

MID KENT AUDIT

**Internal Audit Report &
Annual Audit Opinion
2022/23**

**Tunbridge Wells Borough
Council**



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Introduction

1. This is the 2022/23 Annual Report by Mid Kent Audit on the internal control environment at Tunbridge Wells Borough Council ('the Council'). The annual internal audit report summaries the outcomes of the reviews that have carried out on the Council's framework of governance, risk management and internal control and is designed to assist the Council making its annual governance statement.
2. This report provides the annual head of audit opinion ('Opinion statement') and a summary of the key factors taken into consideration in arriving at the Head of Audit Opinion statement, as at 31 May 2023.

Head of Internal Audit Opinion statement

3. The Head of Audit Opinion draws on the work carried out by Mid Kent Audit during the year on the effectiveness of managing those risks identified by the Council and covered by the audit programme or associated assurance. Not all risks fall within the agreed work programme. For risks not directly examined reliance has been taken, where appropriate, from other associated sources of assurance to support the Opinion statement (an explanatory note is included at Annex A).
4. The Head of Audit Opinion statement for 2022/23 is:

The planned programme of work delivered by internal audit was constrained by significant staffing vacancies and changes within the internal audit team. The results of the reduced level of internal audit work concluded during the year required me to seek additional assurances to form my opinion. A summary of where it has been possible to place reliance on the work of other assurance providers is presented in the annual internal audit report. Utilising all these forms of assurance I am able to draw a positive conclusion as to the adequacy and effectiveness of Tunbridge Wells Borough Council's risk management, control and governance processes. In my opinion, Tunbridge Wells Borough Council has adequate and effective management, control and governance processes in place to manage the achievement of their objectives.



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Matters impacting upon the Opinion statement

5. Organisations design internal controls to manage to an acceptable level rather than remove the risk of failing to achieve objectives. Consequently, internal controls can only provide reasonable and not complete assurance of effectiveness. Designing internal controls is a continuing exercise designed to identify and set priorities around the risks to the Council achieving its objectives. The work of designing internal controls also evaluates the likelihood of those risks coming about and managing the impact should they do so.
6. Mid Kent Audit recognises the considerable financial challenges and the difficult decisions that the Council had to deal with during 2022/23, however, the professional and regulatory expectations on public bodies to ensure that their internal audit arrangements, including providing the annual Opinion statement, conform with the Public Sector Internal Audit Standards (PSIAS) have not changed.
7. Factors that need to be taken in to account in reaching the Opinion statement include:
 - Changes in ways of working: Have these led to gaps in the governance, risk management and control arrangements?
 - Independence of internal audit: Have any limitations in the scope of individual audit assignments resulted in it only being possible to place partial assurance on the outcome?
 - Internal audit coverage: Has any reduction in internal audit coverage compared to what was planned resulted in insufficient assurance work?

Changes in ways of working

8. The following are the main considerations which impacted upon the provision of the Opinion statement for 2022/23. These are not in any priority order and in a number of cases there is an inter-relationship between these considerations.
 - Remote working and greater use of digital forms of operation and communication has now been in place for two years following the rapid



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introduction during the pandemic. This change in ways of working is now becoming normalised and adaptations are being managed.

- Diverting staff resources and changing priorities during the pandemic has had an impact in the subsequent years on service delivery. Recovery plans have been effective, but some areas have required a greater period of recovery than others.
- The significant increase in cyber-attacks against all organisations to obtain unauthorised access to data and the consequential need for ongoing updating and vigilance in terms of security of data held.

Independence of internal audit

9. 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 the service under a collaboration agreement.
10. Within the Council during 2022/23 Mid Kent Audit has continued to enjoy complete and unfettered access to officers and records to complete its work. On no occasion have officers or Members sought or gained undue influence over the scope or findings of any of the work carried out.

