



## Cambridge City Council Civic Affairs and Audit Committee

**Date:** Monday, 30 June 2025

**Time:** 5.30 pm

**Venue:** Council Chamber, The Guildhall, Market Square, Cambridge, CB2 3QJ [access the building via Peashill entrance]

**Contact:** [democratic.services@cambridge.gov.uk](mailto:democratic.services@cambridge.gov.uk), tel:01223 457000

### Agenda

- 1 Apologies
- 2 Declarations of Interest
- 3 Minutes of the meeting held on 12 May 2025

*Minutes of the meeting held on 12 May 2025 to follow.*

- 4 Public Questions
- 5 Proposed Amendments to Members Allowances (Pages 3 - 10)
- 6 Internal Audit Update (Pages 11 - 60)
- 7 Civic Affairs & Audit Committee rolling work programme (Pages 61 - 74)

**Civic Affairs and Audit Committee Members:** McPherson (Chair), Gawthrope Wood (Vice-Chair), Bennett, Bick, Dalzell, Robertson and Sheil

**Alternates:** Clough, Davey and Young

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In the event of the fire alarm sounding all persons should vacate the building by way of the nearest escape route and proceed directly to the assembly point in front St Mary's Church. The duty Officer will assume overall control during any evacuation, however in the unlikely event the duty Officer is unavailable, this responsibility will be assumed by the Committee Chair.

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**The full text of any public question must be submitted in writing by noon two working days before the date of the meeting or it will not be accepted. All questions submitted by the deadline will be published on the meeting webpage before the meeting is held.**

Further information on public speaking will be supplied once registration and the written question / statement has been received.



## REPORT TITLE: Proposed Amendments to Member Allowances

**To:**

Civic Affairs & Audit Committee (30 June 2025)

**Report by:**

Dan Kalley, Democratic Services Manager

Email: dan.kalley@cambridge.gov.uk

**Wards affected:**

None

Director Approval: Assistant Director Tom Lewis confirms that the report author has sought the advice of all appropriate colleagues and given due regard to that advice; that the equalities impacts and other implications of the recommended decisions have been assessed and accurately presented in the report; and that they are content for the report to be put to the Committee.

### 1. Recommendations

#### 1.1 That Civic Affairs & Audit Committee recommend to Full Council:

1. The uplift in the Special Responsibility Allowance (SRA) to the Leader to 4 times the basic allowance.
2. Amend the overall number of SRA's that can be claimed to a maximum of 3.
3. Removal of the allowance paid by the City Council to members of the Cambridgeshire and Peterborough Combined Authority (CPCA) for those sitting on the CPCA Overview & Scrutiny and Audit & Governance Committee's

### 2. Purpose and reason for the report

- #### 2.1
- This report is being presented to the Civic Affairs & Audit Committee following the agreement of the Members Allowance Scheme at the Annual Meeting on 22 May 2025, which contained an agreement for the allowances to be reviewed during the course of the Municipal Year.

There are some proposed amendments to the Member Allowance Scheme as outlined in the recommendations in 1.1 of the report.

- 2.2 Any proposed changes need to be recommended to Full Council as part of the remit of the Civic Affairs & Audit Committee.

### **3. Alternative options considered**

- 3.1
  - 1. To do nothing and to keep the current allowances as agreed at Full Council.
  - 2. To change all the allowances in line with the increase proposed to the Leader's Allowance, although it is felt that this would require further re-calculations to a scheme that was generally acceptable as part of the recommendations made by the Independent Remuneration Panel (IRP) in March of this year.

### **4. Background and key issues**

- 4.1 As part of the revised governance arrangements, the IRP were appointed to review allowances received by members, based on the proposed changes. This was to ensure an independent and transparent review of allowances were carried out.
- 4.2 At the Civic Affairs Committee in May 2025, there was agreement to recommend on to Full Council the adoption of the IRP recommendations, with an additional part of the recommendation that the allowances were reviewed as part of the Committee's work in 2025/26.
- 4.3 There have now been some proposed amendments to the scheme as outlined in the recommendations. This is namely to increase the Leader's allowance to 4 times that of the basic allowance (£7,819 x 4 = £31,276), this therefore being an increase of £7,819 to the current figure.

It is not proposed that the monetary value of any of the other SRA's currently in place are altered. This means that SRA's paid to other positions remains the same irrespective of the proposal to uplift the Leader's allowance.

- 4.4 There is also proposal to amend the number of SRA's that a member can receive from 1 internal SRA & 1 external SRA, to return this to what was part of the previous scheme in that members can claim up to 3 SRA's (whether that is sitting on a committee of the Council, or as part of any joint arrangements).

Increasing SRA's allowed to be claimed to 3 has an impact on the monetary level of SRA's paid and increases the budget on this element in the region of £20k

- 4.5 Finally, there is a further proposal to remove the SRA paid by the City Council for members who sit on the CPCA Overview & Scrutiny Committee and Audit & Governance Committee as these positions are now paid by the CPCA. This was agreed as part of their independent review into allowances and a report from the Combined Authority can be found [here](#).

This would provide a saving of (£1,172 x 3 = £3,516)

- 4.6 All of the above would increase the cost by around £25k.
- 4.7 Attached at Appendix A is the updated allowance figures that were agreed at the Annual Meeting, with the exception of the above.
- 4.8 Members of the Committee are reminded that the IRP will review member allowances in December/January as part of their work to align how the new governance structures are working in practice.

## **5. Corporate plan**

- 5.1 The role of members is key to the Council being able to carry out its priorities, as both decision-makers and holding those with decision making powers to account.

## **6. Consultation, engagement and communication**

- 6.1 The Leader of the Council has consulted with other group leaders. Members of the Civic Affairs & Audit Committee form part of the consultation before any recommendations are made to Full Council.

## **7. Anticipated outcomes, benefits or impact**

- 7.1 If recommendations are agreed at Full Council there will be an amendment to the Members Allowance Scheme. This will have a slight increase in the budget to member allowances as outlined in the financial implications of the report.

## **8. Implications**

### **8.1 Relevant risks**

Members will need to be aware of any reputational risks in terms of awarding allowances, however this is within the remit of members to decide at Full Council.

### **Financial Implications**

- 8.2 The proposed amendments do increase the overall figure of allowances paid to members of the Council in region of £25k compared to the scheme that was agreed by the Council in May 2025.

The current budget and figure for allowances is £576k, the proposed changes if all agreed increase this to £601k.

### **Legal Implications**

- 8.3 The Council is required to have in place an allowance scheme which can be amended from time to time.

## **Equalities and socio-economic Implications**

- 8.4 It is proposed that these amendments do not place restrictions to the local community wishing to become an elected representative.

## **Net Zero Carbon, Climate Change and Environmental implications**

- 8.5 There are none.

## **Procurement Implications**

- 8.6 There are none.

## **Community Safety Implications**

- 8.7 There are none.

## **9. Background documents**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 9.1 Link to Annual Council meeting webpage containing all reports and associated appendices for when the report was agreed.

[Annual Council May 2025](#)

## **10. Appendices**

- 10.1 Appendix A – Option including uplift Leaders Allowance, 3 SRA's and removal of CPCA allowance (Overview & Scrutiny, Audit & Governance).

To inspect the background papers or if you have a query on the report please contact Dan Kalley, email: [dan.kalley@cambridge.gov.uk](mailto:dan.kalley@cambridge.gov.uk)





	Option IRP but (uplift Leader and 3 SRA's and removal of CPCA Scrutiny & Audit & Governance)			
Allowance			Number	
Basic (BA)				
Total Basic:	£7,819		42	£328,398
Special Responsibility:				
Leader of the Council	£31,276	400% of BA	1	31276
Deputy Leader	£17,594	To remain as agreed at Full Council	1	17594
Executive Members	£14,075	""	8	£112,600
Leader of Main Opposition Group	£8,210	""	1	8210
Minority Group Leaders	£3,519	""	1	3519
Scrutiny Committee Chairs	£7,038	""	2	£14,076
Scrutiny Committee Vice-Chairs	£3,519	""	2	£7,038
Scrutiny Opposition Spokesperson	£2,346	""	3	£7,038
Scrutiny Minority Spokespersons	£2,346	""	2	£4,692
Planning Committee Chair	£7,038	""	1	7038
Planning Committee Vice Chair	£3,519	""	1	3519
Planning Committee Member	£2,111	""	6	£12,666
Licensing Committee Chair	£2,346	""	1	2346
Licensing Committee Member	£704	""	Dep on number of meetings attended	
Joint Development Control Chair and City Spokesperson	£3,519	""	1	3519
Joint Development Control Members	£1,055	""	5	£5,275
Civic Affairs Chair	£3,519	""	1	3519

Chair of the Council	£3,519	""	1	3519
Employment Committee Chair	£2,346	""	1	2346
Housing Board Chair	£3,519	""	1	3519
Greater Cambridgeshire Partnership Board Member	£3,519	""	1	3519
Greater Cambridgeshire Partnership Board Assembly Member	£1,172	""	2	2344
Combined Authority Cabinet Member	£5,865	""	1	5865
<b>Combined Authority Committee Members</b>	<b>£1,172</b>	<b>""</b>	<b>4</b>	<b>£4,688</b>
Police and Crime Panel Members	£1,172	""	1	1172
Independent Person	£1,172	""	1	1172
Deputy Independent Person Allowance	£586	""	1	586
Co-Optees Allowance	£12.60	Real Living Wage		
Cabinet Assistants	N/A			
Overall (inc basic)	£601,053			

## REPORT TITLE: Internal Audit Update

**To:**

Civic Affairs and Audit Committee [30/06/2025]

**Report by:**

Jonathan Tully, Head of Shared Internal Audit Service

Tel: 01223 458180 Email: jonathan.tully@cambridge.gov.uk

**Wards affected:**

All

### 1. Recommendations

- 1.1 It is recommended that Civic Affairs and Audit Committee review the supporting information, in the appendices, to:

1. *note the progress update and approve the forward plan of Internal Audit work;*  
*and*
2. *approve the supporting Charter and the Code of Ethics.*

### 2. Purpose and reason for the report

- 2.1 The report provides a progress update from the past six months work, plus our current opinion on the internal control environment, governance and risk management arrangements.

