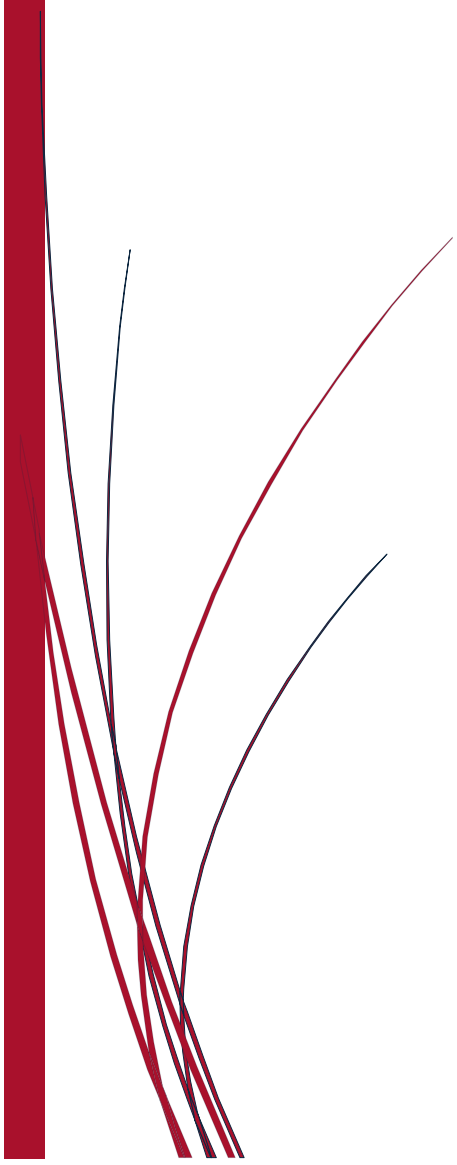
Royal Borough of Greenwich

Annual Governance Statement

2025/26



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Executive Summary

The Royal Borough of Greenwich ("the Council") is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public

money is safeguarded, properly accounted for, and used economically, efficiently, and effectively. In accordance with the Local Government Act 1999, the Council has a duty to make arrangements to secure continuous improvement in the exercise of its functions, having regard to economy, efficiency, and effectiveness.

The Council's primary purpose is to improve the lives of its residents and businesses by providing a wide range of public services, addressing community needs, and fostering a fairer, safer, and more inclusive borough. This involves a commitment to developing services that focus on residents' priorities, such as tackling the climate emergency, improving housing, and reducing bureaucracy, whilst also supporting the voluntary and community sector.

The Council's corporate plan, named "Our Greenwich", sets out the vision and priorities that guide the organisation.

In discharging this responsibility, the Council has put in place robust governance arrangements, including an effective system of risk management and internal control. These arrangements are designed to manage risk to a reasonable level and provide reasonable, but not absolute, assurance of effectiveness.

The Council's governance arrangements, through which it directs and controls its activities and engages with stakeholders, is provided in Appendix A below. The arrangements are consistent with the principles of the CIPFA/SOLACE Delivering Good Governance in Local Government:
Framework (2025).

This statement explains how the Council complied with its governance arrangements in 2025/26, and ensures compliance with The Accounts and Audit Regulations 2015, which requires all relevant bodies to prepare an Annual Governance Statement (AGS).

Summary of Key Conclusions

This Annual Governance Statement provides an open and honest self-assessment of the Council's governance arrangements, which are detailed in **Appendix A**.

The arrangements, which are in line with the core principles of good governance, support the achievement of the Council's strategic objectives; manage risks to a reasonable level; and provide value for money to our residents, businesses and communities.

Following a robust review of effectiveness, the Council is satisfied that its governance arrangements are adequate and effective overall.

Although improvement actions have been determined, no significant governance issues that materially undermine the Council's arrangements were identified. The Council will continue to build on strengths in ethical leadership, transparency, risk management, and financial stewardship, while addressing targeted areas for improvement.

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Governance Outlook & Commitment to Ensure Governance will be Fit for Purpose

The Council is fully committed to maintaining and strengthening its governance arrangements to ensure they will be fit for purpose in 2026/27. Leadership *(both Members and officers)* will continue to promote the highest standards of conduct, transparency, and accountability, supported by training, and robust assurance mechanisms.