Internal audit coverage

11. Mid Kent Audit has experienced significant turnover of staff throughout the financial year, including the appointment of an interim Head of Audit and an interim Deputy Head of Audit for part of the year. There was also the departure of both Audit Managers towards the end of the year. The permanent Head of Audit Partnership started in December 2022 and no further recruitment was undertaken until very recently while an assessment of the current structure was completed. It is acknowledged that a significant level of local knowledge and experience of the Council was lost during the year.
12. The Council's Audit and Governance Committee approved the 2022/23 Audit & Assurance Plan on 15 March 2022. The selection, prioritising and scoping of the audit reviews in this Plan was overseen by the Interim Head of the Audit Partnership.
13. There has been impairment in terms of the planned internal audit coverage for 2022/23. This has been due to the knock-on effect of the late completion of the 2021/22 planned work and the significant churn in terms of staff within Mid Kent Audit. There were also a number of reviews which have either been



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deferred or cancelled. As a consequence a number of the audit reviews set out in the 2022/23 Internal Audit Plan have not been completed in time to inform the 2022/23 Opinion Statement. This is a timing matter, rather than systematic of any issue in respect to the Council's governance, risk and control framework. The team at Mid Kent Audit has worked diligently at the delivering the work and this timing issue is not a reflection upon the efforts of the current team.

Arriving at the Opinion statement

Reliance on internal audit work performed

14. Audit evidence to support the Opinion statement on internal control is derived principally through completing the reviews set out within the agreed Audit Plan. The 2022/23 Audit & Assurance Plan provided for 16 reviews to be carried out. One audit was added into the plan after it had been agreed.
15. For the reasons explained in paragraph 13, above, only 12 of these reviews were completed in time to inform the 2022/23 Opinion statement. Two reviews are currently underway. These reviews are shown in the table below. Of these there was one review where the assurance grading was split with some aspect being weak and the remainder sound. There were no Priority 1 (Critical) Actions which affects (negatively) the risk rating assigned to a Council strategic risk or seriously impairs its ability to achieve a key priority.

| Audit Review | Assurance rating | Number of Actions by Priority Rating | | | |
|---------------------------------|------------------|--------------------------------------|------|--------|-----|
| | | Critical | High | Medium | Low |
| Climate Emergency Response | Sound | | | | 2 |
| Crematorium | Not Assessed | | | 2 | |
| Performance Management | Sound | | 1 | 2 | 1 |
| Business Continuity | Sound | | | 1 | 4 |
| Declaration of Interest | Sound / Weak | | 2 | 6 | 2 |
| Corporate Credit Cards | Sound | | | 2 | 4 |
| Planning Performance Agreements | Sound | | | 1 | |
| Health & Safety | Sound | | | 2 | |

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| Audit Review | Assurance rating | Number of Actions by Priority Rating | | | |
|-------------------------------|------------------|--------------------------------------|------|--------|-----|
| | | Critical | High | Medium | Low |
| Building Control | Sound | | | 3 | 2 |
| IT Project Management | Strong | | | | 2 |
| Discretionary Housing Payment | Sound | | | 2 | 4 |
| Food Safety | Sound | | | 1 | 4 |

16. A summary of the Assurance and Action priority level definitions is provided in Annex B.
17. An overview of the key findings from each of the finalised reviews for which details have not been previously provided in the 2022/23 Progress Report to the Audit and Governance Committee is provided in Annex C. These findings do not indicate any significant Council-wide weaknesses in the corporate governance, risk or control framework.
18. A reconciliation to the work performed to the approved Audit & Assurance Plan for 2022/23 is provided in Annex D.
19. Where appropriate, reliance has been placed upon previous internal audit work and other work performed by Mid Kent Audit, including:
 - The unqualified 2021/22 Head of Audit Opinion and the findings of previous years' internal audit work carried out (paras 20 below refers).
 - The outcomes of the follow up work carried out to confirm control weaknesses identified by internal audit have been effectively mitigated (paras 21 - 22 below refers).
 - The outcomes of other work performed by Mid Kent Audit for the Council (para 23 below refers).
20. **Previous years' internal audit work:** The unqualified opinion Internal Audit Report for 2021/22 advised that there was only one audit review carried out by Mid Kent Audit during the financial year where there were assurance assessments of 'Weak' or 'Poor'.