This report also contains the proposed risk based Internal Audit Plan and Strategy, for the next six months of the 2025 / 2026 financial year, for consideration by the Civic Affairs and Audit Committee.

Introduction of new Global Internal Audit Standards in the UK Public Sector requires the Internal Audit team to update our policies and procedures. The report provides updates on the latest professional standards, how we are adapting to them, plus a revised Internal Audit Charter for the Committee to approve.

Internal Audit Plans, and associated documents, have been created in line with best practice laid down in the Chartered Institute of Public Finance and Accountancy (CIPFA).

- 2.2 The Accounts and Audit Regulations 2015 require that the Council “must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes; taking into account public sector internal auditing standards or guidance.”

The Public Sector Internal Audit Standards (PSIAS) apply to work undertaken in the 2024/2025 financial year, and the Global Internal Audit Standards in the UK Public Sector apply from the 2025/2026 financial year. The standards require that the Head of Audit “must establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation’s goals”.

The PSIAS also requires the Head of Audit to provide a written report to those charged with governance to support the Annual Governance Statement (AGS), which accompanies the Statement of Accounts. This includes an opinion on the overall adequacy and effectiveness of the organisation’s internal control environment, governance, and the risk management framework.

### **3. Alternative options considered**

- 3.1 Our Internal Audit plan is agile, and risk based. Alternative options include increasing or decreasing the volume of internal audit work, or prioritising existing resources to different reviews. The current plan is considered sufficient to enable an audit opinion for the Annual Governance Statement.

### **4. Background and key issues**

#### **4.1 Internal Audit Plan**

Appendix A is our Progress report and risk-based Audit Plan which is continually updated.

The Progress Report includes the outcomes of recent audit work and enables me to form a current audit opinion on the overall adequacy and effectiveness of the organisation's internal control environment, governance, and the risk management framework.

The Audit Plan is based upon the Risk Registers, the Corporate Plan, ongoing consultation with stakeholders, committee reports, information from other assurance processes, plus horizon scanning to consider emerging risks and opportunities.

It is good practice to operate an agile plan that continuously adapts in response to the governance risk and control environment. Our Audit Plan is based around a long-term framework of reviews, which typically covers a three-year period. Audits are prioritised according to several risk-based determinants.

We present a 6-month plan, focussing on the key areas of assurance, and we will bring back a further report to the Committee later in the year. It is important that the Audit Plan continues to prioritise relevance, speed and flexibility in addressing risks as they develop. This will enable us to utilise our resources as effectively as possible to provide an effective audit opinion for the Council, and to proactively communicate topical risks and assurance to the Committee.

Appendix B is our Glossary of Terms for ease of reference.

## **4.2 Strategic and professional changes**

### **Implementation of the New Global Internal Audit Standards in the UK Public Sector**

In 2024, the Institute of Internal Auditors (IIA) issued new Global Internal Audit Standards. Within the UK public sector, these standards are adopted under the authority of the Relevant Internal Audit Standard Setters (RIASS), which include HM Treasury, the Scottish Government, the Department of Finance Northern Ireland, the Welsh Government, the Department of Health and Social Care, and the Chartered Institute of Public Finance and Accountancy (CIPFA).

RIASS is responsible for determining the standards and requirements applicable to internal auditing across central government, local government, and the health sector in

the UK.

### Guidance

To support the implementation of the new standards, CIPFA has recently published the [Application Note: Global Internal Audit Standards in the UK Public Sector](#), which outlines the specific requirements we must follow. Additionally, CIPFA has introduced a new [Code of Practice for the Governance of Internal Audit in UK Local Government](#), designed to help authorities establish and maintain effective internal audit arrangements in line with statutory regulations.

The new standards will take effect from the 2025/2026 financial year. While full compliance is not immediately required, we have conducted an internal assessment to identify areas where our processes need to evolve to meet the new requirements. Our Internal Audit team was previously assessed as compliant with the former Public Sector Internal Audit Standards, providing a good foundation for adapting to the new standards. Once we have gathered sufficient evidence to demonstrate compliance with the new standards, we will undergo an external assessment to validate our adherence. We also remain actively engaged in professional networks and will continue to review and adopt emerging best practices to enhance our local procedures.

#### **4.3 Charter and Code of Ethics**

The Internal Audit Charter (Appendix C) and the Code of Ethics (Appendix D) are also appended for information. Both have been updated to reflect the latest standards.

Our Charter is defined by the IIA as “*a formal document that includes the internal audit function’s mandate, organisational position, reporting relationships, scope of work, types of services, and other specifications*”. It was previously approved by the Committee at the [September 2024 meeting](#).

The Institute of Internal Audit have provided model charter on for the public sector based on the new Global Internal Audit Standards. The content is broadly the same, but the presentational style is different to our existing Charter.

The requirement for a Charter is mandatory, but the format can be flexible to “reflect the

operating environment of each internal audit function and the organisation it serves”.

- 4.4 We have used the template as a starting point, with reference to our existing Charter and professional CIPFA guidance to supplement it. As we have started from a new template we have not used tracked changes. The key changes from our previous version are:

Area	Notes
Professional Guidance	The Statutory requirement for Internal Audit in Local Government continues to be set in the Accounts and Audit regulations. The Charter is updated to reflect the new professional requirements set by CIPFA (see 4.3 above) to deliver that requirement.
Mandate	There is a new requirement to document our “mandate”, which is set out in the Accounts and Audit Regulations 2015. We included relevant text in our previous Charter and have just highlighted this text under the new relevant section to demonstrate compliance.
Common Terms and relationships	This section sets out the different key roles involved in the governance of Internal Audit and the terminology has been updated to reflect the latest CIPFA guidance.
Additional roles and responsibilities and safeguards	This section details where Internal Audit takes on additional roles in the Council, and the safeguards in place to manage any potential risks to independence. This has been developed for clarity in the new Charter.
Example reports	Our previous charter contained examples of the types of reports issued. The new guidance from IIA does not include this. On reflection this content is more suited to our intranet page for internal customers and transferring it from the Charter will streamline it.

- 4.5 CIPFA guidance states the role of the Committee in approving the Charter:
- “The chief audit executive has a responsibility to prepare a charter that conforms with GIAS in the UK public sector.*

*When reviewing the charter, the audit committee should be satisfied that it covers the governance arrangements for internal audit. It must include the mandate derived from the regulations, plus any additional agreed mandate, and include internal audit's reporting line to the audit committee.*

*The charter should include the administrative reporting arrangements for internal audit and the chief audit executive.*

*The audit committee must approve the charter or recommend its approval. Where there are significant changes to the governance of the authority, its risks or the internal audit function, the charter must be reviewed to ensure it is still fit for purpose and new formal approval given. A regular review is recommended to confirm the charter or update as required.”*

The Committee is asked to approve the new Charter. It will continue to be reviewed as part of our ongoing Quality Assurance and Improvement Programme (QAIP).

The committee has previously reviewed the Charter annually, as it defines internal audit's purpose, authority, responsibilities, and position within the organisation—supporting delivery of the risk-based audit plan. Given this is a period of embedding new standards, more frequent updates may be required as we learn from the implementation of new legislation. Any significant changes will be brought back to the Committee for approval using tracked changes, while minor updates will be summarised in periodic reports.

## **5. Corporate plan**

- 5.1 Internal Audit work contributes to all priorities of the [Corporate Plan](#). Whilst our work is predominantly risk-based, we also map our work program to Corporate Priorities for assurance that we contribute to a breadth of Corporate Plan areas.



## **6. Consultation, engagement and communication**

- 6.1 The Internal Audit Plan is agile and based on continuous engagement with colleagues. Requests for work are considered alongside our own risk appraisal. Members of the Civic Affairs Committee can also contribute to the plan by identifying areas where they would welcome assurance.

## **7. Anticipated outcomes, benefits or impact**

- 7.1 Delivery of the Internal Audit Plan will enable me to provide an opinion on the overall adequacy and effectiveness of the organisation's internal control environment, governance, and the risk management framework. This will form part of the Annual Governance Statement.

## **8. Implications**

### **8.1 Relevant risks**

Approving the Internal Audit Plan enables the Council to review the effectiveness of our risk management. If the plan is not approved there is an increased likelihood that hazards and risks may crystallise.

### **Financial Implications**

- 8.2 None, budget already approved.

### **Legal Implications**

- 8.3 None

### **Equalities and socio-economic Implications**

- 8.4 None

## **Net Zero Carbon, Climate Change and Environmental implications**

- 8.5 None, the team leverages digital technology to minimise the need for travel.

## **Procurement Implications**

- 8.6 None, identified.

## **Community Safety Implications**

- 8.7 None.

## **9. Background documents**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 9.1
- Public Sector Internal Audit Standards and Local Government Application Note
  - [Global Internal Audit Standards](#)
  - [Application Note: Global Internal Audit Standards in the UK Public Sector](#)
  - [Code of Practice for the Governance of Internal Audit in UK Local Government](#)
  - [Council Corporate Plan](#)
  - [Civic Affairs and Audit Committee Terms of Reference](#)

## **10. Appendices**

- 10.1
- a) Progress update and Internal Audit Plan
  - b) Glossary of Terms
  - c) Internal Audit Charter
  - d) Internal Audit Code of Ethics

To inspect the background papers or if you have a query on the report please contact Jonathan Tully, Head of Shared Internal Audit Service, tel: 01223 - 458180, email: [jonathan.tully@cambridge.gov.uk](mailto:jonathan.tully@cambridge.gov.uk).