Improvement Areas the Council will Action in the Forthcoming Year

In the forthcoming year (2026/27), the Council will focus on the following key areas of improvement and development:

- *Principle E - Developing the entity's capacity, including the capability of its leadership and the individuals within it*
    - extensive Induction Programme for new Councillors has been developed to take place after the May 2026 election. This will be supplemented throughout the year by continuous development training. A Training Hub and members Information site will be in place from May 2026.
- *Principle F - Managing risks and performance through robust internal control and strong public financial management*
    - completion of agreed actions to ensure conformance with the Global Internal Audit Standards and CIPFA Code of Practice on the Governance of Internal Audit
    - completion of agreed actions to ensure conformance with the Code of Practice on Managing the Risk of Fraud and Corruption including requirements of the Economic Crime and Corporate Transparency Act 2023.

The Council is satisfied that the agreed improvement actions, detailed in **Appendix C**, will strengthen its governance arrangements and effectively support the achievement of intended outcomes.

Progress against these actions will be monitored during the year.

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Signed:

Name:
Chief Executive

Dated: dd mm yyyy

Signed:

Name:
Leader of the Council

Dated: dd mm yyyy

Our Assessment of Effectiveness

The Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance arrangements, which are detailed in **Appendix A**. The review of effectiveness incorporates a range of perspectives and is structured to deliver the necessary assurance in an efficient and effective manner.

This review is informed by the work of, and assurances from, the Council's corporate leadership team who are responsible for developing and maintaining the governance arrangements. It also draws on reports of the work undertaken by the internal audit function including the Head of Audit annual opinion, assurances from the statutory officers, external auditors reports, and where relevant, feedback from other review agencies and inspectorates (such as Ofsted and the Housing Regulator).

Overall Opinion

Based on the results of the review of effectiveness (provided in **Appendix B** below), the Council is satisfied that its governance arrangements are adequate and effective overall.

The arrangements, which are in line with the core principles of good governance, support the achievement of the Council's strategic objectives; manage risks to a reasonable level; and provide value for money to its residents, businesses and communities.

Although improvement actions have been determined, no significant governance issues that materially undermine the Council's arrangements were identified.

Where our Governance Needs to Improve

Whilst no significant governance issues that materially undermine the Council's arrangements were identified, the Council is satisfied that the agreed improvement actions detailed in **Appendix C** will further strengthen its governance arrangements, ensure they will be fit for purpose, and effectively support the achievement of intended outcomes.

Progress against these actions will be monitored during the year and also reported as part of the subsequent annual review process.

How We Improved Our Governance Arrangements in 2025/26

An update on the progress made on key improvement areas detailed in the 2024/25 Annual Governance Statement is provided in **Table 1** below.

Improvement Areas (Governance Principle)	Department's Reported Progress (at March 2026)	Status
Medium Term Financial Strategy (MTFS) **F**. *Managing risks and performance through robust*	The final 2026/27 MTFS was approved by Full Council on 26th February 2026. Whilst the 3-year settlement provides some certainty, the MTFS identified a growing budget	Although this specific risk is considered to be adequately managed, the MTFS remains an area of focus for 2026/27

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Improvement Areas (Governance Principle)	Department's Reported Progress (at March 2026)	Status
internal control and strong public financial management	deficit each year that would require new base budget savings of around £35m each year.	
Compliance with Health and Safety standards in relation to Social Housing **F.** *Managing risks and performance through robust internal control and strong public financial management*	The Regulatory Notice was lifted in February 2026. We have a robust programme in place to assure ourselves and demonstrate compliance with the Regulator of Social Housing's standards in preparation for any future inspection.	This specific risk is considered to be adequately managed
Cyber Security **F.** *Managing risks and performance through robust internal control and strong public financial management*	The Council's Cyber Security position remains stable. There have been no successful Cyber incidents. External reviews have taken place during the last 12 months and recommendations are being acted upon. These are recorded in the strategic risk register. There has been a focus on ensuring officers and members complete their regular mandatory cyber awareness training, and any individual who has not completed their training is liable to lose their access to Council systems until it is completed.	Although this specific risk is considered to be adequately managed, cyber security remains an area of focus for 2026/27
Recommendations and actions from internal audit reviews **F.** *Managing risks and performance through robust internal control and strong public financial management*	In the year, the majority of audit findings (85% of recommendations issued) related to two key themes: policies and procedures, and process design and execution. For each recommendation, appropriate improvement actions were agreed with management. Internal audit will continue to monitor, and report to the Audit & Risk Management Panel, progress made by	Although this specific risk is considered to be adequately managed, agreed internal audit improvement actions remain an area of focus for 2026/27

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Improvement Areas (Governance Principle)	Department's Reported Progress (at March 2026)	Status
	management on the implementation of agreed recommendations and actions.	

