or findings.
6. I confirm we have worked with full independence as defined in our Audit Charter and Standard 1100.

Management response to risk

7. We include the results of our work in the year so far later in this report. In our work we often raise recommendations for management action. During the year so far management have agreed to act on all recommendations we have raised. We report on progress towards implementation in the section titled *Recommendation Follow Up Results*.
8. There are no risks we have identified in our work that we believe management have unreasonably accepted.

Resource Requirements

9. We reported in our plan presented to this Committee in April 2019 an assessment on the resources available to the audit partnership for completing work at the Council. That review decided:

...we believe we have enough resource to deliver the 2019/20 plan
10. Since that plan we have had considerable changes in staffing, including losing two (and possibly three) members of the team to other internal audit services in Kent. However, considering extra contractor support available to us through the Apex Contract managed by LB Croydon, new recruits to the team and people returning from maternity leave we remain content we have enough resource to deliver the plan.

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Audit Plan Progress

11. This Committee approved our *Annual Audit & Assurance Plan 2019/20* on 2 April 2019. The plan set out an intended number of days devoted to each of various tasks. We began work on the plan during May 2019 and expect completing enough to form our *Annual Opinion* by June 2020.
12. The table below shows progress in total number of days delivered against the plan (figures are up to end of October 2019, part through the audit year).

Category	2019/20 Plan Days	Outturn at Interim	Days Remaining
2018/19 Assurance Projects	0	14	n/a
2019/20 Assurance Projects	255	67	188
Non project assurance work ¹	115	29	86
Unallocated contingency	40	7	33
Totals (19/20 Work Only)	410	103	307

13. Based on resources available to the partnership for the rest of the year we forecast delivery of around 262 further audit days. This creates a forecast total of 365, or 90% of planned days.
14. We detail the specifics, and results, of this progress further within this report.

¹ Non-assurance project work includes our work in the fields of Risk Management, Counter Fraud and Investigative Support, following up recommendations and annual audit planning.

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Results of Audit Work

15. The tables below summarise audit project findings and outturn up to the date of this report. Where there are material matters finished between report issue and committee meeting we will provide a verbal update. (* = days split between partners, MBC only shown).

Completed Assurance Projects Since Annual Report in June 2019

	Title	Days Spent	Report Issue	Assurance Rating	Notes
2018/19 Plan Projects Issued after 1 June 2019					
	Civic Development Procurement	21	Jun-19	Sound	Reported to Members July 2019
I	Revenues & Benefits Compliance Team	9*	Jul-19	Sound	
II	General Data Protection Regulations	6*	Jul-19	N/A	Not assurance rated as advisory work
III	Customer Service Kiosks	11	Aug-19	Sound	
IV	Council Tax Reduction Scheme	7*	Aug-19	Sound	
V	Cyber Security	8*	Oct-19	Sound	
VI	General Contract Management	30	Oct-19	N/A	Not assurance rated as explained at VI
2019/20 Plan Projects Issued up to Report Date					
VII	Property Acquisition & Disposal	12	Oct-19	Strong	
VIII	Creditors (Accounts Payable)	25	Nov-19	Sound	
IX	Local Plan Consultation	11	Nov-19	Strong	

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Assurance Projects Underway

Title	Days So Far	Expected Final Report	Notes / Stage
Council Tax Billing	3*	Dec-19	Fieldwork underway
Developer Contributions	4	Jan-20	Planning
Safety Partnerships	2	Dec-19	Planning
Budget Setting	2	Dec-19	Planning
Members' Allowances	1	Feb-20	Planning

Assurance Projects Yet to Begin But Scheduled

Title	Expected Start	Expected Report	Notes
Discretionary Housing Payments	Quarter 3	Jan-20	
Home Improvement Grants	Quarter 3	Feb-20	
ICT Technical Support	Quarter 3	Feb-20	Joint with SBC & TWBC
Universal Credit	Quarter 3	Mar-20	Joint with TWBC
IT Project Management	Quarter 3	Mar-20	Joint with SBC & TWBC
Economic Development	Quarter 4	Mar-20	
Information Management	Quarter 4	Apr-20	Cross partnership
Network Security	Quarter 4	May-20	Joint with SBC & TWBC
Absence Management	Quarter 4	May-20	
Waste Collection	Quarter 4	May-20	

We will continue to keep these projects under review because of our available resources and the changing risk position at the authority.

