

To: Paul Osborn (Chairman)	David Gardner	Suzanne Rutland-Barsby
David Andrews	Mike Garnett	Mary Sartin
James Asser	Lesley Greensmyth	Marshall Vance
Ken Ayling	Steven Heather	Abdul Wahid
Susan Barker	Calvin Horner	Terry Wheeler
Nicholas Bennett	Ross Houston	Holly Whitbread
John Bevan	Heather Johnson	John Wyllie
Josh Blacker	Christopher Kennedy	
Janet Burgess	Graham McAndrew	Ben Radbone (EA)
Nesil Caliskan	Gordon Nicholson	Mark Pearson (C&RT)

A meeting of the **AUTHORITY** (Quorum - 7) will be held in the **BOARDROOM** at **MYDDELTON HOUSE** on:

THURSDAY, 20 OCTOBER 2022 AT 14:00

at which the following business will be transacted:

A G E N D A

Part I

1 To receive apologies for absence

2 **DECLARATION OF INTERESTS**

Members are asked to consider whether or not they have disclosable pecuniary, other pecuniary or non-pecuniary interests in any item on this Agenda. Other pecuniary and non-pecuniary interests are a matter of judgement for each Member. (Declarations may also be made during the meeting if necessary.)

3 **MINUTES OF LAST MEETING**

To approve the Minutes of the meeting held on 7 July 2022 (copy herewith)

4 **PUBLIC SPEAKING**

To receive any representations from members of the public or representative of an organisation which concerns any area of the Authority's business. Subject to the Chairman's discretion a total of 20 minutes will be allowed for public speaking and the presentation of petitions at each meeting.

5 UPDATE ON PROJECTS

Oral updates on various projects

6 BUSINESS CONTINUITY POLICY

Paper A/4323/22

Presented by Dan Buck, Corporate Director

7 FEES & CHARGES POLICY

Paper A/4324/22

Presented by Jon Carney, Corporate Director

8 HUMAN RESOURCES POLICY UPDATES

Paper A/4325/22

Presented by Victoria Yates, Head of Human Resources

9 DATE OF NEXT MEETING OF THE AUTHORITY

To note that the next meeting of the Authority will be held on Thursday, 19 January 2023 at 2.00pm.

10 Such other business as in the opinion of the Chairman of the meeting is of sufficient urgency by reason of special circumstances to warrant consideration.

11 Consider passing a resolution based on the principles of Section 100A(4) of the Local Government Act 1972, excluding the public and press from the meeting for the items of business listed on Part II of the Agenda, on the grounds that they involve the likely disclosure of exempt information as defined in those sections of Part 1 of Schedule 12A of the Act as are listed on the Agenda. (There are no items currently listed for consideration in Part II.)

12 October 2022

Shaun Dawson
Chief Executive

LEE VALLEY REGIONAL PARK AUTHORITY

**AUTHORITY MEETING
7 JULY 2022**

Members Present: Paul Osborn (Chairman) Calvin Horner
David Andrews Ross Houston
James Asser (Deputy for LB Newham) Heather Johnson
Susan Barker Ian Kemp (Deputy East Herts DC)
John Bevan Christopher Kennedy
Janet Burgess Gordon Nicholson
Nesil Caliskan Suzanne Rutland-Barsby
Mike Garnett Mary Sartin
David Gardner Marshall Vance
Lesley Greensmyth Holly Whitbread
Steven Heather John Wyllie

Apologies Received From: Ken Ayling, Josh Blacker, Dilip Patel, Rokhsana Fiaz,
Graham McAndrew, Abdul Wahid, Terry Wheeler

Officers Present: Shaun Dawson - Chief Executive
Beryl Foster - Deputy Chief Executive
Dan Buck - Corporate Director
Jon Carney - Corporate Director
Keith Kellard - Head of Finance
Stephen Bromberg - Head of Communications
Victoria Yates - Head of HR
Busola Oladunjoye - HR Advisor
Cath Patrick - Conservation Manager
Jessica Whitehead - Volunteers Office (Via Remote Access)
Pauline Andrews - PA to Chief Executive
Sandra Bertschin - Committee & Members' Services Manager
Lindsey Johnson - Committee Services Officer

Also Present: James Newman - S151 Officer, London Borough of Enfield

Part I

50 To note the Membership of the Authority:

Constituent Council	Member
Essex County Council	Susan Barker Mike Garnett Marshall Vance Holly Whitbread
Hertfordshire County Council	David Andrews Lesley Greensmyth Calvin Horner Graham McAndrew

ANNUAL AUTHORITY MEETING MINUTES

7 JULY 2022

Broxbourne Borough Council	Ken Ayling
East Hertfordshire District Council	Gordon Nicholson
	Suzanne Rutland-Barsby
	John Wyllie
Epping Forest District Council	Steven Heather
	Mary Sartin
	Ross Houston
London Borough of Barnet	Heather Johnson
London Borough of Camden	Josh Blacker
London Borough of Ealing	Nesil Callskan
London Borough of Enfield	David Gardner
Royal Borough of Greenwich	Chris Kennedy
London Borough of Hackney	John Bevan
London Borough of Haringey	Paul Osborn
London Borough of Harrow	Dilip Patel
London Borough of Havering	Janet Burgess MBE
London Borough of Islington	Rokhsana Fiaz OBE
London Borough of Newham	Abdul Wahid
London Borough of Tower Hamlets	Terry Wheeler
London Borough of Waltham Forest	Vacancy
Non-riparian London boroughs	
Co-opted Members:	
Environment Agency	Ben Radbone
Canal & River Trust	Mark Pearson

51 DECLARATIONS OF INTEREST

There were no declarations of interest.

1 (a) APPOINTMENT OF VICE-CHAIRMAN OF THE AUTHORITY

The Chairman proposed David Andrews, seconded by Suzanne Rutland-Barsby.

Ross Houston proposed Heather Johnson, seconded by David Gardner.

Vote: David Andrews x 12 and Heather Johnson x 8

(1) David Andrews was appointed Vice-Chairman of the Authority.

1 (b) APPOINTMENT OF CHAIRMAN OF THE AUTHORITY

David Andrews took the Chair and proposed Paul Osborn, seconded by Gordon Nicholson.

(1) Paul Osborn was appointed Chairman of the Authority.

The Chairman took the Chair.

2 MINUTES OF LAST MEETING

THAT the minutes of the meeting held on 28 April 2022 be approved and signed.

ANNUAL AUTHORITY MEETING MINUTES 7 JULY 2022

3 PUBLIC SPEAKING

No requests from the public to speak or present petitions had been received for this meeting.

4 GENERAL GOVERNANCE MATTERS INCLUDING AMENDMENT OF TERMS OF REFERENCE, INDEPENDENT REMUNERATION PANEL AND PROPOSED COMMITTEES AND GROUPS FOR 2022/23 – APPOINTMENT OF MEMBERSHIP AND CHAIRMEN Paper A/4320/22

The Chairman informed Members that the main points of the report were to note the change to the terms of reference for the Audit and Executive Committee regarding how the Audit Committee reports to the Executive Committee; the formation of an Independent Remuneration Panel and the membership of committees as agreed at the earlier group meetings.

- (1) Membership of Committees and Groups for 2022/23 as agreed at the meeting and set out at Addendum A to these minutes;**
- (2) amendment of Audit Committee and Executive Committee terms of reference as detailed in paragraphs 10 and 11 of Paper A/4320/22;**
- (3) an Independent Remuneration Panel be formed; and**
- (4) any appointments unfilled at this meeting will be agreed through Group Leaders and reported to the next Authority meeting or Executive Committee were approved.**

5 APPOINTMENTS TO OUTSIDE BODIES FOR 2022/23 Paper A/4321/22

- (1) the proposals for appointments to outside bodies for 2022/23 as set out in Appendix A to Paper A/4322/22 was approved.**

6 CALENDAR OF MEETINGS 2022/23 Paper A/4322/22

The Chairman highlighted to Members that rather than two Member tours in September, there would now be one tour in September and one tour in April. He encouraged all Members to attend these tours as they are helpful in understanding the Park.

- (1) the calendar of meetings for 2022/23 as shown at Appendix A to Paper A/4322/22 was approved.**

James Asser joined the meeting during the next item.

7 LVRPA BUSINESS PLAN 2022-2023

The Chief Executive gave a presentation on the Business Plan 2022/23, key points included:

- Headlines from 2021/22 include a successful reopening of venues after the pandemic, with Park visits up 30% on pre-pandemic levels; the return of major events; a budget

ANNUAL AUTHORITY MEETING MINUTES 7 JULY 2022

surplus of £370k; progress of both the Ice Centre project and East India Dock Basin project.

- The budget was approved in January 2022 where Members agreed 0% change to the levy; there is a small budget deficit of £137k; a pay rise assumption of 2%; the Leisure Services Contract (LSC) management fee of £2.1m and £400k contingency; additional income from investment projects of £177k; and a general reserves position at the end of 2021/22 of £3.8m.
- There are a number of budget challenges and uncertainties with inflation at 9.1%; higher utilities; increase in cost of living; pay rise might need to rise to 4%; supply shortages which might delay improvements to venues; caravan sales with a significant net profit of £200k expectation; an income budget set to increase by £7m.
- We have done well to keep the Levy down over the past 20+ years; in 2001/02 it was £9.6m, today it is £9.77m; legally we could charge £27m.
- The LSC had a successful transfer on 1st April 2022 with no service disruption; there has been steady trading for the first three months with usage 10% up; good H&S and Service Quality scores; the Authority's IT department have been offering assistance; the pumps at the White Water Centre will need to be refurbished and/or replaced; GLL are working on investment plans for the venues with a meeting in July to discuss with the Authority.
- The Ice Centre had its Topping Out Event last week; it will be opening at the end of this year where there will be events to promote this; currently we are on a short term borrowing model for the £30m, we will need to start looking at long term borrowing models and getting specialist advice on this.
- The Wave London has had the first round of public and key stakeholder consultations, with a press release and an exhibition and Lee Valley Athletics Centre; we will need to obtain planning consent by the end of the year; determine an Agreement for Lease for next year; we want to activate the whole of the site; the project will cost £40m; the exclusivity agreement will expire in April.
- At Eton Manor we will determine a viable investment plan for the site which may involve working with UCL; a feasibility study provided three options, our favoured option included an additional sports hall, 2nd outdoor pitch, the tennis courts becoming multi-use; need to consider how the arena could be better utilised; need to obtain support from London Legacy Development Corporation and London Borough of Waltham Forest; need to progress an outline planning application.
- East India Dock Basin complete all technical surveys; conclude funding applications, Levelling Up Fund and National Heritage Lottery; progress detailed design and planning application; this is a £7m project, with most of the money going towards de-silting.
- Spitalbrook and Broxbourne Leisure Pool, soft marketing to test investment potential; develop vision/masterplan for the sites in the next few months.
- Visitor accommodation, soft marketing at Lee Valley White Water Centre and masterplan/outline planning application; Eton Manor incorporate hotel into site wide masterplan/planning application; Waterworks, secure youth hostel type development.
- Open spaces investment projects, Middlesex Filter Beds, S106 money to install sluice and pipe to provide water supply; St Pauls Field, new footpath to access new areas of open space; Spitalbrook restoration of River Lynch.
- Events, Pro League Hockey, Common Wealth Games, UCI Track Cycling Champions League and a range of community events such as a music festival and Shakespeare at Myddelton House.

ANNUAL AUTHORITY MEETING MINUTES 7 JULY 2022

- London 2012 Anniversary will help to promote and raise profile of the Park with an exhibition at the VeloPark; sharing legacy experience and success at anniversary events; Chair and Chief Executive attending Mayor and BOA events.
- Organisational development to include a review of office requirements and location; fresh training and development programme; increase short term capacity in areas critical for delivering priority projects/programmes; and workforce planning.
- 5-10 year business plan has challenges and opportunities with huge growth in the lee valley; major housing developments; transport infrastructure improvements; this will create pressure on open spaces; we will need significant investment programmes for venues and open spaces; creates an opportunity for land and property strategy to deliver capital for investment and improved revenue position.
- Medium term financial plan will be in a positive position in a couple of years time, but we will need to make investments.

A Member commented that the Medium Term financial strategy may need to be revisited to ensure that it is realistic given the energy crisis and rising inflation. The Chief Executive responded stating that this will be looked at to ensure all scenarios are considered.

A Member commented that at the Spitalbrook site, public access should be key to any considerations. The Chairman pointed that an overage clause with La Farge runs out this year, it had previously prevented us from making plans for this site.

A Member commented on the office capacity for Myddelton House and pointed out that it is a heritage buildings and the gardens an national asset and was sure that an alternative use for the building could easily be found. The Chairman responded the considerations for Myddelton House were in the early stages and office space requirements is something which many businesses are currently considering.

8 VOLUNTEERS PROGRAMME 2021-22

The Volunteers Officer joined the meeting remotely and gave a presentation on the Volunteers Programme, key points included:

- The Volunteers programme in 2021 had over 1248 volunteers on our database, with over 335 regularly volunteering; we successfully renewed 'Investing in Volunteers' accreditation; 'Have a Go Lesson' at Lee Valley Riding Centre and various events have been supported by volunteers; Surfers Against Sewage have helped to collect litter from around the Park; some volunteers hours have been restricted due to the pandemic; we have had no corporate groups but do have new partnerships with Building BloQs; there was a 42% increase in applications compared to 2020.
- Partnerships in 2021 consisted of young people from Hertford Regional College and CHEXS; litter picking groups include Lee Valley Wombles and Friends of Lea Marshes; we have many walking groups and conservation groups; long term partnerships include E A Bowles Society and Canal and River Trust.
- Volunteer hours have seen a 7% increase from 2020-21.
- Using the Heritage Lottery Formula, the monetary value in 2021 was £238,078, which is a 15% increase on 2020.
- Volunteer to staff ratios have remained mostly the same; gender make up between males and females is the same as last year, although we have now added 'other/prefer

ANNUAL AUTHORITY MEETING MINUTES 7 JULY 2022

not to say//non-binary' with 5% choosing that category; 8% of volunteers consider themselves to have disabilities, which is a 2% increase on last year; and our age make up shows that most volunteers are in the 26-44 and 45-64 year brackets.

- The 2021 Volunteers Party was held at the White Water Centre with Chris Dallison winning the Volunteer of the Year prize; there were also many long service awards with 21 reaching 5 years and 5 reaching 25 years which shows the dedication of many of our volunteers.
- Currently we have 218 active volunteers; walks programmes have resumed with many celebrating the 10 year London 2012 anniversary; continued support for events; with restrictions from the pandemic lifted volunteers have the freedom to get back to the volunteering they love; volunteers have confirmed that they noticed no difference with the new LSC; and corporate interest is returning.
- New projects include a volunteer led walks programme; we will be looking for volunteers this weekend to enable the opening of Rye House Gatehouse; we are working with our new Community Health and Wellbeing Officer to map and run sensory walks in partnership with Sense and considering the health and wellbeing of visitors, staff and volunteers; working with our Human Resources Advisor to improve equality, diversity and inclusion.
- 300+ organisations have been working towards the 'Vision', with ambitions for what volunteering should look like and how this will make volunteers feel about their roles. The Vision states a need for more diversity, collaboration, experimentation and devolution of power. Five key themes include awareness and appreciation of volunteers; power; equality and inclusion; collaboration; and experimentation.

The Chairman thanked the Volunteers Officer for her presentation and suggested that Members email her if they had any questions.

9 BIODIVERSITY ACTION PLAN

The Conservation Manager gave a presentation on the Biodiversity Action Plan, key points included:

- The Park has a large number of designated sites including Ramsar, SPA, SSSI, Borough Grade 1, Site of Local Importance, Local Wildlife Site and SMINC.
- The Biodiversity department has two full time officers and over 30 survey volunteers; they have £50k capital works annually; oversee agri-environmental schemes; represent the Authority on regional biodiversity forums; work in partnership with national and regional conservation organisations; raise awareness of our biodiversity resources through public events; and act in an advisory role in biodiversity matters.
- We support work across the Authority including planning applications for the Authority and external planning applications, commenting on local plans and policies, and advising managers on biodiversity management.
- We have produced a new Biodiversity Action Plan 2019-29.
- We invest time and money in data agreements with Herts Environmental Records Centre, Greenspace Information for Greater London and Essex Wildlife Trust; we also invest in site surveys for habitats, river corridors and event mitigation plans.
- We have installed a Common Tern raft at Seventy Acres Lake, it features a new mega-raft design which will mitigate impacts of increased Black-headed Gull populations; this design will hopefully be used at locations.

