



CAMBRIDGESHIRE AND PETERBOROUGH COMBINED AUTHORITY

Internal Audit Strategy 2021/22 - 2024/25 (including our internal audit plan 2021/22)

DRAFT PLAN

Presented at the Audit & Governance Committee meeting of 6 April 2021

This report is solely for the use of the persons to whom it is addressed.

To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

EXECUTIVE SUMMARY

Our draft Internal Audit Plan for 2020/21 is presented for consideration by the Audit Committee.

As the developments continue around the COVID-19 pandemic, we understand this will continue to impact on all areas of the organisation's risk profile, we will work closely with management to deliver an internal audit programme which remains flexible and 'agile' to ensure it meets your needs in the current circumstances.

The key points to note from our plan are:



2020/21 Internal Audit priorities: Internal audit activity for 2020/21 is based on analysing your corporate objectives, risk profile and assurance arrangements as well as other factors affecting you in the year ahead, including changes within the sector.

Specifically, our audit areas are linked into the Combined Authority's Risk Register and the proposed areas have been identified following discussions with the CMT during meetings held in October 2020. Our detailed plan for 2020/21 is included at Section 2.



Level of Resource: The level of resource required to deliver the proposed plan for 2020/21 plan has been discussed and agreed with the Chief Finance Officer. The first draft of the plan detailed areas suggested for priority consideration as part of the recent audit needs assessment process undertaken with the CMT. These were further prioritised by the CMT, were they highlighted areas for suggested coverage in 2020/21, and we have updated the original draft to reflect that feedback in this paper.

We will continue with our approach of introducing the use of technology when undertaking our operational audits. During 2020/21 we embraced more ways of using technology to undertake our audit work including the use of 4questionnaires, MS Teams meetings, secure web portals for audit data sharing (Huddle) and data analytics technology. This will strengthen our sampling and focus our audit testing. Refer to Appendix A.



Core Assurance: The core assurance pieces for the 2021/22 audit plan includes the review of Key Financial Controls which would focus on Financial Regulations and Delegated Financial Authority and the application and design of controls in this respect. In addition, as part of our work to support and inform the Head of Internal Audit Opinion we will review the effectiveness of the organisations Risk Management arrangements (given the 2020/21 partial assurance opinion), a review of subsidiary company governance, the use of Data a fraud risk assessment, as well as the follow up of previous internal audit identified actions to assess implementation.



'Agile' approach: Our approach to working with you will always be one where we will respond to your changing assurance needs, which is particularly important in light of the COVID-19 pandemic. By employing 'agile' or a 'flexible' approach to our service delivery, we are able to change the focus of audits / audit delivery; keeping you informed of these changes in our progress papers to Audit & Governance committee during the year.

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1. YOUR INTERNAL AUDIT PLAN 2021/22

Our approach to developing your internal audit plan is based on analysing your corporate objectives, risk profile and assurance framework as well as other, factors affecting Cambridgeshire and Peterborough Combined Authority in the year ahead, including changes within the sector.

Risk management processes

In developing our Internal Audit Strategy, we have met with the officers detailed below to gain a thorough understanding of the current issues faced by the Combined Authority. We have also reviewed the Risk Register to gain an understanding of the key risks facing the organisation together with the controls in place to manage them:

- Kim Sawyer – Joint CEO
- John Hill – Joint CEO
- Jon Alsop – Chief Finance Officer
- John T Hill – Director of Business & Skills
- Paul Raynes – Delivery & Strategy Director
- Roger Thompson – Housing Director
- Robert Emery – Deputy Chief Finance Officer
- Robert Parkin - Chief Legal Officer (LMO)

Figure A: Audit considerations – sources considered when developing the Internal Audit Strategy.



Based on our understanding of the organisation, the information provided to us by stakeholders, and the regulatory requirements, we have developed an annual internal plan for the coming year and a high level strategic plan (see Section 2 and Appendix B for full details).