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# Appendix A – Progress Report



## 1 Introduction

- 1.1 Management is responsible for the system of internal control and establishes policies and procedures to help ensure that the system is functioning correctly. On behalf of the Civic Affairs and Audit Committee, Internal Audit acts as an assurance function by providing an independent and objective opinion on the control environment.
- 1.2 The purpose of this report is to provide an update on the recent work completed by internal audit and report our overall opinion on the control environment. This opinion will in turn be used to inform the Annual Governance Statement which accompanies the Statement of Accounts.
- 1.3 Where appropriate, reports are given an overall opinion based on four levels of assurance. This is based on the evaluation of the control and environment, and the type of recommendations we make in each report. If a review has either “Limited” or “No” assurance, the system is followed up to review if the actions are implemented promptly and effectively. Further information is available in Appendix B – Glossary of terms.

## 2 Resources and team update



- 2.1 An internal audit plan is presented to the Civic Affairs and Audit Committee at least annually. Best practice encourages continuous review of the plan to reflect emerging risks, changes in corporate priorities, and evolving resourcing considerations. Since June 2020, we have adopted a six-month planning cycle, which provides greater flexibility to respond to developments and ensures the audit plan continues to deliver value to the Council.
- 2.2 Audit assignments are delivered by a substantive team with a mix of highly regarded professional qualifications (including CIPFA, ACCA and IIA). We also utilise alternative resources such as agency workers or internal secondments, which can be helpful in targeting specific pieces of work. In 2023/2024 and 2024/2025, we successfully hosted a Graduate Trainee through the LGA National Graduate Development Programme. This initiative proved to be a valuable and positive experience for both the team and the trainee.
- 2.3 We currently have four qualified auditors, and one audit assistant, as substantive team members. Following the Council's recent Transformation Review, the internal audit team has been restructured. We reviewed our budget (including an existing vacancy at a senior level) to fund two new apprenticeship posts. The Institute of Internal Auditors have an apprenticeship scheme, which they are currently reviewing. We have started to engage with training providers and recruitment will commence once the scheme is finalised. This revised approach supports the development of in-house talent and helps address recruitment challenges in a profession that continues to face resourcing pressures.
- 2.4 The team participates in continuous learning and professional development. We also meet quarterly for dedicated internal reviews to maintain our compliance with standards and identify learning and development opportunities for the team. We have been continuing to develop our knowledge and trial AI in our work programmes.
- 2.5 Progress of the plan delivery is illustrated on the following pages for information.

### 3 Assurance and opinion

3.1 The internal audit plan enables me, as the Chief Audit Executive, to provide an independent and objective opinion on the adequacy and effectiveness of the Council's internal control environment. This encompasses risk management, corporate governance, and financial controls. My opinion contributes directly to the preparation of the Annual Governance Statement.



3.2 Internal audit activity is designed to support continuous improvement in the Council's control environment. However, the responsibility for developing and maintaining an effective internal control framework rests with management. This framework is intended to ensure that:

- The Council's resources are used efficiently and effectively;
- Risks to achieving service objectives are identified and appropriately managed; and
- Corporate policies, procedures, and regulations are adequate, effective, and consistently followed.

3.3 Assurance is derived from multiple sources, including:

- The work of Internal Audit;
- External audit and regulatory reviews;
- The Annual Governance Statement process, which includes a review of the Local Code of Corporate Governance; and
- the Council's risk management arrangements.

This multi-source approach ensures comprehensive coverage of key risks and supports a well-rounded assessment of the Council's overall control environment.

3.4 Where audit reviews identify weaknesses in the control environment or instances of non-compliance that could expose the organisation to risk, we agree actions with management to strengthen controls. For recommendations deemed to have a significant impact, we monitor implementation and report progress to the Civic Affairs and Audit Committee.

3.5 The Council has proactively self-referred to the Housing Regulator regarding matters related to housing rents and safety. We have been working closely with the relevant teams to evaluate their systems and monitor progress in strengthening internal controls. Our ongoing assessments have identified consistent improvements in these areas, reflecting a positive trajectory in both

compliance and operational effectiveness. Further details and findings are outlined in the summary audit reports included below.

- 3.6 Based on all available evidence, it is my opinion as Chief Audit Executive that **reasonable assurance** can be provided regarding the adequacy and effectiveness of the Council's internal control, governance, and risk management arrangements. This level of assurance is consistent with the previous reporting period.
- 3.7 However, we acknowledge the ongoing risks and challenges the Council faces, particularly in light of global events and the potential impact of these systemic risks on the control environment. In response, our current audit plan includes areas with relevant focus to ensure continued robustness and adaptability in our assurance work.

## **4 Independence and Objectivity**

- 4.1 It is important that the Internal Audit service is sufficiently independent to provide an objective annual opinion.
- 4.2 We safeguard against any potential ethical threats by preparing an Internal Audit Code of Ethics, which is presented to the Committee annually.
- 4.3 Every year, all members of the team complete a declaration form to ensure and maintain independence and objectivity in conducting all assignments.
- 4.4 During the past year there has not been any impairment in independence or objectivity to the Chief Audit Executive or the service itself.

## **5 Added Value Services**


- 5.1 Although our primary responsibility is to give an annual assurance opinion it is also important that the Internal Audit service adds value to the organisation.
- 5.2 There needs to be a firm focus on assisting the organisation to meet its aims and objectives and on working in an innovative and collaborative way with managers to help identify new ways of working that will bring about service improvements and deliver efficiencies.






## 6 Progress update


### Finalised reviews


The following table summarises reviews with an audit opinion which have reached completion since our previous update to the Committee.



Audit	Assurance and actions		Summary of report and actions
HRA – Tenant Satisfaction Measures - Data Quality  	<b>Assurance:</b> Current: Previous:  <b>Actions:</b> Critical High Medium Low	Reasonable New review  0 0 0 0	<p>The Council has a portfolio of properties managed under the Housing Revenue Account(HRA). Local Authority Registered Providers (LARPs) are accountable to the Regulator of Social Housing (RSH).</p> <p>From 1 April 2023 all registered providers that own relevant social housing stock must calculate TSMs (Tenant Satisfaction Measures) on an annual basis in accordance with the TSM Standard.</p> <p>The TSMs include data on anti-social behaviour, building safety, complaints, tenant perceptions, and repairs. The first data returns were submitted in June 2024.</p> <p>We reviewed a selection of the data and checked:</p> <ul style="list-style-type: none"> <li>• information for reasonableness (does it make sense / is it comparable with peer Councils)</li> <li>• source information for data (can it be backed up / evidenced?)</li> </ul> <p>We can provide Reasonable assurance that TSM data provided to the regulator was accurate and well sourced. All information was complete at the time of reporting. However, a delayed start and lack of planning meant the process was inefficient.</p> <p>The team compiling the information has already taken steps to implement processes that gather the information continuously throughout the year.</p>

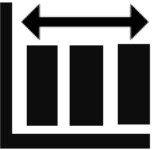
Audit	Assurance and actions		Summary of report and actions
<p>HRA - Safety – Asbestos</p> 	<p><b>Assurance:</b></p> <p>Current:</p> <p>Previous:</p> <p><b>Actions:</b></p> <p>Critical</p> <p>High</p> <p>Medium</p> <p>Low</p>	<p>Reasonable</p> <p>New Review</p> <p>0</p> <p>2</p> <p>0</p> <p>0</p>	<p>This review focused on two key areas: asbestos surveys for Housing Revenue Account (HRA) properties (including their storage and accessibility) and the procurement of asbestos removal works.</p> <p>Surveys are being carried out by appropriately qualified personnel and are maintained on an open register. The surveys were complete and conducted in a timely manner. However, the current register and system was cumbersome and difficult to navigate. No formal recommendation was made on this point, as the register is already in the process of being updated.</p> <p>In relation to asbestos removal works, management have agreed to undertake full procurement exercise to ensure compliance with standing orders and formalise arrangements for asbestos removal services.</p>
<p>HRA - Safety - Stakeholder engagement</p> 	<p><b>Assurance:</b></p> <p>Current:</p> <p>Previous:</p> <p><b>Actions:</b></p> <p>Critical</p> <p>High</p> <p>Medium</p> <p>Low</p>	<p>Full</p> <p>New review</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	<p>This review examined communication practices between key stakeholders—tenants, the Council, and third parties (e.g. contractors) — within the complex Housing Revenue Account (HRA).</p> <p>Communication was timely, appropriate, and delivered through a variety of channels, including phone calls, messages, emails, and notes attached to works orders. The methods used were tailored to the needs of the recipients and supported effective two-way engagement.</p> <p>Notably, tenants are actively involved in governance through their participation on the Housing Scrutiny Board, and regular meetings are held to provide opportunities for tenants to raise concerns and contribute to service improvement.</p> <p>As a result of these findings, we are able to provide full assurance. No recommendations were necessary, and officers are commended for their effective and inclusive communication practices.</p>