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- A pilot study in the summer of 2021 on hedgehog populations in the Lower Lea Valley at the Waterworks, Lee Valley Riding Centre and Leyton Marsh was initiated in partnership with ZSL and People's Trust for Endangered Species; future steps will include habitat management and working with partners to undertake further studies.
- £100k S106 money for the River Lynch enhancement scheme with partnership with the Environment Agency will include a new river bridge and restoring the rivers function; we are waiting for permissions from the Environment Agency for work to commence in autumn 2022.
- £85K S106 money for the National Grid Reinforcement Project over 5 years to spend on specified areas in the north of the Park; Ashley Pitt had enhanced areas of reedbed in winter 2021-22; this will help deliver targets of the Lee Valley Wetlands Assessment.
- £750k S106 money for the Cheshunt Lakeside development to spend on habitat works adjacent to the development and visitor infrastructure; we commissioned a leaflet to be sent to new residents which details the importance of wildlife and how to behave responsibly.
- National Grid funded the translocation of over 5000 Rudd to Seventy Acres Lake and Abbots Lake from a development site in Stratford; they also contributed £3k to support a school visit for students from a Stratford Primary School with a programme to be developed by our Learning and Engagement team.
- 50k funding received through the Rewild London for installation of floating reedbeds and Lee Park Way and Tottenham Locks, this is in partnership with Canal and River Trust and Thames 2; over 125m of reedbed will be installed by November 2022.
- River Lea enhancements to the south of Lea Bridge Road in partnership with Wildlife Gardeners of Haggerston and London Borough of Hackney to be delivered by December 2022; funding has been acquired via a number of channels and further partnerships are being formed.
- Continued efforts to enable conservation activation across the region.

The Chairman thanked the Conservation Manager for her presentation and suggested that Members email her any questions they may have.

10 NEXT MEETING OF THE AUTHORITY

It was noted that the next meeting of the Authority will be held on Thursday, 20 October 2022 at 2.00pm.

Chairman

Date

The meeting started at 2.05pm and ended at 3.30pm

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MEMBERSHIP OF COMMITTEES AND GROUPS 2022/23

COMMITTEES

EXECUTIVE COMMITTEE – 8 Members (at least 50% to be London Members), 1 Member nominated jointly by the non-majority groups preferably from one of the London Olympic Boroughs. MEETINGS: 12 per year or as required		
Labour (3)	Conservative (5)	Lib Dem (0)
Ross Houston	David Andrews	
Heather Johnson	Susan Barker	
Chris Kennedy	Graham McAndrew	
	Paul Osborn	
	Mary Sartin	
Chairman: Paul Osborn		Vice Chairman: David Andrews

AUDIT COMMITTEE – 7 Members MEETINGS: 3 per year		
Labour (3)	Conservative (4)	Lib Dem (0)
John Bevan	Mike Garnett	
David Gardner	Lesley Greensmyth	
Terry Wheeler	Dilip Patel	
	Suzanne Rutland-Barsby	
Chairman: David Gardner		Vice Chairman: Suzanne Rutland-Barsby

REGENERATION & PLANNING COMMITTEE – 11 Members MEETINGS: 6 weekly or as required		
Labour (4)	Conservative (6)	Lib Dem (1)
John Bevan	David Andrews	Calvin Horner
David Gardner	Graham McAndrew	
Heather Johnson	Gordon Nicholson	
Chris Kennedy	Paul Osborn	
	Mary Sartin	
	John Wyllie	
Chairman: David Andrews		Vice Chairman: Chris Kennedy

SCRUTINY COMMITTEE – 9 Members MEETINGS: 3 per year		
Labour (3)	Conservative (5)	Lib Dem (1)
John Bevan	Ken Ayling	Calvin Horner
Janet Burgess	Mike Garnett	
Terry Wheeler	Gordon Nicholson	
	John Wyllie	
	Steven Heather	
Chairman: John Bevan		Vice Chairman: Gordon Nicholson

TASK AND FINISH GROUPS

LAND & PROPERTY REVIEW WORKING GROUP – 7 Members MEETINGS: As required		
Labour (3)	Conservative (4)	Lib Dem (0)
Ross Houston	David Andrews	
Heather Johnson	Graham McAndrew	
Chris Kennedy	Paul Osborn	
	Mary Sartin	
Chairman: Paul Osborn		

LEVY STRATEGY WORKING GROUP – 8 Members		
MEETINGS: As required		
Labour (3)	Conservative (5)	Lib Dem (0)
Heather Johnson	David Andrews	
Chris Kennedy	Ken Ayling	
John Bevan	Susan Barker	
	Graham McAndrew	
	Paul Osborn	
Chairman: Paul Osborn		

APPOINTMENT TO OUTSIDE BODIES

Waltham Abbey Town Partnership	Steven Heather
Six Authorities Liaison Group (Formerly Enfield, Essex & Herts Border Liaison Group)	David Andrews Ken Ayling Marshall Vance Gordon Nicholson

BUSINESS CONTINUITY POLICY

Presented by the Corporate Director

SUMMARY

The purpose of this report is to seek Member approval for the Business Continuity Policy and associated procedures which has been created as a result of review of the Authority's Risk Management processes and procedures after the Risk Register Workshop held earlier in the year.

The Executive Committee considered the updated Business Continuity Policy/Procedures at a meeting held on 22 September 2022 (Paper E/773/22) and an oral update will be given at the Authority meeting.

RECOMMENDATION

Members Approve: (1) the Business Continuity Policy and associated procedures attached as Appendix A to Paper E/773/22 for adoption.

BACKGROUND

- 1 The Authority has a register of Policies that ensure the organisation works efficiently and consistently towards delivering its Business Strategy. As required, new policies are introduced to safeguard the Authority and make sure that all staff are conforming to current legislation and best practice.
- 2 Business Continuity management arrangements have been developed for implementation in a safe, prioritised and structured manner with the commitment of the Senior Management Team (SMT) for all of the services and sites within the Authority's control.
- 3 As part of a review of all processes involved with the management of risk and business continuity, a Business Continuity Policy has been written, along with accompanying procedures and guidance documentation.

BUSINESS CONTINUITY POLICY

- 4 The Executive Committee considered the Business Continuity Policy/Procedures at a meeting on 22 September 2022 (Paper E/773/22 – see

Annex A to this report) and an oral update will be given at the Authority meeting.

- 5 Any environmental, financial, human resource, legal and risk management implications are covered in paper E/773/22 attached as Annex A to this report.
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Author: Vince Donaldson 01992 709 816, vdonaldson@leevalleypark.org.uk

PREVIOUS COMMITTEE REPORTS


Executive E/773/22 Business Continuity Policy 22 September 2022

ANNEX ATTACHED

Annex A Paper E/773/22

LIST OF ABBREVIATIONS

GLL Greenwich Leisure Ltd. (trading as Better)

 <p>LEE VALLEY REGIONAL PARK AUTHORITY</p> <p>EXECUTIVE COMMITTEE</p> <p>22 SEPTEMBER 2022 AT 10:30</p>	<p><u>Agenda Item No:</u></p> <p><u>Report No:</u></p> <p>E/773/22</p>
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BUSINESS CONTINUITY POLICY

Presented by Corporate Director

EXECUTIVE SUMMARY

The purpose of this report is to seek Member approval for the draft Business Continuity Policy and associated procedures and the recommendation to the Authority for its adoption. The Policy has been created as a result of review of the Authority's Risk Management processes and procedures after the Risk Register workshop held earlier in the year.

RECOMMENDATION

Members Approve: (1) the recommendation of the draft Business Continuity Policy and associated procedures to the Authority for adoption.

BACKGROUND

- 1 The Authority has a register of Policies that ensure the organisation works efficiently and consistently towards delivering its Business Strategy. As required, new policies are introduced to safeguard the Authority and make sure that all staff are conforming within current legislation and best practice.
- 2 Business Continuity Management arrangements have been developed for implementation in a safe, prioritised and structured manner with the commitment of the Senior Management Team (SMT) for all of the services and sites within the Authority's control.
- 3 As part of a review of all processes involved with the management of risk and business continuity, a Business Continuity Policy has been written, along with accompanying procedures and guidance documentation.

BUSINESS CONTINUITY POLICY

- 4 A draft of the Business Continuity Policy is attached at Appendix A of this report for Members consideration and approval and the Business Continuity Plan Procedure, Risk Register Procedure and Business Continuity Risk Assessment are an annex to this policy.
- 5 The Business Continuity Policy is to set out the principles and practices that the Authority will adopt to meet with its legal obligations and its commitment to

ensure the safety of both customers and staff when within the Authority's Facilities or outside spaces and to ensure that, in the event of any business continuity incident, the initial response to a threat to the Authority's normal business is appropriate, robust and as coherent and effective as possible in the circumstances.

- 6 The aim of the proposed policy is to ensure that the Authority complies with the relevant legislation and that any associated procedures safeguard both customers and staff at all times with a business impact and disaster recovery process to be followed in the event of any incident.

ENVIRONMENTAL IMPLICATIONS

- 7 There are no environmental implications arising directly from the recommendations in this report.

FINANCIAL IMPLICATIONS

- 8 There are no financial implications arising directly out of the recommendations in this report.

HUMAN RESOURCE IMPLICATIONS

- 9 There are no human resource implications arising directly out of the recommendations in this report.

LEGAL IMPLICATIONS

- 10 There are no legal implications arising directly from the recommendations in this report.

RISK MANAGEMENT IMPLICATIONS

- 11 There will need to be regular training of relevant levels of staff in processes and monitoring as outlined within the attached procedures.

EQUALITIES IMPLICATIONS

- 12 There are no equalities implications arising directly from the recommendations in this report.

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APPENDICES ATTACHED

Appendix A	Business Continuity Policy
Appendix B	Business Continuity Plan Procedure
Appendix C	Risk Register Procedure
Appendix D	Business Continuity Risk Assessment

LIST OF ABBREVIATIONS

the Authority	Lee Valley Regional Park Authority
SMT	Senior Management Team



Business Continuity Policy

September 2022

Reference: [Version 0.3]



This document is controlled by Lee Valley Regional Park Authority.

Lee Valley Regional Park Authority,
Myddelton House, Bulls Cross,
Enfield, Middlesex, EN2 9HG

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i Document Information

Title: **Business Continuity Policy**

Status: Draft

Current Version: v0.3 (01 September 2022)

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Sponsor	Dan Buck – Corporate Director (Sport and Leisure) Sport and Leisure Department ✉ dbuck@leevalleypark.org.uk ☎ (01992) 709896
Consultation:	Corporate Directors H&S Contractor Heads of Service Facility Managers Policy and Procedure Review Group
Approved	Approved by: XXXX Approval Date: XX September 2022 Review Frequency: Every Five Years Next Review: September 2027

Version History		
Version	Date	Description
0.1	22 July 2020	Initial draft, circulated to SMT, RDHS
0.2	3 September 2020	Revision after circulation to SMT, RDHS
0.3	1 September 2022	Further revision after commencement of Leisure Service Contract

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1. Introduction

1.1 Definition of Business Continuity Management

According to the Business Continuity Institute, business continuity management is "an holistic management process that identifies potential threats to an organization and the impacts to business operations that those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities".

1.2 Business Continuity Policy - Operational

This policy ensures that the Authority's Business Continuity Management arrangements are developed and implemented in a safe, prioritised and structured manner with the commitment of the senior management team.

1.3 Business Continuity Objectives at LVRPA

The objectives of the Authority's business continuity policy are to ensure as far as practicable that:

- the initial response to a threat to the Authority's normal business is appropriate, robust and as coherent and effective as possible in the circumstances;
- the impacts of the threat are kept within acceptable levels as pre-defined by the relevant Corporate Directors and Senior Management Team (SMT) on initial threat analysis;

- in recovery to business as normal , priority is given to maintaining or restoring activities or services that are regarded as business critical in the circumstances; and
- relevant staff within the Authority are trained, advised and supported in order to achieve the above, in cooperation with others as appropriate; the process is not centrally directed

It is not an objective of business continuity planning within the Authority to ensure that, in the worst cases such as prolonged loss of use of an entire facility or service, full recovery to business as normal can be achieved quickly, or indeed in any particular timeframe. To guarantee any such recovery to any pre-determined specific deadline would be unrealistic and require prohibitively expensive resilience measures.

2. LVRPA Business Continuity Policy

2.1. It is the policy of LVRPA to:

- maintain a strategy for reacting to, and recovering from, adverse situations which is in line with an agreed level of acceptable risk
- ensure that, whenever practical, action is taken to prevent the occurrence or recurrence of an adverse situation through adopting appropriate risk controls
- maintain a programme of activity and services which ensures the Authority has the ability to react appropriately to, and recover from, adverse situations in line with predefined business continuity objectives
- maintain appropriate corporate and facility response plans underpinned by a clear escalation process
- rehearse response and recovery plans at least annually
- maintain a level of resilience to operational failure in line with the risks faced
- maintain employee awareness of the Authority's expectations of them during an emergency or business continuity threatening situation
- take account of changing business needs and ensure that the response plans and business continuity strategies are revised where necessary
- remain aligned with good industry practice in business continuity management

3. Scope of Business Continuity Planning

3.1 Business Continuity Planning at LVRPA concentrates on the following priorities:

- personal safety of all in Authority Facilities, Open Spaces and its Services.
- initial/emergency response
- communications
- safeguarding of assets
- recovery/continuity of key business activities
- recovery/continuity of revenue streams

4. Responsibility for Business Continuity

4.1 Responsibility for Business Continuity within the Authority is delegated by the Chief Executive to the Corporate Director (Sport and Leisure). This responsibility is in turn cascaded through the Authority's management structure and assured and overseen by the Business Continuity Planning Team. The Planning Team meets four times a year and is composed of;

Role	Responsible Officer
Planning Team Chair	Corporate Director (Sport & Leisure)
Co-ordination of open spaces and other facility requirements and group deputy	Corporate Director
Business Continuity Co-ordinator	Senior Contracts and Quality Manager
Co-ordination of IT requirements	Head of IT
Co-ordination of Special Project requirements	Head of Project and Funding Delivery
Co-ordination of Procurement	Senior Sport, Leisure and Projects Manager
Co-ordination of Communication requirements	Head of Communications
Co-ordination of Events	Senior Events Manager
Co-ordination of H & S requirements	H & S Contractor – Lead Officer
Co-ordination of APMD requirements	Head of Asset Maintenance
Co-ordination of Property requirements	Head of Property
Co-ordination of HR Training requirements	Head of HR

The Planning Team reports to the SMT.

4.2. Responsibility for localised business continuity matters and planning lies with the Heads of Service group incorporating heads of departments, the heads of divisions/service areas and this will feed into facility/service managers. The Facility/Service managers are accountable for the undertaking and implementation of business continuity measures in their areas. As a minimum the Authority expects each facility/service to have its own, fit for purpose, business continuity plan and for that plan to be reviewed and updated at least annually with sign off by the by the Business Continuity Planning team. Each business continuity plan must be submitted to the Business Continuity Co-ordinator annually for ratification by the Business Continuity Steering Group. Failure to comply at this level will be noted in the Authority's operational risk register.

5. Additional Roles & Responsibilities

5.1 The Roles and Responsibilities listed below will be revised annually to ensure that they fit the strategic objectives of the Authority.

Authority Members

- Understand and support awareness of business continuity;

- Support Authority staff with business continuity roles, within areas of responsibility, to demonstrate leadership and commitment;
- Ensure Corporate Directors and Heads of Service meet the business continuity targets;
- Discuss quarterly reports within Audit Committee meetings and act on any issues identified, as required.

Corporate Directors and Heads of Service

- If the department has experienced significant disruption due to a recent incident, discuss operational risk and business continuity in the senior management team/HoS meetings to identify controls and plans to mitigate disruption.
- Agree a primary and alternate business continuity champion, responsible for business continuity within their department as outlined in the Business Continuity Management Procedure.
- Ensure staff assigned the champion role complete their actions (Operational risk assessment, Business Impact Analysis, Business Continuity Plan development, exercises);
- Ensure the department has robust business continuity plan(s) which are signed-off;
- Ensure all members of the management team are aware of their responsibilities in each department's business continuity plan;
- Monitor results of plan reviews and exercises.

Business Continuity Champions

Under the guidance of the Business Continuity Co-Ordinator (through provision of templates and assistance with completion), the business continuity champions will over the course of the year complete and maintain the facility or service;

- Business Continuity Plan;
- Business Continuity Risk Assessment;
- Business Impact Analysis;
- Disaster Recovery Plan;
- Update the Call cascade outlined in the Facility Incident Management Plan;
- Plan exercise timetable with two exercises per year.