2. INTERNAL AUDIT PLAN 2021/22

The table below shows each of the reviews that we propose to undertake as part of the internal audit plan for 2020/21. The table details the linked strategic objectives which may warrant internal audit coverage. This allows us to ensure that the proposed plan will meet the organisation's assurance needs for the forthcoming and future years. As well as assignments designed to provide assurance or advisory input around specific risks, the strategy also includes time for tracking the implementation of actions and an audit management allocation.

Objective of the review (Strategic risk)	Audit approach	Proposed timing	Proposed Audit Committee
<p>Subsidiary Company Governance</p> <p>To provide assurance over the governance arrangements in place to monitor, manage and support the subsidiary companies of the Combined Authority (CA). This will include consideration over governance approaches adopted within the subsidiaries, formation and formalisation of roles and responsibilities and how matters are escalated/reported through to the CA for due oversight, challenge and scrutiny.</p> <p><i>As part of the scoping of this audit we will establish which subsidiaries will be reviewed.</i></p> <p>Risk ID 6: Lack of structural resilience / insufficient internal resources</p>	Risk Based	January 2022	April 2022
<p>Adult Education Budget</p> <p>The Adult Education Budget is a major funding mechanism underpinning the strategic aims and objective of the CA and specifically the Skills Strategy. The 2020/21 financial year has resulted in unexpected variances in activity and spending within adult education.</p> <p>We will assess how the CA has apportioned funding with priority areas, reacted to the pandemic and further developed the delivery of Adult Education. The audit will also consider the financial controls in place to monitor budgetary spend in the delivery of Adult Education related services.</p> <p>Risk ID 8: Ambitious and long stalled programmes cannot proceed due to lack of government funding and or private investment</p>	Risk Based	October 2021	January 2022
<p>Use of Data (including commissioning of research)</p> <p>We will undertake a review to assess how the CA identify gaps in relation to data intelligence and how this dictates the commissioning of projects to data partners. The review will include consideration of the governance arrangements in place between the CA and partner organisations to ensure the delivery of the CA's objectives.</p>	Risk Based	November 2021	January 2022

Objective of the review (Strategic risk)	Audit approach	Proposed timing	Proposed Audit Committee
Risk ID 1: External delivery partners unable to deliver on agreed commitments to CPCA projects			
Fraud Risk Assessment <p>To identify and assess the organisation’s fraud and bribery risk profile and susceptibility to fraud and bribery threats in the following operational areas, using RSM fraud risk assessment methodology. As part of this exercise we will review the key risks of the organisation, to ensure that CPCA has processes and procedures in place to mitigate fraud and bribery risks.</p>	Risk Based	July 2021	September 2021
HR Policies <p>We will undertake a review of the governance and control framework in place, focussing on how HR related policies and documents have been developed, approved and then communicated to staff. The audit will also consider how the Combined Authority intends to ensure compliance with the content of these documents.</p>	Systems Based	September 2021	November 2021
Core Assurance			
Risk Management <ul style="list-style-type: none"> The arrangements in place for the identification of key risks threatening the achievement of the organisation’s objectives and the documenting of these on the risk register together with the controls in place to manage these; and The effectiveness of arrangements in place for monitoring the management of key risks at Board and Committee level, including the use of the Assurance Framework as a tool to deliver this. <p>We will utilise a risk management culture questionnaire as part of our audit approach to gauge the views of staff throughout the organisation on the effectiveness of risk management arrangements in place</p>	Systems Based	February 2022	March 2022
Key Financial Controls <p>This audit will look to provide assurance over the design and application of controls in relation to the Financial Regulations as well as the application of delegated authority. We may also include a combination of core financial controls from the relevant systems below</p> <ul style="list-style-type: none"> General Ledger Income and Debt Management 	Key Controls Compliance	January 2022	March 2022

