



Cambridge City Council
Civic Affairs and Audit Committee

Date: Monday, 22 June 2026

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, tel:01223 457000

Agenda

- 1 Apologies
- 2 Declarations of Interest
- 3 Minutes - 19 May 2026 (Pages 3 - 6)
- 4 Public Questions
- 5 Internal Audit Update (Pages 7 - 64)
- 6 Constitution Updates (Pages 65 - 70)

Civic Affairs and Audit Committee Members: McPherson (Chair), Toyne Scott (Vice-Chair), Ashton, Dalzell, Davison, Taylor and Wade

Alternates: Bennett, Bick, Blackburn-Horgan, Clough and Sheil

Emergency Evacuation Procedure

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.

Information for the public

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- Website: <http://democracy.cambridge.gov.uk>
- Email: democratic.services@cambridge.gov.uk
- Phone: 01223 457000

This Meeting will be live streamed to the Council's YouTube page. You can watch proceedings on the livestream or attend the meeting in person.

Those wishing to address the meeting will be able to do so virtually via Microsoft Teams, or by attending to speak in person. You must contact Democratic Services democratic.services@cambridge.gov.uk by 12 noon two working days before the meeting.

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.

CIVIC AFFAIRS AND AUDIT COMMITTEE

19 May 2026

5.30 - 6.20 pm

Present: Councillors McPherson (Chair), Gawthrop Wood (Vice-Chair), Bennett, Bick, Dalzell, Sheil and Davey

Councillor Bennett was present via Teams.

Also present: Councillor Thornburrow

Officers:

Chief Executive: Robert Pollock

Chief Operating Officer: Jane Wilson

Chief Financial Officer: Jody Etherington

Head of Legal Practice and Monitoring Officer: Tom Lewis

Democratic Services Manager (Deputy Monitoring Officer): Dan Kalley

Democratic Services Officer: Sarah Michael

FOR THE INFORMATION OF THE COUNCIL

26/17/Civ Apologies

No apologies were received.

As Councillor Richardson was no longer a Committee Member, Councillor Davey attended as an alternate.

26/18/Civ Declarations of Interest

No interests were declared.

26/19/Civ Minutes

The minutes of the meetings held on 23 February 2026 and 9 March 2026 were approved as a correct record and signed by the Chair.

26/20/Civ Public Questions

There were no public questions.

26/21/Civ Constitutional Updates - Revised Member - Officer Protocol

The Committee received a report from the Monitoring Officer.

Cllr Bennett proposed an amendment to the section relating to supplementary estimates to ensure provision to allow for reporting of decisions to Full Council.

Resolved (unanimously) to recommend to the Annual General Meeting the following changes to the Constitution following the last meeting on 9 March 2026:

- i. The updated member/officer protocol
- ii. The limited power for Cabinet to make supplementary estimates – additional revenue and capital expenditure up to a threshold, with provision to allow for reporting of decisions to Full Council.
- iii. To note that the Committee already agreed to recommend minor revisions to the terms of reference for the Equalities Panel to be renamed the Inclusion and Equity Panel.

26/22/Civ Committee Appointments for Annual Council

The Democratic Services Manager updated Members that following the election on 7 May 2026, the amended committee allocation proportionality had been distributed to Members.

Group Leaders confirmed that they had not yet been able to nominate Chairs, Vice Chairs and Committee Members.

The Committee was therefore unable to make recommendations to Council.

26/23/Civ Honorary Councillors

The Democratic Services Manager presented a report on nominations for Honorary Councillors.

Councillor Bick asked for confirmation that those nominated all met the criteria of 10 years' service, or 8 years if they had been Mayor. The Democratic Services Manager confirmed that was the case.

Resolved (unanimously) to:

- i. Recommend to Council that the following be made Honorary Councillors:
 - o Richard Robertson
 - o Baiju Thittala
 - o Anna Smith

26/24/Civ Auditor's Annual Report

The Chief Finance Officer presented the Auditor's Annual Report for the year ended 31 March 2025 and explained that the auditors would attend the Civic Affairs and Audit Committee meeting in June 2026 to take questions and present a plan for 2025/26.

In response to Members' questions, the Chief Finance Officer said that the Finance team was fully resourced, and that the working relationship with the new audit partner was positive, with the partner committed to achieving buildback as soon as possible.

Resolved (unanimously) to:

- i. Note the EY Auditor's Annual Report for the year ended 31 March 2025.

The meeting ended at 6.20 pm

CHAIR

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REPORT TITLE: Internal Audit Update

<p>To: Civic Affairs and Audit Committee [22/06/2026]</p> <p>Report by: Jonathan Tully, Chief Audit Executive Tel: 01223 458180 Email: jonathan.tully@cambridge.gov.uk</p> <p>Wards affected: All</p>
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1.	Recommendations
1.1	<p>The Civic Affairs and Audit Committee is requested to:</p> <ul style="list-style-type: none"> • note the quarterly update on Governance Risk and Internal Control; • note the annual progress update and approve the forward plan of work in Appendix A; • approve the Internal Audit Charter in Appendix B; • note the Code of Ethics in Appendix C;
2.	Purpose and reason for the report
2.1	<p>This report provides the Committee with an update on internal audit activity, assurance outcomes, and strategic developments. It reflects our evolving approach to meet new professional standards and maintain effective governance.</p> <p>The information supports the Committee’s understanding of governance, risk, and control within the organisation. It includes outputs from assurance and advisory work, as well as foresight on emerging and topical issues. This provides:</p> <ul style="list-style-type: none"> • Reasonable assurance on the internal control environment, governance and risk management arrangements. • Updates on how we are responding to the latest Internal Audit Standards
2.2	This is not a key decision, as the report is presented in accordance with the Committee’s terms of reference.
3.	Alternative options considered
3.1	The reports are to note and do not have alternative options, although we welcome feedback from the Committee on format and presentation to inform future versions.