In addition:

- Respond to major operational incidents when required. This will involve the Corporate Director (Sport & Leisure) implementing a response structure to;
 - Bringing department situation reports to Business Continuity Steering Group meetings and implementing, communicating and coordinating updates to the facility or service Business Continuity Plan.
 - Attend quarterly meetings held by the Business Continuity Co-ordinator.
 - Generally raise awareness of business continuity in the department, including the department continuity plan and staff roles and responsibilities in the plan.

Business Continuity Co-ordinator

- Establish and maintain a business continuity management framework and agree business continuity champions for each department;
- Schedule and chair quarterly meetings with champions;
- Ensure the business continuity programme aligns with standards and best practice;
- Provide quarterly reports to the Corporate Director (Sport and Leisure) and the Audit Committee.

6. Management of Business Continuity

6.1. The following are the main processes and procedures through which the Authority implements its business continuity policy:

- Emergency Action Plans this is the first stage in the emergency response/business continuity process
- the Facility Incident Management Plans (FIMP) this is the next stage in the emergency response/business continuity process
- the Corporate Incident Management Plan (CIMP); this uses a command structure in line with that used by the emergency services following a Gold/Silver/Bronze hierarchy. Separate Event specific incident management plans will be specifically used during all events and link in with the CIMP.
- Business Continuity Plans for all facilities/services within the Authority, submitted for review yearly and tested regularly
- Annual Business Impact Analyses to help define recovery priorities for the Authority
- the Business Critical Calendar
- Authority-wide training and support facilitated by RDHS and HR (Authority Responsible Officer)

7. Business Continuity Framework

7.1 The standard management method Plan, Do, Check, Act (PDCA) used by organisations such as HSE will be applied to the design and implementation of the business continuity process.

Plan (establish)

- Documented business continuity policy, objectives, targets, controls, processes and procedures, relevant to improving business continuity in order to deliver results that align with the corporate strategy.

Do (Implement and operate)

- Implementation of the policy, controls, processes and procedures through:
 - Documented business impact analysis and operational risk assessment;
 - Identification of appropriate business continuity strategies;
 - Establishing incident response structures and processes;
 - Documenting business continuity plans for key products and services and areas key to the delivery of the corporate strategy;
 - Implementation of exercises to validate the effectiveness of plans.

Check (monitor and review)

- Programme performance evaluation through methods of monitoring, measurement, analysis and evaluation of processes, including audits of plans and management reviews.

Act (maintain and improve)

- Implementation and follow-up of lessons learnt, as identified from incidents and exercises.
- Continual improvement through identification of nonconformity and corrective action plans.

8. Maintenance & Continual Improvement

8.1 In order to comply with the Business Continuity Framework, it is essential that both the Policy and Business Continuity Management Procedure are reviewed annually or after a major incident as defined in the Business Continuity Management Procedure.

Maintenance

Business continuity plans will go through a formal review at least once annually. All facilities and services will be responsible for regularly updating their business continuity plans between reviews

All contact details held in the plans will be updated no less than once quarterly or on change of staff by the facility or service manager. *Contact details stored by departments for Business Continuity purposes must comply with data protection.*

Continual Improvement

To ensure continual improvement the Business Continuity Co-ordinator will:

- Ensure the business continuity programme achieves its intended outcomes, directing and supporting individuals as necessary.
- Ensure the resources needed are available (with support from the SMT where necessary).
- Follow-up recommendations from lessons learnt from exercises to ensure they are implemented.
- Ensure internal audits of the programme are conducted and the improvements identified are implemented.

8.2 Quarterly performance reports on the implementation of the business continuity programme and a summary of incidents will be collated by the Business Continuity Manager and provided to the Audit Committee so they are aware of any actions taken to improve resilience and reduce Corporate Risk.

9. Appendices

Appendix A – Supporting Document Index

APPENDIX A – SUPPORTING DOCUMENT INDEX

Document	Location	Version	Author
Emergency Action Plan Template	QMS System	9.0	Facility
Facility Incident Management Plan	QMS System	9.0	Facility
Facility Incident Response Flowchart	QMS System	9.0	H&S
Corporate Incident Management Plan	QMS System	7.0	H&S
Corporate Incident Response Reporting Flow Chart	QMS System	7.0	H&S
GLL and LVRPA Critical Incident Media Protocol	QMS System	1.0	H&S
Business Continuity Management	QMS System	2.0	Activation
Business Continuity Plan	QMS System	2.0	Activation
Business Continuity Risk Assessment	QMS System	2.0	Activation
Risk Register Procedure	QMS System	3.0	Activation

Lee Valley Quality Management System Procedure

Detail

Procedure name:	Business Continuity Plan
Issue Number:	2
Date Created:	September 2020
Date updated:	September 2021
Review Date:	September 2023
Author (job title):	Senior Contracts and Quality Manager
Responsibilities:	A Business Continuity Planning Team has been established to deliver the objectives. This team will be responsible for establishing and supporting an on-going process to evaluate the impact of events that may adversely affect LVRPA, customers, assets or employees. The focus of the team is to assist Facility/Service managers develop and maintain a plan designed to ensure that the organisation as a whole and their facilities/service in particular, can restore business critical functions, and meet responsibilities to our customers and other stakeholders in a manner consistent with our recovery goals.

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This procedure covers the following points:

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Objective

It is the objective of Lee Valley Park Regional Authority to ensure that all facilities/services remain operational in the event of a major failure of areas/equipment, by means of a Business Continuity planning process.

Scope

The Business Continuity Planning Team will lead in identifying potential risks to Authority business and to the safety and well-being of our employees. Once risks are identified, the team will suggest and develop strategies that should minimise the impact the event may have on our operations both for facilities and services.

Business Continuity Plan Process



During the initial phased set up of any site and annually thereafter, the facility/service manager and their team, with support from the Business Continuity Planning Team, will analyse all processes that could affect the management and operational functions of the facility/service.

Once these items have been collated, the facility/service manager will then carry out the following processes;

1) Risk Assessment - The purpose of this assessment is to identify those events that have a higher likelihood (higher grade) of adversely impacting operations, so as to help prioritise the prevention and mitigation strategies.

2) Business Impact Analysis (BIA) – this will decide how quickly the function must be resumed before the facility/service is significantly impacted in terms of products, services, reputation and customer base.

3) Prevention/mitigation/recovery (Disaster Recovery Plan – DRP) – the facility/service manager can build an action plan to resume operations in the event of a business interruption and to set planning priorities based on how important these functions are to their operations based on their Business Impact Analysis.

4) Implementation, testing and exercises - To ensure that the recovery plan is effective after an event, periodic review coupled with testing is required. There are many types of tests that can be conducted to help ensure that the plan is adequate and these will be listed.

5) Training and education – with the assistance of the Business Continuity Planning Team, a training/education programme will be introduced ensuring a comprehensive and holistic approach for all staff to the Business Continuity process.

6) Testing and Exercises – The Authority will test the Business Continuity plans by means of tests (desktop) and exercises (real time) to ensure the plans are robust and have been updated, where necessary, to reduce risk, mitigate any further impacts on the business and confirm the disaster recovery process is fit for use. Tests will be conducted by external advisors, such as the Authority's Health and Safety support contractor or insurers.

Business Continuity programme schedule

	Estimated completion date	Planning team member/s responsible	Facility/Service
1) Risk Assessment	End December 2021	Vince Donaldson, Simon Clark, Jon Carney, Paul Roper	All
2) Business Impact Analysis	End January 2022	Vince Donaldson, Simon Clark, Dan Buck, Jon Carney	All
3) Prevention/Mitigation Disaster Recovery Plan	End January 2022	Vince Donaldson, Jack Bernard	All Authority
4) Implementation	End February 2022	All	All Authority
5) Training and Education	End February 2022	Vince Donaldson, Simon Clark, Jack Bernard	All Authority
Testing and exercises	End March 2022 then six monthly	Vince Donaldson, Jack Bernard	All Authority

Business Continuity Planning Team

The Business Continuity Planning Team for the Authority will meet on a quarterly basis to ensure that all processes required for Business Continuity are monitored to ensure they are updated as and when required.

The team will;

- Establish a work schedule and programme deadlines. Timelines can be modified as priorities become defined.

- Consider any specific budget requirements for research, documents, seminars, consulting services and other expenses that may be considered necessary during the plan development process.
- The Business Continuity Planning Team will be comprised of the following officers:

Name	Job Title	Specialism	Telephone	email
Dan Buck	Corporate Director	Sport and Leisure	01992 709896 07956 898619	dbuck@leevalleypark.org.uk
Jon Carney	Corporate Director	Open Spaces, Campsites, Marinas	01992 709804 07715 449325	jcarney@leevalleypark.org.uk
Vince Donaldson	Senior Contracts and Quality Manager	Quality Management Systemm	01992 709816 07920 495390	vdonaldson@leevalleypark.org.uk
Simon Clark	Head of IT	Information Technology	01992 709893 07734 021746	sclark@leevalleypark.org.uk
Paul Roper	Head of Project and Funding Delivery	Project management	01992 709845 07917 647552	proper@leevalleypark.org.uk
Justin Baker	Senior Sport, Leisure and Projects Manager	Procurement and project planning	01992 709938 07909 000302	jbaker@leevalleypark.org.uk
Stephen Bromberg	Head of Communications	Communications and PR	01992 709881 07793 773540	Sbromberg@leevalleypark.org.uk
Sophie Stone	Senior Events Manager	Events	01992 709913 07770 315973	sstone@leevalleypark.org.uk
Joe Ryan	Managing Director, RDHS Ltd.	Health and Safety	01458 241661 07919 214396	joer@rdhs-ltd.co.uk
Jack Bernard	Health and Event Safety Consultant, RDHS Ltd.	Health and Safety	01458 241661 07919 047389	jack@rdhs-ltd.co.uk
Michael Stevens	Head of Asset Maintenance	Asset Maintenance	01992 709861 07909 000320	mstevens@leevalleypark.org.uk
Marigold Wilberforce	Head of Property	Property and Allotments	01992 709883 07825 033510	mwilberforce@leevalleypark.org.uk
Victoria Yates	Head of HR	Human Resources	01992 709915 07739 852235	vyates@leevalleypark.org.uk
Alison Sackett	Management Support Officer	Administration	01992 709844 07920 825515	asackett@leevalleypark.org.uk

Business Continuity Champion

Each facility/service will nominate a Business Continuity Champion who will be responsible for the BCP, the BC Risk Assessment, Business Impact Analysis and Disaster Recovery Plan. This person will normally be the Facility/Service Managers who would be accountable for undertaking, implementing and ongoing training of staff in relation to Business Continuity measures.

Business Continuity Risk Assessment Process

Once all of the processes that could affect the management and operational functions of the facility/service have been collated, a Business Continuity Risk Assessment looking at the risk of specific items, implications of that risk, potential impact and risk mitigation will be completed and forwarded to the relevant Head of Service. This will be used to ensure that any high probability or high impact items are listed on the Authority's Risk Register and also the Asset Register for the facility/service. The Business Continuity Risk Assessment procedure will form

part of the Normal Operating Procedures for each facility/service which is a responsibility of the facility/service manager.

Specific Business Continuity Areas

The range of items for consideration will only be those which impinge directly on the ability of the site to provide the services/facilities required by both paying customers and staff. These will include areas such as:

IT – Hardware/Software failure, Data loss, phones etc.

Finance – ELMS (or replacement)/till failure, cash security, purchase orders

IM (Information Management) – Booking Systems, research

Health and Safety – Serious accident/incident, pandemic

Technical – Electrical failure, pump failure, contamination (chemical or bacteriological)

This list is not exhaustive and should be amended to meet the needs of each facility/service.

Updating the Business Continuity Plan

It will be the responsibility of the facility/site/service manager to update/review their Business Continuity Plan on an annual basis or as required. This will be the case where there have been changes to systems, equipment infrastructure etc. and will need to cover all changes to the current Business Continuity Risk Assessment that will be required to ensure continuity of the business of the site. Separate Business Continuity Risk Assessment and Business Impact Analysis procedures will be available with templates for completion by the facility/service manager.

Internal Forms

- SIP
- Asset Register
- Business Continuity Risk Assessment

External Forms

- N/A

Sources of Information

- Authority Risk Register
- LFA Targets

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Lee Valley Quality Management System Procedure

Detail

Procedure name:	Risk Register
Issue Number:	2
Date Created:	September 2020
Date updated:	April 2022
Review Date:	April 2024
Author (job title):	Senior Contracts and Quality Manager
Responsibilities:	<p>In order to carry out these objectives the Business Continuity Co-ordinator assisted by all the Heads of Service will maintain and update the Authority's Risk Register along with any sub-Risk Register created to meet specific business risks and ensure they are regularly reviewed. The focus of these officers is to ensure that all foreseeable risks are fully considered and listed along with current controls and additional mitigations. For Risk Management to be an effective tool, it needs to be embedded throughout the organisation.</p> <p>It needs to be considered as part of the service planning process, as part of the budget setting process, as part of day to day decision making and as part of strategic level decision making by the Senior Management team and Members.</p> <p>It is also critical that management and Members are clear on the need to consider risks beyond their immediate operations, also focusing on risks in relation to partnerships with external bodies, risks in relation to projects and global risks both financial and medical, such as fuel shortages and pandemics.</p> <p>Organisation responsibilities are summarised as follows:</p> <ul style="list-style-type: none"> • Members have overall responsibility for approving the Authority's Risk Management strategy and the content of the Risk Register. They are not directly responsible for the management of risk, rather they must satisfy themselves that the Framework is operating effectively. Specifically, they should be satisfied with the following: <ul style="list-style-type: none"> ○ the overall levels of Risk Appetite, ○ that all key risks have been identified within the Register on an ongoing basis, ○ that the inherent risk scores seem reasonable, ○ that the residual risk scores seem reasonable, given the existing controls identified and the potential causes of the risk, ○ that the decision as to whether to accept the residual risk score or to take further actions (including potentially terminating the operations relating to the risk) seems reasonable ○ that the deadlines set for any further actions seem reasonable, ○ that any further actions are being completed within the agreed deadlines and: ○ that the existing controls identified are indeed in place and continue to operate effectively – it is not for



Members to check this for themselves, but to obtain assurances that this is the case (see Monitoring and Reporting below).

Contents

This procedure covers the following points:

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Objective

It is the objective of Lee Valley Regional Park Authority to record the details of all risks that have been identified along with their analysis and plans for how those risks will be treated. The Authority must remain functional in the event of any areas of business failure. All risks will be monitored by Authority officers and Members to ensure they are robust, updated and revised when required.

Scope

Risk Management applies to all aspects of the Authority's operations, including existing activities, those relating to planned developments and other risks that transpire due to unforeseen events such as national/international pandemics.

Risk is not just about the finances of the Authority. Whilst direct financial loss may result, the potential impacts if a risk is realised also include service disruption, reputational damage, environmental damage, personal injury, litigation and regulatory sanctions.

What Is the Purpose of a Risk Register?

The purpose of a risk register is to record the details of all risks that have been identified along with their current controls and plans for how those risks will be treated.

It takes the form of a spreadsheet that identifies:

- risks along with their severity;
- controls in place and the actions taken;
- steps to be taken to further mitigate the risk.

The risk register should be viewed by managers as a management tool for monitoring the risk management processes within the Authority. It is the responsibility of the Business Continuity Co-ordinator to ensure that the risk register is updated whenever necessary.

The list of risks that are identified and recorded in the Authority Corporate Risk Register are derived from the individual facility and service Risk Registers, however, generally only those risks that affect the Authority overall will sit within the Authority Corporate Risk Register.

Management of Risk

Management of risk is a constant ongoing process with the Business Continuity Co-ordinator/Heads of Service raising risks with the Corporate Directors who agree the necessity of adding the risk to the Authority Corporate Risk Register and identify actions that can be taken to mitigate the risk. To properly respond to a risk there may be a need to bring in experts to understand the actions that can be taken to reduce the likelihood of the risk occurring or the impact if the risk does occur.

The aim in general is to reduce risks to an acceptable level. There are times when the risk will remain "red". This is not a reflection that the risk is not being managed, more that SMT in conjunction with the Members feel that the risk has been controlled to the most acceptable level. It is not an efficient use of resources or practical for individual risks to be completely and

absolutely eliminated. A decision has to be made in each case as to what is a cost effective response, as set against the Authority's risk appetite.

If a decision is made to implement controls to help manage a risk, then the design of those controls needs to take account of the potential causes of the risk. It is only through taking action to control these causes that a risk can be managed.

How do we use Risk Management?