Objective of the review (Strategic risk)	Audit approach	Proposed timing	Proposed Audit Committee
<ul style="list-style-type: none"> • Payments and Creditors • Cash Management 			
Risk ID 10: Absence of Resource Planning & Financial Management.			
<p>Grants (COVID-19)</p> <p><i>Following the completion of a number of grant returns in 2021/22 which require the sign of both the Chief Executive and the Chief Internal Auditor we have included a note within the internal audit plan to undertake reviews in our capacity of the CPCA Chief Internal Auditor on the use of grant funding received, which will include review of evidence to substantiate compliance against grant terms.</i></p> <p><i>We will also consider the control framework in place to manage the receipt of grants and how the CA are assured that the terms of each grant are adhered to.</i></p>	N/A	Ongoing	Ongoing
Other Internal Audit activity			
<p>Contingency</p> <p>To allow an additional one or two reviews to be undertaken in agreement with the AGC or management based on changes in risk profile or assurance needs as they arise during the year.</p> <p><i>This contingency will need to be used in 2021/22 to ensure that RSM are able to meet the minimum level of coverage to provide a Head of Internal Audit Opinion for 2021/22 on risk management, governance and internal control.</i></p>	N/A	TBC	TBC
<p>Follow up</p> <p>To meet internal auditing standards, and to provide assurance on action taken to address recommendations previously agreed by management.</p>	N/A	February 2022	March 2022
<p>Advice and Consultancy</p> <p>To provide advice on an ongoing basis on all aspects of governance, risk management and internal control.</p>	N/A	Ongoing	Ongoing
<p>Management</p> <p>This will include:</p> <ul style="list-style-type: none"> • Annual planning • Preparation for, and attendance at, audit and governance committee • Regular liaison and progress updates 	N/A	Ongoing	Ongoing

Objective of the review (Strategic risk)	Audit approach	Proposed timing	Proposed Audit Committee
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- Liaison with external audit and other assurance providers
- Preparation of the annual opinion

A detailed planning process will be completed for each review, and the final scope will be documented in an Assignment Planning Sheet. This will be issued to the key stakeholders for each review.

2.1 Working with other assurance providers

The Audit & Governance Committee is reminded that internal audit is only one source of assurance and through the delivery of our plan we will not, and do not, seek to cover all risks and processes within the organisation.

We will however continue to work closely with other assurance providers, such as external audit to ensure that duplication is minimised, and a suitable breadth of assurance obtained.

APPENDIX A: YOUR INTERNAL AUDIT SERVICE

Your internal audit service is provided by RSM Risk Assurance Services LLP. The team will be led by Dan Harris as your Head of Internal Audit, supported by Jay Desai as your client manager.

Core team

The delivery of the 2020/21 audit plan will be based around a core team. However, we will complement the team with additional specialist skills where required, for example Technology risk specialists, Fraud Risk Specialists and HR specialists have been included within the 2021/22 plan above.

Conformance with internal auditing standards

RSM affirms that our internal audit services are designed to conform to the Public Sector Internal Audit Standards (PSIAS).

Under PSIAS, internal audit services are required to have an external quality assessment every five years. Our risk assurance service line commissioned an external independent review of our internal audit services in 2016 to provide assurance whether our approach meets the requirements of the International Professional Practices Framework (IPPF) published by the Global Institute of Internal Auditors (IIA) on which PSIAS is based.

The external review concluded that “there is a robust approach to the annual and assignment planning processes and the documentation reviewed was thorough in both terms of reports provided to audit committee and the supporting working papers”. RSM was found to have an excellent level of conformance with the IIA’s professional standards.

The risk assurance service line has in place a quality assurance and improvement programme to ensure continuous improvement of our internal audit services. Resulting from the programme, there are no areas which we believe warrant flagging to your attention as impacting on the quality of the service we provide to you.

Conflicts of interest

We are not aware of any relationships that may affect the independence and objectivity of the team, and which are required to be disclosed under internal auditing standards.

APPENDIX B: INTERNAL AUDIT STRATEGY 2020 – 2025

The table below shows an overview of the audit coverage to be provided through RSM's delivery of the internal audit strategy. This has been derived from the process outlined in Section 1 above, as well as our own view of the risks facing the sector as a whole.