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21. **Following up Actions:** Actions are made in the audit reports to further strengthen the control environment in the area reviewed. Management provide responses as to how the risk identified is to be mitigated. Throughout the year Mid Kent Audit carried out checks to ascertain the extent to which the agreed Actions had been addressed by management and that the risk exposure identified has been mitigated.
22. During 2022/23, 37 Actions were followed up and the table below summarises the extent to which the identified risk exposure have been mitigated. These 37 Actions include all those either made in 2021/22, or carried forward from a previous financial year. There were no Priority 1 (Critical) and Priority 2 (High) Actions and as set out below.

| Extent of control risk mitigation | Number of Actions by Priority Rating | | | |
|-----------------------------------|--------------------------------------|----------|-----------|-----------|
| | Critical | High | Medium | Low |
| Opening Number | - | 0 | 18 | 19 |
| Current Status: | | | | |
| Cleared | | 0 | 11 | 18 |
| Not yet actioned | | 0 | 7 | 1 |

23. **Outcomes of other work carried out by Mid Kent Audit:**

Work was carried out on the Section 31 Grant Determination 31/6499 Biodiversity Net Gain certification. The Head of the Audit Partnership reviewed the certification completed by the council on grant spend and provided a signed assurance confirming it was in line with the guidance.

24. Work was also carried out on providing independent auditor sign off for Homes England Grant Usage. Revenue is drawn down from Homes England to provide part-time support at the councils rough sleeper flats, which were developed through Homes England Funding a part of the Next Steps Accommodation Funding (NSAP)

Reliance on other sources of assurance

25. For the reasons set out earlier in the Report it has been necessary for 2022/23 to place some reliance upon a number of 'other assurance providers' and these are summarised below:
- Cyber Health Check undertaken by Zurich (para 26 refers)
 - Covid 19 Business Grant assurance schemes (para 27 refers)



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26. Cyber Risk Consultants, Zurich Resilience Solutions conducted a Cybersecurity Health Check of the Mid Kent Shared IT Service: 'Public Services Network Code of Connections Internal Security Report and an External Security Report'. The Council was graded as 'Good' and the organisations cyber maturity is better than 80% of other council's in the UK which have been assessed. There were a number of recommendations made that have been incorporated into an action plan which is being reviewed by the IT team and Internal Audit.
27. Post payment assurance work following the completion of the Covid 19 business grant schemes has been signed off by the Department for Business, Energy and Industrial Strategy (BEIS) and checked and verified by the National Audit Office (NAO), concluding that "the evidence submitted by Tunbridge Wells Borough Council has followed an appropriate and robust process in completing the minimum assurance checks when awarding and paying a grant".

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28. Information on Mid Kent Audit which supports the delivery of the internal audit and other work carried out in the financial year is summarised in Annex E. Overall, despite the significant staffing changes during the year, Mid Kent Audit has maintained a PSIAS compliant service and there has been no diminution in the robustness of the work performed.

Acknowledgements

29. Managers, Officers and Members are thanked for their continued support throughout the year which has assisted in the efficient delivery of the audit work



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Annex A

Other Sources of assurance for 2022/23

The corporate governance, risk and control framework

The corporate governance, risk and control framework for the Council is dynamic and there will be changes to the processes throughout the year. The key consideration for arriving at the annual Head of Audit Opinion is the materiality of any changes in terms of possibly increasing the exposure of the Council to activities and decisions which do not conform with the approved strategies and policies.

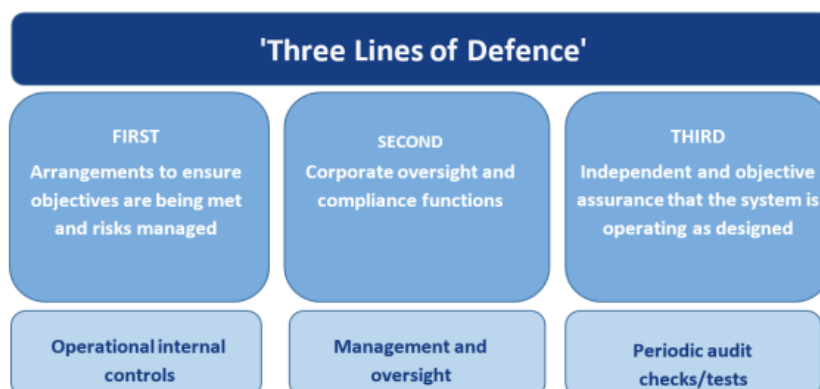
Obtaining additional sources of assurance

During the COVID Pandemic CIPFA provided guidance on utilising other forms of assurance to support arriving at a Head of Audit Opinion. This means that where the agreed internal audit plan of work has not been fully carried out additional assurances can be obtained from 'other assurance providers' (this being the CIPFA terminology).