Forward Look on Governance

Looking ahead to 2026/27 and beyond, in addition to the improvement areas in Table 1 above and agreed actions detailed in **Appendix C**, the Council will continue to strengthen its governance to meet emerging challenges including but not limited to medium-term financial pressures, service demand, legislative changes and compliance.

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Appendix A: RBG Governance Arrangements

The International Framework: Good Governance in the Public Sector (CIPFA/IFAC, 2014) (the 'International Framework'), states that *to deliver good governance in the public sector, both governing bodies and individuals working for public sector entities must try to achieve their entity's objectives while acting in the public interest at all times. Acting in the public interest implies primary consideration of the benefits for society, which should result in positive outcomes for service users and other stakeholders.*

Figure 1* illustrates the various principles of good governance in the public sector and how they relate to each other.

*Delivering good governance in local government: framework (CIPFA/SOLACE, 2025)

Governance arrangements are essential for a corporate culture focused on achieving objectives, managing risk and fulfilling stewardship and statutory responsibilities, including best value.

Details of RBG governance arrangements, aligned to the principles of good governance are provided below.

Principle A: **Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law**

The public sector is normally responsible for using a significant proportion of resources raised through taxation to provide services to citizens. Public sector entities are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. Public sector entities are accountable to legislative bodies for the exercise of legitimate authority in society. This makes it essential that each entity as a whole can demonstrate the appropriateness of all of its actions and has mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

The Constitution

The Council's Constitution sets out the basic rules governing its business, including citizens' rights, decision-making processes, roles and responsibilities of functions, Members and officers, and procedures to ensure efficiency, transparency and accountability to local people.

It incorporates Codes of Conduct for Members and Officers, responsibility for functions such as Financial Regulations, Contracts Procedures, Access to Information Procedures, Overview and Scrutiny Committee procedures, the scheme of delegation, roles of Full Council, Cabinet and officers, and the Members' Allowances Scheme.

The Monitoring Officer monitors and reviews the operation of the Constitution to ensure its aims and principles are given full effect, maintains an up-to-date version, and ensures it is widely available for consultation by Members, staff and the public.

Full details of the Council's Constitution including all updates made to date can be viewed on the Council's website via the link https://www.royalgreenwich.gov.uk/

The Council maintains a corporate Whistleblowing Procedure.

All staff, at every level, are responsible for complying with laws, regulations, and Council policies, and for implementing them in practice.

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Principle B: **Ensuring openness and comprehensive stakeholder engagement**

As public sector entities are established and run for the public good, the Leadership Team should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

Stakeholder Engagement – *(Have Your Say)*
The Council is committed to transparency and actively engages stakeholders as an integral part of its decision-making processes.

A corporate report template is used for all decisions to ensure that all appropriate issues are considered and that relevant stakeholders have been consulted.

The Council's Community Engagement Framework provides a strategic approach to consultation and public engagement. In addition, a new community engagement and consultations online platform (*Community Conversations Greenwich*) was launched in March 2026.

The Council carries out public consultations to obtain the views of local residents and businesses on policy matters, operates a petition scheme, actively encourages participation in scrutiny processes and meetings, and invites comments on projects.

Communication is further supported through social media channels including X (formerly Twitter), Facebook and YouTube. Council meetings are open to the public, and an overview of consultation and engagement activities including decisions taken in the year is published on the Council's website https://www.royalgreenwich.gov.uk/

Vision and Priorities
The Council has a clear vision and missions for where it wants the borough to be by 2030, designed to make the organisation purpose-led rather than task-led, accountable to its communities, and collaborative, empowered and innovative.

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Principle C: **Defining outcomes in terms of sustainable economic, social, and environmental benefits**

The long-term nature and impact of many of the public sector's responsibilities mean that it should define and plan outcomes and that these should be sustainable. The Leadership Team should ensure that its decisions further the entity's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

The "Our Greenwich" annual plan, developed through extensive consultation with residents, partners and staff, is structured around five key themes: communities, people, place, economy, and organisation.

Full details of the Council's Plan, vision, missions and decision making process can be viewed on the Council's website via the link https://www.royalgreenwich.gov.uk/

Principle D: **Determining the interventions necessary to optimise the achievement of the intended outcomes**

The public sector achieves its intended outcomes by providing a mixture of legal, regulatory, and practical

Scrutiny & Interventions

The Council operates various Committees and Panels such as the Overview and Scrutiny Committee, and six scrutiny panels, which play a central role in supporting the Cabinet and Full Council by scrutinising performance management, value for money, holding the Executive to account, external bodies, tackling inequality, budget management, contract management and performance including social value, and the general performance of Council services.