Assurance Provided	
	Red - Minimal Assurance / Poor Progress
	Amber/red - Partial Assurance / Little Progress
	Amber/green - Reasonable Assurance / Reasonable Progress
	Green - Substantial Assurance / Good Progress
	Advisory / AUP
	IDEA

Internal Audit – Third Line of Assurance (Independent review / assurance)				
2020/21	2021/22	2022/23	2023/24	2024/25

Audit Area	Linked Risk Ref	2020/21	2021/22	2022/23	2023/24	2024/25
Climate Change Strategy	<i>Risk ID 18: Climate change related events, policies and political pressures</i>			✓	✓	
Government Funding	<i>Risk ID 8: Ambitious and long stalled programmes cannot proceed due to lack of government funding and or private investment</i>			✓		✓
Public Communication and Perception	<i>Risk ID 16: Disruption of the delivery of the Combined Authority objectives.</i>					✓
Political Changes and Priorities	<i>Risk ID 4: Changes in Political Management which could lead a change of priorities for CPCA</i>			✓		
Brexit	<i>Risk ID 20: Potential impact of Brexit on delivery of the Combined Authority's Growth Ambition Programme (B)</i>			✓		

Partnerships and Collaboration	Risk ID 10: Absence of Resource Planning & Financial Management		✓	
Strategic Planning and Partnerships	Risk ID 10: Absence of Resource Planning & Financial Management			✓
The Business Board	Risk ID 20: Potential impact of Brexit on delivery of the Combined Authority's Growth Ambition Programme (B)		✓	✓
Local Industry Strategy	Risk ID 8: Ambitious and long stalled programmes cannot proceed due to lack of government funding and or private investment		✓	
Local Transport Plan	Risk ID 17: Unbudgeted increases in costs for highways and transport schemes funded by the Combined Authority and delivered by partner agency.			✓
Skills Strategy	Risk ID 8: Ambitious and long stalled programmes cannot proceed due to lack of government funding and or private investment		✓	✓
IT Controls Assessment / IT Strategy	Risk ID 14: Disruption to the operation of the Combined Authority.	✓		✓
Cyber Security/ Network Security	Risk ID 14: Disruption to the operation of the Combined Authority		✓	✓
Information Governance	Risk ID 14: Disruption to the operation of the Combined Authority			✓

Digitalisation	Risk ID 6: Lack of structural resilience / insufficient internal resources		✓			
Declarations of Interest	<i>Risk ID 4: Changes in Political Management which could lead a change of priorities for CPCA</i>		✓			
Corporate Governance	Risk ID 6: Lack of structural resilience / insufficient internal resources				✓	
Governance, Transparency and Decision Making <i>(2020/21 - Appointments to Boards and Committees sponsored by the Combined Authority)</i>	Risk ID 6: Lack of structural resilience / insufficient internal resources	✓	✓	✓		✓
Cross Charging of Corporate Services	Risk ID 10: Absence of Resource Planning & Financial Management		✓			
Subsidiary Company Governance	Risk ID 6: Lack of structural resilience / insufficient internal resources			✓		
Project Planning and Delivery <i>(2020/21 - COVID-19 – Impact of COVID-19 on delivery of Projects)</i>	Risk ID 8: Ambitious and long stalled programmes cannot proceed due to lack of government funding and or private investment	✓	✓			✓
Business Continuity and Disaster Recovery	<i>Risk ID 14: Disruption to the operation of the Combined Authority.</i>				✓	
Procurement and Contract Management	<i>Risk ID 10: Absence of Resource Planning & Financial Management</i>					✓
Fraud Risk Assessment	<i>Risk ID 14: Disruption to the operation of the Combined Authority.</i>			✓		✓

Capital Programme	Risk ID 10: Absence of Resource Planning & Financial Management			✓		
Financial Planning and Delivery	Risk ID 10: Absence of Resource Planning & Financial Management				✓	
People Management / HR Policies	Risk ID 10: Absence of Resource Planning & Financial Management		✓			✓
Recruitment	Risk ID 10: Absence of Resource Planning & Financial Management			✓		
Use of Data (including commissioning of research)	Risk ID 1: External delivery partners unable to deliver on agreed commitments to CPCA projects		✓			
Data Quality and Performance Management	Risk ID 6: Lack of structural resilience / insufficient internal resources				✓	
Grant Verification		✓	✓	✓	✓	✓
Risk Management			✓		✓	
Key Financial Controls	Risk ID 10: Absence of Resource Planning & Financial Management.	✓	✓	✓	✓	✓
Payroll	Risk ID 10: Absence of Resource Planning & Financial Management.				✓	
Follow Up		✓	✓	✓	✓	✓

APPENDIX C: INTERNAL AUDIT CHARTER

Need for the charter

This charter establishes the purpose, authority and responsibilities for the internal audit service for Cambridgeshire and Peterborough Combined Authority. The establishment of a charter is a requirement of the Public Sector Internal Audit Standards (PSIAS) and approval of the charter is the responsibility of the audit committee.