	<p>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. Members are invited to propose areas where they would welcome assurance, and this can also be done via our regular Governance Risk and Control updates at other Committee meetings during the year. The current plan is considered sufficient to enable an audit opinion for the Annual Governance Statement.</p>
<p>4.</p>	<p>Background and key issues</p>
<p>4.1</p>	<p>Strategic and Professional Requirements</p> <p>The Accounts and Audit Regulations 2015 require that the Council “<i>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.</i>”</p> <p>In 2024, the Institute of Internal Auditors (IIA) issued new Global Internal Audit Standards. Within the UK Local Government public sector, these standards are adopted under the authority of the Relevant Internal Audit Standard Setters (RIASS).</p> <p>The Chartered Institute of Public Finance and Accountancy (CIPFA) is the RIASS responsible for determining the standards and requirements applicable to internal auditing across local government in the UK.</p> <p>The new standards take effect from the 2025/2026 financial year. While full compliance is not immediately required, we conducted an internal assessment to identify areas where our processes need to evolve to meet the new requirements. Our report includes progress updates on implementing the new standards.</p>
<p>4.2</p>	<p>Internal Audit Plan Opinion on Control Environment</p> <p>The Global Internal Audit Standards in the UK Public Sector require that the Chief Audit Executive “<i>must establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation’s goals.</i>”</p> <p>Our Plan and supporting documents are developed in line with guidance set out by CIPFA and the IIA. It is developed using a range of inputs, including the Council’s Risk Registers, Corporate Plan, stakeholder consultation, committee reports, other assurance processes, and horizon scanning to identify emerging risks and opportunities.</p> <p>It is considered good practice to operate an agile Audit Plan that adapts continuously to changes in the governance, risk, and control environment. Our plan is structured</p>

	<p>around a long-term framework of reviews, typically spanning a three-year cycle. Individual audits are prioritised using a range of risk-based criteria.</p> <p>Maintaining relevance, speed, and flexibility in our planning approach is essential to ensure that resources are used effectively. This enables us to provide a robust audit opinion and proactively communicate topical risks and assurance to the Committee.</p> <p>Members of the Committee are encouraged to propose areas where they would welcome assurance, for potential inclusion in the audit plan. This helps ensure the plan remains responsive to organisational priorities and emerging risks.</p> <p>The current plan is considered sufficient to support the provision of an audit opinion for the Annual Governance Statement.</p> <p>Our report includes the output of our work in the recent quarter to provide insight on governance, risk, and control environment. We also include information and signpost to news articles to help provide foresight on topical matters and help develop the knowledge and skills of the Committee.</p>
	<p>Appendix A – Progress report</p> <p>In 2025 we agreed with the Committee to start reporting more regularly (typically quarterly) through Governance Risk and Control reports. This has been a positive change as it enables us to provide more topical reporting. It also aligns our reporting approach with colleagues at South Cambridgeshire District Council driving consistency for our shared service.</p> <p>It is still good practice to consolidate and summarise information through an annual progress report, which is included in Appendix A. This document summarises the work completed by the team for the Annual Governance Statement. It also provides background information about the team, how we comply with the standards, and how we prioritise our forward programme of work. Interim updates will continue to be provided to the Committee through the regular Governance Risk and Control reports.</p>
	<p>Appendix B and Appendix C</p> <p>The Internal Audit Charter (Appendix B) and the supplementary Code of Ethics (Appendix C) are also appended for information.</p> <p>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”.</p> <p>CIPFA guidance states the role of the Committee in approving the Charter:</p> <p><i>“The chief audit executive has a responsibility to prepare a charter that conforms with GIAS in the UK public sector.</i></p>

	<p><i>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.</i></p> <p><i>The charter should include the administrative reporting arrangements for internal audit and the chief audit executive.</i></p> <p><i>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."</i></p> <p>Both documents were updated to reflect the latest standards in 2025 and approved by the Committee at the June 2025 meeting. Both documents continue to be up to date and there are no changes since the last approval. We bring them back to the Committee annually as best practice to help promote the role of Internal Audit.</p>
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 and Audit 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. The attached report outlines the outcomes of recent audit work. This will form part of the Annual Governance Statement.

8.	Implications
8.1	Relevant risks
	In the writing of this report, there are no significant implications or risks to the Council. The Internal Audit Plan enables the Council to review the effectiveness of our risk management framework.
	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	<ul style="list-style-type: none"> • 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 • Internal Audit Charter

10.	Appendices
10.1	<p>In addition to the quarterly Governance Risk and Control report:</p> <ul style="list-style-type: none"> a) Internal Audit Annual Progress report b) Internal Audit Charter c) Internal Audit Code of Ethics
	<p>To inspect the background papers or if you have a query on the report please contact Jonathan Tully, Chief Audit Executive, email: jonathan.tully@cambridge.gov.uk.</p>



Committee update - June 2026

Introduction

Overview and background

The purpose of this document is to provide an update to the Committee on key audit and governance themes.

This document provides summary updates for the Committee. Statistics are included to help provide an overview of work in progress and these are taken from the last financial quarter.

Committee information

[Calendar of meetings](#)

[Committee Membership and Functions](#)

Internal Audit Information

[Internal Audit Charter](#)

Governance information


[Annual Governance Statement](#)


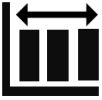
Governance, Risk and Control

Internal Audit outcomes

Internal Audit reviews provide assurance on the Governance Risk and Control environment, and this contributes to the [Annual Governance Statement](#).

Below are a summary of reviews completed in the last quarter:

Review	Assurance and actions		Summary of report
Bank Reconciliation - Recurring Payments 	Assurance: Current: Reasonable Previous: New Review Actions: Critical 0 High 0 Medium 3 Low 0		<p>We reviewed the controls for monitoring recurring payments (Direct Debits / Card Payments) as intelligence highlighted this as a topical fraud and error risk.</p> <p>Controls operate effectively, but procedures are not fully documented, and there is opportunity to strengthen consistency with records management. No fraud has occurred in this area, but any inconsistent invoice checking by services and fragmented governance over Continuous Payment Authorisations (CPAs) can increase the risk of overpayment and unmanaged contractual commitments.</p> <p>Actions have been agreed with Finance to improve officer guidance and migrate existing recurring payments to the Accounts Payable system. This will reduce the residual risk likelihood.</p> <p>As part of our review a new fraud risk relating to the use and controls of recurring payments has been identified and added to the corporate risk register. This will also help our commitment to prevention of fraud as best practice under the new Economic Crime and Transparency Act.</p>

Review	Assurance and actions		Summary of report
<p>Grant assurance - Home Upgrade Grant: HUG2</p> 	<p>Assurance:</p> <p>Current: Full</p> <p>Previous: New Review</p> <p>Actions:</p> <p>Critical 0</p> <p>High 0</p> <p>Medium 0</p> <p>Low 0</p>		<p>We completed a Grant Certification review of the Home Upgrade Grant (HUG2). The Council received £7.891m in this tranche between 2023/2024 and 2024/2025, confirming that expenditure recorded by the service matches the Council’s financial records and aligns with grant conditions.</p> <p>A sample of 16 dwellings, along with total capital and revenue figures, was reconciled without exception.</p> <p>Our review concludes that controls operated effectively, records were clear and complete, and no actions are required.</p> <p>A ‘Full’ assurance rating has been issued, with only a small return of unspent funds to central government noted.</p>
<p>Risk Management Strategy</p> 	<p>Assurance:</p> <p>Current: Reasonable</p> <p>Previous: Reasonable</p> <p>Actions:</p> <p>Critical 0</p> <p>High 0</p> <p>Medium 0</p> <p>Low 0</p>		<p>The Council has continued to make positive steps at effectively embedding Risk Management and has continued to launch additional elements of the new risk management system. There has been positive progress at increasing the level of engagement, which is evident by reviewing risk data over a 12-month period.</p> <p>Consequently, we can give reasonable assurance that the risk management framework is effectively embedded.</p>

Current updates and new reviews

This quarter we are including an annual progress report (Appendix A) which summarises the activities from the past financial year. It also includes a forward-looking plan of activities. Management have requested two reviews this quarter which we have added to our forward plan.