Three lines of defence

The three lines of defence model, below, explains how the level of assurance that can be taken by the Head of Audit reduces if the source of assurance is from the second line of defence and reduces even further if it is from the third line of defence.

As a consequence the additional assurance utilised to assist in supporting the 2022/23 Head of Audit Opinion has only relied upon second line of defence sources of assurance (i.e. where the author is not directly involved in the day-to-day operation of the corporate governance, risk and control arrangements they are reporting upon).



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Reduction in reliance due to passage of time

Due to the dynamic nature of the corporate governance, risk and control framework for the Council the reliance which can be placed on forms of assurance reduces as time passes. This has particularly been the case over the last two financial years with all the short-notice changes that were made to respond to the business disruption due to the COVID 19 pandemic. As a consequence the additional assurance placed on work carried out prior to the start of 2022/23 has been kept to a minimum.



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Annex B

Assurance and priority level definitions

| Full Definition | Short Description |
|---|--|
| <p>Strong – Controls within the service are well designed and operating as intended, exposing the service to no uncontrolled risk. 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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Finding, Recommendation and Action Ratings

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.



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Annex C

Summary of Audit Findings

Climate Emergency Response

Sound

The Council has set a target to make its own operations, services and buildings carbon neutral by 2030. A pathway to reach net zero is in place, supported by the Corporate Carbon Descent Plan. We are satisfied that the plan and associated actions are based on sound information facilitated and collated by the Climate Emergency Advisory Panel (CEAP), Council Officers and LASER Energy.

Progress against the plan is primarily monitored through a bi-monthly Climate Emergency Steering Board and is reported periodically to the CEAP, Management and Members. While updates are reported, there was a lack of a formal process for recording information around progress, including meeting minutes. We note that steps have already been taken to address the issues identified, and that further work in this respect is planned.

We found proactive work to raise awareness around Climate Change impacts and the Council's planned response. These efforts will increase the likelihood of the Council achieving its carbon reduction ambitions.

Crematorium

Not Assessed

The original scope of our work was reduced in response to capacity issues within the service meaning they couldn't accommodate our full programme of tests within our timeline. Consequently, our testing was reduced to focus on key risks and, due to the limited scope, we are unable to provide an assurance rating.

Our adjusted audit focused on the core administrative processes which support the cremation process, in accordance with the Crematorium Regulations (Amendment) 2022, and the arrangements for invoicing funeral directors.

Ahead of the audit the service had been through a significant period of upheaval, primarily from widespread staffing changes. Our testing centred on the period when the service was being managed through interim arrangements via an external consultant, to provide assurance during this time. The results of our testing have returned positive results and we were able to confirm that the requirements of the



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crematorium regulations have been fully met for those crematorium applications tested. Similarly, the funeral director accounts tested were found to be accurately raised and the procedures effective in collecting the income due.

Our work identified the need to revise some of the service's website content, which was out of date. We also found that procedures notes require updating and rationalising. This will help the Bereavement Services Assistants where there has been a significant turnover and officers are relatively new in post.

The appointment of a permanent Bereavement Services Manager at the time of our audit, provides the opportunity for clarity and stability of operations going forward. We make a further advisory recommendation that the service consider an external inspection from the Federation of Burial and Cremation Authorities to evaluate operations and establish a position from which the service can assess itself against.

Performance Management

Sound

Performance management data is collated and reported by the Performance and Governance team quarterly, providing sufficient oversight to those with political responsibility. Whilst the indicators sampled could be linked to a corporate objective, the majority had not been revised for several years. Currently there is no routine review by the Performance and Governance team to consider whether indicators or targets remain relevant and continue to be an accurate measure of service performance.

There are no methodology statements in place to document the rationale for indicators or targets, or detail how to quantify data, this information is not currently recorded. We identified instances where reliance is placed on individual officers to extract data. In addition, no data quality checks are completed, which may increase the risk of inaccurate reported data and failure to identify required service improvements.

Services complete under-performing indicator recovery plans (UPIRP's) and report indicators that fail to meet targets to Members. We confirmed officers provide sufficient detail on action to improve performance.