The Authority Risk Register and Sub-Registers are used for two main purposes:

- To determine those risks where further actions are needed in order to reduce the residual risk exposure to an acceptable level, i.e. within the Authority's risk appetite. These further actions need to be assigned responsible officers and deadlines for completion and progress towards implementing them needs to be monitored
- To determine those risks where the residual risk exposure has already been reduced to an acceptable level and hence where reliance is being placed on existing controls. Both SMT and Members need to be assured that these controls are operating as intended on an ongoing basis so as to confirm that the actual residual exposure remains at this level.

Both elements are of high importance and hence form the basis of the regular review by Management Team and Members. The Authority Corporate Risk Register and Sub-Registers will be an agenda item for each Heads of Service meeting and any changes are to be communicated by the chair to the Business Continuity Co-ordinator who will update the Authority Corporate Risk Register/Sub-Registers in question.

Risk Appetite

As it is not an efficient use of resources, nor is it necessarily practical for individual risks to be completely and absolutely eliminated, an important issue in considering the response to risk is the determination of the risk appetite of the Authority.

Risks are currently assessed using a 1-9 scale for both impact and likelihood. The Authority's risk appetite is then defined using the scoring matrix below.

Impact	9	9	18	27	36	45	54	63	72	81
	8	8	16	24	32	40	48	56	64	72
	7	7	14	21	28	35	42	49	56	63
	6	6	12	18	24	30	36	42	48	54
	5	5	10	15	20	25	30	35	40	45
	4	4	8	12	16	20	24	28	32	36
	3	3	6	9	12	15	18	21	24	27
	2	2	4	6	8	10	12	14	16	18
	1	1	2	3	4	5	6	7	8	9
		1	2	3	4	5	6	7	8	9
		Likelihood								

Those risks with a residual score in the green zone are generally considered to be managed to an acceptable level and hence limited or no further actions would be expected.

For those risks with a residual score in the amber zone, the exposure is considered to be partially acceptable. Further actions would be needed to lower this into the green zone, although a decision has to be made as to whether this is cost effective, given that resources are constrained.

Those risks with a residual score in the red zone are considered to have an exposure that is at an unacceptable level and hence further actions are needed to lower this.

On some occasions a decision may be made to accept a higher level of residual risk, although this will be subject to ongoing review and consideration at both Senior Management Team and Member level.

Scoring Criteria

Each risk is scored on the basis of the following criteria for impact and likelihood, both for inherent and residual risk. While the assessment remains subjective, these criteria serve as a guide and used to help ensure consistency in scoring against each of the risks identified.

	Impact	Likelihood
1	No impact	< 1% likely to occur in next 12 months
2	Financial loss up to £1,000 or no impact outside single objective or no adverse publicity	1% - 5% likely to occur in next 12 months
3	Financial loss between £1,000 and £5,000 or no impact outside single objective or no adverse publicity	5% - 10% likely to occur in next 12 months

4	Financial loss between £5,000 and £20,000 or minor regulatory consequence or some impact on other objectives	10% - 20% likely to occur in next 12 months
5	Financial loss between £20,000 and £50,000 or impact on other objectives or local adverse publicity or strong regulatory criticism	20% - 30% likely to occur in next 12 months
6	Financial loss between £50,000 to £250,000 or impact on many other processes or local adverse publicity or regulatory sanctions (such as intervention, public interest reports)	30% - 40% likely to occur in next 12 months
7	Financial loss between £250,000 to £500,000 or impact on strategic level objectives or national adverse publicity or strong regulatory sanctions	40% - 60% likely to occur in next 12 months
8	Financial loss between £500,000 to £1 million or impact on strategic level objectives or national adverse publicity or Central Government takes over administration	60% - 80% likely to occur in next 12 months
9	Financial loss above £1 million or major impact on strategic level objectives or closure/transfer of business	>80% likely to occur in next 12 months

Which Risks do we focus on?

All risks within the Authority Corporate Risk Register and Sub-Registers are focused upon, either because they have further actions against them to help lower the residual risk exposure, or because they are believed to be managed to an acceptable level of residual exposure and hence assurance is needed to confirm that this continues to be the case.

With regard to the initial inclusion of a risk on either the Authority Corporate Risk Register or any of the Sub-Registers, this is determined through the inherent risk assessment. If the inherent risk score falls within the green zone of the scoring matrix, then it will not be included as this suggests that the exposure is acceptable, even without taking any steps to manage it.

Risks will only be added to the Authority Corporate Risk Register if the inherent risk falls within the red zone or the amber zone.

How do we determine how to manage each Risk?

As noted above, it is not an efficient use of resources nor is it necessarily practical for individual risks to be completely and absolutely eliminated. A decision therefore has to be made in each case as to what is a cost effective response, as set against the Authority's risk appetite.

The response to each risk can be categorised into one of the following;

Treat	Controls are put in place to help reduce the likelihood of a risk being realised.
Transfer	Action is taken to transfer the potential impact to another party, e.g. through an insurance arrangement.

Terminate	A decision is made to end the area of activity with which the activity is associated.
Tolerate	A decision is made to accept the current level of exposure without taking any further action.

If a decision is made to implement controls to help manage a risk, then the design of those controls needs to take account of the potential causes of the risk. It is only through taking action to control these causes that a risk can be managed.

Different risks will have different causes and it is likely that there may be more than one potential cause per risk. However, the following categories are used as a guide to identify the causes in each case;

Lack of awareness/understanding of what's needed	Lack of resources/information needed to deliver	Lack of skills/competency needed to deliver
Errors in performance/compliance	Intentional non-compliance	Incompatible duties (lack of segregation)
Duplication of effort	Lack of awareness of poor performance/non-compliance	Lack of resource/competency to address issues

For each risk, the aim is also to have a mix of both preventative and detective controls. A preventative control seeks to stop the risk from being realised, whilst a detective control seeks to identify any instances where this does still occur. A balance is needed given that preventative controls may not always be successful.

How do we assess Residual Risk?

The residual risk exposure is assessed through a consideration of the extent to which the existing controls adequately mitigate the causes of each individual risk. A risk can only be managed through taking action to control the causes.

It is also important to recognise that the controls in place are generally focused more on reducing the likelihood of a risk occurring as opposed to the impact. In many cases, if the risk does still occur then the impact will be unchanged from the inherent scoring. There are exceptions to this, for example purchasing some form of insurance helps to reduce the potential impact rather than lowering the likelihood. In addition, in some cases, the controls may help to reduce the potential impact as well as the likelihood through a mix of both preventative and detective type controls.

What if the Residual Risk is not low enough?

The residual risk score is compared against the Risk Appetite to determine whether this is acceptable. As covered under the section titled 'Risk Appetite', if the score is outside the green zone then a decision needs to be made as to how to address this. Such a decision will be based on the specific nature and potential impacts of the risk in question, as well as the costs and practicalities involved with managing it.

The decision will be to 'Tolerate' the existing level of exposure, to 'Treat' it, or to 'Terminate' it through ending the operations to which the risk relates. If a decision is made to 'Treat' the

residual exposure, the further action(s) will be identified to do so. For each further action, a deadline for completion and a responsible officer are agreed.

Once completed the existing controls recorded in the Authority Risk Register are updated to reflect the strengthening of the control environment and the residual risk score is re-assessed.

How does the Risk Register fit within the Business Continuity Process?



The facility/service manager will carry out the following processes;

1) Risk Assessment Process and Regular Review of Risk Register - The purpose of this assessment is to help them identify those events that have a higher likelihood (higher score) of adversely impacting their specific operations so as to help them prioritise their prevention and mitigation strategies. Any significant risk that could affect the Authority overall and not just their specific operations will be added to the Authority Corporate Risk Register.

2) Business Impact Analysis (BIA) – this will help decide how quickly the function must be resumed before the facility/service is significantly impacted in terms of products, services, reputation and customer base.

3) Prevention/mitigation – the facility/service manager can build an action plan to help resume operations in the event of a business interruption and to set planning priorities based on how important these functions are to their operations based on their Business Impact Analysis. This will take the form of a Disaster Recovery Plan to ensure that their aspect of the Authority's function can return to normal operation in the earliest possible time taking costs into consideration.

These are discussed with the Head of Service and those items that are of a sufficiently high level of risk to the Authority as a whole are added to the Risk Register.

Monitoring, Updating and Reporting the Authority Corporate Risk Register – Internal Process

Risk management needs to be consistently on the 'agenda' at all levels and the Authority Corporate Risk Register and Sub-Registers need to be treated as 'live' documents. The Authority Corporate Risk Register is reviewed quarterly by the SMT and is an agenda item for the Heads of Service meetings which take place on a monthly basis. The Sub-Registers are also subject to review by the SMT/HoS. The Authority Corporate Risk Register and any Sub-Registers are reviewed by the Audit Committee (Members) at their meetings on a minimum of three occasions annually.

Key elements covered by the review process as linked to the responsibilities include the following:

- consideration as to whether there are any new or emerging risks to be added to the Authority Corporate Risk Register;
- consideration as to whether the significance of any existing risks has changed;
- consideration as to whether a risk is no longer relevant/of concern and should be removed from the Authority Corporate Risk Register;
- monitoring and reporting on the extent to which the controls currently in place are adequately and effectively managing the risks identified;
- determining the extent to which any future actions are needed to strengthen the existing controls; and
- monitoring the progress on the implementation of further actions.

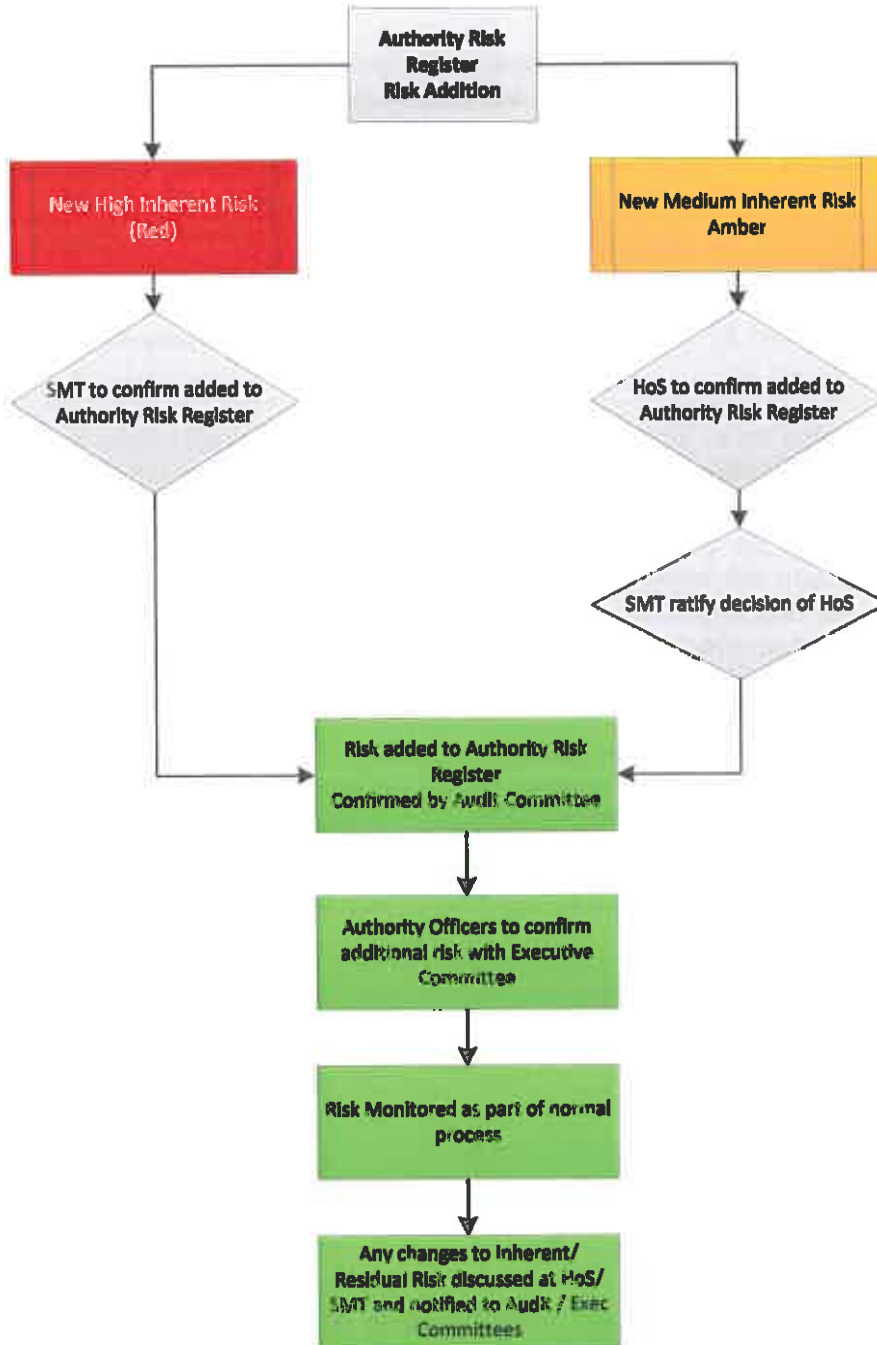
The Business Continuity Co-ordinator will ensure that the Authority Corporate Risk Register is updated quarterly in conjunction with the SMT and will supply the HoS chair copies of the current Authority Corporate Risk Register for them to discuss and, if required update at their monthly meetings.

Any emerging risks that need to be added to the Authority Corporate Risk Register should be confirmed by the relevant lead and communicated to the Business Continuity Co-ordinator who will add these within the relevant section of either the Authority Corporate Risk Register or any sub-register.

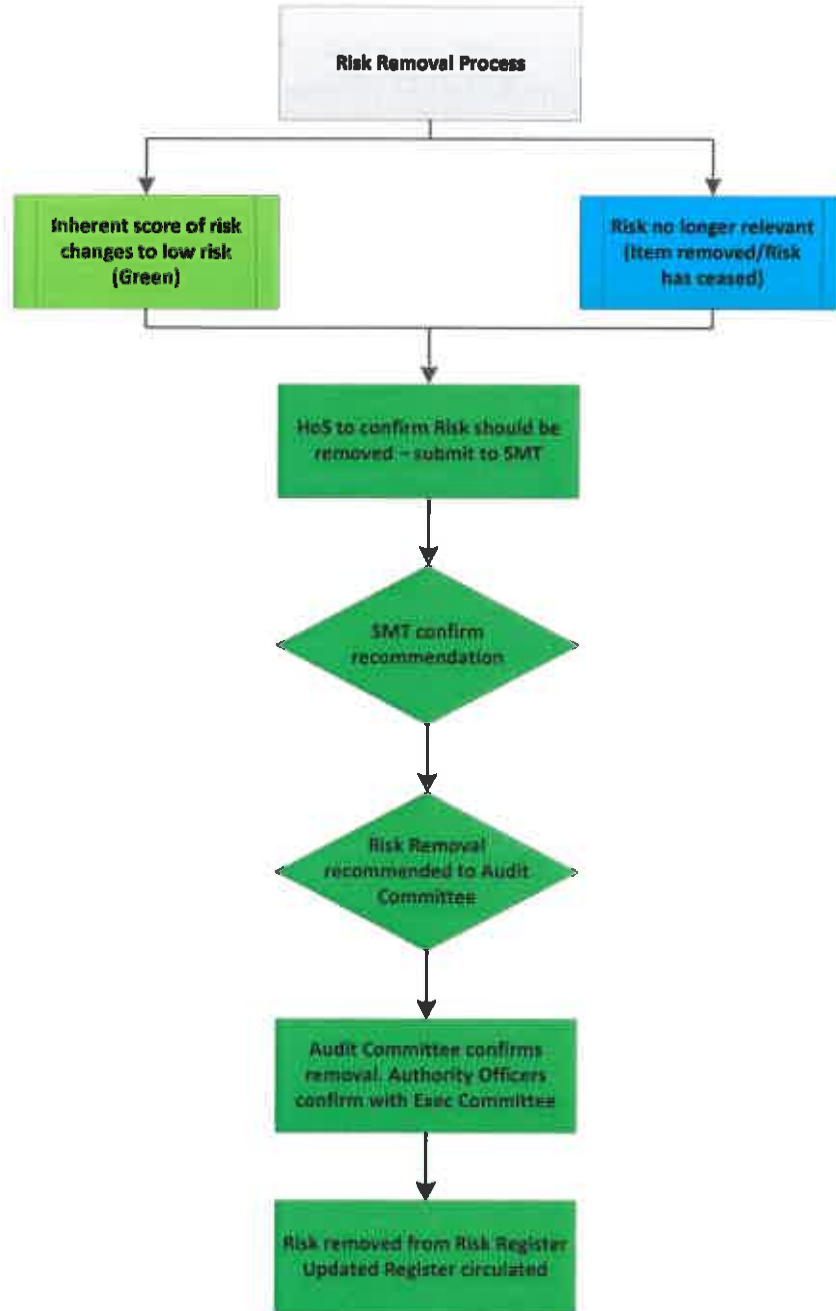
Any risks that increase in severity from amber to red should be confirmed by the relevant lead and communicated to the Business Continuity Co-ordinator. These would be flagged up at the next available Executive Committee meeting by Authority Officers, with the chair of the Audit Committee present and Audit Committee Members copied in.