Audit	Assurance and actions		Summary of report and actions
<p>HRA – Safety - Fire</p> 	<p><b>Assurance:</b></p> <p>Current:</p> <p>Previous:</p> <p><b>Actions:</b></p> <p>Critical</p> <p>High</p> <p>Medium</p> <p>Low</p>	<p>Limited</p> <p>New review</p> <p>0</p> <p>4</p> <p>2</p> <p>0</p>	<p>In the final quarter of 2024, we completed a review of fire safety compliance across the Council's housing stock. The review focused on risk management processes, action tracking, and testing data from the preceding six months.</p> <p>Regular updates on fire safety compliance have been provided to the Housing Scrutiny Committee. The Council is fully compliant with legislative requirements mandating the completion of Fire Risk Assessments (FRAs). Our review identified some non-compliant assessments and management agreed to review and update the information.</p> <p>The team are working with the supplier of the risk monitoring system to improve reporting and analysis.</p> <p>In June 2024, the Council successfully submitted its Tenant Satisfaction Measures, meeting the deadline for the new regulatory requirement. However, we noted that real-time records of FRA dates are not currently held for properties managed by external Managing Agents. We have recommended formalising this process to ensure data is readily accessible for future submissions, which would improve efficiency and preparedness.</p> <p>It was evident the Compliance team have been focusing on reviewing and completing open actions. Significant progress has been made, reducing the number of actions from 1,884 in January 2024 to 1,214 in July 2024. <i>Since our report was issued we have seen continued reduction in the number of open actions, and will validate the data as part of our follow-up process.</i></p>

Audit	Assurance and actions		Summary of report and actions
Grant Assurance - Region of Learning  	<b>Assurance:</b> Current: Previous:  <b>Actions:</b> Critical High Medium Low	Full New Review  0 0 0 0	<p>As part of the Region of Learning project and to release the final instalment of Arts Council funding, a certified income and expenditure statement was prepared by the Service Accountant. The Arts Council required that, where funds were awarded to a Local Authority, the final statement of income &amp; expenditure must be verified by a qualified accountant within the Internal Audit section.</p> <p>We completed a review of the financial records and documentation for the project and reconciled this to the final Income &amp; Expenditure Statement and T1 records.</p> <p>There were a few adjustments required to agree the figures and some immaterial differences identified. These immaterial differences related to an understating of expenditure and therefore we were satisfied that the amounts included in the final statement had been spent as stated in respect of this project.</p>

Audit	Assurance and actions		Summary of report and actions
<p>Housing Rents – Corrections</p> 	<p><b>Assurance:</b></p> <p>Current:</p> <p>Previous:</p> <p><b>Actions:</b></p> <p>Critical</p> <p>High</p> <p>Medium</p> <p>Low</p>	<p>Full</p> <p>New Review</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	<p>In late 2023/2024 the Council identified that it had misinterpreted legislation regarding the treatment of housing rents, resulting in overpayment of rents.</p> <p>A project team was convened to manage the situation and legal advice was obtained due to the complexity of the legislation.</p> <p>Once the scale of the error was identified, CCC self-reported to the Housing Regulator and informed them of our approach for resolution. Immediate focus of the project team was on correcting current transactions and ensuring account charges were correct for the 2024/2025 financial year before assessing the volume and value of overpaid rents by current/previous tenants.</p> <p>We reviewed housing refund data to provide assurance that these assessments had been calculated correctly. Our review established:</p> <ul style="list-style-type: none"> <li>• The Council has taken pro-active steps to identify and quantify the impact of making refunds regarding tenancies.</li> <li>• A number of validation and assurance check processes have been introduced. There are robust processes for the checking of refund values and identifying the recipients of any refunds due thereby reducing the risk of error or fraud.</li> </ul> <p>We have provided full assurance over the calculations to establish the scale of rent miscalculation and there are no recommendations raised within this report.</p> <p>Due to the scale and complexity of this project. Internal Audit will continue to work with the project team during the delivery phase.</p>

Audit	Assurance and actions		Summary of report and actions
<p>Safeguarding – Modern Slavery</p> 	<p><b>Assurance:</b></p> <p>Current:</p> <p>Previous:</p> <p><b>Actions:</b></p> <p>Critical</p> <p>High</p> <p>Medium</p> <p>Low</p>	<p>Full</p> <p>New Review</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	<p>The Council has an important role to play in tackling modern slavery. Changes in legislation require public sector organisations to publish their modern slavery statement on the Government’s online registry.</p> <p>We reviewed the Council’s arrangements for tackling Modern Slavery against the four key areas published within the Local Government Association (LGA) guidance “<a href="#">Council guide to Modern Slavery</a>”.</p> <p>The Council have demonstrated a range of activities have taken place within all 4 themes of council activity – identifying and referring victims; supporting victims; disruption and prevention; and mitigating the risk of modern slavery in council supply chains. The Council have been proactive in tackling modern slavery. Examples include good partnership working across council services and with multiple partner agencies which helps to raise safeguarding concerns.</p> <p>The Council published their 2023-24 <a href="#">Modern Slavery Statement</a> in advance of legislation becoming mandatory.</p> <p>We have provided Full assurance that the Council have adequate arrangements in place for tackling Modern Slavery.</p>
<p>Contaminated Land Follow Up</p> 	<p><b>Assurance:</b></p> <p>Current:</p> <p>Previous:</p> <p><b>Actions:</b></p> <p>Critical</p> <p>High</p> <p>Medium</p> <p>Low</p>	<p>Reasonable</p> <p>Limited</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	<p>We followed up the management agreed actions from our previous review. All six of the high category management agreed actions from the original report have been completed.</p> <p>Given the low frequency use of the Contaminated Land Protocol, the next update will take place after it is next used, to apply any relevant learning from its application.</p>

Audit	Assurance and actions		Summary of report and actions
<p>National Fraud Initiative – Data Quality</p> 	<p><b>Assurance:</b></p> <p>Current:</p> <p>Previous:</p> <p><b>Actions:</b></p> <p>Critical</p> <p>High</p> <p>Medium</p> <p>Low</p>	<p>Full</p> <p>Full</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	<p>We have recently processed 93,037 records for the National Fraud Initiative (NFI) exercise, which was submitted in advance of the deadline of 25<sup>th</sup> October 2024. This activity provides us with an opportunity to health check information governance across multiple teams to provide assurance.</p> <p>Poor quality data can undermine the whole exercise. Consequently, the Cabinet Office have introduced penalty fees for any late or inaccurate data submissions, and this could result in reputational risk for the Council.</p> <p>Overall, our review of the data confirmed that datasets:</p> <ul style="list-style-type: none"> <li>• complied with the NFI data specifications; and</li> <li>• were generally of a good quality and improved from the exercise undertaken in 2022/2023.</li> </ul> <p>While not critical, there is an opportunity to improve the quality of data held in the systems by establishing some standards with: National Insurance Numbers (NINO); date of birth (DOB); Unique property Reference Numbers (UPRNs); and consistent storage of address fields data. This could help the Council to make smarter use of its information assets, should it identify opportunities to link datasets in the future to improve internal processes and the customer experience. We have communicated this back to stakeholders and data owners.</p>

## Our work in progress and forward plan

Below is a table of our indicative forward plan for the next six months. Some reviews are in progress, and we have also provided an update on their status:

Audit	Assurance type	Progress update	Scope and description
Corporate Plan Objectives			
HRA – Safety – Damp and Mould	Compliance	Testing is in progress.	<p>Legislation, such as the Social Housing (Regulation) Bill, has been developing since the Social Housing White Paper in 2020. The new Social Housing (Regulation) Bill has two very notable focus areas: fundamental reform to the remit and powers of the Regulator for Social Housing (RSH) – from reactive to proactive regulation; and a focus on Health and Safety matters including tenant empowerment.</p> <p>Local Authority Registered Providers (LARPs) are now accountable to the Regulator of Social Housing (RSH).</p> <p>We have agreed a testing programme to help the Council respond to the changes. Resource is allocated for other assurance areas (e.g. Gas / Electricity / Water / Lift Safety as part of our risk-based programme. For each review we will provide assurance that the Council has appropriate governance framework for the monitoring and reporting of housing safety compliance.</p>
HRA - Tenant Satisfaction Measures - Data Quality	Data quality and analytics	Testing is in progress.	<p>We will quality assure Housing data before it is submitted to the Regulator and follow-up actions from our previous review.</p> <p>This is the second year of submission and review.</p>
Bank reconciliation - Recurring Payments	Counter Fraud & Error	Testing is in progress.	Review of internal controls and sample of bank transactions to validate that recurring payments are legitimate and not fraudulent.



Audit	Assurance type	Progress update	Scope and description
Grant assurance - Homes for Ukraine	Grant assurance	Testing is in progress.	This is a follow-up review. Sample testing of payments to provide assurance that effective internal controls are in operation throughout the payment allocation process.
Grant distribution - Community and partnerships	Grant assurance	This work is scheduled for later in the year.	Review of the processes for funding external (particularly community & voluntary sector) bodies. A new system with updated internal controls is being implemented and we will provide assurance that they are effective and appropriate and advise on mitigation of counter fraud risks.
Procurement - Declarations of Interest	Data quality and analytics	This work is scheduled for later in the year.	Review of controls for managing pecuniary and non-pecuniary interests. Supplemented by National Fraud Initiative testing.
Taxi Licensing - NR3S Implementation	Heartbeat assurance	This work is scheduled for later in the year.	This is a follow-up review. We will validate that the Council has adapted its policy and procedures to reflect the recent mandatory safety requirements set out in the Taxi and Private Hire (Safety and Road Safety) vehicle Act 2022.
Counter Fraud - Whistleblowing	Policy and procedures	This work is scheduled for later in the year.	Programmed review of the internal framework to best practice guidance to inform policy revision and promotion.
Counter Fraud - Failure to prevent	Policy and procedures	This work is scheduled for later in the year.	The Economic Crime & Transparency Act introduces a new “Failure to prevent fraud” offense. We will undertake a review of internal controls that provide the Council with a reasonable defense to the new offense and promote the latest best practice guidance in the organisation.