The internal audit service is provided by RSM Risk Assurance Services LLP (“RSM”).

We plan and perform our internal audit work with a view to reviewing and evaluating the risk management, control and governance arrangements that the organisation has in place, focusing in particular on how these arrangements help you to achieve its objectives. The PSIAS encompass the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) as follows:

- Core principles for the professional practice of internal auditing;
- Definition of internal auditing;
- Code of ethics; and
- The Standards.

Mission of internal audit

As set out in the PSIAS, the mission articulates what internal audit aspires to accomplish within an organisation. Its place in the IPPF is deliberate, demonstrating how practitioners should leverage the entire framework to facilitate their ability to achieve the mission.

“To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight”.

Independence and ethics

To provide for the independence of internal audit, its personnel report directly to the Partner, Dan Harris (acting as your head of internal audit). The independence of RSM is assured by the internal audit service reporting to the chief executive, with further reporting lines to the Chief Financial Officer.

The head of internal audit has unrestricted access to the chair of audit committee to whom all significant concerns relating to the adequacy and effectiveness of risk management activities, internal control and governance are reported.

Conflicts of interest may arise where RSM provides services other than internal audit to Cambridgeshire and Peterborough Combined Authority. Steps will be taken to avoid or manage transparently and openly such conflicts of interest so that there is no real or perceived threat or impairment to independence in providing the internal audit service. If a potential conflict arises through the provision of other services, disclosure will be reported to the audit committee. The nature of the disclosure will depend upon the potential impairment and it is important that our role does not appear to be compromised in reporting the matter to the audit committee. Equally we do not want the organisation to be deprived of wider RSM expertise and will therefore raise awareness without compromising our independence.

Responsibilities

In providing your outsourced internal audit service, RSM has a responsibility to:

- Develop a flexible and risk based internal audit strategy with more detailed annual audit plans. The plan will be submitted to the audit committee for review and approval each year before work commences on delivery of that plan.
- Implement the internal audit plan as approved, including any additional tasks requested by management and the audit committee.
- Ensure the internal audit team consists of professional audit staff with sufficient knowledge, skills, and experience.
- Establish a quality assurance and improvement program to ensure the quality and effective operation of internal audit activities.
- Perform advisory activities where appropriate, beyond internal audit's assurance services, to assist management in meeting its objectives.
- Bring a systematic disciplined approach to evaluate and report on the effectiveness of risk management, internal control and governance processes.
- Highlight control weaknesses and required associated improvements together with corrective action recommended to management based on an acceptable and practicable timeframe.
- Undertake follow up reviews to ensure management has implemented agreed internal control improvements within specified and agreed timeframes.
- Report regularly to the audit committee to demonstrate the performance of the internal audit service.

For clarity, we have included the definition of 'internal audit', 'senior management' and 'board'.

- Internal audit – a department, division, team of consultant, or other practitioner (s) that provides independent, objective assurance and consulting services designed to add value and improve an organisation's operations. The internal audit activity helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes.

- Management team who are the team of individuals at the highest level of organisational management who have the day-to-day responsibilities for managing the organisation.
- Combined Authority Board - The highest-level governing body charged with the responsibility to direct and/or oversee the organisation's activities and hold organisational management accountable. Furthermore, "board" may refer to a committee or another body to which the governing body has delegated certain functions (eg an audit committee).