Overall assurance

The internal audit work and assurance mapping enables me to form an opinion on the governance, risk management and internal control environment.

There is currently a **Reasonable level of assurance** overall, which is similar level to the previous period.

This assurance directly informs the Annual Governance Statement (AGS), which accompanies the Statement of Accounts and is published on our [website](#)



Continuous improvement

New Global Internal Audit Standards and the supporting UK Public Sector Application Note (GIASUKPS) became effective from 1 April 2025.

Following a readiness assessment, we developed an action plan for compliance. We maintain a quality assurance and improvement programme that covers all aspects of the Internal Audit activity.

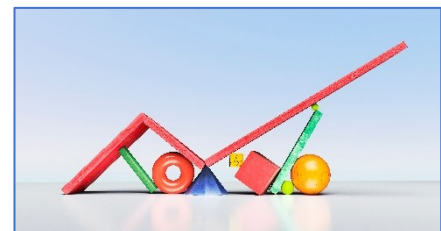
Development activities are included in this report to help the committee satisfy itself on the effectiveness of internal audit, including conformance with auditing standards. The committee can use this information for their annual report to those charged with governance.

Our revised Internal Audit Charter and Code of Ethics were presented to the [June Committee](#).

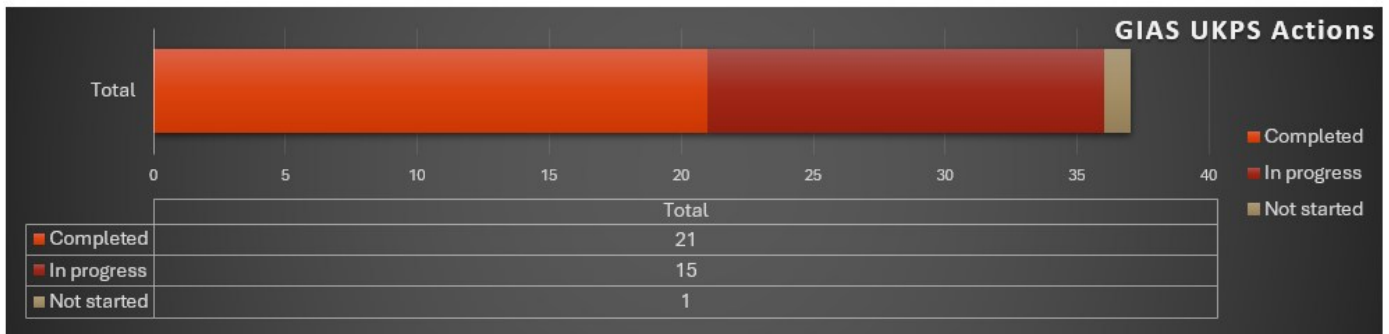
Our team holds quarterly sessions dedicated to reviewing our professional standards and identify opportunities for continuous improvement. This process informs our annual internal quality assurance and improvement programme.

Actions progress

Our regular internal reviews, combined with assessment tools provided by our professional bodies, enable us to develop and maintain a robust action plan for continuous improvement.



We have identified 37 actions to support our compliance with the new professional standards. Of these, 21 have already been completed, and 15 are currently in progress. We have implemented 6 actions since our last report to the Committee.



We prioritise our actions. All “urgent” and “important actions” have been implemented, and all other actions are on track for implementation. We identified five new actions in the last quarter which will help continue to improve our service delivery and will implement these during 2026/2027.

CIPFA have produced further supporting tools and guidance on compliance with the new standards, and we will incorporate this into our ongoing review process.

Developments in the last quarter worth highlighting to the Committee include:

Task Name	Description	Progress	Priority
Topical Requirements	<p>Global IIA are setting new Topical Requirements which are guidance on completing audits. They are mandatory for assurance engagements, and recommended guidance for advisory.</p> <p>The existence of a Topical Requirement does not mean that it is mandatory to provide assurance on this risk. The decision to audit the risk is still based on risk assessment for the organisation.</p> <p>They are applicable when the topic is one of the following:</p> <ul style="list-style-type: none"> • The subject of an engagement in the internal audit plan • Identified while performing an engagement • The subject of an engagement request not on the original internal audit plan <p>Locally the IASAB and CIPFA review the Topical Requirement and advise how and if they apply to the Local Government Sector.</p> <p>We have prepared for Topical Requirements through training and updating our Strategic Audit Planning database.</p>	Completed	Medium

	The Standards require we include commentary in our audit plan development process, and we have included this in our attached Progress report.		
Engagement Communication – Interim Report	<p>Standards emphasize the ongoing and collaborative nature of communication between the audit function and management when planning and conducting engagements.</p> <p>Engagement communications may include initial, ongoing, closing, and final communications with the management of the activity under review. The extent of ongoing communication depends upon the nature and length of the engagement.</p> <p>Our preference is to deliver prompt agile reviews, but there may be occasions where a longer time review is required, or the review is paused for operational reasons. We have developed a template to standardise our communication to stakeholders in this situation, to help improve awareness of progress and significant issues in a timely manner.</p>	Completed	Medium

Resources and team update

Following the recent transformation review, the Internal Audit team has been restructured to include two new apprenticeship posts. The **Institute of Internal Auditors’ apprenticeship scheme** was delayed due to changes in the national apprenticeship framework. As a result, we currently have vacancies which we are filling through short-term arrangements such as secondments or agency workers.

The scheme has now gone live and we hope to recruit in the autumn. This approach supports in-house talent development and helps address ongoing recruitment challenges within the audit profession.

Governance updates

The Cabinet Office published draft [data specifications for the 2026/2027 National Fraud Initiative](#) exercise. The [National Fraud Initiative \(NFI\)](#) is an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. The data sets we are required to provide are the same as in previous exercises: Trade Creditors; Payroll; Licenses; Housing; Electoral Register; Council Tax. We will start preparing for the data collation, quality assurance and processing later in the year.

Risk update

We continue to have a high level of risk management engagement which is positive.