Any risks that have become no longer relevant due to changes in conditions or removal of the specific risk (e.g. due to the end of a process such as procuring a large contract) can be removed at the instigation of the risk lead if the Inherent risk is now within the green zone.

Risk Addition Flowchart



Risk Removal Flowchart



Reviewing, Reporting and Updating the Authority Corporate Risk Register – Member Committees

It will be the responsibility of the Audit Committee to review the Authority Corporate Risk Register (and any sub-Risk Registers) at their programmed meetings. On completion of the meeting, the Audit Committee will recommend to the Executive Committee any changes or areas of medium to high risk that are of concern. The relevant Authority Officers (supported by



Risk Register

Issue 3

the Chair of the Audit Committee) will present these areas within a report to enable the Executive Committee to understand the ramifications of any areas of concern and enable them to assume ownership of the risks.

Once the Executive Committee have agreed the status of the risks, a report will be taken to the next full Authority Meeting for information/awareness.

In the event of any additional risks that emerge in the interim or changes to the severity of the risk, the Authority Corporate Risk Register will be amended. These amendments would be flagged up at the next available Executive Committee meeting by Authority Officers with the chair of the Audit Committee present and Audit Committee Members copied in for information. Once the Executive Committee have agreed the addition, this confirmation will be forwarded to the Audit Committee for ratification of the amended Risk Register.

Internal Forms

- Service Improvement Plan (SIP)
- Asset Register
- Facility/Service Specific Risk Register
- Business Continuity Risk Assessment
- Business Impact Analysis Template
- Disaster Recovery Plan Template

External Forms

- N/A

Sources of Information

- Authority Risk Register
- LFA Targets

Objective

It is the objective of Lee Valley Park Regional Authority to ensure that all facilities open to the public and other users are managed to ensure they remain operational despite failure of areas/equipment.

Responsibilities

It is the responsibility of the (Facility/Service) manager to ensure that a Business Continuity Risk Assessment (BCRA) process is followed and that the assessment for the Facility is completed and forwarded to their relevant Head of Service for inclusion in the overall BCRA and Risk Register. This Risk Assessment will form part of the Business Continuity Plan for the facility/service.

Scope

This procedure covers the production of the Business Continuity Risk Assessment and the range of requirements for the site in operational state.

This procedure covers the following points:

Objective.....	1
Responsibilities.....	1
Scope	1
Detail	2
Business Continuity Risk Assessment Process	2
Example Risks and Mitigations	5
Updating the Business Continuity Risk Assessment.....	6
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Site Specific Forms.....	7
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Changes from Last Issue	7
Appendix A: Business Continuity for Fisheries (Example RA)Error! Bookmark not defined.	

Business Continuity Risk Assessment

Issue 2

Detail

Business Continuity Risk Assessment Process

During the initial phased set up of any site and annually thereafter, the site manager, their team and support staff from head office will analyse all processes that could affect the management and operational functions of the site.

Once these items have been collated, a Business Continuity Risk Assessment (BCRA) looking at the risk of specific items, implications of that risk, potential impact and risk mitigation will be completed and forwarded to their Head of Service. This will be used to ensure that any high probability or high impact items are listed on the Risk Register and also the Asset Register for the facility. The Business Continuity Risk Assessment procedure will form part of the Normal Operating Procedures for each facility/service.

An example assessment of risk based on event type begins on page 8. The purpose of this assessment is to help officers identify those events that have a higher likelihood of adversely impacting their operations so as to help them prioritise their prevention and mitigation strategies. With the impact of the Covid-19 pandemic, officers should ensure they factor in all the additional assessments this has generated for their facility/service.

Department

In the first column of the form, list the department the Risk Assessment applies to.

Risk Area

This column covers the specific areas of risk within the department. These areas can be greater or lesser dependant on the department they apply to and is for the specific risks to be outlined which could affect the facility and the community.

Inherent Risk Score

In these columns list the impact and likelihood (both on a scale of 1 to 9). Potential risk events to consider include, but are not limited to, those listed below and how likely they are to happen, combined with what the impact could be:

Natural hazards	Man-made events	Technology-caused events
Tomadoes/Hurricanes	Explosion/fire	Computer systems failures/compromise
Floods	Transportation accidents	Electronic data loss/corruption
Earthquakes	Vandalism	Software or application corruption
Lightning	Terrorism/bomb threats	Ancillary support equipment breakdown
Snow, ice, hail	Industrial accidents	Telecoms/internet disruptions
Landslides	Financial	
Wildfires		
Biological (pandemic viral		

Business Continuity Risk Assessment

Issue 2

infections)		Energy/power/utility failures/outages
-------------	--	---------------------------------------

This list is not exhaustive and should be amended to meet the needs of each facility/service.

Lead

This is to indicate the relevant lead officer responsible for the Facility/Service and who will normally be the person completing the Risk Assessment.

Impact

In the Impact column, rate how each event's impact on the business/staff/customers.

Facilities/services should consider the human, property, operations and environmental impact of any event. These are scored on a scale of 1 to 9 and should consider both internal and external resources.

Impacted area	Comments and considerations
Human impact	Analyse the possibility of death or injury. Consider the need for staff to work from home if self-isolating from a pandemic and their mental health.
Property impact	Consider the potential for loss or damage to property. Property includes buildings, machinery, equipment, electronic equipment, raw materials and finished products/goods. Considerations include: Cost to replace Cost to set up temporary replacement Cost to clean or repair Cost for additional safeguards (screens, signage etc.)
Operations impact	Consider the potential loss of market share factoring in areas such as; Business interruption Employees unable to report to work Customers unable to reach the facility Closure of the facility due to government edict Interruption of critical supplies Interruption of product distribution Company's potential breach or violation of contractual agreements Imposition of fines, penalties or legal costs
Environmental impact	Considerations include: Chemical or hazardous materials spill Damage to water resources Air pollution Ground contamination

Business Continuity Risk Assessment

Issue 2

Likelihood

This is how likely such an event may happen. Also scored on a scale of 1 to 9 , in combination with the Impact, this will create the Inherent Risk Score.

Existing Controls

Assess the controls currently in place to manage these risks.

Residual Risk Score

In these columns again list the impact and likelihood (both on a scale of 1 to 9). However, these scores may be lower that the inherent risk score due to additional risk mitigations put in place to reduce the risk.

Source of Assurance

This will be the department/team/officer that will supply the necessary support/back up to ensure that any additional controls required can be put in place and monitored.

Impact

In the Impact column, rate how each event's impact on the business/staff/customers after mitigation/additional controls are put in place. These are scored on a scale of 1 to 9 and should consider both internal and external resources.

Likelihood

This is how likely such an event may happen after mitigation/additional controls are put in place. Also scored on a scale of 1 to 9, in combination with the Impact, this will create the Residual Risk Score.

For each of the risks the response in the column 'Treat, Transfer, Terminate, Tolerate' can be categorised into one of the following;

Treat	Controls are put in place to help reduce the likelihood of a risk being realised.
Transfer	Action is taken to transfer the potential impact to another party, e.g. through an insurance arrangement.
Terminate	A decision is made to end the area of activity with which the activity is associated.
Tolerate	A decision is made to accept the current level of exposure without taking any further action.

Further actions needed to reduce Risk

This column is used to add in the additional mitigation/control measures that can reduce the Residual Risk Score.

Business Continuity Risk Assessment

Issue 2

Deadline for completion of actions

This column is used to note the deadline that the further actions must be completed/checked by to ensure the Residual Risk Scored is maintained or improved.

Officers Responsible

This will normally be the Facility/Service manager unless any specific actions require this to be another HoS.

Comments

This column is for any additional comments that may be pertinent to the specific risk e.g. a temporary situation that has a limited time scope.

Internal/External Resources

When reviewing each risk, officers should factor in both internal and external resources when considering how each risk can be managed.

Internal resources

Assess the facility/services ability to respond to the event based on internal resources. Consider each potential event from beginning to end and each resource that would be needed to respond. For each event, ask "Do we have the required resources and capabilities to respond?"

External resources

Similarly, assess the facility/services ability to respond to the event based on external resources. Consider each potential event from beginning to end and each resource that would be needed to respond. For each event, ask "Will external resources be able to respond to this event as quickly as we may need them, or will they have other response priorities?"

Risk Mitigation

Finally, evaluating the impacts of the hazards and comparing the probability, document if there are adequate strategies to prevent the hazard from occurring or if there are strategies in place to mitigate the impacts from the hazard. For example, you may need to:

- Develop additional emergency procedures
- Conduct additional training
- Acquire additional equipment
- Establish mutual aid agreements
- Establish agreements with specialised contractors

Example Risks and Mitigations

Department	Risk	Potential Impact	Risk Mitigation	Additional Requirements/Comments
Finance/IT	Booking system Failure – unable to process	Loss of trade, PR fallout, loss of return business, loss of income	Back up sheets printed, manual till operation	Reserve till to be purchased. Officers to confirm vendors have placed print option on system and arranged training for managers on print outs

Business Continuity Risk Assessment

Issue 2

	bookings			
Finance	Security Firm does not attend to collect banking	Safe limits exceeded – insurance risk	Emergency call out numbers for Security firm.	Look at limits for all safes, purchase an additional 'day' safe. Safe make and model to be sent to Finance for insurers to agree safe limits
Finance	Chip & Pin machine failure	Loss of income, loss of trade	Take cash only?	Knowledge of local cash machines in the area. Direct customers to online booking system
Finance	Finance	Failure of Purchase Order System	Inability to order stock, consumables, loss of income	Site manager to have use of authority credit card
IT	Booking System Failure	Loss of trade, PR fallout, loss of return business, loss of income	List of call out numbers available for vendor/IT support, system reboot procedures in place.	IT support available for non-IT staff to ensure they can be talked through system re-boot if required.
IT	Phone system fails	Loss of trade, PR fallout, loss of return business, loss of income	IT to supply BT emergency contact details, system engineer details	Consider backup issuing a mobile number on website that can be available in emergency
Health and Safety	Serious Incident or Accident	PR fallout, legal issues, insurance costs	Emergency Action Plan in place, Risk Assessments completed, staff training records. Accident/Incident forms. Contact details listed as per FIMP – copy kept in Incident Management Pack at reception along with other places as listed on FIMP	Accidents/Incidents reported as per 'Accident/Incident Reporting Procedure on LVQMS, Serious Incidents reported/dealt with as per Facility Incident Management Plan procedure on LVQMS (FIMP)
Health and Safety	Pandemic or other contagious illness reducing staffing levels	Loss of site cover, inability to safely staff site, inability to offer booked or other facilities	Use of large pool of 'Casual' employees for customer critical operations, multi trained staff available from other sites	Need to increase levels of staff trained in ELMS for reception cover. 'Pandemic Viral or Infectious Disease Planning' procedure available on LVQMS when required

Updating the Business Continuity Risk Assessment

It will be the responsibility of the facility/site manager to update/review the Business Continuity Risk Assessment on an annual basis or as required. This will be in the case where there have been changes to systems, equipment infrastructure etc. and will need to cover all changes to

Business Continuity Risk Assessment

Issue 2

the current Business Continuity Risk Assessment that will be required to ensure continuity of the business of the site. The Business Continuity Risk Assessment will be fully re-assessed every two years.

Review

September 2022

Site Specific Forms

- SIP
- Asset Register
- Business Continuity Risk Assessment

Sources of Information/External forms

- Authority Risk Register
- LFA Targets

Changes from Last Issue

Responsibilities, Scope and Detail all revised



Business Continuity Risk Assessment

Issue 2

Appendix A: Business Continuity for IT (Example RA)

Ref.	Category	Dept	Impact	Frequency	Control	Residual Risk Score	Priority	Source of Assurance	Control	Residual Risk Score	Priority	Control	Completion Date	Comments
ICT1	IT	IT Dept	Server Failure (Core Systems)	9	4	36	34	Head of IT	All local App servers are backed up to a backup server, which is replicated to another server off site. (Currently at Velopark). Majority of systems have been moved to SAS; which are hosted externally. Vendors provide backups as part of SAS contract.	7	2	14	Annual Check	Back up data as per 'Backup Procedure' on LVMDS. Ensure that there is a 'backup' schedule as part of any SAS contract.
ICT2	IT	IT Dept	Server Failure (Data Servers)	9	4	36	34	Head of IT	All data is backed up to a backup server, which is replicated to another server off site (Currently at Velopark).	7	2	14	Annual Check	Back up Data as per 'Backup Procedure' on LVMDS.
ICT3	IT	IT Dept	Core System failure - Booking systems	9	4	36	18	Head of IT	Different systems are used across the Authority, meaning that a failure of one system, would not result in a total loss of SLA's in place with vendors	9	2	18	Annually	Cash only transactions to be made Venues have an 'Offline' procedure in place. Transactions can still be taken via the website or if another venue. Regular contractor meetings with vendors
ICT4	IT	IT Dept	Core System provider stops trading or goes into administration	9	2	18	18	Head of Finance	Trading history checked during procurement process	9	1	9	Quarterly	Print hard copy of LVMDS and other vital documents. Look at other ways of providing an invoice. Le. Office Staff put on Garden leave if they are leaving under duress. Remove access rights if under investigation or on garden leave. Take equipment from staff that are on garden leave. Public to be informed of any data breach. All customer data stored on MS Access to be moved to CRM system
ICT5	IT	IT Dept	Internet Failure	5	4	20	18	Head of IT	IT support, system reboot procedures in place.	5	2	10	Quarterly	There is a hard copy of the LVMDS file on site. Documents are also saved on LV servers.
ICT6	IT	IT Dept	Data Loss through Theft or malicious intent to destroy. Data loss through lack of in house knowledge or skills in order to access databases	9	2	18	18	Head of IT	All data is backed up to a backup server, which is replicated to another server off site (Currently at Velopark). Staff are asked to complete a DBS check before appointment. Authority has Information Officer. Microsoft databases are no longer to be used for storing data	9	2	18	Monthly	Policy may be needed to address this. Potential DP risk if data is stolen
ICT7	IT	IT Dept	Data Breach through cyber attack or malicious intent	9	5	45	37	Head of IT	Authority has Information Officer. Access to data is restricted to authorised staff. Access to CRM system restricted. Firewalls in place. Anti-Virus installed on all Authority computers. Firewalls in place at edge of network. Mimecast Email filtering in place to block threats via email	9	3	27	Monthly	How CRM system that maintain business requirements needs to be procured. Staff access organisation need to be trained
ICT8	IT	IT Dept	Cyber Attack	9	5	45	15	Head of IT	Anti-Virus installed on all Authority computers. Firewalls in place at edge of network. Mimecast Email filtering in place to block threats via email. Patch management. Cyber training provided by IT every six months. IT Usage Policy and procedures. No unauthorised devices allowed on network. External Audits. Default passwords changed. Users do not admin rights. IT Incident and Forensic procedures. IT supplied call out numbers, sufficient forms printed out, some venues have multiple MFD's, print to another MFD an next nearest venue and collect.	7	5	35	Quarterly	Prevent personal email accounts from being accessed on Authority devices. Implement Two Factor Authentication. Ensure software updates are rolled out and installed. Stop staff from connecting own devices onto network. Stop use of out of date software such as old versions of Java required for efm to work
ICT9	IT	IT Dept	Photocopiers failure	8	5	40	40	Head of IT	IT supplied call out numbers, sufficient forms printed out, some venues have multiple MFD's, print to another MFD an next nearest venue and collect.	6	2	12	Quarterly	Site staff to list relevant forms that are vital to ensure sufficient printed out. Print off blank forms as a back-up.
ICT10	IT	IT Dept	Phone system fails (hardware)	8	5	40	15	Head of IT	Let of call out numbers available for IT, support contract in place	5	3	15	Quarterly	Phones can be diverted to mobiles by IT department.
ICT11	IT	IT Dept	Telecommunications Failure (Delay / BT Infrastructure)	8	4	32	12	Head of IT	IT to supply emergency contact details of telecoms providers (Daisy, Vodafone and Zen). Support levels in place on lines, with important lines having higher level of support than others	6	2	12	Six monthly Check	Type of cover means there is a 48 hour response time from service provider. Phones can be diverted to mobiles by provider, but there is a delay in the services going live of upto 24 hours
ICT12	IT	IT Dept	MPMS Circuits Failure	8	4	32	15	Head of IT	IT to supply emergency contact details of telecoms provider (GTT). SLA on circuits. Velo, HTC, WWC and MH have backup circuits	5	3	15	Six monthly Check	4G 4G-FI hotspots to be used as a back-up. ADSL used for public Wi-Fi to be used until main circuit is restored
ICT13	IT	IT Dept	User account locks out	8	6	48	14	Head of IT	IT supplied call out numbers	6	3	18	Quarterly	Accounts can be unlocked remotely by any Member of the IT department