Audit	Assurance type	Progress update	Scope and description
Business Transformation - Project Management Framework	Governance	This work is scheduled for later in the year.	Review the framework and governance arrangements for managing projects, plus review of the new enterprise portfolio management system.
Scheme of delegation	Governance	This work is in progress.	The Council has just undergone a significant governance review. We will work with the Councils project team to review the new Scheme of Delegation and identify opportunities for improvement in the framework.
VAT	Compliance	This work is in progress.	Financial controls review, supplemented by National Fraud Initiative testing
Core Assurance Work			
Carbon management - Data Quality	Data quality and analytics	This work is scheduled for later in the year.	Resource allocated to quality assure carbon data management and delivery of key environmental projects.
Risk Management Strategy	Embedded assurance	This work is in progress	Review of the risk management performance to provide assurance that the framework is embedded within the Council.
Information Governance - GDPR	Governance	This work is in progress.	Compliance check on a selection of thematic areas and assurance from participation of the corporate Information Governance Group.
Grant assurance - Disabled Facility Grant	Grant assurance	This work is scheduled for later in the year.	Certification of the annual grant payment from the Better Care Fund allocated to District Councils via the County Council. Review of a sample of payments made in respect of disabled facilities.

## 7 Counter fraud and corruption update

### National Fraud Initiative

- 7.1 The Council participates in a national data matching service known as the National Fraud Initiative (NFI), which is run by the Cabinet Office. Data is extracted from Council systems for processing and matching. It flags up inconsistencies in data that may indicate fraud and error, helping councils to complete proactive investigation. Historically this process has not identified significant fraud and error at the Council, and this provides assurance that internal controls continue to operate effectively.
- 7.2 Internal Audit is the Key Contact for the National Fraud Initiative exercise. We provide data from: Trade Creditors, Housing, Council Tax, Benefits, Market Traders, Electoral roll, plus our Payroll and Pensions. This happens at least every two years, with the Council Tax and Electoral roll data submitted annually. We completed the data extract for the October 2024 exercise. This included reviewing 93,037 records across the datasets (see audit report above) and this provided assurance that data quality on our key systems has improved in comparison to the previous submissions.
- 7.3 The Cabinet Office process the data and issue matches on their system. We work with colleagues in the Fraud Team to review the results. These are records which have matched to other datasets and could identify potential cases of fraud and error (*they could also be “false positives” with a legitimate reason for the match*). For further information on the National Fraud Initiative please visit their [Cabinet Office website](#).
- 7.4 We also continue to work with colleagues in the Revenues team to implement the Countywide Council Tax Compliance and Counter-Fraud Initiative. Internal Audit quality assures the data prior to upload to the Cabinet Office website. This work supplements the NFI exercise.

### Referrals

- 7.5 We look to ensure that employees and contractors follow the various policies, procedures and Codes of Conduct established to protect the public purse, as well as the integrity of officers. Consequently, we may investigate allegations linked to improper control, fraud, or theft. Matters can be received as a direct request from management or via the whistleblowing route. Under the Council's Whistleblowing Policy, employees are encouraged to report any genuine, serious concerns about any aspect of the Council's work.
- 7.6 Since our previous report we have processed nine referrals, and six of these were through the Whistleblowing route. This provides assurance that people are aware of their opportunity to refer concerns via the framework. In all cases,

if appropriate, actions were agreed with management to improve controls which could mitigate risks of fraud and error. We are undertaking a planned review of our policy to best practice guidance and will update the Committee.

## 8 Other audit and assurance activity

### Internal Audit Standards

- 8.1 For the 2024/2025 financial year we operated under the Public Sector Internal Audit Standards. In 2024, the Institute of Internal Auditors (IIA) issued new [Global Internal Audit Standards](#). In the UK public sector, these standards are adopted under the authority of the Relevant Internal Audit Standard Setters (RIASS), which includes the Chartered Institute of Public Finance and Accountancy (CIPFA) for UK Local Government.
- 8.2 RIASS determines the applicable standards across their respective sectors. To support the implementation, CIPFA has published the Application Note: Global Internal Audit Standards in the UK Public Sector, which outlines the specific requirements we must follow. Additionally, CIPFA has introduced a new Code of Practice for the Governance of Internal Audit in UK Local Government, designed to help authorities establish and maintain effective internal audit arrangements in line with statutory regulations.
- 8.3 The new standards will take effect from the 2025/2026 financial year. While full compliance is not immediately required, we have conducted an internal assessment to identify areas where our processes need to evolve to meet the new requirements.
- 8.4 Internal Audit Standards require that we develop and maintains a quality assurance and improvement programme covering all aspects of Internal Audit. External assessments are conducted at least once every five years by a qualified, independent assessor. In 2018 CIPFA independently verified that we “**Generally Conform**” with the existing Public Sector Internal Audit Standards (PSIAS) and the accompanying Local Government Application Note (LGAN). This provides a good foundation for adapting to the new standards, and we are preparing for an external review. Once we have gathered sufficient evidence to demonstrate compliance with the new standards, we will undergo an external assessment to validate our adherence. We also remain actively engaged in professional networks and will continue to review and adopt emerging best practices to enhance our local procedures.
- 8.5 Our annual internal assessment confirms continued compliance with PSIAS standards and prepared for the new standards with action plan for improvement. We remain responsive to professional guidance and adapt our assurance approach to maintain best practice which now include the Application Note: Global Internal Audit Standards in the UK Public Sector.

- 8.6 The team continues to invest in professional development, with a current focus on enhancing data analytics capabilities and embedding Root Cause Analysis into our audit methodology.
- 8.7 Implementing the new standards requires updates to our policies, procedures and work tools. Whilst the majority of this can happen in the back-office system, the Civic Affairs and Audit Committee will also have a role. For example, the Committee will need to review and approve our revised Internal Audit Charter.

### **Governance**

- 8.8 We have continued to facilitate the review of the Annual Governance Statement (AGS), and the Local Code of Governance, which accompanies the Statement of Accounts. This involves working with the Leadership Team, and corporate managers to map and review our assurance framework. Our annual internal audit opinion is included in the AGS as a source of assurance.
- 8.9 The AGS for 2022/2023 and 2023/2024 was recently finalised and approved, and we are up to date with the latest statutory deadlines set by Central Government. The AGS is published on our website: <https://www.cambridge.gov.uk/statement-of-accounts>. The 2024/2025 AGS is a current work in progress.

### **Risk and action management**

- 8.10 We continue to support the identification and documentation of risks and controls within both the corporate and project risk registers.
- 8.11 Each quarter, we track the volume of risks reviewed and updated. Combined with our engagement with managers, this provides assurance that risk management is well embedded across the Council.
- 8.12 Ongoing improvements to risk management are planned. The strategic risk register will be reviewed in light of recent transformational changes. As our risk-based audit plan is informed by the strategic register, this review will support a broader refresh of our strategic audit planning later in the year.

## **9 Conclusion**

- 9.1 The work delivered by the Internal Audit Team during the 2024/2025 financial year was conducted in accordance with the Public Sector Internal Audit Standards (PSIAS).
- 9.2 From 2025/2026 onwards, we are aligning our work with the new Global Internal Audit Standards for the UK Public Sector. Full conformance will be achieved

progressively as the new standards are embedded throughout the 2025/2026 financial year.

- 9.3 A continuous risk-based audit plan has been delivered, providing assurance across key areas. In addition to core audit work, the team has contributed through value-added consulting activities, including advisory support and fraud and error prevention.
- 9.4 The audit work completed during the year has provided sufficient coverage to support an informed opinion on the Council's internal control environment, governance, and risk management arrangements. There is Reasonable assurance awarded during the year, and this remains at a similar level to the previous period

# Appendix B – Glossary of terms

## Assurance ratings

Internal Audit provides management and Members with a statement of assurance on each area audited. This is also used by the Head of Shared Internal Audit to form an overall opinion on the control environment operating across the Council, including risk management, control and governance, and this informs the Annual Governance Statement (AGS).

Term	Description
Full Assurance	Controls are in place to ensure the achievement of service objectives and good corporate governance, and to protect the Authority against significant foreseeable risks.
Reasonable Assurance	Controls exist to enable the achievement of service objectives and good corporate governance, and mitigate against significant foreseeable risks. However, occasional instances of failure to comply with control process were identified and/or opportunities still exist to mitigate further against potential risks.
Limited Assurance	Controls are in place and to varying degrees are complied with, however, there are gaps in the process which leave the service exposed to risks. Therefore, there is a need to introduce additional controls and/or improve compliance with existing ones, to reduce the risk exposure.
No Assurance	Controls are considered to be insufficient, with the absence of at least one critical control mechanism. There is also a need to improve compliance with existing controls, and errors and omissions have been detected. Failure to improve controls leaves the Authority exposed to significant risk, which could lead to major financial loss, embarrassment, or failure to achieve key service objectives.

## Organisational impact

The overall impact may be reported to help provide some context to the level of residual risk. For example, if no controls have been implemented in a system it would have no assurance, but this may be immaterial to the organisation. Equally a system may be operating effectively and have full assurance, but if a risk materialised it may have a major impact to the organisation.

Term	Description
Major	The risks associated with the system are significant. If the risk materialises it would have a major impact upon the organisation.
Moderate	The risks associated with the system are medium. If the risk materialises it would have a moderate impact upon the organisation.
Minor	The risks associated with the system are low. If the risks materialises it would have a minor impact on the organisation.

## **Action ratings**

As part of the review, we have identified opportunities for improvement, which have been shared with Management. These are developed into actions to improve the effectiveness of the governance, risk management arrangements, and the internal control environment.