The updated Risk Management Strategy and Framework was approved by Cabinet on 24th March following the review at Civic Affairs and Audit Committee. This helps align with current practices/reporting arrangements following 'Our Cambridge' transformation. The revised documents also helped improve readability and simplify guidance on risk appetite, scoring and categorisation.

Latest system developments include updating system fields so that all operational risks now hold fraud risk analysis data, helping demonstrate compliance with requirements of the 'failure to prevent fraud' offence established in Economic Crime and Corporate Transparency Act 2023. Internal Audit work is helping to help test the quality of data in the system as part of the forward audit plan.

Training, development and risk insight

Below are topical updates that the Committee may find useful.

LGA guidance on deepfakes and synthetic media

To help support awareness of cyber risks the Local Government Association has provided short accessible video series introducing [what deepfakes and synthetic media are](#), why they matter for local government and what practical steps officers and councillors can take to reduce potential risks.



Fraud Strategy 2026 to 2029

The Government has made crime reduction and economic growth central to its Manifesto. Fraud against individuals and business is the largest crime type in the UK and costs our economy £14.4 billion in 2023–2024. Tackling fraud is essential to cutting crime and strengthening economic resilience. Recognising the increasing number of fraud incidents, high value of fraud losses and harm from fraud, the Government’s Manifesto set out a clear commitment to deliver a [new Fraud Strategy](#). The Government will invest over £250 million between 2026 and 2029 to deliver this Strategy, aimed at combatting fraud against individuals and businesses. This strategy introduces a new system-wide approach that recognises the agility of criminals and the need for wide-ranging intervention. Critical to this approach is close collaboration between Government, regulators, law enforcement, national security agencies, industry and nonprofit organisations



English Devolution and Community Empowerment Act 2026

The English Devolution and Community Empowerment Bill has [received Royal Assent](#).



It is worth noting that the [English Devolution and Community Empowerment Act 2026](#) updates the Local Audit and Accountability Act 2014. It states a relevant authority other than a health service body must have an audit committee and exercise the functions:

- a) reviewing and scrutinising the authority's financial affairs,
- b) reviewing and assessing the authority's risk management, internal control and governance arrangements,
- c) reviewing and assessing the economy, efficiency and effectiveness with which resources have been used in discharging the authority's functions, and
- d) making reports and recommendations to the authority in relation to reviews conducted under paragraphs (a), (b) and (c).

Our own Committee Terms of Reference, which were recently reviewed as part of the Governance review to CIPFA best practice standards, includes these functions.

International Framework: Good Governance in the Public Sector

The Chartered Institute of Public Finance and Accountancy (CIPFA) and The International Federation of Accountants (IFAC) released the [2026 Edition of the International Framework: Good Governance in the Public Sector](#).



The 2026 Edition updates the original 2014 Framework to reflect developments over the past decade and ensure its continued relevance in today's environment, including progress in sustainability reporting. The Framework remains principles-based and structured around seven high-level, interrelated principles for good governance, designed to apply to all entities in the public sector.



This document supports the approach to compiling our [Code of Governance](#) and the [Annual Governance Statement](#), and we will use this in 2026/2027 as part of our ongoing review.

Useful Links

Link	Details
Public Sector Audit Appointments	PSAA is responsible for appointing an auditor and setting scales of fees for relevant principal authorities that have chosen to opt into its national scheme.
EY	EY is our externally appointed auditor.
Cabinet Office NFI (National Fraud Initiative)	The National Fraud Initiative is a data matching exercise which helps public sector organisations to prevent and detect cases of fraud and error.

Note

This document will have links to external websites where it provides more information. We are not responsible for the content of external websites.

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 Chief Audit Executive 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.

Action ratings

Opportunities for improvement are developed into actions with Management 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 an Action tracking system, which is used for monitoring progress. This will be updated upon distribution of the report and we will follow up the actions where appropriate.

Assurance – Direction of Travel

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

Control Status	Improvement	Consistent	Decrease	New
Symbol				
Details and factors	<ul style="list-style-type: none"> Actions have been implemented New controls established Risk factors have reduced 	<ul style="list-style-type: none"> Controls continue to operate at the same level The risk environment has stayed consistent 	<ul style="list-style-type: none"> Controls have reduced, or not been complied with Risks factors have increased, or new risks have emerged 	This is a new review and we do not have a comparable benchmark.

Appendix A – Progress Report



1 Introduction

- 1.1 This is our annual report of Greater Cambridge Shared Audit for Cambridge City Council. The Annual Assurance Opinion, which is provided below, is reasonable assurance.
- 1.2 Colleagues in the Council are responsible for managing a system of internal control and establish 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.
- 1.3 The purpose of this report is to provide a summary update on the 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. We also provide regular Governance Risk and Control updates to the Committee.

2 Resources and team update



- 2.1 Greater Cambridge Shared Audit provides assurance to both Cambridge City Council and South Cambridgeshire District Council. A progress update and 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 an agile planning cycle, which provides greater flexibility to respond to developments and ensures the audit plan continues to deliver value to the Council. Quarterly progress updates are provided, and the Committee can propose reviews.
- 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. We are currently hosting a Graduate Trainee through the LGA National Graduate Development Programme. We have done this before, and the initiative proved to be a valuable and positive experience for both the team and the trainee.
- 2.3 The Internal Audit team currently includes four qualified auditors and one audit assistant. The team was recently restructured to fund two new apprenticeship posts by reallocating an existing senior-level vacancy. The Institute of Internal Auditors' apprenticeship scheme has recently launched, and we plan to recruit to two approved posts later in the year. This approach supports in-house talent development and helps address ongoing recruitment challenges in the audit profession.
- 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.

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.

Opinion

- 3.5 The Chief Audit Executive has a responsibility under the Global Internal Audit Standards in the UK Public Sector to provide an independent annual Internal Audit opinion on the overall adequacy and effectiveness of the Council's governance, risk, and internal control framework and therefore the extent to which the Council can rely on it and inform its Annual Governance Statement.
- 3.6 In developing my opinion, I reference the work of the Internal Audit team and also other relevant and credible sources of assurance. These include management assurance processes, the Council's risk management framework, and the findings of external reviews and inspections. These are recorded in the Annual Governance Statement. This enables me to form an opinion on the governance, risk management and internal control environment.
- 3.7 There is currently a **Reasonable level of assurance** overall, which is similar level to the previous period.