Details of committee and panel work, including meeting minutes, are published on the Council's website https://www.royalgreenwich.gov.uk/

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interventions. Determining the right mix of interventions is a critically important strategic choice that the Leadership Team of public sector entities have to make to ensure they achieve their intended outcomes. Public sector entities need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.

From time to time, the Council commissions external reviews of specific risk areas to inform the development of more efficient and effective service delivery, ensuring continuous review and optimisation of interventions and resource inputs.

Principle E: **Developing the entity's capacity, including the capability of its leadership and the individuals within it**

Public sector entities need appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mindset, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. The Leadership Team must ensure that it has both the capacity to fulfil its own mandate and to make

Training & Development

The Council maintains appropriate structures and leadership, supported by procedures that ensure operational capacity and the right skills, qualifications and mindset across the organisation. These arrangements are underpinned by the Council's Workforce Strategy, which sets out how workforce capacity and capability are planned and developed to support the Council's priorities.

The Standards Committee promotes high standards of conduct by councillors, assists councillors to observe the Code of Conduct and in particular ensures access to training.

Pay banding and salary levels for senior posts are reserved matters for Full Council and the General Purposes Committee.

Officer employment procedures for Chief Officers — including the Head of Paid Service, Section 151 Officer (Chief Finance Officer) and Monitoring Officer — are clearly set out in the Constitution.

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certain that there are policies in place to guarantee that an entity's management has the operational capacity for the entity as a whole. Because both individuals and the environment in which an entity operates will change over time, there will be a continuous need to develop the entity's capacity as well as the skills and experience of the leadership of individual staff members. Leadership in public sector entities is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of their communities.

Performance Development Conversations (PDCs) facilitate constructive discussions on performance and development, enabling employees to reach their full potential through clear objectives linked to corporate and directorate plans, while supporting career progression and broader professional development.

A comprehensive programme of training courses and workshops further supports staff development, health and wellbeing, reflecting the diversity of the community and the changing needs of the organisation.

Principle F: **Managing risks and performance through robust internal control and strong public financial management**

The Leadership Team of public sector entities need to ensure that the entities they oversee have implemented—and can sustain—an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance

Managing Risks

The Council continues to sustain an effective performance management system that supports the efficient delivery of planned services. Risk management and internal controls form integral parts of this system through an ongoing process to identify and address significant risks to achieving outcomes.

The Risk Management Toolkit provides the corporate framework for risk identification, assessment and management. This is reinforced by an annual Internal Audit Plan, regularly reviewed and reported risk registers, and a standard corporate report template that explicitly captures key risks including potential impacts on the Council's Vision and missions, together with legal and financial implications.

The Audit and Risk Management Panel provides independent assurance on the adequacy of governance, risk management and control arrangements. Full details of the Panel's Terms of Reference and work undertaken in the year can be viewed on the Council's website via the link https://www.royalgreenwich.gov.uk/

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management system and crucial to the achievement of outcomes. They consist of an ongoing process designed to identify and address significant risks involved in achieving an entity's outcomes. A strong system of financial management is essential for the implementation of public sector policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability.

The Full Council is responsible for agreeing the council's policy framework and budget proposed by the Cabinet.

Strong public financial management is underpinned by the Medium-Term Financial Strategy, Capital Strategy, Treasury Management Strategy, Contract Procedures and scheme of delegation.

Principle G: **Implementing good practices in transparency, reporting, and audit to deliver effective accountability**

Accountability is about ensuring that those making decisions and delivering services are answerable for them, although the range and strength of different accountability relationships varies for different types of governing bodies. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the entity plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

Transparency & Accountability

Transparency and reporting requirements are embedded within the Council's Constitution and actively monitored by the Legal and Democratic Services Department.

A standard reporting template is used across the Council to ensure consistent and comprehensive consideration of all decisions.

In addition to forthcoming decisions listed in a Forward Plan, reports, minutes of meetings and decisions taken are published promptly and made accessible to the public on the Council's website https://www.royalgreenwich.gov.uk/

The Internal Audit and Anti-Fraud function operates an annual audit plan (approved by the Audit and Risk Management Panel), delivers quarterly progress reports (including anti-fraud activities), and provides an annual Head of Audit opinion on the effectiveness of governance, risk management and control.