Client care standards

In delivering our services we require full cooperation from key stakeholders and relevant business areas to ensure a smooth delivery of the plan. We proposed the following KPIs for monitoring the delivery of the internal audit service:

- Discussions with senior staff at the client take place to confirm the scope six weeks before the agreed audit start date.
- Key information such as: the draft assignment planning sheet are issued by RSM to the key auditee six weeks before the agreed startdate.
- The lead auditor to contact the client to confirm logistical arrangements at least 15 working days before the commencement of the audit fieldwork to confirm practical arrangements, appointments, debrief date etc.
- Fieldwork takes place on agreed dates with key issues flagged up immediately.
- A debrief meeting will be held with audit sponsor at the end of fieldwork or within a reasonable time frame.
- Draft reports will be issued within 10 working days of the debrief meeting and will be issued by RSM to the agreed distribution list / Huddle.
- Management responses to the draft report should be submitted to RSM.
- Within three working days of receipt of client responses the final report will be issued by RSM to the assignment sponsor and any other agreed recipients of the report.



We continue to closely monitor and implement official guidelines from the Government and health organisations in respect of Covid-19. All our staff must adhere to the relevant RSM Policies, including limiting time on site and completing the relevant approvals prior to any site visit.

Authority

The internal audit team is authorised to:

- Have unrestricted access to all functions, records, property and personnel which it considers necessary to fulfil its function.

- Have full and free access to the audit committee.
- Allocate resources, set timeframes, define review areas, develop scopes of work and apply techniques to accomplish the overall internal audit objectives.
- Obtain the required assistance from personnel within the organisation where audits will be performed, including other specialised services from within or outside the organisation.

The head of internal audit and internal audit staff are not authorised to:

- Perform any operational duties associated with the organisation.
- Initiate or approve accounting transactions on behalf of the organisation.
- Direct the activities of any employee not employed by RSM unless specifically seconded to internal audit.

Reporting

An assignment report will be issued following each internal audit assignment. The report will be issued in draft for comment by management, and then issued as a final report to management, with the executive summary being provided to the audit committee. The final report will contain an action plan agreed with management to address any weaknesses identified by internal audit.

The internal audit service will issue progress reports to the audit committee and management summarising outcomes of audit activities, including follow up reviews.

As your internal audit provider, the assignment opinions that RSM provides the organisation during the year are part of the framework of assurances that assist the board in taking decisions and managing its risks.

As the provider of the internal audit service we are required to provide an annual opinion on the adequacy and effectiveness of the organisation's governance, risk management and control arrangements. In giving our opinion it should be noted that assurance can never be absolute. The most that the internal audit service can provide to the board is a reasonable assurance that there are no major weaknesses in risk management, governance and control processes. The annual opinion will be provided to the organisation by RSM Risk Assurance Services LLP at the financial year end. The results of internal audit reviews, and the annual opinion, should be used by management and the Board to inform the organisation's annual governance statement.

Data protection

Internal audit files need to include sufficient, reliable, relevant and useful evidence in order to support our findings and conclusions. Personal data is not shared with unauthorised persons unless there is a valid and lawful requirement to do so. We are authorised as providers of internal audit services to our clients (through the firm's terms of business and our engagement letter) to have access to all necessary documentation from our clients needed to carry out our duties.

Quality Assurance and Improvement

As your external service provider of internal audit services, we have the responsibility for maintaining an effective internal audit activity. Under the standards, internal audit services are required to have an external quality assessment every five years. In addition to this, we also have in place an internal quality assurance and improvement programme, led by a dedicated team who undertake these reviews. This ensures continuous improvement of our internal audit services.

Any areas which we believe warrant bringing to your attention, which may have the potential to have an impact on the quality of the service we provide to you, will be raised in our progress reports to the audit committee.

Fraud

The audit committee recognises that management is responsible for controls to reasonably prevent and detect fraud. Furthermore, the audit committee recognises that internal audit is not responsible for identifying fraud; however internal audit will be aware of the risk of fraud when planning and undertaking any assignments.

Approval of the internal audit charter

By approving this document, the internal audit strategy, the audit committee is also approving the internal audit charter.

FOR FURTHER INFORMATION CONTACT

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of Cambridgeshire and Peterborough Combined Authority, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.