We found there are adequate controls in place to enable the service to report and extract performance data. However, the service has recently introduced a performance management project to develop dashboards in business intelligence and support a timely, accurate and comprehensive Performance Management approach.



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Business Continuity

Sound

We found that the current Over-arching Business Continuity Plan (OBCP) is adequate and accessible, but a full review of the document and associated testing is required to ensure that the Council's planned incident responses remain adequate.

Officers appear to be aware of the Council's OBCP, and a high percentage of survey respondents knew about Business Continuity Plans (BCPs) within their own service areas. However, while the majority of service areas had documented their business continuity arrangements, we found that BCPs are not maintained as required. We acknowledge that the Covid-19 Pandemic presented a real-life test of the Council's Business Continuity arrangements, and that Council services were maintained, however, periodic testing of existing plans does not take place. It would be prudent to provide targeted Business Continuity training, and to remind responsible officers of their obligations around Business Continuity planning, as well reviewing, testing and updating BCPs periodically.

The primary members of the Business Continuity Management Team (BCMT) are sufficiently experienced to carry out their role in relation to Business Continuity planning, and all have undergone training. Deputy members of the BCMT are less experienced, and this should be addressed in the event that they are needed to step into a BCMT role.

We conclude that while improvements could be made, the Council is sufficiently equipped to maintain critical services following a disruptive event, and that it is meeting its obligations as a Category 1 responder under the Civil Contingencies Act 2004.

Corporate Credit Cards

Sound

The Council has suitable arrangements in place to limit and control issue of its corporate credit cards. Currently, only twelve officers have use of the facility, and nine of these cardholders oversee purchases through their cards by other officers. Suitability to hold a corporate credit card is assessed by the Head of Finance & Procurement. We found that an up-to-date register of cardholders is maintained, which also details respective credit limits. However, credit limits are not periodically reviewed for appropriateness based on use.

While guidance and training around credit card use is provided, the Council does not operate a specific credit card policy. This means that appropriate use is left to the



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discretion of the cardholder. The Council should introduce a corporate credit card policy and require a signed statement of understanding from cardholders to reduce the risk of misunderstanding and potential misuse.

A robust reconciliation process is operated to ensure credit card spend is appropriately recorded and that evidence to support transactions is held.

Planning Performance Agreements

Sound

We caveat our opinion noting that the use of PPAs as a planning management tool is a relatively new enterprise with only three completed at the time of our work.

We found the option to have a PPA is well promoted by the Council on its website and is suitably underpinned through a PPA Charter, which clearly sets out its approach.

Our testing found processes are in place to agree resources and costs. The responsibilities of the respective parties (the Council and applicant) are appropriately set out in an agreement which is comprehensive in content to control delivery. For two PPAs tested we confirmed evidence of monitoring against stated performance deadlines, which we consider to be sufficient at the current level of demand for these controls.

We raise one finding from our audit which found that no process is in place to ensure PPAs remain cost neutral. The service should ensure that such a process exists for all future PPAs.

Discretionary Housing Payments

Sound

Discretionary Housing Payments (DHPs) are administered by the Revenues and Benefits Team. This operates across Maidstone and Tunbridge Wells Borough Councils.

Our testing found that controls were generally well designed and operated. However, we found a lack of internal procedure notes around two key areas of Quality Assurance, and Management Approval of High Value Claims (over £2,000).



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In relation to Quality Assurance the Service had no written guidelines explaining the purpose, parameters and method of quality assurance checks. Where parameter changes had taken place, we were unable to obtain written senior management approvals of such.

For High Value Claims, whilst an operational procedure for the management approval of these claims was verbally recognised within the team, we found approvals were not always sought in practice. Where approvals had been sought, information evidencing these was not retained in a shared area, as per the procedure.

Policy, recommended guidance, and established operational processes, were generally followed. However, minor administrative inconsistencies - presenting opportunity for improvement - were noted across all controls.

Food Safety

Sound

The audit confirmed that the team have sufficient controls in place to implement the food hygiene rating system in accordance with the Food law code of practice (England). We confirmed that the service followed the FSA Local Authority Recovery Plan guidance to prioritise inspections during the recovery phase and review of an outstanding inspections report verified that the team are now caught up with routine inspections. Testing confirmed that the majority or newly registered business had been inspected within the required time scales. Officers are suitably trained and ongoing CPD arrangements are in place to maintain competencies. In addition there are adequate procedures in place to deal with complaints and appeals.