The Council complies with the Freedom of Information Act and Data Protection legislations and cooperates with external investigations and regulators, thereby delivering effective accountability through robust assurance mechanisms.

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Appendix B: 2025/26 Review of Effectiveness

Sources of Assurance and Results

To fulfil the requirements of The Accounts and Audit Regulations 2015 and the Code of Practice on Local Authority Accounting in the United Kingdom, the Council must conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal controls.

The annual review, which must be approached in a way that provides the required assurance in an efficient and effective manner, is an opportunity to take stock of governance, ensuring that the published AGS and associated improvement actions are based on robust evidence.

In conducting the annual review, the Council is required to:

- assess how effectively its arrangements meet the principles of good governance in practice.
- consider if and how its governance arrangements support the achievement of the authority's purpose and objectives
- consider whether the authority's governance arrangements, including all the core arrangements listed in the Council's arrangements in Appendix A, are operating effectively (and identify any areas for improvement where appropriate).

Sources of Assurance & Results (2025/26)	
Opinion from statutory officers – **Monitoring Officer**	Based on my statutory role, I can provide the following opinion on how the Council's governance arrangements, risk management and internal controls operated during 2025/26: • The Council has reviewed and updated its constitution at various intervals during the year to ensure that it is fit for purpose and meets changes needs of the Council. • Extensive training has been provided to officers in a number of areas including employment law to mitigate risk of challenge and in response to court/ Tribunal decisions. • The Corporate template for decision report has been reviewed and updated and training on the constitution and decision making processes provided to officers.

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Sources of Assurance & Results (2025/26)	
Opinion from statutory officers – **s151 Officer**	The opinion of the s151 Officer: I am **Actively involved** in, and able to bring influence to bear on, all material business decisions to ensure immediate and longer-term implications, opportunities and risks are fully considered; and alignment with the organisation's financial strategy. **Financially** the Council operates planning through its Medium-Term Financial Strategy and Treasury Management & Capital Strategy. The operational expenditure is governed by the Contracts Procedures within the Constitution, and the Scheme of Delegation determines the appropriate authority required for different levels of expenditure, ensuring that appropriate oversight of spend is delivered in alignment with the Council's risk appetite. The **Audit and Risk Management Panel** provides an independent assurance of the adequacy of the risk management framework and the associated control environment of the Council, including the effectiveness of the Internal Audit and Corporate Anti-Fraud functions. **Governance**: The Council's Constitution sets out the framework within which the Council operates
Assurances from senior managers – **Chief Officers**	Having considered the governance, risk management and controls operating across our Service Areas, we confirm that during 2025/26 we operated in accordance with the RBG Governance Arrangements detailed in **Appendix A**. We can provide evidence that controls are effective and, where areas for improvement have been identified, appropriate action plans are in place and being monitored.

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Sources of Assurance & Results (2025/26)	
	In our opinion, there are no significant gaps or matters that require escalation to the Chief Executive and Leader of the Council. Any material issues arising after 31 March 2026 will be escalated promptly.
Independent oversight by the Audit & Risk Management (ARM) Panel	The Audit and Risk Management (ARM) Panel's purpose is to provide an independent and high-level focus on the adequacy of governance, risk and control arrangements. The Panel has oversight of both internal and external audit, together with financial and governance reports, helping to ensure there are adequate arrangements in place for both internal challenge and public accountability. The ARM Panel's 2025/26 annual report demonstrates that the Panel has effectively discharged its oversight role during 2025/26, scrutinising a broad range of governance, risk, and control topics to safeguard the interests of the Council and the community in general. Full details of work undertaken by the ARM Panel, including minutes of its meetings and its 2025/26 annual report can be viewed on the Council's website via the link https://www.royalgreenwich.gov.uk/
Performance monitoring	Progress against the Council's missions as detailed in "Our Greenwich", the Council's 4-year Plan, is published on the Council's website accessible via link https://www.royalgreenwich.gov.uk/ The Council also operates various overview and scrutiny panels that may review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas. Details of the panels' work, including reports and meeting minutes, are published on the Council's website https://www.royalgreenwich.gov.uk/