Trends and Insight

- 3.8 The findings and conclusions from our various engagements, when considered collectively, can reveal patterns or trends, including potential root causes. Where themes emerge, they will be communicated promptly to stakeholders supported by relevant insights, advice, and conclusions.
- 3.9 At this time, our work has not identified any significant or concerning trends across our reports, findings, or resulting actions. Where clusters of activity are evident, these reflect areas of strategic focus identified through our risk-based planning (e.g. in response to legislative changes).
- 3.10 For example, the Social Housing (Regulation) Bill fundamentally reformed the remit and power of the Regulator for Social Housing from reactive to proactive, and increased focus on Health and Safety matters and tenant empowerment. This placed new requirements on Local Authority Registered Providers, which we have been actively supporting through our audit program. Consequently, this was reflected in our increased work in compliance and housing areas. Whilst it is difficult to reliably estimate longer term resource demands on the basis of this transition period, we are conscious of the potential need to increase resource to maintain engagement in this area plus breadth across all Council areas.
- 3.11 We are currently implementing a Root Cause Analysis (RCA) categorisation framework, which will enhance our ability to provide deeper insight and thematic reporting. The objective is to look beyond findings in isolation to determine any underlying reasons for control weaknesses, enabling identification of any

systemic issues that may impact both the specific area under review and the wider Council. This broader risk understanding helps inform further audit reviews with the potential to proactively prevent more similar risks happening.

- 3.12 We recognise the ongoing risks and challenges facing the Council, particularly in light of global events, significant planned change, continued resource pressures and the potential impact of these systemic risks on the control environment. In response, our continuous audit plan includes areas with relevant focus to ensure continued robust, responsive and adaptable.

4 Internal Audit Standards

Standards background

- 4.1 For the 2025/2026 financial year we operated under new [Global Internal Audit Standards](#) issued by the Institute of Internal Auditors (IIA). 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.
- 4.2 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 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.
- 4.3 While the Standards are Principle Based and full compliance is not immediately required, we conducted an internal assessment to identify areas where our processes needed to evolve to meet the new requirements. All critical and high-level actions were implemented by the end of the financial year, and we regularly report our progress to the Committee.
- 4.4 The Standards require that we develop and maintain an internal quality assurance and improvement programme. Our own internal assessment provides assurance that we “Generally Conform” with the standards. CIPFA issued a toolkit earlier in the year, based on the international standards. We are mapping our evidence to the toolkit which can be used to support an external validation assessment.
- 4.5 We remain responsive to professional guidance and adapt our assurance approach to maintain best practice based on the Application Note: Global Internal Audit Standards in the UK Public Sector. We also remain actively engaged

in professional and peer networks and will continue to review and adopt emerging best practices to enhance our local procedures.

Professional Development

- 4.6 The Chief Audit Executive is responsible for the competencies of the Internal Audit team, and we maintain a budget for continuous professional development.
- 4.7 We utilise a specific professional skills matrix to compliment organisational learning. Colleagues in the team use this to identify and plan their learning and development needs. This can be delivered through a blend of quarterly professional standards meetings, regular training meetings or ad-hoc training activities.
- 4.8 A significant amount of development has been dedicated to the implementation and familiarisation of the new GIAS. To support this we have digitised our working procedures and reference materials, making them easier to navigate and maintain. We have tested their effectiveness when onboarding new members to the team. We have been embedding Root Cause Analysis into our audit methodology as required by the new Standards.
- 4.9 Other areas of focus have included developing our knowledge of Artificial Intelligence, Co-Pilot, Agentics, and using it in a safe way. This helps us to both critically appraise others use and also leverage our own efficiencies.
- 4.10 We recognise that there is still scope to focus on enhancing our data analytics capabilities and leveraging technology to maximise the assurance we can provide. This will continue to be part of our team development program.
- 4.11 We have developed knowledge of emerging legislation, such as the Procurement Act, where this supports our assurance and advisory work.
- 4.12 The Civic Affairs and Audit Committee also have a role in the new Standards implementation. For example, the Committee reviewed and approve our revised Internal Audit Charter.

5 Independence and Objectivity

- 5.1 It is important that the Internal Audit service is sufficiently independent to provide an objective annual opinion.
- 5.2 We safeguard against any potential ethical threats by preparing an Internal Audit Code of Ethics, which is presented to the Committee annually.
- 5.3 Every year, all members of the team complete a declaration form to ensure and maintain independence and objectivity in conducting all assignments.

5.4 During the past year there has not been any impairment in independence or objectivity to the Chief Audit Executive or the service itself.

6 Added Value Services

6.1 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.

6.2 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.

6.3 We provide advisory work providing it does not conflict with assurance and can add value to the Council.

7 Progress on assurance work



Finalised reviews

- 7.1 We provide regular updates on the audit work completed to the Committee in our quarterly Governance Risk and Control Updates, plus our current opinion on the internal control, governance, and risk management arrangements. This enables to report information promptly and contributes to the Annual Governance Statement.
- 7.2 Where appropriate, reviews are concluded with 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.
- 7.3 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 our Glossary of Terms.
- 7.4 Across all reviews, no ‘No Assurance’ opinions were issued and only one ‘Limited Assurance’ remained, which is being actively followed up.

A summary of the assurance provided to the Committee includes:

Committee report	Overall CAE Assurance Opinion	Relevant reports	Assurance	Previous	Assurance Type	Actions			
						Critical	High	Medium	Low
March 2026	Reasonable	HRA – Tenant Satisfaction Measures - Data Quality	Reasonable	Reasonable	Data quality and analytics	0	0	0	1
November 2025	Reasonable	Homes for Ukraine Follow Up	Full	Limited	Follow-up	0	0	0	0
		Grant assurance – Disabled Facility Grant	Full	Full	Grant assurance	0	0	0	1
		Carbon Management – Data Quality	Full	Full	Data quality and analytics	0	0	0	0
June 2025	Reasonable	Contaminated Land	Reasonable	Limited	Follow-up	0	0	0	0
		Grant assurance - Region of Learning	Full	New review	Grant assurance	0	0	0	0
		HRA - Housing Rents - Corrections	Full	New review	Data quality and analytics	0	0	0	0
		HRA - Safety - Asbestos	Reasonable	New review	Compliance	0	2	0	0
		HRA - Safety - Fire	Limited	New review	Compliance	0	4	2	0
		HRA - Safety - Stakeholder engagement	Full	New review	Compliance	0	0	0	0
		HRA - Tenant Satisfaction Measures - Data Quality	Reasonable	New review	Data quality and analytics	0	0	3	0

Committee report	Overall CAE Assurance Opinion	Relevant reports	Assurance	Previous	Assurance Type	Actions			
						Critical	High	Medium	Low
		National Fraud Initiative - Data Quality	Full	Full	Data quality and analytics	0	0	0	0
		Safeguarding - Modern Slavery	Full	New review	Heartbeat assurance	0	0	0	0
Other Internal Audit Assurance	Reasonable	Risk Management	Reasonable	The Council has a Risk Management Strategy, which is reported to the Civic Affairs Committee, and continues to develop improvements to the risk management system. There has been continued high level of engagement, which is evident by reviewing risk data over a 12-month period. Consequently, we can give reasonable assurance that the risk management framework is embedded in the organisation.					
		HRA – Safety – Governance and Oversight	Reasonable	We attend both an internal Housing Leadership Board and a Compliance Board (which includes both Housing Revenue Account and General Fund assets). This integrated assurance approach helps us to evaluate the governance risk and control environment for this complex safety compliance area.					