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Audit Project Summary Results

I: Revenues & Benefits Compliance Team (July 2019)

16. Our opinion based on our audit work is that the Compliance team has **SOUND** controls in place to manage its risks and support achievement of its objectives.
17. Our review found the Council's approach to receiving and dealing with data matches is sound. Procedure notes are in place to support the team, who have clearly defined roles and responsibilities. Our testing confirmed the service generally follows correct procedure and accurately removes and recovers discounts from relevant accounts.
18. We have identified some actions that will improve existing arrangements. These include introducing quality assurance checks on work completed and clear service performance reporting.

Recommendation summary

Critical (Priority 1)	0
High (Priority 2)	0
Medium (Priority 3)	3
Low (Priority 4)	0
Advisory	1

II: General Data Protection Regulations (July 2019)

19. Our review found the Policy team were thorough in their preparations to help ensure the Council were ready for the new GDPR requirements. This included some actions unique to the 4 partner authorities, such as maintaining a GDPR risk register. The team demonstrated the Council collects and processes data fairly, lawfully and transparently and privacy notices are in line with ICO requirements.
20. The Council has also justified why and how long it retains personal data, in line with best practice guidance. However, testing found non-compliance with the retention policy, which is not centrally enforced. Along with their Mid Kent partners, the Council has yet to take a decision on how long to retain e-mails for.

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III: Customer Service Kiosks (August 2019)

21. Our opinion based on our audit work is that the Customer Services has **Sound** controls in place to manage its risks and support achievement of its objectives relating to Customer Services (Kiosks).
22. The kiosk located in the Tunbridge Wells Gateway building is used from Monday to Friday by the public to make cash, debit or credit card payments towards Council services. It is the responsibility of Gateway staff to maintain the operation of the kiosk. The procedures relating to kiosk cash management is outlined in the Kiosk Manual. It is the responsibility of Gateway staff to ensure security procedures are upheld with respect to the building, the kiosk room, the safe and the kiosk itself. The audit established the operation of the kiosk and security of the surrounding areas are operating in accordance with agreed procedures.
23. However, the audit found that some key cashing-up records are not always retained or evidenced as reviewed.

Recommendation Summary

Critical Priority 1	0
High (Priority 2)	0
Medium (Priority 3)	0
Low (Priority 4)	4
Advisory	0

IV: Council Tax Reduction Scheme (August 2019)

24. Our opinion based on our audit work is that the Service has **Sound** controls in place to manage its risks and support achievement of its objectives relating to the council tax reduction scheme.
25. The council tax reduction scheme has been appropriately approved and is being monitored through appropriate performance indicators which are regularly reported to appropriate levels within both Councils.
26. Our testing found that all claims sampled were verified, assessed and awarded in line with the scheme. However, the Data Protection declaration present on the Council Tax Support application form did not include all required text recommended by the Information Commissioners Office in the most recent guidance on privacy statements.

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Recommendation summary

Critical (Priority 1)	0
High (Priority 2)	0
Medium (Priority 3)	1
Low (Priority 4)	1
Advisory	0

V: Cyber Security (October 2019)

27. Following recent cyber-related attacks experienced by well-established organisations including Councils and the NHS, cyber security has become a high-profile risk at many organisations concerned about suffering a similar attack themselves.
28. The HMG Cyber Essentials framework has been developed by Government and industry to provide a clear statement of the basic controls that all organisations should implement to mitigate the risk from internet-based threats, within the context of the 10 Steps to Cyber Security. The Cyber Essentials scheme defines a set of controls which, when correctly implemented, will provide organisations with basic protection from the most prevalent forms of threats derived from the Internet. In particular, it focuses on threats which require low levels of attacker skill, and which are widely available online.
29. Risk management is a vital starting point for organisations to act to protect their information and data. However, given the nature of the threat, the government believes that action should begin with a core set of security controls which all organisations – large and small – should implement. However, it does not offer a solution to remove all cyber security risk; for example, it is not designed to address more advanced, targeted attacks and hence organisations facing these threats will need to implement additional measures as part of their security strategy.
30. There is a Cyber Essentials Assurance Framework that offers a mechanism for organisations to demonstrate to customers, investors, insurers and others that they have taken these essential precautions. The level one Cyber Essentials certification is awarded on the basis of a verified self-assessment. An organisation undertakes their own assessment of their implementation of the Cyber Essentials control themes via a questionnaire, which is approved by a senior executive such as the CEO. This questionnaire is then verified by an independent accredited Certification Body to assess whether an appropriate standard has been achieved, and certification can be awarded. The level two (Cyber Essentials Plus) certification requires an independent

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vulnerability assessment to validate the effectiveness of controls declared in the self-assessment questionnaire.