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Sources of Assurance & Results (2025/26)	
Assurances from other member committees	Full details of work undertaken by various other committees and panels, including minutes of meetings and annual reports can be viewed on the Council's website via the link https://www.royalgreenwich.gov.uk/
Evidence of risk management and reporting	The Council maintains a robust risk management Toolkit, which is the corporate Framework that sets the tone for risk management across the council. The Toolkit supports the systematic identification, evaluation, mitigation and monitoring of risks across all levels of the organisation. It also enables: • integration of risk considerations into all formal decision reports, ensuring that potential impacts on the Council's vision, missions, legal obligations and financial position are explicitly addressed • regular review and updating of risk registers to reflect the evolving risk environment • clear ownership and accountability for risks including mitigation actions with progress monitored through established governance routes. Strategic risks, which pose the greatest potential threats to the achievement of the Council's priorities, are owned by the Greenwich Management Team (GMT) and reviewed and reported bi-annually to the Audit & Risk Management (ARM) Panel, Cabinet and Full Council ensuring appropriate scrutiny and oversight. Operational risks, on the other hand, are managed at directorate and service levels, in line with the Toolkit. The ARM Panel provides independent and high-level focus on the adequacy of governance, *risk management* and control arrangements. This is complemented by the work of the Council's internal audit function, which evaluates the design and operation of key controls and provides recommendations for continuous improvement.

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Sources of Assurance & Results (2025/26)	
	Minutes of meetings including copies of risk registers can be viewed on the Council's website via the link https://www.royalgreenwich.gov.uk/
Findings of external assessments e.g., external audit, inspectorates, other regulators, peer reviews and any other commissioned reviews	In 2022, the Regulator of Social Housing (RSH) issued a regulatory notice against the Council following its self-referral. In recognition of the Council's significant progress in completing up-to-date assessments and implementing improvements to housing safety and compliance, the RSH formally lifted the notice on 25 February 2026.
Opinion and assurances from the head of audit including self-assessments and progress tracking	During the year, a risk-based approach was adopted in accordance with the Internal Audit Charter and audit reviews were undertaken to provide assurance on the adequacy and effectiveness of the Council's governance, risk management, and internal control arrangements against the Principles of Good Governance prioritised for 2025/26. In the year, the majority of audit findings (85% of recommendations issued) related to two key themes: policies and procedures, and process design and execution. For each recommendation, appropriate improvement actions were agreed with management. Internal audit will continue to monitor, and report to the Audit & Risk Management Panel, progress made by management on the implementation of agreed recommendations and actions. Based on completed audit reviews, it is the opinion of the Head of Audit that the Council's arrangements for governance, risk management and internal control provided **Reasonable Assurance** that material risks, which could impact upon the achievement of the Council's objectives, were being identified and managed effectively. However, improvements are required in the areas identified in audit reports to enhance the adequacy and effectiveness of the framework of governance, risk management and internal control.

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Sources of Assurance & Results (2025/26)	
	Self-Assessments The Global Internal Audit Standards (GIAS) and the CIPFA Code of Practice for the Governance of Internal Audit in UK Local Government, both of which came into force on 1 April 2025, require the Head of Audit to undertake an annual internal quality assessment (IQA) of the function's conformance with the Standards and Code, and to report the results. The assessment results, summarised below, together with agreed action plans to address instances of non-conformance and seize opportunities for improvement were reported to the Audit & Risk Management Panel on 17 March 2026. The agreed actions are also detailed in **Appendix C** of the AGS. *Global Internal Audit Standards* • Domain I - Purpose of Internal Auditing: *Partially Achieved* • Domain II - Ethics and Professionalism: *Partially Achieved* • Domain III - Governing the Internal Audit Function: *Generally Achieved* • Domain IV - Managing the Internal Audit Function: *Partially Achieved* • Domain V - Performing Internal Audit Services: *Not Achieved* *CIPFA Code of Practice for the Governance of Internal Audit* • Outcome A - Purpose and Mandate of internal audit: *Generally Achieved* • Outcome B - Scope and priorities of internal audit: *Generally Achieved* • Outcome C - Reporting Results: *Generally Achieved* • Outcome D - Interaction with risk management, compliance, finance and control functions: *Not Achieved* • Outcome E - Independence and authority of internal audit: *Generally Achieved* • Outcome F – Resources: *Partially Achieved*

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- Outcome G - Quality Assurance and Improvement Programme (QAIP): *Partially Achieved*

Counter-Fraud and Corruption Arrangements

To support good governance and demonstrate effective financial stewardship and strong public financial management, the Council has a responsibility to embed effective standards for countering fraud and corruption, as set out in the CIPFA Code of Practice on Managing the Risk of Fraud and Corruption (2014).