Committee report	Overall CAE Assurance Opinion	Relevant reports	Assurance	Previous	Assurance Type	Actions				
						Critical	High	Medium	Low	
		Information Governance	Reasonable	<p>We participate in a new 3C Information Governance Board that consists of the Senior Information Risk Officer, the Data Protection Officer (shared by all three Councils) and relevant Operational Officers in the Council. The Board reviewed relevant policies, procedures and toolkits, cyber security risks, completed an ongoing health check. The possibility of Cyber Risks continues to be a high risk, and regular proactive communications were sent out to remind colleagues about the best ways to reduce threats. This integrated assurance approach helps us to evaluate the Information Governance Framework and determine there is reasonable assurance that the framework is functioning effectively.</p>						

8 Counter fraud and corruption update

National Fraud Initiative

- 8.1 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.
- 8.2 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 annual Recheck Exercise. This included reviewing 147,135 records across the datasets; no significant issues were identified and this provided assurance that data quality on our key systems prior to submission to the Cabinet Office.
- 8.3 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](#).
- 8.4 The next biennial exercise is scheduled for the autumn of 2026, with follow-up work planned in early 2027. We will also complete a data quality audit as the information is extracted. This increases the quality of the matches and helps provide early insight of any errors.
- 8.5 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

- 8.6 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.

- 8.7 Since our previous report we have processed seventeen referrals, and sixteen 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 completed a planned review of our policy to best practice guidance and were satisfied it continues to operate effectively. Further procedural updates may be required following the Employment Rights Bill, and we will keep the Committee apprised of any changes.

9 Other audit and assurance activity

Governance

- 9.1 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.
- 9.2 The AGS for 2024/2025 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 2025/2026 AGS is a current work in progress.

Risk and action management

- 9.3 We continue to support the identification and documentation of risks and controls within both the corporate and project risk registers.
- 9.4 We supported development of operational and governance improvements to the risk management framework, and a revised Strategy was presented to the Civic Affairs and Audit Committee prior to Cabinet approval. The strategic risk register will continue to be reviewed in light of planned transformational changes.

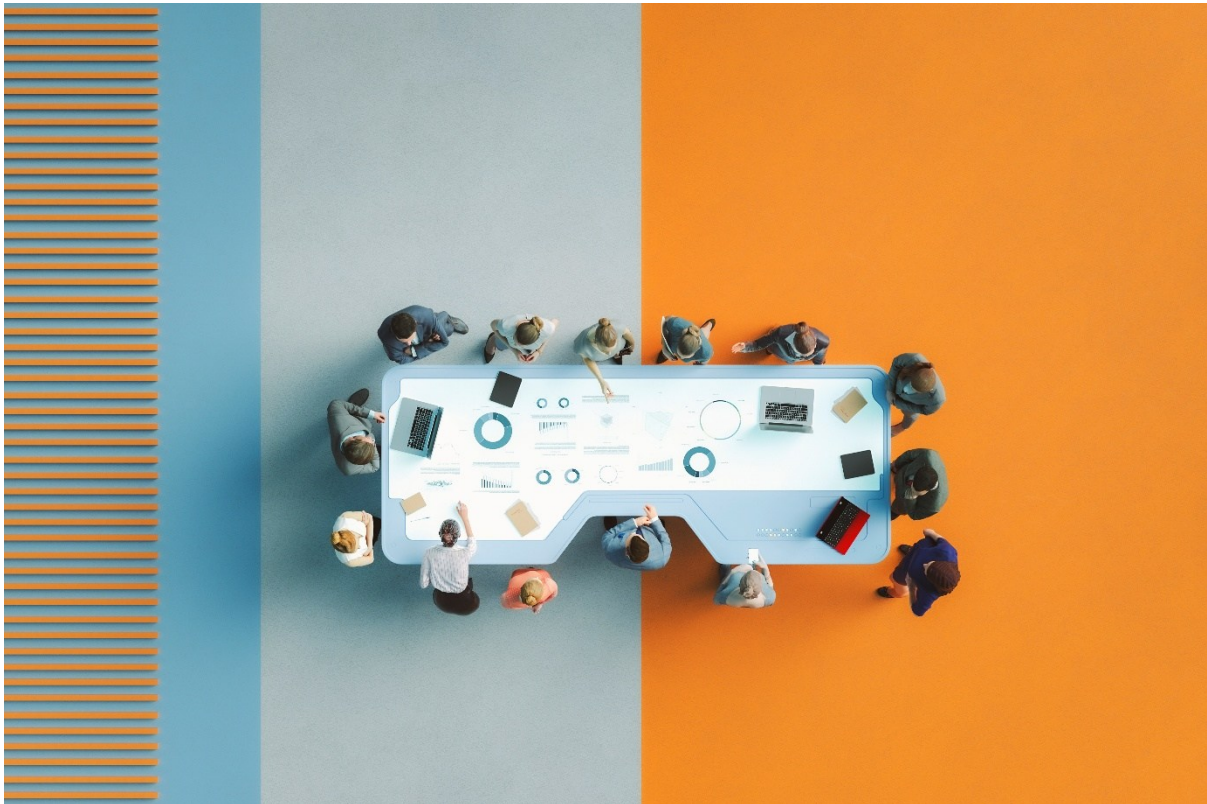
Each quarter, we track the volume of risks reviewed and updated. Combined with our engagement with managers, this provides assurance that **risk management**

is effectively embedded across the Council. As our risk-based audit plan is informed by the strategic register, this provides broader assurance for my opinion.

10 Conclusion

- 10.1 The work delivered by the Internal Audit Team during the 2025/2026 financial year was conducted in accordance with the new Global Internal Audit Standards for the UK Public Sector. Full conformance will be achieved progressively as the new standards continue to be embedded.
- 10.2 A continuous risk-based audit plan has been delivered, providing assurance across key areas. In addition to our core assurance work, the team has contributed through value-added consulting activities, including advisory support and fraud and error prevention. I would like to acknowledge the dedication, commitment, and quality of my colleagues in our Internal Audit Team.
- 10.3 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.

11 Our work in progress and forward plan



11.1 Our work is categorised as Assurance (typically audits) or Advisory (other work that supports the Governance Risk and Control environment). The full range of work contributes to the annual Internal Audit opinion.