Management are responsible for implementing their actions and providing assurance when they are completed. Timescales for implementing actions should be proportionate and achievable to the available resources. To help prioritise the actions we have produced guidance below:


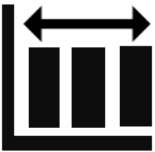


Priority	Description	Timescale for action	Monitoring
Critical	Extreme control weakness that jeopardises the complete operation of the service.	To be implemented immediately.	Within 1 month
High	Fundamental control weakness which significantly increases the risk / scope for error, fraud, or loss of efficiency.	To be implemented as a matter of priority.	Within 6 months
Medium	Significant control weakness which reduces the effectiveness of procedures designed to protect assets and revenue of the Authority.	To be implemented at the first opportunity.	Within 12 months
Low	Control weakness, which, if corrected, will enhance control procedures that are already relatively robust.	To be implemented as soon as reasonably practical.	Within 24 months

The Council has a Risk Management system, which is used for tracking their progress. This will be updated upon distribution of the report and we will follow up the actions where appropriate. It is the responsibility of Risk Owners and Action Owners to regularly review and update the risk register with details of action taken to mitigate the risks.



## Assurance – Direction of Travel

The symbols below indicate the direction of travel when we have concluded a review:

Control status	Symbol	Details and factors
Improvement		Actions have been implemented New controls have been established Risk factors have reduced
Consistent		Controls continue to operate at the same level The risk environment has stayed consistent
Decrease		Controls have reduced, or not been complied with Risks factors have increased, or new risks have emerged
New		This is a new review and we do not have a comparable benchmark.

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Introduction..... 2

Purpose ..... 3

Mandate..... 4

Organisation and relationships ..... 5

Governing Body Oversight..... 7

Chief Audit Executive Roles and Responsibilities..... 8

Scope and Types of Internal Audit Services ..... 12

June 2025

# Internal Audit Charter



## Introduction

Organisations in the UK public sector have historically been governed by an array of differing internal audit standards. In 2024 The Institute of Internal Auditors (IIA) published updated Global Internal Audit Standards (GIAS). The Chartered Institute of Internal Auditors (CIPFA) is the Relevant Internal Audit Standards Setters (RIASS) with authority for setting standards in the UK public sector. The UK public sector Internal Audit Standards Advisory Board (IASAB) develop material to support UK public sector internal audit, consult and advise the RIASS on the standards to be used. The RIASS have determined that the GIAS are a suitable basis for the practice of internal auditing in the UK public sector, subject to interpretations and requirements set out in a supplementary document known as the “Application Note: *Global Internal Audit Standards in the UK Public Sector*” (GIASUKPS).

Standards provide a consolidated approach to promoting improvement in the professionalism, quality, consistency, transparency and effectiveness of Internal Audit across the whole of the public sector.

The standards require that all aspects of Internal Audit operations are acknowledged within an Audit Charter that defines the purpose, authority and responsibilities of the service provision. The Charter therefore establishes the position of the service within the Council; its authority to access records, personnel and physical properties relevant to the performance of engagements; in addition to defining the scope of Internal Audit activities. There is also an obligation under the standards for the Charter to be periodically reviewed and presented to the relevant audit committee. This Charter will therefore be revisited annually to confirm its ongoing validity and completeness and circulated in accordance with the requirements specified above.

Greater Cambridge Shared Audit provides internal audit services to both Cambridge City Council, South Cambridgeshire District Council and their trading companies. For simplicity this Charter applies to both, and we highlight if there are specific differences in application.

## Purpose

The purpose of the internal audit function is to strengthen the Council's ability to create, protect, and sustain value by providing the relevant audit committee and management with independent, risk-based, and objective assurance, advice, insight, and foresight.

The internal audit function enhances the Council's:

- Successful achievement of its objectives.
- Governance, risk management, and control processes.
- Decision-making and oversight.
- Reputation and credibility with its stakeholders.
- Ability to serve the public interest.

The internal audit function is most effective when:

- Internal auditing is performed by competent professionals in conformance with The IIA's Global Internal Audit Standards™, and UK Public Sector Application note which are set in the public interest.
- The internal audit function is independently positioned with accountability to the relevant audit committee.
- Internal auditors are free from undue influence and committed to making objective assessments.

The role of internal audit in local government includes:

- supporting the delivery of the authority's strategic objectives by providing risk-based and objective assurance on the adequacy and effectiveness of governance, risk management and internal controls
- championing good practice in governance through assurance, advice and contributing to the authority's annual governance review
- advising on governance, risk management and internal control arrangements for major projects, programmes and system changes
- access to the authority's interests in collaborative and arm's-length arrangements

However, it should also be appreciated that the existence of Internal Audit does not diminish the responsibility of senior management to establish appropriate and adequate systems of internal control and risk management. Internal Audit is not a substitute for the functions of senior management, who should ensure that Council activities are conducted in a secure, efficient and well-ordered manner with arrangements sufficient to address the risks which might adversely impact on the delivery of corporate priorities and objectives.

### ***Commitment to Adhering to the Global Internal Audit Standards***

We will adhere to the Application Note Global Internal Audit Standards in the UK Public Sector (GIASUKPS) which is based on the mandatory elements of The Institute of Internal Auditors' International Professional Practices Framework, and Global Internal Audit Standards and Topical Requirements.

The chief audit executive will report periodically to the relevant audit committee and senior management regarding the internal audit function's conformance with the Standards, which will be assessed through a quality assurance and improvement program.

### **Mandate**

#### ***Authority***

The requirement for an Internal Audit Service is outlined within the Accounts and Audit Regulations 2015, which state that:

*“A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance.”*

Additional requirements may be placed upon the Chief Audit Executive by CIPFA as the relevant standard setter including the GIASUKPS and the Code of Practice for the Governance of Internal Audit in UK Local Government (the Code).

The internal audit function's authority is created by its direct reporting relationship to *those charged with governance* and delegated to the relevant Audit Committee for approval of this Charter. Such authority allows for unrestricted access to the Council.

This authorises the internal audit function to:

- Have full and unrestricted access to all functions, data, records, information, physical property, and personnel pertinent to carrying out internal audit responsibilities. Internal auditors are accountable for confidentiality and safeguarding records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques, and issue communications to accomplish the function's objectives.
- Obtain assistance from the necessary personnel of the Council and other specialised services from within or outside the Council to complete internal audit work.

Access shall be granted upon request and will not require prior notice. However, where possible and appropriate, advance notice will be provided—unless circumstances necessitate immediate access.

## Organisation and relationships

### ***Common terms and relationships***

The terms 'Chief Audit Executive,' 'Board' and 'Senior Management' are used to describe key elements of the organisation's governance, and the ways in which they interact with Internal Audit.

The table below provides common terms and interpretations of the current relationships between Internal Audit and other key bodies at the Council.

Term	Description
Chief Audit Executive	<p>The Chief Audit Executive (CAE) is the Internal Audit Service lead for Greater Cambridge Shared Audit, a shared service arrangement between Cambridge City Council (CCC) and South Cambridgeshire District Council (SCDC).</p> <p>The CAE is a CCC employee and administratively reports to the Chief Operating Officer, plus functional reporting to the S151 at SCDC. The CAE also has regular access to statutory Officers such as the Chief Executive, S151 Officer and Monitoring Officer and meets regularly.</p>
Board / Relevant Audit Committee	<p>The 'Board' is a term used for those that oversees the work of Internal Audit. It will be <i>the relevant audit committee</i> of the Council, known as Civic Affairs and Audit Committee (CCC) and the Audit and Corporate Governance Committee (SCDC), which has been established as part of its corporate governance arrangements.</p> <p>The Committee responsibilities will be set out in their terms of reference and will recognise CIPFA guidance.</p> <p>Internal Audit will work closely with the committee to facilitate and support its activities.</p> <p>To safeguard internal audit's independence the CAE must have the right of access to the chair of the committee at any time and can meet the committee without senior management present at least once per year. The CAE will report in their own right to the committee on the work of internal audit.</p>
Senior management	<p>In the context of ensuring effective liaison between Internal Audit and senior officers, Internal Audit has regular access to the Leadership Team at both Councils, and regularly attends the Corporate Management Team of both Councils.</p>
External Audit	<p>Internal Audit aims to minimise any potential duplication of work and determine the assurance that can be placed on the respective work of the two parties. Our audit plans and reports are shared with the appointed external auditor, EY (CCC) and KPMG (SCDC).</p>

Other Internal Audit Service Providers	Internal Audit will also engage with the Internal Audit service providers of other Councils where shared service arrangements are in place. In such cases, a dialogue will be initiated with each Council's designated Chief Audit Executive to agree on a coordinated approach.
Other External Review and Inspection Bodies	Internal Audit will co-operate with all external review and inspection bodies that are authorised to assess and evaluate the activities of the Council, to determine compliance with regulations, standards or targets. Internal Audit will, wherever possible, utilise third party assurances arising from this work. If we cannot effectively co-ordinate we will explain the barriers to the board.

### ***Independence, Organisational Position, and Reporting Relationships***

The chief audit executive will be positioned at a level in the organisation that enables internal audit services and responsibilities to be performed without interference from management, thereby establishing the independence of the internal audit function. (See "Mandate" section above.)

The chief audit executive will report functionally to the relevant audit committees and administratively (for example, day-to-day operations) to the Council. This positioning provides the organisational authority and status to bring matters directly to senior management and escalate matters to the relevant audit committees, when necessary, without interference and supports the internal auditors' ability to maintain objectivity.

The chief audit executive will confirm to the relevant audit committees, at least annually, the organisational independence of the internal audit function. If the governance structure does not support organisational independence, the chief audit executive will document the characteristics of the governance structure limiting independence and any safeguards employed to achieve the principle of independence.