ICT14	Hardware is not maintained or replaced when becomes end of life or is no longer supported	IT Dept	8	4	32	12	Capital budget	IT monitoring and replacement of equipment	Head of IT	7	3	21	11	↔	Tolerate	Equipment can only be replaced if some hardware being replaced. Quantity of equipment issued to staff to be reduced to reduce overheads of replacement.	Annually	Keith Kilduff Simon Clark	Equipment will be going to EOL. Do not want to pay for new hardware and then give it away to EOL. Sometimes hardware upgrades are addressed by vendors i.e. Apple stop support of
ICT15	Website not working meaning customers cannot book online	IT Dept	9	2	18	18	Staff training on how to use CMS	Head of IT	8	2	16	16	↔	Tolerate	Website is built on a hosted CMS with a vendor who's reputation relies on it being up 99.9% of time	Annually	Keith Kilduff Simon Clark	Website is not working. It is need of replacing. It will need to be replaced in order to provide good customer experience. Will require capital budget to do this. Do not only do this. An NDA will require a budget. The software requires a budget and will become costly if that price is removed. IT budget should be considered to prevent unauthorised purchase of equipment and to prevent equipment being bought to run up budget at end of financial year.	
ICT16	Public WiFi not working or used to access Black data	IT Dept	5	5	25	23	SIA to place with supplier of WiFi. Froms applied to prevent excessive WiFi data. EULA in place that has to be agreed to before being used	Head of IT	5	5	25	25	↔	Tolerate	Upgrade bandwidth for computers	May-21	Keith Kilduff Simon Clark	WiFi equipment is now almost 10 years old. It will need to be replaced in order to provide good customer experience. Will require capital budget to do this. Do not only do this. An NDA will require a budget. The software requires a budget and will become costly if that price is removed. IT budget should be considered to prevent unauthorised purchase of equipment and to prevent equipment being bought to run up budget at end of financial year.	
ICT17	Loss of Hardware due to theft, IT Dept being lost or damaged or not returned when staff leaves	IT Dept	6	6	36	36	Hardware is security marked. IT Policy states not to leave equipment unattended. CCTV at venues. IT has an inventory of equipment	Head of IT	6	6	36	36	↔	Tolerate	Purchase laptop perform to disable ethernet and face phones. Install tracking software on laptops. Staff should be accountable for any loss or damage. Final salary to be deducted for any equipment not returned or has been returned in a damaged state	Annually	Keith Kilduff Simon Clark	Hardware is security marked. IT Policy states not to leave equipment unattended. CCTV at venues. IT has an inventory of equipment	
ICT18	Core System failure - efm (Financial System), efm system is currently end of life and no longer supported by Vendor	IT Dept	9	7	63	63	System is backed up, but uses an old version of Windows and is on an old server. Special support purchased from vendor for support until system can be upgraded	Head of IT	9	5	45	45	↔	Tolerate	Procurement or upgrade Finance system to a SaaS system or at minimum one that can run on a virtual server	Q1/21/2021	Keith Kilduff Simon Clark	New system due to be procured, which should be a SaaS system. EFM requires old and obsolete version of Windows to run. EFM will only run on Server 2008 which is no longer supported by Microsoft. EFM to sit on a server that is out of warranty and is very old. Other problems covered by 'Cash Handling and Financial Admin' on LVDMS	
ICT19	Failure of Purchase Order System	Facility Manager	9	4	36	31	Finance supplied call out number	HRF	8	2	16	16	↔	Tolerate	Site manager to have use of Authority credit card	Quarterly	DCSO/HRF	Other problems covered by 'Cash Handling and Financial Admin' on LVDMS	
ICT20	Health and Safety Serious Incident or Accident	Facility Manager	9	5	45	45	Emergency Action Plan in place. Risk Assessments completed, staff training records, Accident/Incident forms. Contact details listed on per floor - copy kept in Incident Management file	HR Contract Lead	8	4	32	32	↔	Tolerate	Accidents/Incidents reported as per 'Accident/Incident Reporting Procedure on LVDMS. 24hr phone/emergency support available from EDRS.	Site monthly Check	DCSO/HRF	Site monthly check reported/checked with on per Facility Manager Management Procedure on LVDMS (Form)	
ICT21	Pedantic or fussy causes department to be absent	Head of IT	9	5	45	45	Staff follow government guidelines when in Pedantic. Avoid where possible, team being in same place at same time. Policies and procedures in place. Support tickets by email with support Community	Head of IT	9	4	36	36	↔	Tolerate	Equal have knowledge and experience of Authority systems and could provide in-house support	Site monthly Check	DCSO/HRF	Site monthly check reported/checked with on per Facility Manager Management Procedure on LVDMS (Form)	
ICT22	Power Failure at Mynd Health	Head of IT	9	5	45	45	IT supplied call out numbers in case equipment does not reboot. AHI has been setup to be able to be connected to a generator in event of prolonged power failure	Head of Mynd AHI	8	4	32	32	↔	Tolerate	All equipment should reboot once power is restored. AHI to have a list of companies that can provide generators	Site monthly Check	DCSO/HRF	If equipment is damaged, it will need to be replaced, which will take 2-5 working days.	
ICT23	Power Failure at Venue	Facility Manager	9	5	45	45	IT supplied call out numbers in case equipment does not reboot. UPS at Data centre. Network will go down until power is restored. Backup of the backup will report once power is restored. Some folders stored on Data server will be inaccessible and power is restored	Head of IT	8	4	32	32	↔	Tolerate	All equipment should reboot once power is restored. AHI to have a list of companies that can provide generators	Site monthly Check	DCSO/HRF	If equipment is damaged, it will need to be replaced, which will take 2-5 working days. Backup and data server being moved to data centre	
ICT24	Power Failure at Data centre	IT Dept	9	5	45	45	IT supplied call out numbers in case equipment does not reboot. UPS at Data centre. Network will go down until power is restored. Backup of the backup will report once power is restored. Some folders stored on Data server will be inaccessible and power is restored	Head of IT	8	4	32	32	↔	Tolerate	All equipment should reboot once power is restored. AHI to have a list of companies that can provide generators	Site monthly Check	DCSO/HRF	If equipment is damaged, it will need to be replaced, which will take 2-5 working days.	

Score 45-61 High Risk
Score 38-42 Moderate Risk
Score 1-36 Low Risk



Progress in a positive direction i.e. reducing the risk
Progress is negative and risk is getting worse
Progress static/subject to actions or no risk is "tolerated"

Actions:
Tolerate
Transfer
Treat
Terminate

540
If Treat, further actions needed

FEES AND CHARGES POLICY

Presented by the Corporate Director

SUMMARY

This report sets out a proposed update to the Authority's current Fees and Charges Policy.

The Executive Committee considered the updated Fees and Charges Policy at a meeting earlier today (Paper E/779/22) and an oral update will be given at the Authority meeting.

RECOMMENDATION

Members Approve (1) the draft Fees and Charges Policy for adoption.

BACKGROUND

- 1 The Authority reviews fees and charges annually as part of the budget setting process. The current Fees and Charges Policy was approved at the Authority meeting on 24 January 2013 (Paper A/4161/13).
- 2 The policy was updated in 2015 after Members requested a review of the concessionary groups at a Fees and Charges Workshop. This was reported at the Executive meeting on 17 December 2015 (Paper E/430/15).
- 3 Whilst developing the Leisure Services Contract (LSC), which involved a number of Member workshops, it was identified that the groups eligible for concessionary pricing within the existing Fees and Charges Policy was in need of review.

FEES AND CHARGES POLICY

- 4 The Authority's approach to fees and charges is based on its business philosophy of being *community focused and commercially driven*. Pricing is reviewed annually to consider inflation, historic performance, customer feedback, the competitive market and comparators. Pricing is set at the market level. Concessionary groups identified in the policy are eligible for discounts, and mechanisms such as the Community Access Fund (CAF) can be used to provide targeted support to key groups to encourage access.
- 5 This approach has not changed in the updated policy, the key changes are:

- updates to reflect the the mix of operating models and how fees and charges are managed across different models;
- updated concessions list aligned to the Leisure Services Contract;
- updates to staff, member and volunteer discounts; and
- updates to the annual process for reviewing fees and charges.

ENVIRONMENTAL IMPLICATIONS

- 6 There are no environmental implications arising directly from the recommendations in this report.

EQUALITY IMPLICATIONS

- 7 The Fees and Charges Policy details concessionary groups that are eligible for discounts to ensure equitable access to activities.

FINANCIAL IMPLICATIONS

- 8 The annual review of fees and charges forms part of the budget setting process. All fees and charges will have a yearly increase in their prices linked to the Retail Price Index (RPI) as of September in the prevailing year. However, the overall change in price may increase or decrease subject to the factors identified in the policy.

HUMAN RESOURCE IMPLICATIONS

- 9 There are no human resource implications arising directly from the recommendations in this report

LEGAL IMPLICATIONS

- 10 There are no legal implications arising directly from the recommendations in this report.

RISK MANAGEMENT IMPLICATIONS

- 11 Risk of non-achievement of income targets is identified on the Strategic Risk Register (SR4.1). The Fees and Charges Policy aims to ensure that pricing reviews are intelligence led, looking at internal and external information as well as inflation to set prices at optimum levels, and build budgets that reflect these price changes.

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ABBREVIATIONS

LSC Leisure Services Contract

PREVIOUS COMMITTEE REPORTS

Executive Committee	E/779/22	Fees and Charges Policy	20 October 2022
Executive Committee	E/430/15	Fees and Charges Review 2016/17	17 December 2015
Authority	A/4161/13	Fees and Charges Policy	24 January 2013

APPENDIX ATTACHED

Appendix A Fees and Charges Policy

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Fees and Charges Policy

October 2022

Reference: [Version 3.0]



This document is controlled by Lee Valley Regional Park Authority.

Lee Valley Regional Park Authority,
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i Document Information**Title:** Fees and Charges Policy**Status:** Draft**Current Version:** v3.0

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Consultation:	Sport and Leisure Finance Marketing Operations Human Resources Policy & Procedure Review Group Senior Management Team
Approved	Approved by: Authority Approval Date: 20 th October 2022 Review Frequency: Every 5 years or earlier if there is a change in Government legislation regarding concessions or benefits. Next Review: October 2027

Version History		
Version	Date	Description
1.0	24 th January 2013	Signed off at Authority (paper A/4161/13)
2.0	17 th December 2015	Updated concessionary groups agreed at Executive (paper E/430/15)
3.0	20 th October 2022	Signed off at Authority paper A/xxx/22

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1. Background

- 1.1 The Lee Valley Regional Park Act of 1966 sets out the remit for the Lee Valley Regional Park to be a leisure resource for the region of London, Hertfordshire and Essex.
- 1.2 Lee Valley Regional Park Authority (LVRPA) aims to deliver a vision for the Lee Valley Regional Park (LVRP) to be a world class leisure destination that attracts visitors from across the region.
- 1.3 The Act allows LVRPA to charge a levy on the council tax in London, Hertfordshire and Essex to fund the management of the LVRP.
- 1.4 LVRPA has a strategic aim to reduce the reliance on the levy and be increasingly self-sufficient in terms of funding. It has been successful in reducing the levy in both real and actual terms over a sustained period. This has been achieved through optimising business models, successful investment projects, increased income and more efficient working practices.
- 1.5 A key element of this success has been the approach to setting fees and charges. The Authority has a business philosophy of being *community focused and commercially driven*. A commercial approach to pricing can generate funds that enable targeted support for key groups to access the Park through concessionary pricing and funding.

2. Policy Aims

- 2.1 The aim of this policy is to support the sustainable financial management of LVRPA through the setting of fees and charges that optimise income whilst ensuring the activities and programmes it offers are accessible to the regional population.
- 2.2 This policy will clearly define:
 - The approach to setting fees and charges for different operating models
 - Which charges are covered by the Fees and Charges Policy and which are not
 - The rationale behind charging a concessionary rate, and defining exactly who is eligible for such rates
 - The approach to offering Staff, Member and Volunteer discounts
 - The approach to using Promotional pricing
 - The framework for annually reviewing and setting charges for in-house delivery

3. Content

3.1 Fees and Charges for different operating models

- 3.1.1 Operating models in public sector leisure have evolved over recent decades, from predominantly in-house delivery to increased outsourcing following Compulsive Competitive Tendering and Best Value regimes. The landscape is now a mixed economy of in-house delivery and outsourced contracts to private contractors and leisure trusts.
- 3.1.2 LVRPA reflect this environment, having reviewed the best operating models for the varied leisure services that exist within the Park. These fit into three categories:
- 3.1.3 **In-house delivery:** where LVRPA delivers the service and has full control over pricing
- 3.1.4 **Management contracts:** where a contractor delivers the service but must comply with a management contract. The specification of this contract gives the Authority some control. The contractor has control over pricing, but the contract can include requirements such as a requirement for discounted concessionary pricing.
- 3.1.5 **Commercial leases:** where LVRPA are the landlord and have an agreement with another business who operate the service. The operator has commercial freedom and LVRPA have no control over pricing.
- 3.1.6 This approach is *commercially driven* as in each of the models the pricing will be set based on the operator's knowledge of the market in which they're operating, with the aim of achieving financial targets.
- 3.1.7 LVRPA ensure a *community focus* for in-house services and management contracts through concessionary discounts that target disadvantaged groups, and the Community Access Fund (CAF) that provides a mechanism for targeting support for key groups.

3.2 Which charges are covered by this policy

- 3.2.1 All venue and service charges that are set by the Authority are subject to this policy except:
- Catering and retail products. The selling prices are calculated ensuring a minimum gross profit is achieved after accounting for cost of sales.
 - Property rents.
 - Income from third party contracts where the Authority is unable to influence the level of income.

3.3 Concessionary pricing

- 3.3.1 Encouraging use of LVRP from disadvantaged groups, by offering below market, or concessionary rates helps to improve equality of access. Based on examples of best practice the Authority has identified the following groups that are eligible for concessionary pricing.

Groups Eligible for Concessionary Pricing
Young People aged 18 and under
Residents aged at the national retirement age or older
People in receipt of Job Seekers Allowance or Income Support
Those registered as Disabled under the Equality Act 2010 and, where appropriate, their carers
Young People in care and their carers
Under 25s on the following: School/Further Education courses, Higher Education Courses, Modern Apprenticeships, NVQ Training Schemes and Life Skills Training.

- 3.3.2 Concessionary prices will offer at least a 40% discount on all activity prices. Activities are defined as sports or physical activities. These will be detailed in the annual review of fees and charges.
- 3.3.3 Concessionary prices are not offered for services that are not defined as activities. For these services, for example campsites and marinas, it is not considered appropriate to offer concessionary pricing, in line with the markets in which they operate.

3.4 Staff, Member and Volunteer discounts

- 3.4.1 Offering discounts to Staff, Members and Volunteers can be an effective tool to recognise their contribution towards the success of the LVRP. Encouraging use of the LVRP also helps to increase their awareness of the venues and services on offer, and can generate further business through recommendations.
- 3.4.2 Discounts can vary across venues and services depending on capacity, demand and cost base.
- 3.4.3 Discounts for Staff, Members and Volunteers apply where the relevant criteria are met. These discounts will be reviewed each year as part of the annual fees and charges process.
- 3.4.4 All permanent members of staff and those on fixed term contracts are eligible to receive staff discounts. They need to provide the relevant evidence when booking/ paying for admission. Staff discounts are detailed on the Authority's intranet.
- 3.4.5 Casual staff are eligible for discounts if they work for a minimum number of hours per annum in any one calendar year. This is detailed on the Authority's intranet.

3.4.6 Authority Members are able to receive 'staff discounts' but must be aware that all benefits and discounts received must be recorded in their record of interest, each and every time they receive a discount.

3.4.7 Volunteers are eligible for discounts if they volunteer for a minimum number of hours per annum in any one calendar year. This is detailed within the volunteers procedures.