31. Please note this audit was carried out based on the cyber essential principles.
32. Our opinion based on our audit work is that the IT service has **SOUND** controls in place to manage its risks and support achievement of its objectives.

Recommendation summary

Critical (Priority 1)	0
High (Priority 2)	0
Medium (Priority 3)	3
Low (Priority 4)	0
Advisory	0

VI: General Contract Management (October 2019)

33. In reviewing General Contract Management we found significant issues obtaining information to provide assurance. This stems from the lack of centralised contract records and the consequent demands on officers to provide information resulted in a small and unrepresentative sample below the level where we would typically assign an assurance rating. Nevertheless, many of the issues we identified require action notwithstanding the audit being unable to reach a conclusion as intended. Therefore we present this report based on findings to date to support officers in remedying issues identified. We will return to this area for a full review following implementation of agreed actions.
34. The Council controls its work with contractors and suppliers through comprehensive, standard form contracts and runs them using experienced contract managers. We found managers had a good general understanding of contracts, especially financial terms. However, we found significant weaknesses undermining the efficacy of the Council's contract management.
35. We found the Council provides managers with no central training, guidance or supervision on contract management meaning little consistency in how it oversees contracts in practice. This includes limited understanding or documenting contract risk, with no consistent approach to identifying and managing these risks. We also noted the Council is inconsistent in collecting, analysing and reporting information that would enable it to effectively identify performance breaches.

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Recommendation Summary

Critical (Priority 1)	0
High (Priority 2)	5
Medium (Priority 3)	2
Low (Priority 4)	0
Advisory	0

VII: Property Acquisition & Disposal (October 2019)

36. Our opinion based on our audit work is that the Economic Development and Property Service (the Service) has **Strong** controls in place to manage its risks and support achievement of its objectives relating to Property Acquisition and Disposal.
37. The Council's Asset Management Plan (AMP) sets out how assets were managed, maintained, acquired and disposed of over the past financial year and identifies objectives for the coming financial year. A register of property assets is maintained categorised by the function of each asset (either operational, non-operational, or investment).
38. In accordance with Section 123 and 127 of the Local Government Act 1972, the local authority must not initiate disposal for "a consideration less than the best that can be reasonably obtained". It was established that this requirement has been effectively fulfilled based on the rates given by external valuations for those properties tested.

VIII: Creditors (Accounts Payable) (November 2019)

39. Our opinion based on our audit work is that Council's financial services has **SOUND** controls in place to manage the risks and support achievement of its objectives in its accounts payable function.
40. The Council's financial controls work to keep risks managed effectively. We found a mature and detailed control system supported by suitable guidance and experienced officers. Key controls, such as segregation of duties and matching invoices, are in place and effective. We also found the service working to aid transparency by publishing its performance data, with plans to increase the data available.
41. However, we found several controls in need of update or extension to ensure they cover all relevant circumstances. For instance ensuring segregation of duty controls include internal payment requests, removing duplicated supplier records and clarifying officers use of Purchase Orders to document commitments.

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Recommendation Summary

Critical (Priority 1)	0
High (Priority 2)	0
Medium (Priority 3)	1
Low (Priority 4)	5
Advisory	1

IX: Local Plan Consultation (November 2019)

42. Our opinion based on our audit work is that the Planning Service has **STRONG** controls in place to manage the risks and support achievement of objectives when consulting on the Local Plan.
45. We found the Council is delivering an effective Draft Local Plan consultation in line with regulations.
46. There is an effective Member working group that regularly meet to discuss key issues and encourage progress towards the New Local Plan. The service holds extensive evidence of their identifying and notifying all relevant consultees in line with Regulations. There is also evidence of good engagement to increase awareness and encourage more participation to shape the borough's future.