The chief audit executive will disclose to the relevant audit committee any interference internal auditors encounter related to the scope, performance, or communication of internal audit work and results. The disclosure will include communicating the implications of such interference on the internal audit function's effectiveness and ability to fulfil its mandate.



### ***Changes to the Mandate and Charter***

Circumstances may justify a follow-up discussion between the chief audit executive, relevant audit committee, and senior management on the internal audit mandate or other aspects of the internal audit charter. Such circumstances may include but are not limited to:

- A significant change in the Global Internal Audit Standards and CIPFA supporting standards.
- A significant reorganisation within the organisation.
- Significant changes in the chief audit executive, relevant audit committee, and/or senior management.
- Significant changes to the organisation's strategies, objectives, risk profile, or the environment in which the organisation operates.
- New laws or regulations that may affect the nature and/or scope of internal audit services.

### **Governing Body Oversight**

To establish, maintain, and ensure that the Council's internal audit function has sufficient authority to fulfil its duties, the relevant audit committee will also have responsibilities. These are set out in the Committees Terms of Reference, which are part of the Councils constitution and incorporate best practice established by CIPFA.

## **Chief Audit Executive Roles and Responsibilities**

### ***Ethics and Professionalism***

The chief audit executive will ensure that internal auditors:

- Conform with the Application Note: Global Internal Audit Standards in the UK Public Sector, including the principles of Ethics and Professionalism: integrity, objectivity, competency, due professional care, and confidentiality.
- Understand, respect, meet, and contribute to the legitimate and ethical expectations of the organisation and be able to recognise conduct that is contrary to those expectations.
- Encourage and promote an ethics-based culture in the organisation.
- Report organisational behaviour that is inconsistent with the organisation's ethical expectations, as described in applicable policies and procedures.
- Apply the Seven Principles of Public Life (also known as the 'Nolan Principles')

### ***Independence and Objectivity***

The chief audit executive will ensure that the internal audit function remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of engagement selection, scope, procedures, frequency, timing, and communication. If the chief audit executive determines that objectivity may be impaired in fact or appearance, the details of the impairment will be disclosed to appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively such that they believe in their work product, do not compromise quality, and do not subordinate their judgment on audit matters to others, either in fact or appearance.

Internal auditors will have no direct operational responsibility or authority over any of the activities they review. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, or engage in other activities that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous year.
- Performing operational duties for the Council or its affiliates.
- Initiating or approving transactions external to the internal audit function.
- Directing the activities of any Council employee that is not employed by the internal audit function, except to the extent that such employees have been appropriately assigned to internal audit teams or to assist internal auditors.

Internal auditors will:

- Disclose impairments of independence or objectivity, in fact or appearance, to appropriate parties and at least annually, such as the chief audit executive.
- Exhibit professional objectivity in gathering, evaluating, and communicating information.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid conflicts of interest, bias, and undue influence.

### ***Additional roles and responsibilities and safeguards***

While maintaining independence the Internal Audit function will undertake activities which add value to the organisation. It is important that appropriate safeguards are considered for additional roles and responsibilities.

Risk Management is the responsibility of Officers and Members. Internal Audit contributes to the Risk Management Framework at both Councils; providing advice on the development of proportionate mitigation and actions. At CCC Internal Audit is also the Strategic Lead for Risk Management and facilitates the Risk Management Strategy and Framework. At SCDC we work proactively with Policy and Performance team to review and consequently develop Risk Management. Management are still responsible for identifying, managing and mitigating risks within their services. This approach is consistent with guidance set out by the IIA.

The Council is required to prepare an Annual Governance Statement. The final document is co-ordinated and presented to the relevant audit committee by Internal Audit as this process is linked to our assurance mapping process. The Leadership Team, and other sources of assurance, contribute to the production and contents of the statement.

Where Internal Audit undertakes additional roles the impact and safeguards are discussed with Senior Management.

## ***Resources***

The CAE will be professionally qualified (CCAB, CMIIA or equivalent) and have broad internal audit management experience, to enable them to deliver the responsibilities of the role.

The CAE will ensure that the Internal Audit Service has access to staff that have an appropriate range of knowledge, skills, qualifications and experience to deliver requisite audit assignments.

The type of reviews that will be provided in year include systems reviews, consultancy input to new / modified systems, and special investigations. In the event of special investigations being required, there is limited contingency in the Audit Plan to absorb this work. However, additional resources may need to be made available to the Internal Audit Service when such input is necessary.

## ***Managing the Internal Audit Function***

The chief audit executive has the responsibility to:

- At least annually, develop a risk-based internal audit plan that considers the input of the committee and senior management and submit the plan to the committee for review and approval.
- Communicate the impact of resource limitations on the internal audit plan to the committee and senior management.
- Review and adjust the internal audit plan, as necessary, in response to changes in Council's corporate plan, risks, operations, programs, systems, and controls.
- Communicate with the committee and senior management if there are significant interim changes to the internal audit plan.
- Ensure internal audit engagements are performed, documented, and communicated in accordance with the Global Internal Audit Standards in the UK Public Sector.
- Follow up on engagement findings and confirm the implementation of recommendations or action plans and communicate the results of internal audit services to the committee and senior management periodically and for each engagement as appropriate.
- Ensure the internal audit function collectively possesses or obtains the knowledge, skills, and other competencies and qualifications needed to meet the requirements of the Global Internal Audit Standards in the UK Public Sector and fulfill the internal audit mandate.
- Identify and consider trends and emerging issues that could impact the Council and communicate to the committee and senior management as appropriate.
- Consider emerging trends and successful practices in internal auditing.

- Establish and ensure adherence to methodologies designed to guide the internal audit function.
- Ensure adherence to Council's relevant policies and procedures unless such policies and procedures conflict with the internal audit charter or the Global Internal Audit Standards in the UK Public Sector. Any such conflicts will be resolved or documented and communicated to the committee and senior management.
- Coordinate activities and consider relying upon the work of other internal and external providers of assurance and advisory services. If the chief audit executive cannot achieve an appropriate level of coordination, the issue must be communicated to senior management and if necessary escalated to the committee.

### ***Communication with the Committee and Senior Management***

The chief audit executive will report periodically to the committee and senior management regarding:

- The internal audit function's mandate.
- The internal audit plan and performance relative to its plan.
- Significant revisions to the internal audit plan and budget.
- Potential impairments to independence, including relevant disclosures as applicable.
- Results from the quality assurance and improvement program, which include the internal audit function's conformance with The IIA's Global Internal Audit Standards in the UK Public Sector and action plans to address the internal audit function's deficiencies and opportunities for improvement.
- Significant risk exposures and control issues, including fraud risks, governance issues, and other areas of focus for the committee that could interfere with the achievement of the Council's strategic objectives.
- Results of assurance and advisory services.
- Resource requirements.
- Management's responses to risk that the internal audit function determines may be unacceptable or acceptance of a risk that is beyond the Council's risk appetite.

### ***Quality Assurance and Improvement Program***

The chief audit executive will develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the internal audit function. The program

will include external and internal assessments of the internal audit function's conformance with the Global Internal Audit Standards in the UK Public Sector, as well as performance measurement to assess the internal audit function's progress toward the achievement of its objectives and promotion of continuous improvement. The program also will assess, if applicable, compliance with laws and/or regulations relevant to internal auditing. Also, if applicable, the assessment will include plans to address the internal audit function's deficiencies and opportunities for improvement.

Annually, the chief audit executive will communicate with the committee and senior management about the internal audit function's quality assurance and improvement program, including the results of internal assessments (ongoing monitoring and periodic self-assessments) and external assessments. External assessments will be conducted at least once every five years by a qualified, independent assessor or assessment team as set out in the CIPFA guidance.

## **Scope and Types of Internal Audit Services**

The scope of internal audit services covers the entire breadth of the organisation, including all of the Council's activities, assets, and personnel. The scope of internal audit activities also encompasses but is not limited to objective examinations of evidence to provide independent assurance and advisory services to the committee and management on the adequacy and effectiveness of governance, risk management, and control processes for the Council.

The nature and scope of advisory services may be agreed with the party requesting the service, provided the internal audit function does not assume management responsibility. Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during advisory engagements. These opportunities will be communicated to the appropriate level of management.

Internal audit engagements may include evaluating whether:

- Risks relating to the achievement of the Council's strategic objectives are appropriately identified and managed.
- The actions of Council's officers, directors, management, employees, and contractors or other relevant parties comply with policies, procedures, and applicable laws, regulations, and governance standards.
- The results of operations and programs are consistent with established goals and objectives.
- Operations and programs are being carried out effectively, efficiently, ethically, and equitably.
- Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact the Council.

- The integrity of information and the means used to identify, measure, analyse, classify, and report such information is reliable.
- Resources and assets are acquired economically, used efficiently and sustainably, and protected adequately.

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Last reviewed	June 2025
Next review	June 2026

## Appendix D - Internal Audit Code of Ethics



### 1 INTRODUCTION

- 1.1 The purpose of a Code of Ethics is to promote an appropriate ethical culture for Internal Audit. The Code sets out the minimum standards for the performance and conduct of the Council's Internal Auditors. It is intended to clarify the standards of conduct expected when carrying out their duties and promote an ethical, professional culture at all times when undertaking audit duties.
- 1.2 The Global Internal Audit Standards set out the principles and standards in Domain II and outline the behavioural expectations for any entities that provide internal audit services. These are summarised below. Conformance with these principles and standards instils trust in the profession of internal auditing, creates an ethical culture within the internal audit function, and provides the basis for reliance on internal auditors' work and judgment. In addition, the Internal Audit team will follow the ethical codes of their respective professional bodies, local laws and the organisational codes and policies where appropriate.