Our Strategy

11.2 We developed an Internal Audit Strategy which was presented to the Civic Affairs and Audit Committee at the [November 2025 meeting](#). This has four objectives:

- Provide Quality Services
- Evolve a High Performing and Motivated Team
- Be Innovative
- Be Prepared for Change

11.3 The Strategy continues to be relevant to support our Vision “to be a trusted and forward-thinking partner that harnesses innovation, technology, and insight to drive continuous improvement and support resilience.”

Local Government Reorganisation Focus

- 11.4 Our agile Internal Audit Plan is developed using a risk-based methodology in accordance with the GIASUKPS, recognising the significant and evolving risks.
- 11.5 Local Government Reorganisation (LGR) will impact the Council's governance, risk, and control environment. It introduces a period of heightened uncertainty, organisational change, and significant system transition. As such, our audit planning approach needs to remain flexible, responsive, and forward-looking. We will continue to undertake horizon scanning and engagement with colleagues across the Council, professional networks and peers across Cambridgeshire to identify emerging risks associated with transition arrangements, programme governance, workforce change, financial resilience, data migration, and service continuity.
- 11.6 It is possible that demand for advisory work will exceed our typically planned resources, making it important to continuously assess and balance resource and capacity to prioritise activities which provide the most value and assurance to the Council.
- 11.7 We are updating our risk-based planning system to capture LGR specific risk-based factors. This will help us to identify and prioritise the areas where we can add value through providing assurance.
- 11.8 As LGR approaches we anticipate that the nature of our audit work will increasingly focus on: providing assurance that key controls continue to operate effectively during periods of intense change; and advisory work in preparation for the transition.
- 11.9 Updates will be communicated to the Committee through our regular Governance Risk and Control reports.

Topical Requirements

- 11.10 The Global Institute of Internal Auditors (IIA) have set new Topical Requirements, which are guidance on completing audits. They are mandatory for assurance engagements, and recommended guidance for advisory work.
- 11.11 The topical requirement is applicable when the topic is one of the following:
- The subject of an engagement in the Internal Audit plan
 - Identified while performing an engagement
 - The subject of an engagement request not on the original Internal Audit plan

11.12 The existence of a Topical Requirement does not mean that it is mandatory to provide assurance on this risk. The decision to audit the risk is still based on risk assessment for the organisation.

11.13 Locally the IASAB and CIPFA professional organisations review the Topical Requirement and advise how and if they will apply to the UK Local Government Sector. Consequently, if applicable, this results in a later implementation date.



11.14 At this stage one Topical Requirement (Cyber Security) is mandatory. ICT Assurance is provided through the Information Governance Board, with Huntingdonshire District Council as the lead for 3CICT shared service provision, and consequently there is limited scope the Topical Requirement will apply to our audit plan as a specific review, but could possibly be in scope if we consider Cyber Security through an operational review or advisory work. The next Topical Requirement (Third Party) is mandatory from April 2027.

11.15 We have updated our processes and methodologies in response to the new auditing standards.

Identifying work

11.16 Our plan considers the Council's Corporate Plan, risk registers, consultation with stakeholders, committee reports, information from other assurance processes, plus horizon scanning to consider emerging risks and opportunities.

11.17 There needs to be a flexible approach to planning, to ensure that our work meets the needs of the Council in the continually changing risk and control environment. The risk-based planning approach enables the plan to be updated when new reviews are identified.

11.18 Our work should address key risk areas and draw attention to significant concerns and what needs to be done. Ideally the plan will provide coverage across the whole organisation, and some reviews may be cross cutting and involve multiple teams and partners.

Resources

- 11.19 The broad scope of activities within the Council means that demand for potential reviews will exceed the number of available Internal Audit team days within a year. While demand exceeds capacity (as is typical in a risk-based model), our risk-based planning approach identifies and matches audit work to our available audit resources, based on where the most value can be added.
- 11.20 Our plan needs to be agile and flexible enough to enable us to be reactive to situations arising during the course of the period covered by the plan.
- 11.21 Time allocations for reviews are based on strategic planning, plus our experience from previous reviews. As each audit activity is fully scoped and agreed with the appropriate senior manager, each job will then be monitored to that time allocation.
- 11.22 Resource requirements are reviewed each year as part of the audit planning process. The current establishment for the audit team enables sufficient resource to deliver our typical risk-based plan. This will continue to be reviewed in light of the current changing demands such as housing based assurance and Local Government Reorganisation.

Follow-ups

- 11.23 To ensure that agreed actions are being implemented, follow-up work will be carried out.
- 11.24 If a review resulted in significant recommendations, then a full audit may be planned to evaluate the effectiveness of the implementation.

Other activities

- 11.25 In addition to delivering the audit plan, resources are allocated to deliver other activities, which are classified as “Governance Risk and Control” or “Other Resource Provisions”. These are typically advisory.

Summary

- 11.26 The Internal Audit plan will add value to the Council by helping to improve systems, mitigate risks, and inform the Annual Governance Statement.

Assurance Plan

11.27 We provide a combination of Assurance and Advisory activities. Assurance work involves assessing how well the systems and processes are designed and working, with advisory activities available to help to improve those systems and processes where necessary.

11.28 Below is a table of our indicative forward Assurance plan for the next six months. Some reviews are in progress, and we have also provided an update on their status. Ongoing updates are reports as part of our quarterly Governance Risk and Control reports:

Audit	Assurance type	Progress update	Scope and description
Risk Based			
VAT	Compliance	Testing is completed and draft report issued.	Financial controls review, supplemented by National Fraud Initiative testing.
Procurement – Contract Management	Policy and procedures	This work is in progress.	Review of policies and procedures for effective contract management.
HRA - Tenant Satisfaction Measures - Data Quality	Data quality and analytics	This work is in progress.	Management have requested that we quality assure Housing data before it is submitted to the Regulator. This is the third year of submission and review. We will also follow-up the remaining action from our previous review.
HRA – Housing Rents – Refunds	Embedded assurance	This work is in progress.	We will proactively work with the Housing Rent Refund project team to provide embedded assurance on project management process and data management.

Audit	Assurance type	Progress update	Scope and description
HRA – Safety - Fire	Compliance	This work is in progress.	Provide assurance that the Council is maintaining assets to expected standards and regulations and has a program to make improvements. We will follow-up actions from the previous Limited Assurance report, review the new system and their internal controls.
Information Governance - Transparency	Data quality and analytics	This work is in progress.	Assurance that data is published accurately and timely as safely as per LGA Transparency requirements. Additional assurance over updated 2025 dataset requirements to align with Procurement Act 2023.
Contract Management – City Services	Commissioning and contract	This work is just starting.	We will review material contracts used in City Services. This work is intended to strengthen our overall contract management approach, ensure consistency across services, and provide assurance that we are achieving best value and robust governance for the Council.
Payroll – Core Controls	Data quality and analytics	This work is scheduled for later in the year.	We review the core controls of the Payroll system to provide assurance over the completeness and accuracy of the system. Included in the plan to also help establish our data analytics program.
Core 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	Embedded assurance	This work is in progress.	Compliance check on a selection of thematic areas and assurance from participation of the corporate Information Governance Group.