Recommendation Summary

Critical (Priority 1)	0
High (Priority 2)	0
Medium (Priority 3)	0
Low (Priority 4)	1
Advisory	0

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Agreed Actions Follow Up Results

47. Our approach to agreed actions is that we follow up each as it falls due in line with the plan agreed with management when we finish our reporting. We report progress on implementation to Management Board each quarter. This includes noting any matters of continuing concern and where we have revisited an assurance rating (typically after addressing key actions).
48. In total, we summarise in the table below the current position on following up agreed actions:

Project	Total	High Priority	Medium Priority	Low Priority
Actions brought into 2019/20	9	2	3	4
New actions agreed in 2019/20	37	6	13	18
Total Actions Agreed	46	8	16	22
Fulfilled by 30 September 2019	20	2	9	9
Actions cfwd past 30 September	26	6	7	13
Not Yet Due	21	5	6	10
Delayed but no extra risk	5	1	1	3
Delayed with risk exposure	0	0	0	0

49. Further information on the sole high priority deferred action:
- **Licensing:** The service has reissued one of the incorrect licenses that formed the basis of our finding and is seeking further legal advice on the other. It is working towards the training and system improvements that reduce the risk of future recurrence. We will follow up again early in the New Year.

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50. The table below shows distribution of outstanding recommendations across the Council (filtered to show only recommendations relevant to Tunbridge Wells). Note the numbers will not tally exactly with the table above because this includes recommendations raised in draft reports and therefore not yet final and removes actions cleared since 30 September.

	Ashford Borough Council	Maidstone Borough Council	Swale Borough Council	Tunbridge Wells Borough Council	Shared Services
Accounting & Finance	-	-	-	7	-
Communications	-	-	-	-	-
Community Safety	-	-	-	-	-
Corporate	-	-	-	7	1
Culture & Economy	-	-	-	1	-
Democracy	-	-	-	-	-
Environment	-	-	-	-	-
Environmental Health	-	-	-	-	-
Estate Management	-	-	-	-	-
Housing & Landlord	-	-	-	-	-
Human Resources	-	-	-	-	-
Information Technology	-	-	-	-	3
Parking	-	-	-	-	-
Planning	-	-	-	1	-
Revenues & Benefits	-	-	-	-	-

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Other Audit Service Work

Counter Fraud Update

51. We consider counter fraud and corruption risks in all of our audit engagements when considering the effectiveness of control. We also undertake distinct work to assess and support the Council's arrangements.

Whistleblowing

52. The Council's whistleblowing policy names internal audit as one route through which Members and officers can safely raise concerns on inappropriate or even criminal behaviour.
53. We have so far had no matters raised with us through the Whistleblowing Policy.

National Fraud Initiative

54. We continue to coordinate the Council's response to the National Fraud Initiative (NFI). NFI is a statutory data matching project and we must send in various forms of data to the Cabinet Office who manage the exercise.
55. We have looked into matches from non-revenues datasets. The Cabinet Office assigns a 'risk' rating to each match on a percentage scale. Our approach is to review all matches in sets with less than 20 to examine, and to look at first to matches rated over 50% risk in larger data sets. The Cabinet Office does not expect authorities to look into every match.
56. The table below sets out results so far for the data sets within Mid Kent Audit's scope:

Dataset	Matches to investigate	Completed	Frauds	Errors	Value
Creditors	96	91	0	0	0
Payroll	27	18	0	0	0
Housing Waiting List	92	78	0	0	0
Procurement	10	3	0	0	0
Licensing	0	0	0	0	0
Totals	225	190	0	0	0

57. We are working towards completing the investigations by the end of the year. The Cabinet Office plans to issue a new data set in January 2021.

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Other Audit and Advice Work

58. We also continue to undertake a broad range of special and scheduled consultancy and advice work for the Council. Examples include our attendance at Information Governance Group and as part of the Management Team. We have also completed specific reviews looking at individual parts of the Council's control environment at the request of officers.
59. We have also led and contributed to a series of Member briefings at the Council on issues of governance interest. We are keen to hear from Members on any other areas of interest which may form future briefing sessions.
60. We remain engaged and flexible in seeking to meet the assurance needs of the Council. We are happy to discuss opportunities large and small where the Council can usefully employ the experience and expertise of the audit team.