## 2 PRINCIPLES

### 2.1 Internal auditors are expected to apply and uphold the following 5 principles:

Principle	Guidance	Standards requirements
Integrity:	<p>Integrity is behaviour characterised by adherence to moral and ethical principles, including demonstrating honesty and the courage to act based on relevant facts, even when facing pressure to do otherwise, or when doing so might create potential adverse personal or organisational consequences. In simple terms, internal auditors are expected to tell the truth and do the right thing, even when it is uncomfortable or difficult.</p> <p>Integrity is the foundation of the other principles of ethics and professionalism, including objectivity, competency, due professional care, and confidentiality. The integrity of internal auditors is essential to establishing trust and earning respect.</p>	<p>Honesty and Professional Courage;</p> <p>Organisational Ethical Expectations and</p> <p>Legal and Ethical Behaviour.</p>
Objectivity:	Objectivity is an unbiased mental attitude that allows internal auditors to make professional judgments, fulfil their responsibilities, and achieve the Purpose of Internal Auditing without compromise. An independently positioned internal audit function supports internal auditors' ability to maintain objectivity.	<p>Individual Objectivity</p> <p>Safeguarding Objectivity</p> <p>Disclosing Impairments to Objectivity</p>
Competency:	Demonstrating competency requires developing and applying the knowledge, skills, and abilities to provide internal audit services. Because internal auditors provide a diverse array of services, the competencies needed by each internal auditor vary. In addition to possessing or obtaining the competencies needed to perform services, internal auditors improve the effectiveness and quality of services by pursuing professional development.	<p>Competency</p> <p>Continuing Professional Development</p>
Due Professional Care	Due professional care requires planning and performing internal audit services with the diligence, judgment, and scepticism possessed by prudent and competent internal auditors. When exercising due professional care, internal auditors perform in the best interests of those receiving internal audit services but are not expected to be infallible.	<p>Conformance with the Global Internal Audit Standards</p> <p>Due Professional Care</p> <p>Professional Scepticism</p>
Maintain Confidentiality:	Because internal auditors have unrestricted access to the data, records, and other information necessary to fulfil the internal audit mandate, they often receive information that is confidential, proprietary, and/or personally identifiable. This includes information in physical and digital form as well as information derived from oral communication, such as formal or informal meeting discussions. Internal auditors must respect the value and ownership of information they receive by using it only for professional purposes and protecting it from unauthorised access or disclosure, internally and externally.	<p>Use of Information</p> <p>Protection of Information</p>

### **3 MANAGING ARRANGEMENTS:**

#### **3.1 To ensure compliance with the Code of Ethics:**

- There is an annual review of the Code to reinforce understanding and confirm on-going commitment;
- Quality control processes are in place to demonstrate integrity in all aspects of the work;
- All staff are obliged to declare any potential conflicts of interest, at least annually;
- Confidentiality breaches will not be tolerated; and
- All staff are aware and understand the organisations aims and objectives together with an appreciation of the policies and procedures which govern the areas to be audited.



## REPORT TITLE: Civic Affairs & Audit Committee rolling work programme

**To:**

Civic Affairs & Audit Committee (30 June 2025)

**Report by:**

Dan Kalley, Democratic Services Manager

Email: dan.kalley@cambridge.gov.uk

**Wards affected:**

None

### 1. Recommendations

- 1.1 It is recommended that the Civic Affairs & Audit Committee note the work programme and make any suggestions for future items.

### 2. Purpose and reason for the report

- 2.1 To allow the Committee to review what items are coming forward over a rolling 12 month period and to make suggestions for an items to be included at future meetings.

This allows for greater transparency for members of the Committee to be able to assess if the right items are coming forward and to provide challenge to officers on areas that are within the remit of the Committee.

### 3. Implications

#### 3.1 Relevant risks

There are none.

### **Financial Implications**

3.2 There are none.

### **Legal Implications**

3.3 There are none.

### **Equalities and socio-economic Implications**

3.4 There are none.

### **Net Zero Carbon, Climate Change and Environmental implications**

3.5 There are none.

### **Procurement Implications**

3.6 There are none.

### **Community Safety Implications**

3.7 There are none.

## **4. Background documents**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

4.1 There are none.

## **5. Appendices**

5.1 Appendix A – Work programme

To inspect the background papers or if you have a query on the report please contact Dan Kalley, Democratic Services Manager, email: [dan.kalley@cambridge.gov.uk](mailto:dan.kalley@cambridge.gov.uk)

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## Civic Affairs and Audit Committee Rolling Work Programme

**Meeting date – 30 June 2025**

Report title	Short description & outcome	Link to Terms of Reference	Report author and responsible director
Member Allowances	As agreed at Annual Council meeting to review the member allowances scheme following approval of the Independent Remuneration Panel recommendations	3.4.5 (d)  Review any matters within the Committee's remit and terms of reference referred to it by the Chief Executive, Chief Finance Officer, Monitoring Officer or any Body of the Council.	Dan Kalley/Robert Pollock/Tom Lewis
Internal Audit update	Provide the Committee with an update on the work programme of the Internal Audit team, including: <ul style="list-style-type: none"> <li>• Update of audits completed.</li> <li>• Plan of upcoming audit work.</li> <li>• Topical governance risk and control matters</li> </ul>	3.4.4 d  Receive and consider the Charter, resource requirements, plans reports and opinions of the internal auditor; ensuring effective control within the assurance framework	Jonathan Tully

	<ul style="list-style-type: none"><li>• Approval of Strategy / Charter / Code of Ethics (n.b. these are being completed to new global audit standards, so may be deferred to next meeting – depending on progress)</li></ul>		
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## Meeting date – 15 September 2025

Report title	Short description & outcome	Link to Terms of Reference	Report author and responsible director
Whistleblowing Policy	Committee approval of periodic review of the Council's policy that supports colleagues to raise concerns.	3.4.5 a Assurance of the Council's governance, risk management framework and associated control environment and policies including the Council's Risk Register, Risk Management Strategy, 'whistleblowing', and anti-fraud and anti-corruption arrangements.	Jonathan Tully
Counter Fraud policy update	Committee review and endorsement of Counter Fraud Policy, noting work taken in response to new Economic Crime and Transparency Act	3.4.5 a Assurance of the Council's governance, risk management framework and associated control environment and policies including the Council's Risk Register, Risk Management Strategy, 'whistleblowing', and anti-fraud and anti-corruption arrangements.	Jonathan Tully



## Meeting date – 17 November 2025

Report title	Short description & outcome	Link to Terms of Reference	Report author and responsible director
Internal Audit update	Provide the Committee with an update on the work programme of the Internal Audit team, including: <ul style="list-style-type: none"> <li>• Update of audits completed.</li> <li>• Plan of upcoming audit work.</li> <li>• Topical governance risk and control matters</li> </ul>	3.4.4 d Receive and consider the Charter, resource requirements, plans reports and opinions of the internal auditor; ensuring effective control within the assurance framework.	Jonathan Tully
Information Governance annual report	Provide the Committee with an update on the yearly performance of the Information Governance team, including: <ul style="list-style-type: none"> <li>• Update on compliance with information rights legislation</li> <li>• Update on cybersecurity for the year</li> <li>• Overall compliance with UK GDPR and any other information protection matters</li> </ul>	3.4.5 d Review any matters within the Committee's remit and terms of reference referred to it by the Chief Executive, Chief Finance Officer, Monitoring Officer or any Body of the Council.	Adam Brown
Civic Protocols and updates	Provide the Committee with updates on Civic Events and to review protocols.	3.4.5c	Dan Kalley

		Overview of the Council's Constitution and consideration of proposed amendments or revisions to the Constitution including the Schemes of Delegation, Procedure Rules and Protocols.	
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## Meeting date – 19 January 2026

Report title	Short description & outcome	Link to Terms of Reference	Report author and responsible director
Annual Governance Statement 2024/2025	Committee to review and approve the draft Annual Governance Statement for 2024/2025 financial year.  n.b. this may be deferred to align to the approval of the Statement of Accounts (date tbc)	3.4.4 b.  Review and approve the Annual General Statements (AGS)	Jonathan Tully

## Meeting date – 9 March 2026

Report title	Short description & outcome	Link to Terms of Reference	Report author and responsible director
Annual Audit Committee report	Report presented outlining the work of the committee over the past 12 months, to be presented to Full Council once been through Civic Affairs & Audit Committee	3.4.2  To publish an annual report on the work of the Committee, including a conclusion on the compliance with the CIPFA Position Statement.	Jonathan Tully/Dan Kalley
Review of Council Constitution	Following review of working of Constitution since agreement in May 2025, recommendations on updates to Constitution to be presented before report presented to Annual Meeting in May 2026	3.4.5 (c)  Overview of the Council's Constitution and consideration of proposed amendments or revisions to the Constitution including the Schemes of Delegation, Procedure Rules and Protocols.	Tom Lewis/Dan Kalley



Risk Management update	Periodic review / update of the Councils risk management framework and strategy	3.4.5 a Assurance of the Council's governance, risk management framework and associated control environment and policies including the Council's Risk Register, Risk Management Strategy, 'whistleblowing', and anti-fraud and anti-corruption arrangements.	Jonathan Tully / Stephanie Fisher
Internal Audit update	<p>Provide the Committee with an update on the work programme of the Internal Audit team, including:</p> <ul style="list-style-type: none"> <li>• Update of audits completed.</li> <li>• Plan of upcoming audit work.</li> </ul> <p>Topical governance risk and control matters</p>	3.4.4 d Receive and consider the Charter, resource requirements, plans reports and opinions of the internal auditor; ensuring effective control within the assurance framework.	Jonathan Tully

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