3.5 Promotions

3.5.1 In order to enable a more commercial approach it is important that officers can use marketing campaigns and promotional pricing to increase bookings of specific activities for defined periods. Changes to the agreed fees and charges can be made for this purpose.

3.5.2 To have a particular charge varied the approval of the relevant service Director must be obtained in advance.

3.5.3 In approving a variation the following must be considered:

- **Reasons for seeking variation, i.e. purpose of the campaign**
- **Benefits to be achieved**
- **Likely impact of variation on total income levels**
- **A commitment to review the benefit/effect of the variation**

3.5.4 Sustained promotions can be offered where there is a justification for this, for example discounted pricing for Key Workers or other identified target groups.

3.6 Charging Framework and Process for In-house operations

3.6.1 The Authority will undertake a full review of all Fees and Charges for in-house operations identified by this Policy annually.

3.6.2 In keeping with sound economic growth principles, all venues / services will have a yearly increase in their prices linked to the Retail Price Index (RPI) as of September in the prevailing year. However, the overall change in price may increase or decrease subject to the factors identified in the process summarised below:

- **Venue / Service level review**
 - **Review what we are charging for and who is charged**
 - **Review if existing charging is meeting our objectives (financial and non-financial)**
 - **Any charges to be added or removed**
 - **Any proposed changes to concessionary pricing**
 - **Review internal data**
 - **Income generated (against previous years and budget)**
 - **Related expenditure / profit margin**

- Take up of activity – usage / occupancy etc
- Are we attracting our target customers / achieving targets
- Review the impact of any promotional pricing

- Listen to feedback
 - Visitor tracking feedback
 - Complaints, compliments and ad hoc feedback
 - Staff feedback

- Review external data to understand the market
 - Review comparators – their products and pricing
 - How is the market changing and where do we fit within the market

- Propose new pricing
 - Use the September RPI increase as a guide for approximate new pricing
 - Use the information above to adjust the pricing to an optimum level

- **Corporate level review**
 - Review impact of proposed charging on budget
 - Review staff, member, volunteer and partner discounts

- **Sign off process**
 - Corporate Director agrees proposals from managers
 - SMT agree proposals
 - Executive Committee approve the proposed fees and charges

4. Responsibilities

- 4.1 Senior Management Team are responsible for ensuring that any new management contracts for outsourced operations adhere to this policy.
- 4.2 The Finance team will oversee the fees and charges setting process as part of the annual budget process.
- 4.3 Venue and Service managers are responsible for proposing new fees and charges.
- 4.4 The Finance and Research functions will provide data-led support to managers.
- 4.5 The Corporate Director is responsible for reporting proposed fees and charges to the Executive Committee for approval.
- 4.6 Venue and Service Managers are responsible for ensuring all agreed fees are implemented at their facility, and updated correctly onto the Authority's website, working with the Marketing team.

5. Legal Considerations

- 5.1 Any changes to those who are entitled to Government benefits, and the relevant documentation required to receive concessionary rates will be reviewed annually.

6. Relevant Policy & Procedures

- 6.1 The Authority's Fees and Charges procedure provides further detail on the annual process.

7. Monitoring & Evaluation

- 7.1 The effectiveness of this policy will be monitored every year as part of the annual fees and charges setting process. Any changes will be included as the annual charges are agreed.

HUMAN RESOURCES POLICY UPDATES

Presented by the Head of Human Resources

SUMMARY

The purpose of this report is to seek Member approval for the revised Equality, Diversity & Inclusion Policy, Non-Smoking Policy and Recruitment Policy that have been updated as part of the ongoing review of all the Authority's existing policies. The policies have been updated to take account of legislative changes, best practice and the Authority's business objectives.

The Executive Committee considered the updated policies at a meeting earlier today (Paper E/780/22) and an oral update will be given at the Authority meeting.

RECOMMENDATIONS

- Members Approve:
- (1) the Equality, Diversity and Inclusion Policy as set out in Appendix A to Paper E/780/22 attached at Annex A to this paper;
 - (2) the Non-Smoking Policy as set out in Appendix B to Paper E/780/22 attached at Annex A to this paper; and
 - (3) the Recruitment Policy as set out in Appendix C to Paper E/780/22 attached at Annex A to this paper.

BACKGROUND

- 1 The Authority has a register of policies that ensure the organisation works efficiently and consistently towards delivering its Business Strategy. These policies are reviewed to ensure they are relevant and up to date with legislation and best practice.
- 2 There are a number of Human Resources policies and these are currently being updated and will be presented to Members for consideration and approval as and when they are reviewed.

- 3 It should be noted that where possible the Authority implements legislative changes from the date they are introduced and there may be a time lag between this and the relevant policies being updated.
- 4 The Executive Committee considered revised Equality, Diversity & Inclusion Policy, Non-Smoking Policy and Recruitment Policy at its meeting earlier today (Paper E/780/22) and this is attached at Annex A to this report for Members' consideration and approval.
- 5 Any environmental, financial, human resource, legal and risk management implications are covered within paper E/780/22 attached as Annex A to this report.

Author: Victoria Yates, 01992 709 915, vyates@leevalleypark.org.uk

PREVIOUS COMMITTEE REPORT

Executive Committee	E/780/22	Human Resources Policy Update	20 October 2022
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ANNEX ATTACHED

Annex A	Paper E/780/22
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 <p>LEE VALLEY REGIONAL PARK AUTHORITY</p> <p>EXECUTIVE COMMITTEE</p> <p>20 OCTOBER 2022 AT 10:30</p>	<p><u>Agenda Item No:</u></p> <p><u>Report No:</u></p> <p>E/780/22</p>
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HUMAN RESOURCES POLICY UPDATES

Presented by the Head of Human Resources

EXECUTIVE SUMMARY

The purpose of this report is to seek Member approval for the revised Equality, Diversity & Inclusion Policy, Non-smoking Policy and Recruitment Policy that have been updated as part of the ongoing review of all the Authority's existing policies. The policies have been updated to take account of legislative changes, best practice and the Authority's business objectives.

RECOMMENDATIONS

- Members Recommend to Authority:
- (1) the Equality, Diversity and Inclusion Policy attached at Appendix A of this report;
 - (2) the Non-smoking Policy attached at Appendix B of this report; and
 - (3) the Recruitment Policy attached at Appendix C of this report.

BACKGROUND

- 1 The Authority has a register of policies that ensure the organisation works efficiently and consistently towards delivering its Business Strategy. These policies are reviewed to ensure they are relevant and up to date with legislation and best practice.
- 2 There are a number of Human Resources policies and these are currently being updated and will be presented to Members for consideration and approval as and when they are reviewed.
- 3 It should be noted that the Authority implements legislative changes from the date they are introduced; and there may be a time lag between this and the relevant policies being updated.

EQUALITY, DIVERSITY & INCLUSION POLICY

- 4 A draft of the Equality, Diversity & Inclusion Policy is attached at Appendix A of

this report for Members' consideration and approval.

- 5 The Equality, Diversity and Inclusion Policy sets out the principles and practices that the Authority will adopt to meet with its legal obligations and its commitment to treat employees, workers, casuals, volunteers and job applicants fairly.
- 6 The Authority aims to recruit, develop and retain the most talented people, regardless of their background or characteristics, and make best use of their skills and potential
- 7 The Authority aims to establish a workforce that reflects the communities we serve.

NON-SMOKING POLICY

- 8 A draft of the Non-Smoking Policy is attached at Appendix B of this report for Members' consideration and approval.
- 9 The Non-smoking Policy aims to minimise risks to the health and safety of our staff and establish a tobacco and nicotine smoke free working environment, where non-smoking is regarded as the norm.
- 10 The policy also makes staff aware of the adverse effects of smoking and passive smoke exposure and provides information and facilities to help staff to break the smoking habit.
- 11 The aim of the proposed policy is to ensure that the Authority complies with the relevant legislation.

RECRUITMENT POLICY

- 12 A draft of the Recruitment Policy is attached at Appendix C of this report for Members' consideration and approval.
- 13 The Authority recognises that its employees are fundamental to its success. A strategic and professional approach to the recruitment process helps enable the Authority to attract and appoint employees with the necessary skills and attributes to fulfil its strategic aims.
- 14 This policy aims to:
 - appoint the best person for each post;
 - represent the Authority professionally at all stages of the process;
 - to meet the Authority's operational requirements;
 - ensure the Authority's Equality, Diversity and Inclusion Policy is adhered to; and
 - to comply with all relevant legislation.

ENVIRONMENTAL IMPLICATIONS

- 15 There are no environmental implications arising directly from the recommendations in this report.

FINANCIAL IMPLICATIONS

- 16 There are no financial implications arising directly from the recommendations in this report.

HUMAN RESOURCE IMPLICATIONS

- 17 The new policies will be communicated to all staff and the Authority will ensure that managers are adequately trained to implement the procedures in accordance with these policies.

LEGAL IMPLICATIONS

- 18 The legal implications are set out in the body of this report.

RISK MANAGEMENT IMPLICATIONS

- 19 In line with the Authority's Corporate Risk Register, there is always a potential risk that the Authority fails to recruit/retain staff at all levels of the appropriate calibre. The Recruitment Policy and Equality, Diversity & Inclusion Policy aim to help mitigate this risk.

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APPENDICES ATTACHED

Appendix A	Equality, Diversity & Inclusion Policy
Appendix B	Non-Smoking Policy
Appendix C	Recruitment Policy

LIST OF ABBREVIATIONS

HR	Human Resources
EDI	Equality, Diversity & Inclusion

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Equality, Diversity and Inclusion Policy

August 2022

Reference: **[Version 3.0]**



This document is controlled by Lee Valley Regional Park Authority.

Status: Draft

Current Version: v3.0

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Consultation:	Senior Management Team, Policy/Procedure Review Group
Approved	Approved by: Authority Approval Date: October 2022 Review Frequency: Every 5 years or earlier if there is a change in Government legislation Next Review: October 2027

Version History		
Version	Date	Description
2.0	January 2019	Reference to the Equality Act 2010 and the types of discrimination. Included expected standards for employees. Refers to the Authority's Grievance policy/procedure and Whistleblowing Policy. Refers to training as there is now an eLearning module. Includes a flowchart for ease of use.
3.0	November 2021	Renamed from Equal Opportunities Policy to Equality, Diversity and Inclusion Policy. Reviewed legislation. Reviewed relevant policies and procedures section. Updated officer names and job titles.
3.0	August 2022	Including Volunteers as part of this policy rather than having two separate policies.
3.0	August 2022	Added statement of intent
3.0	August 2022	Reviewed and updated the responsibilities section the policy
3.0	August 2022	Reviewed and updated the monitoring and evaluation section.
3.0	August 2022	Updated the aims of the policy.

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1 Background

The Equality, Diversity and Inclusion Policy sets out the principles and practices that the Authority will adopt to meet with its legal obligations and its commitment to treat employees, workers, casuals, volunteers and job applicants fairly. The policy shows the Authorities commitment to:

- Its staff and volunteers to treat them equally, fairly and with transparency at all times
- recruit applicants without bias, pre-judgement or at an unfair advantage
- providing guidelines and information for staff and volunteers relating to equality and signposting to further information about equal opportunities
- what will happen if staff and volunteers do not comply with rules about equal opportunities

2 Aims

- 2.1 This policy aims to make sure that we treat our people fairly, reduce inequalities, and comply with the law (Equality Act 2010 and other relevant legislation covering equality and human rights).

2.2 The Authority aims to recruit, develop and retain the most talented people, regardless of their background or characteristics, and make best use of their skills and potential. Our equality, diversity and inclusion policy supports delivery of this aim.

2.3 The Authority aims to establish a workforce that reflects the communities we serve.

2.4 The Authority aims to enable everyone to be recognised and referred to as they wish and to meaningfully and effectively respond to any concerns and issues raised.

3 The Equality Act 2010

3.1 The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

3.2 Fairness in the workplace is a vital part of a successful business and also makes good business sense in running and developing an organisation. The aim of the Equality Act is to improve equal job opportunities and fairness for employees and job applicants. Organisations should have policies in place to prevent discrimination. Under the Act, it is unlawful to discriminate against people at work because of nine areas termed in the legislation as protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnerships
- Pregnancy and Maternity
- Race
- Religion and Belief
- Gender
- Sexual Orientation

4 Types of Discrimination

Direct Discrimination

This is where someone is treated differently and less favourably because of a protected characteristic.

Indirect Discrimination

Where a workplace rule, practice or procedure is applied to all employees, but disadvantages a person for a reason linked to a protected characteristic.

Discrimination by Association

Where treating someone 'less favourably' because of their association with someone linked to a protected characteristic.

Perception Discrimination

Where treating someone 'less favourably' because of a perceived protected characteristic.

Victimisation

Where treating someone unfairly because they have made or supported a complaint about someone with a protected characteristic.

Bullying and Harassment

When unwanted conduct from one employee to another causes a distressing, humiliating or offensive environment for that person.

5 Equality at Work

5.1 The Authority has many policies and procedures that apply fair and objectively justified criteria to ensure equality is maintained throughout a process. In all circumstances, all possible steps should be taken in order maintain equality, fairness and transparency to ensure that the Applicant does not suffer from any disadvantage in the recruitment process.

5.2 The Authority will ensure that equality, fairness and transparency for employees are applied to all employment areas including but not exhausted to:

- Employment terms and conditions
- Flexible Working
- Health & Safety
- Training & Development
- Maternity, Paternity and Shared Parental Leave
- Pay and benefits
- Performance Management
- Procurement
- Promotion and transfer opportunities
- Recruitment and selection
- On boarding and induction
- Redundancy
- Dismissal

6 Statement of Intent

We recognise that equality, diversity and inclusion makes us a stronger organisation. We are committed to continuously building a workforce which reflects, includes and celebrates diversity. We value the contribution that people with different backgrounds, skills, talents, ideas and experiences bring to the organisation.

7 Expected Standards

The Authority expects all staff and volunteers to conduct themselves in a professional and considerate manner at all times. The Authority will not tolerate behaviour such as:

- making threats
- physical violence
- shouting (in an unprofessional, aggressive or threatening manner)
- swearing at others
- persistent rudeness
- isolating, ignoring or refusing to work with certain people
- telling offensive jokes or name calling (in any format)
- displaying offensive material such as pornography or sexist / racist cartoons, or the distribution of such material via email/ text message or any other format including social media
- any other forms of harassment or victimisation

Falling to meet the expectations set by the Authority will be considered unacceptable and will be dealt with in line with the Authority's Disciplinary procedure. Staff and volunteers are responsible for, and must take ownership of their actions. Staff and volunteers must understand that what they believe to be an innocent act or comment may have caused offence to others.

8 Responsibilities

8.1 All staff and volunteers are responsible for their own actions and should act as role models for others during their employment with the Authority. All staff and volunteers should act professionally, with consideration for others and in a fair and transparent manner when carrying out duties on behalf of the Authority.

8.2 The Senior Management Team is accountable for ensuring that this policy is implemented across the Authority, ensuring it is communicated and understood, translated into practice and enforcing its contents.

8.3 The Human Resources Team is responsible for implementing this policy across the Authority and ensuring all staff and volunteers receive regular and adequate training on equality, diversity and inclusion.

8.4 Managers must ensure that all staff and volunteers are able to readily access copies of the Authority's Equality, Diversity and Inclusion Policy and ensure that staff and volunteers understand and embrace this policy, are aware of their responsibilities under it, complete any training and know how to raise and voice concerns.

8.5 Managers will also foster a culture and maintain an environment which actively promotes equality, diversity and inclusion and that is free from discrimination.

9 Legal Considerations

9.1 The primary legislation that influences this policy is the Equality Act 2010.

10 Relevant Policy & Procedures

10.1 This policy operates in conjunction with the following policies, procedures and statements:

- The ACAS Code of Practice on discipline and grievance 2015
- Whistleblowing Policy
- Anti-Fraud, Bribery and Corruption Policy
- Performance & Conduct Policy
- Disciplinary Procedure
- Grievance & Problem Solving Policy
- Grievance & Problem Solving Procedure
- Appeals Procedure
- Flexible Working Procedure
- Recruitment Policy
- Recruitment Procedure
- Training and Development Policy
- Training and Development Procedure
- Maternity Procedure
- Paternity Procedure

11 Monitoring and Evaluation

11.1 The Authority will maintain and review the employment records of all employees in order to monitor the progress of this procedure in line with GDPR requirements. Monitoring may involve:

- The collection and classification of information regarding the race in terms of ethnic/national origin and sex of all applications and current employees
- The examination by ethnic/national origin and sex of the distribution of employees and the success rate of the applicants; and
- Recording recruitment, training and promotional records of all employees, the decisions reached and the reason for those decisions.