However, there are areas where improvements could be made, particularly around record keeping. In addition there is a need for standard operating procedures be reviewed and updated as the audit identified instances where documented procedures do not align to current working practices.



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Annex D

Reconciliation of the approved 2022/23 Internal Audit Plan

The Position column provides the position as at 31 May 2022 and with the exception of the shaded reviews, does not warrant that this will be the final position for any of these reviews. The highlighted rows, below, are the reviews which informed the 2022/23 Head of Audit Opinion statement.

It was acknowledged that there can be a time-lag between issue of the draft report and the subsequent finalisation of an audit report. The 'Agreed Draft' status signifies that management has accepted the assurance grading provided for the review and is substantially in agreement with the detailed findings. The management responses to the Actions have not yet been provided. Consequently, for the purposes of providing the Head of Audit Opinion audit reviews which have reached Agreed Draft have been included.

| Audit Review | Position at 31 May 2023 |
|----------------------------------|---|
| Climate Emergency Response | Finalised |
| Crematorium | Finalised |
| Performance Management | Finalised |
| Business Continuity | Finalised |
| Declaration of Interest | Finalised |
| Corporate Credit Cards | Finalised |
| Planning Performance Agreements | Finalised |
| Customer Services | Work in progress |
| Private Water Supply | Work in progress |
| Elections | Postponed until 2023/24 |
| Health & Safety (2021/22 audit) | Finalised |
| Building Control (2021/22 audit) | Finalised |
| IT Project Management | Finalised |
| Complaint Handling | Postponed until 2023/24 |
| Accounts Receivable | Postponed until 2023/24 |
| Discretionary Housing Payments | Finalised |
| Food Safety | Finalised |
| IT Backup and Recovery | Postponed until 2023/24 |
| Network Security | Dropped - replaced by Cyber security audit in 2023/24 |

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Annex E

About Mid Kent Audit

Standards and ethical compliance

- A. Government sets out the professional standards that Mid Kent Audit must work to in the Public Sector Internal Audit Standards (PSIAS). These Standards are a strengthened version of the Institute of Internal Audit's global internal audit standards, which apply across public, private and voluntary sectors in more than 170 countries around the world.
- B. The Standards include a specific demand for reporting to Senior Management and the Audit and Governance Committee on Mid Kent Audit's conformance with the Standards.

Conformance with the PSIAS

- C. CIPFA carried out a comprehensive External Quality Assessment (EQA) in May 2020 which confirmed that MKA was in full conformance with the Standards and the CIPFA Local Government Application Note (LGAN). The Standards requires an EQA to be carried out at least once every five years, but does not stipulate specific time intervals for Internal Quality Self-Assessments (ISA) in the intervening period.
- D. In February 2021 the interim Head of Audit for Mid Kent Audit carried out an ISA of conformance with the PSIAS. This review confirmed conformance with the PSIAS and raised 13 advisory or low priority action points. These points are currently being reviewed and managed by the substantive Head of Mid Kent Audit.
- E. The scope of this ISA did not include consideration of either the risk management or counter fraud work carried out by MKA. The scope did not include consideration of the resourcing of MKA, the audit risk prioritisation process or the appropriateness of the times allocated to the different stages of individual audit assignments.

Resources

- F. 2022/23 was a year of unprecedented staff change within Mid Kent Audit. Details of a number of these changes have previously been reported to the Audit and Governance Committee in the reports submitted by Mid Kent Audit. At the end of the financial year there were significant vacancies in the management of the partnership and the substantive Head of Mid Kent Audit



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has been undertaking a review of the staffing requirements to ensure the service is future proofed and fit for purpose to deliver the service required by our partners. This review has now been completed and recruitment is underway. There will still be an impact during 2023/24, but the position will improve over the course of the year.

Use of an external provider to assist with audit reviews

- G. In September 2022, following a procurement process, Veritau was appointed to carry out a number of the audit reviews for which Mid Kent Audit did not have the available resources in-house. This reflects that Mid Kent Audit has ensured the difficulties with staffing experienced during the year have been partially mitigated.