Audit	Assurance type	Progress update	Scope and description
HRA – Safety – Governance and Oversight	Embedded assurance	This work is in progress.	Provide assurance on the governance arrangements for Housing through participation and engagement with the Housing Leadership Board; Compliance Board and Housing Advisory Board.
National Fraud Initiative - Data Quality	Data quality and analytics	This work is scheduled for later in the year.	Complete a review of the data quality of datasets supplied to the NFI, providing assurance on Council key systems.
Counter Fraud - Failure to prevent	Policy and procedures	This work is in progress.	<p>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.</p> <p>We will select a sample of areas to undertake reviewed of fraud risk registers, which will provide assurance across a broad range of Council services.</p>
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.
Local Government Reorganisation – Programme	Embedded assurance	This work is scheduled for later in the year.	Resource to provide advisory and assurance support over the LGR programme in the Council. Including but no limited to Governance framework (roles, accountability, decision-making clarity); Risk ownership and escalation arrangements; Programme reporting to Stakeholders; Control stability during transition (financial, operational, IT); Evidence of active monitoring vs assumed controls.

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June 2026

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 2026
Next review	June 2027

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</p> <p>Legal and Ethical Behaviour.</p>
Objectivity:	<p>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>	<p>Individual Objectivity</p> <p>Safeguarding Objectivity</p> <p>Disclosing Impairments to Objectivity</p>
Competency:	<p>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>	<p>Competency</p> <p>Continuing Professional Development</p>
Due Professional Care	<p>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>	<p>Conformance with the Global Internal Audit Standards</p> <p>Due Professional Care</p> <p>Professional Scepticism</p>
Maintain Confidentiality	<p>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>	<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: Constitution Updates

To:
Civic Affairs & Audit Committee (22 June 2026)

Report by:
Dan Kalley, Head of Governance & Democracy (Deputy Monitoring Officer)
Email: dan.kalley@cambridge.gov.uk

Wards affected:
N/A

Director Approval: The Monitoring Officer 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 for decision.

1.	Recommendations
1.1	That the Civic Affairs & Audit Committee recommend to Full Council changes to the Constitution as listed in section 4.1 of the report.
2.	Purpose and reason for the report
2.1	This report outlines some minor amendments to the Constitution around speaking rights for Group Leaders at Cabinet and the guillotine in relation to formal meetings of the Council including Full Council.
3.	Alternative options considered
3.1	The recommendations are being presented to committee as part of agreements made between the Liberal Democrats and Labour Group in order to enable a minority administration. Full Council need to agree any changes to the Council's Constitution.
4.	Background and key issues

4.1 Details of the suggested changes are highlighted below. These are intended to acknowledge the council is in no overall control and that there is an important role to play for all opposition groups. The proposals are relatively minor and would:

- extend the rights of main opposition group to the Liberal Democrat Group in addition to the Green Group, which enables speaking rights at Cabinet.
- exclude breaks and Mayoral business (including speaking time of Mayor's Chaplain) from the operation of the full council guillotine.

Addition to Glossary in Constitution:

Main opposition parties:

Where the Council operates under a minority administration, any opposition political group whose membership comprises at least 20% of the total number of councillors shall be recognised as a Main Opposition Group and shall be treated as such for all purposes relating to the Council's governance arrangements, decision-making structures, and constitutional provisions

Changes to Constitution's Executive procedure rules in track changes:

4.14. Speaking Rights at Cabinet Meetings (pg 149)

4.14.1 The following have the right to speak at Cabinet meetings:

- a. the Leader and Cabinet;
- b. the Chief Executive, Chief Finance Officer and Monitoring Officer in respect of the discharge of their statutory duties;
- c. the Chair of an Overview and Scrutiny Committee in respect of a report by that Committee;
- d. the Leader's of the Opposition Groups to the Council.

4.14.2 The person presiding may allow other persons, including other Councillors, to

	<p>speak at Cabinet only in relation to an item of business on the agenda. The Cabinet may take into account verbal representations made at its meeting when making decisions but must not consider any additional documentation submitted without compliance with the Access to Information Rules set out in this Constitution.</p> <p>4.14.3 The person presiding has discretion to determine or limit the amount of time, and the number of times, that any member may speak on a particular item.</p> <p>Standing orders – Guillotine changes tracked</p> <p>1.9. Duration of meeting</p> <p>1.9.1 If the business of the meeting has not been concluded within three hours after the start of the meeting (excluding any period of adjournment , speaking time allocated to the Mayor’s Chaplain and Mayors Announcements at Full Council meetings), the Mayor will indicate that the time has expired and any member speaking must immediately sit down. The Mayor will call for a vote immediately on the item under discussion unless a motion to continue the meeting is moved and seconded. A motion to continue the meeting will be voted on without discussion. If the motion is passed by the majority of Councillors present, the meeting will continue for a further 30 minutes. At the end of the further period, the Mayor will indicate that the time has expired and call for a vote immediately on the item under discussion. The vote will be taken in the usual way without any further discussion.</p>
5.	Corporate plan & vision
5.1	Changes to the constitution are made to ensure the Council’s plans and vision are carried out.
6.	Consultation, engagement and communication
6.1	Civic Affairs & Audit Committee are part of the consultation process ensuring all parties have the opportunity to comment before recommendations are passed to Council for agreement.

7.	Anticipated outcomes, benefits or impact
7.1	<p>The anticipate outcomes will allow for more collaborative working between parties by extending speaking rights to all opposition group leaders at Cabinet.</p> <p>The excluding of breaks from the guillotine allows members further time to debate items on the agenda as part of the formal business of the Council.</p>
8.	Implications
	Relevant risks
8.1	There are none.
	Local Government Reorganisation (LGR)
8.2	None applicable in lead up to LGR.
	Financial Implications
8.3	There are none.
	Legal Implications
8.4	None, Council can amend constitution with regards to its processes and procedures for Cabinet meetings.
	Equalities and socio-economic Implications
8.5	None.
	Net Zero Carbon, Climate Change and Environmental implications

8.6	None applicable.
	Procurement Implications
8.7	None.
	Community Safety Implications
8.8	None.
9.	Background documents Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985
9.1	Constitution of Cambridge City Council.
10.	Appendices
10.1	None.
	To inspect the background papers or if you have a query on the report please contact Dan Kalley, Head of Governance and Democracy (Deputy Monitoring Officer) dan.kalley@cambridge.gov.uk

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