Having considered all the principles in the Code (listed below), I am satisfied that, subject to the agreed actions reported to the Audit & Risk Management Panel on 17 March 2026 and detailed in **Appendix C**, the organisation has adopted a response that is appropriate for its fraud and corruption risks and commits to maintain its vigilance to tackle fraud.

- acknowledge the responsibility of the governing body for countering fraud and corruption
- identify the fraud and corruption risks
- develop an appropriate counter fraud and corruption strategy
- provide resources to implement the strategy
- take action in response to fraud and corruption.

Reports on the annual performance of the internal audit and anti-fraud functions, together with the Head of Internal Audit's annual report were presented to the Audit & Risk Management Panel and can be viewed on the Council's website via the link https://www.royalgreenwich.gov.uk/

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Appendix C: Improvement Action Plan

Principle F - Managing risks and performance through robust internal control and strong public financial management

1. Ensuring conformance with the Global Internal Audit Standards (GIAS) and CIPFA Code of Practice on the Governance of Internal Audit (CoP)

1.1

GIAS Domain IV: Standard 10.3 - Technological Resources; Standard 11.2 – Effective Communication and Standard 11.3 – Communicating Results and Domain V - Performing Internal Audit Services
CoP: Outcome F – Resources

To ensure conformance with the GIAS Domain V - Performing Internal Audit Services (*assessed area of non-conformance in 2025/26*), the Council invested and implemented an internal audit IT system (AuditBoard), which fully aligns with GIAS mandatory requirements. The system enables systematic identification, analysis, and prioritisation of risks, supporting a bottom-up approach to audit planning; standardised engagement work programmes that clearly define audit objectives and scope; robust evaluation of findings and root-cause analysis to support valid, evidence-based engagement conclusions, which are mandatory to inform the Council's Annual Governance Statement (AGS); centralised storage of all audit documentation and supporting evidence, enabling the consistent capture of sufficient and reliable information.

In addition, the Audit Terms of Reference and Final Report templates, which are the primary vehicles for communicating engagement plans and outcomes, have been updated to ensure communications are accurate, objective, clear, concise, constructive, complete and timely in accordance with GIAS requirements.

- **Action:** Develop the 2026/27 internal audit plan and perform all audit engagements using the newly implemented AuditBoard IT system.

Responsible Officer: *Head of Audit*
Completion Target Date: *30 June 2026*
Progress monitoring: *Quarterly performance reports to the Greenwich Management Team (GMT) and Audit & Risk Management Panel*

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Principle F - Managing risks and performance through robust internal control and strong public financial management

1. Ensuring conformance with the Global Internal Audit Standards (GIAS) and CIPFA Code of Practice on the Governance of Internal Audit (CoP)

1.2

GIAS Domain IV: Standard 9.4 – Internal Audit Plan and Standard 9.5 – Coordination & Reliance
CoP: Outcome D: Interaction with risk management, compliance, finance and control functions.

- **Action:** Using the newly implemented AuditBoard IT system, conduct a comprehensive review and update of the audit universe to ensure it fully aligns with the Council's core objectives, strategic initiatives, and established risk management framework. Concurrently develop an assurance map that links significant risk categories to relevant sources of assurance, where applicable, to provide a holistic view of coverage and gaps. This will ensure conformance with the CIPFA Code of Practice Outcome D: Interaction with risk management, compliance, finance and control functions (*assessed area of non-conformance in 2025/26*).

Responsible Officer: *Head of Audit*
Completion Target Date: *30 June 2026*
Progress monitoring: *Quarterly performance reports to the Greenwich Management Team (GMT) and Audit & Risk Management Panel*

1.3

GIAS Domain IV: Standard 12.2 – Performance Measurement
CoP: Outcome G: Quality Assurance and Improvement Programme (QAIP)

- **Action:** To further enhance transparency and demonstrate value-add, revise the internal audit function's key performance indicators (KPIs) to fully conform with the GIAS-compliant performance measurement guidance issued by the Institute of Internal Auditors (IIA). This will drive improved productivity across the internal audit function.

Responsible Officer: *Head of Audit*
Completion Target Date: *30 June 2026*
Progress monitoring: *Quarterly performance reports to the Greenwich Management Team (GMT) and Audit & Risk Management Panel*

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1.4 GIAS Domain IV: Standard 9.3 - Methodologies and Standard 12.3 – Oversee and Improve Engagement Performance
CoP: Outcome G: Quality Assurance and Improvement Programme (QAIP)

- **Action:** Develop and roll out comprehensive internal audit methodologies (building on the implemented IT system and processes).