Code of Ethics and Standards Compliance

Code of Ethics

61. This Code applies specifically to internal auditors, though individuals within the team must comply with similar Codes for their own professional bodies. Also the Standards also direct auditors in the public sector to consider the Committee on Standards in Public Life's *Seven Principles of Public Life* (the "Nolan Principles").
62. We have included the Code within our Audit Manual and training for some years. We also have policies and guidance in place on certain specifics, such as managing and reporting conflicts of interest.
63. We can report to Members we remain in conformance with the Code.

Public Sector Internal Audit Standards & External Quality Assessment

64. Under the Public Sector Internal Audit Standards we must each year assess our conformance to those standards and report the results of that assessment to Members.
65. As described in previous updates, 2019/20 is the fifth year since we underwent an external independent assessment and so we require a fresh review. We aim to put this work out to contract before the end of November working towards having a final report complete in the spring.

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66. Based on our self-assessments we continue to work in full conformance with the Standards.

Acknowledgements

67. We achieve these results through the hard work and dedication of our team and the resilience that comes from working a shared service across four authorities.
68. As a management team in Mid Kent Audit, we wish to send our public thanks to the team for their work through the year so far.
69. We would also like to thank Managers, Officers and Members for their continued support as we complete our audit work during the year.

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Annex: Assurance & Priority level definitions

Assurance Ratings 2019/20 (Unchanged from 2014/15)

Full Definition	Short Description
<p>Strong – Controls within the service are well designed and operating as intended, exposing the service to no uncontrolled risk. There will also often be elements of good practice or value for money efficiencies which may be instructive to other authorities. Reports with this rating will have few, if any; recommendations and those will generally be priority 4.</p>	<p>Service/system is performing well</p>
<p>Sound – Controls within the service are generally well designed and operated but there are some opportunities for improvement, particularly with regard to efficiency or to address less significant uncontrolled operational risks. Reports with this rating will have some priority 3 and 4 recommendations, and occasionally priority 2 recommendations where they do not speak to core elements of the service.</p>	<p>Service/system is operating effectively</p>
<p>Weak – Controls within the service have deficiencies in their design and/or operation that leave it exposed to uncontrolled operational risk and/or failure to achieve key service aims. Reports with this rating will have mainly priority 2 and 3 recommendations which will often describe weaknesses with core elements of the service.</p>	<p>Service/system requires support to consistently operate effectively</p>
<p>Poor – Controls within the service are deficient to the extent that the service is exposed to actual failure or significant risk and these failures and risks are likely to affect the Council as a whole. Reports with this rating will have priority 1 and/or a range of priority 2 recommendations which, taken together, will or are preventing from achieving its core objectives.</p>	<p>Service/system is not operating effectively</p>

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Recommendation Ratings 2019/20 (unchanged from 2014/15)

Priority 1 (Critical) – To address a finding which affects (negatively) the risk rating assigned to a Council strategic risk or seriously impairs its ability to achieve a key priority. Priority 1 recommendations are likely to require immediate remedial action. Priority 1 recommendations also describe actions the authority **must** take without delay.

Priority 2 (High) – To address a finding which impacts a strategic risk or key priority, which makes achievement of the Council's aims more challenging but not necessarily cause severe impediment. This would also normally be the priority assigned to recommendations that address a finding that the Council is in (actual or potential) breach of a legal responsibility, unless the consequences of non-compliance are severe. Priority 2 recommendations are likely to require remedial action at the next available opportunity, or as soon as is practical. Priority 2 recommendations also describe actions the authority **must** take.

Priority 3 (Medium) – To address a finding where the Council is in (actual or potential) breach of its own policy or a less prominent legal responsibility but does not impact directly on a strategic risk or key priority. There will often be mitigating controls that, at least to some extent, limit impact. Priority 3 recommendations are likely to require remedial action within six months to a year. Priority 3 recommendations describe actions the authority **should** take.

Priority 4 (Low) – To address a finding where the Council is in (actual or potential) breach of its own policy but no legal responsibility and where there is trivial, if any, impact on strategic risks or key priorities. There will usually be mitigating controls to limit impact. Priority 4 recommendations are likely to require remedial action within the year. Priority 4 recommendations generally describe actions the authority **could** take.

Advisory – We will include in the report notes drawn from our experience across the partner authorities where the service has opportunities to improve. These will be included for the service to consider and not be subject to formal follow up process.