  The methodologies will provide a structured, disciplined framework to implement the approved internal audit charter and strategy; develop and deliver the internal audit plan; develop and maintain appropriate competencies across the team; further strengthen the professionalism, consistency, and effectiveness of internal audit engagements and communication including senior management and board reporting; and ensure ongoing conformance with the GIAS.

Responsible Officer: *Head of Audit*
Completion Target Date: *30 September 2026*
Progress monitoring: *Quarterly performance reports to the Greenwich Management Team (GMT) and Audit & Risk Management Panel*

1.5 GIAS Domain II: Standard 3.1 - Competencies and Standard 3.2 – Continuing Professional Development
CoP: Outcome F: Resources

- **Action:** Adopting the Institute of Internal Auditors (IIA) GIAS compliant Internal Auditing Competency Framework™ (2025 edition), develop and implement a professional development plan that proactively identifies competency requirements, delivers targeted training, and ensures continuous professional development through ongoing learning and skill enhancement activities.

Responsible Officer: *Head of Audit*
Completion Target Date: *30 November 2026*
Progress monitoring: *Quarterly performance reports to the Greenwich Management Team (GMT) and Audit & Risk Management Panel*

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Principle F - Managing risks and performance through robust internal control and strong public financial management

1. Ensuring conformance with the Global Internal Audit Standards (GIAS) and CIPFA Code of Practice on the Governance of Internal Audit (CoP)

1.6

GIAS Domain III: Standard 8.4 – External Quality Assessment and Domain IV: Standard 12.1 – Internal Quality Assessments
CoP: Outcome G: Quality Assurance and Improvement Programme (QAIP)

- **Action:** Prepare a plan for conducting an external quality assessment (EQA due 2027/28) by a qualified, independent assessor or assessment team, specifying scope and frequency of assessments; criteria for the competencies and independence of the external assessor or assessment team, including qualifications, experience, and safeguards against conflicts of interest; rationale for opting for a self-assessment with independent validation as an alternative to a full external quality assessment (as applicable), highlighting benefits such as cost-efficiency, timeliness, and internal capacity building, whilst upholding standards of objectivity.

Responsible Officer: *Head of Audit*
Completion Target Date: *31 January 2026*
Progress monitoring: *Quarterly performance reports to the Greenwich Management Team (GMT) and Audit & Risk Management Panel*

Principle F - Managing risks and performance through robust internal control and strong public financial management

2. Ensuring conformance with the Code of Practice on Managing the Risk of Fraud and Corruption including requirements of the Economic Crime and Corporate Transparency Act 2023.

2.1

- **Action:** Collate and map all applicable fraud-related documents and procedures. This exercise to include the updating and/or drafting of but not limited to:
  - a council-wide fraud risk register in line with the Council's established risk management Toolkit
  - anti-fraud procedure
  - anti-bribery procedure
  - anti-money laundering procedure

Responsible Officer: *Head of Audit*

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	Principle F - Managing risks and performance through robust internal control and strong public financial management **2.** Ensuring conformance with the Code of Practice on Managing the Risk of Fraud and Corruption including requirements of the Economic Crime and Corporate Transparency Act 2023.
	Completion Target Date: *31 August 2026* Progress monitoring: *Quarterly performance reports to the Greenwich Management Team (GMT) and Audit & Risk Management Panel*
2.2	• **Action:** Consolidate the above documents and procedures and draft a single, comprehensive overarching Anti-Fraud Framework that meets the requirements of the Economic Crime and Corporate Transparency Act 2023, which came into effect on 01 September 2025. Responsible Officer: *Head of Audit* Completion Target Date: *30 September 2026* Progress monitoring: *Quarterly performance reports to the Greenwich Management Team (GMT) and Audit & Risk Management Panel*
2.3	• **Action:** Consult relevant Services and stakeholders; and secure formal approval of the above Anti-Fraud Framework from senior management and relevant Member committees and Panels Responsible Officer: *Head of Audit* Completion Target Date: *31 January 2027* Progress monitoring: *Quarterly performance reports to the Greenwich Management Team (GMT) and Audit & Risk Management Panel*
2.4	• **Action:** Communicate approved Anti-Fraud Framework across the Council via briefings and the intranet; and integrate into fraud guidance materials and awareness/training sessions. Responsible Officer: *Head of Audit* Completion Target Date: *31 March 2027* Progress monitoring: *Quarterly performance reports to the Greenwich Management Team (GMT) and Audit & Risk Management Panel*

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