- 11.2 The results of any monitoring will be reviewed at regular intervals to assess the effectiveness of the implementation of this policy. Consideration will be given, if necessary, to adjusting this policy to afford greater equality of opportunities to all applicants and employees.
- 11.3 The Authority will treat any complaints seriously and will take action where appropriate. Employees that believe they been treated unfairly in any way should raise their issue(s) in line with the Authority's Grievance or Whistleblowing procedures. The Authority will investigate any complaints in line with the Authority's Disciplinary procedure. The Authority may also monitor the number and outcomes of complaints raised in any period of time in order to monitor the performance of this policy and the Authority's commitment to equality, diversity and inclusion in the workplace.
- 11.4 All cases will be dealt with as quickly as possible and treated with the utmost confidence.
- 11.5 Whilst the Authority does not wish to deter staff or volunteers who wish to make genuine complaints, the Authority believes that vindictive or deliberately false complaints will be viewed just as seriously and will be dealt with under the disciplinary procedure.
- 11.6 The Authority will provide appropriate learning and development opportunities to take place to ensure all employees are aware and understand the expectations of them during their employment. This begins during an employee's induction and is continued with ongoing learning from the Authority's e-Learning platform as well as face to face sessions. Learning & Development represents a vital part of the implementation and commitment to equality, diversity and inclusion within the Authority, and the completion of training on Equal Opportunities in the Authority is mandatory.
- 11.7 Individuals that do not show they have understood the Equality, Diversity and Inclusion training may be required to complete additional training or recomplete training.
- 11.8 The Authority will set up an Equality, Diversity and Inclusion steering group which will be made up of staff and volunteers from across the organisation.

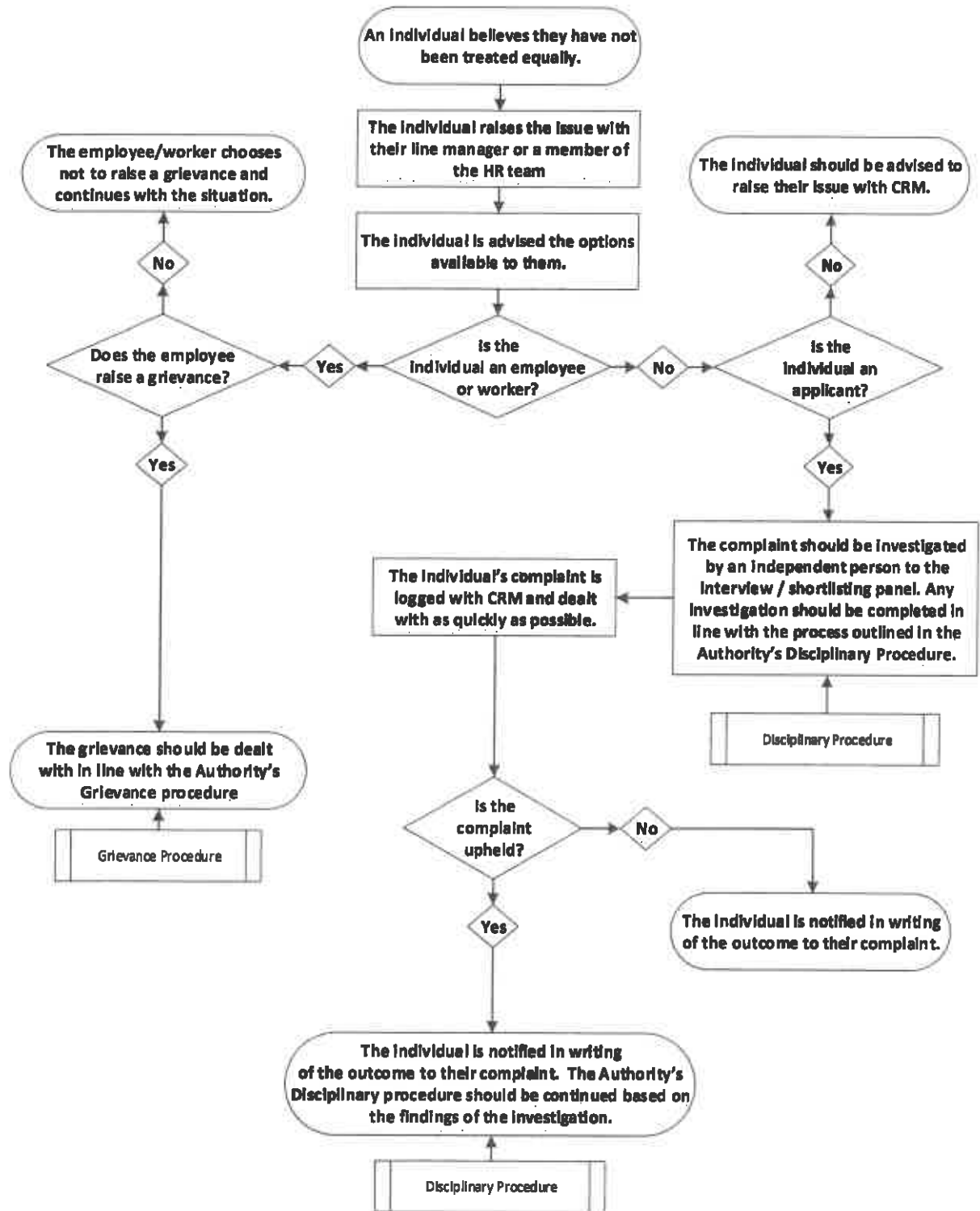
12 Review

- 12.1 This policy will be reviewed in light of any new legislation/regulations, every five years or whichever is the earlier.

13 Glossary of Terms

Term	Definition
LVRPA	Lee Valley Regional Park Authority
HR	Human Resources

Appendix 1 - Flow Chart



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Non-Smoking Policy

October 2022

Reference: [Version 1]



This document is controlled by Lee Valley Regional Park Authority.

Lee Valley Regional Park Authority,
Myddelton House, Bulls Cross,
Enfield, Middlesex, EN2 9HG

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I Document Information

Title: **Non-Smoking Policy**

Status: Draft

Current Version: v1.00

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Consultation:	Senior Management Team, Policy/Procedure Review Group
Approved	Approved by: Authority Approval Date: October 2022 Review Frequency: Every 5 Years Next Review: October 2027

Version History		
Version	Date	Description
1.00	June 2022	Initial draft, circulated to Policy/Procedure Review Group
1.00	June 2022	Added in a paragraph on designated smoking areas
1.00	June 2022	Clarification on breaks added
1.00	June 2022	Different types of tobacco products added in, such as e-cigarettes
1.00	October 2022	Added in a definition

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1. Introduction

- 1.1 Lee Valley Regional Park Authority is required by the Health and Safety at Work Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of employees, volunteers, visitors and contractors while on Lee Valley Regional Park Authority Premises (LVRPA).
- 1.2 Passive smoking causes cancer, coronary heart disease and respiratory disease and other health problems such as asthma, middle ear infections and migraine. Smoking also poses a fire risk and LVRPA has a duty to protect people from harm while on its premises.
- 1.3 The aim of the policy is to provide all employees with a smoke-free working environment. LVRPA has agreed the following statement of policy concerning smoking at work. This Policy applies to all employees, volunteers, visitors and contractors.

2. Policy Aims

This policy is established to:

- 2.1 Minimise risks to the health and safety of our staff and establish a tobacco and nicotine smoke free working environment, where non-smoking is regarded as the norm.
- 2.2 Make staff aware of the adverse effects of smoking and passive smoke exposure and provide information and facilities to help staff to break the smoking habit.

3. Definition

Smoking may include several different types which include smoking tobacco products such as cigarettes, cigars, pipes and hand rolled tobacco. Substitute cigarettes may include electronic cigarettes (e-cigarettes) and vapes (otherwise known as vaping).

4. No Smoking Areas

- 4.1 Smoking is not permitted inside the buildings of LVRPA premises at any times. This will ensure employees, volunteers, visitors and contractors are protected from the dangers of passive smoking while on LVRPA premises.
- 4.2 Smoking is also prohibited:
 - within vehicles owned and operated by LVRPA

- within private or leased vehicles used during LVRPA business to transport any other employees or volunteers who does not smoke any tobacco products including electronic cigarettes.

4.3 Smoking should only take place in designated areas which should be agreed by the Venue Manager. These areas should be out of sight of the general public

5. Responsibilities

5.1 Heads of Service, Section Managers, Facility Managers and Duty Managers are responsible for ensuring that employees, volunteers, visitors and contractors are made aware of this Policy, and that they comply with its requirements.

5.2 Managers must also ensure that any staff wishing to quit smoking will be allowed to access up to six stop smoking cessation sessions during work time. Adequate cover must be provided to allow staff time off to seek help quitting.

5.3 Staff wishing to take breaks throughout the day for smoking may choose to do so however, this must be agreed with the line manager and be deducted from the overall time you receive each day for a break.

6. Enforcement

6.1 All staff must comply with the policy. People found to be in breach of this policy will be subject to the normal disciplinary procedures.

6.2 People smoking tobacco products, electronic cigarettes or vaping products inside the buildings or on the grounds of LVRPA premises are required to give a civil and courteous response when asked to extinguish them. Abusive behaviour is unacceptable and will constitute a disciplinary offence.

6.3 Staff are encouraged to make people aware of the policy but should not put themselves at risk of physical or verbal abuse.

7. Complaint Procedure

Staff wishing to register a complaint regarding non-compliance with this Policy should contact first their line Manager in an effort to settle the complaint informally. If the matter is not resolved, staff may pursue the matter formally via the Authorities Grievance and Problem Solving Procedure.

8. Policy Implementation

This policy will be available on the intranet (Compass) for all employees to access. Once the policy has been approved HR and line managers will be responsible for ensuring on behalf of the Authority's Senior Management Team that this is carried out.

9. Monitoring & Evaluation

The policy will be monitored and evaluated on effectiveness periodically.

10. Review

This policy will be reviewed in light of any new legislation/regulations, every five years or whichever is the earlier.

11. Glossary of Terms

Term	Definition
LVRPA	Lee Valley Regional Park Authority
HR	Human Resources

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Recruitment Policy

July 2022

Reference: [Version 2.0]



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i Document Information

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1.0	23 February 2006	Signed off at Finance & Audit Committee paper FA82
2.0	July 2022	Put into new policy template
2.0	July 2022	Update job titles and names
2.0	July 2022	Inserted section on equality, diversity and inclusion
2.0	July 2022	Inserted section on Job descriptions and person specifications
2.0	July 2022	Updated responsibilities section
2.0	July 2022	Reviewed against current legislation and best practice
2.0	July 2022	Inserted right to work checks section

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1 Background

- 1.1 The Authority recognises that its employees are fundamental to its success. A strategic and professional approach to the recruitment process helps enable the Authority to attract and appoint employees with the necessary skills and attributes to fulfil its strategic aims.
- 1.2 The Authority is committed to ensuring that the recruitment and selection of employees is conducted in a manner that is systematic, efficient and effective and promotes equality, diversity and inclusion and aims to establish a workforce that reflects the communities we serve.
- 1.3 Recruitment should be treated as a key public relations exercise as the way it is managed affects the Authority's image and consequently its ability to attract and appoint high calibre employees.
- 1.4 Professional advice and support is available at all stages of the recruitment process from the HR Team.

2 Policy Aims

- 2.1 To appoint the best person for each post
- 2.2 Represent the Authority professionally at all stages of the process
- 2.3 To meet the Authority's operational requirements
- 2.4 Ensure the Authority's Equality, Diversity and Inclusion Policy is adhered to
- 2.2 To comply with all relevant legislation

3 Job Descriptions & Person Specifications

- 3.1 Before initiating the recruitment process, the responsible line manager must ensure that there is an up-to-date job description for the role.
- 3.2 The job description will describe the duties, responsibilities, level of seniority associated with the role and pay and benefits, while the person specification will describe the type of qualifications, training, knowledge, experience, skills, aptitudes, competencies and personal qualities required for effective performance of the job.
- 3.3 The line manager should consult with Human Resources when reviewing the job description and person specification to ensure consistency.

4 Advertisement of Vacancies

- All vacancies will be advertised within the Authority. Internal advertising may be undertaken prior to, or at the same time as external advertising (should external advertising be deemed necessary). This will help maximise equality of opportunity and provide employees with opportunities for career development, thus maintaining the skills and expertise of existing employees.

- In exceptional circumstances the Senior Management Team, in consultation with Human Resources, may waive the need to advertise. This is likely to include the following circumstances:
 - Where positions may provide suitable alternative employment for existing employees whose post has been identified for redundancy, including the termination of fixed term contracts or following a restructuring exercise.
 - Where an individual has been performing the vacant position already as an agency worker, casual worker or fixed term employee
 - Where the vacancy is a casual position
- Positions will be advertised using the most appropriate and cost effective medium to maximise the number of suitably qualified candidates. Applicants will be treated with respect and provided with sufficient information to make informed decisions regarding their suitability for the role.

5 Equality, Diversity and Inclusion

The Authority is committed to applying our equality, diversity and inclusion policy at all stages of recruitment and selection. We always carry out shortlisting, interviewing and selection without regard to an applicant's sex, gender identity, sexual orientation, marital or civil partnership status, skin colour, race, nationality, ethnic or national origins, religion or belief, age, pregnancy or maternity leave or trade union membership.

We will never exclude any candidate with a disability unless it is clear that the candidate is unable to perform a duty that is intrinsic to the role, having taken into account reasonable adjustments. Line managers must only ask a candidate questions about their health where this is directly necessary for a particular role and, in any event, only once they have been shortlisted.

To prevent any candidate from being disadvantaged because of a disability, the individual responsible for communicating with applicants should ask each candidate whether they require reasonable adjustments to be made. These may include ensuring easy access to the premises for an interview/adapting psychometric tests/replacing psychometric tests with an alternative option/providing an alternative to a telephone interview for a deaf candidate/providing a suitable chair for an interview with a candidate suffering from back problems.

Human Resources are always available to provide guidance on reasonable adjustments.

6 Interviews

Interview panels should have a minimum of two officers and no more than four. The officer who will be line-managing the person appointed will normally be the panel chair.

Line managers conducting recruitment interviews will ensure that the questions that they ask job applicants are not in any way discriminatory or unnecessarily intrusive. The interview will focus on the role and the skills needed to perform it effectively.

Line managers must make a record of every recruitment interview and score each candidate on set criteria and forward this to Human Resources to be retained for a

suitable period of time. To ensure fairness, the line manager should ensure that questions asked are consistent in all interviews for a particular job.

In some cases, we will hold interviews remotely. The responsible line manager should in advance provide the interviewee with details of how the interview will be conducted. They should also give the interviewee the opportunity to provide details of any reasonable adjustments that should be made or technological difficulties that they may encounter.

7 Medical Examinations

Successful applicants will be required to complete a pre-employment medical questionnaire. Any offer of employment will be conditional on the result of this medical examination meeting the specific requirements for the role.

Applicants will never be asked to complete a health questionnaire prior to making them a conditional or unconditional job offer.

8 References

At least two references covering the last 5 years of employment

All successful candidates are asked to give their consent for the Authority to obtain at least two written references (covering the last 5 years of employment) and to provide proof of qualifications. Any offer of employment will be conditional on these requirements being satisfactory.

9 Right to Work Checks

The Authority only recruits individuals with a legal right to work in the UK. All offers of employment will be subject to the candidate providing the required original documents or the Authority being able to carry out a check on the Home Office online [right to work checking service](#) confirming their right to do the work in question.

The requirement to provide evidence of the right to work in the UK applies to all new recruits, regardless of their race, nationality or ethnic or national origins.

An offer of employment is also conditional on DBS clearance if applicable to the role.

10 Responsibilities

When recruiting, managers are required to follow the Authority's Recruitment Policy and procedure.

Managers must also ensure that all employees are able to readily access copies of the Recruitment Policy and procedure, when the employee does not have access to the Authority's intranet.

The Senior Management Team are accountable for ensuring that this policy is implemented across the Authority, ensuring it is communicated and understood, translated into practice and enforcing its contents.

The Human Resources Team are responsible for implementing this policy across the Authority.

11 Legal Considerations

The primary legislation that influences this policy is the Employment Act 2008 and the Equality Act 2010.

12 Relevant Policy & Procedures

This policy operates in conjunction with the following policies, procedures and statements:

- Equality, Diversity & Inclusion Policy
- Recruitment Procedure

13 Monitoring & Evaluation

The policy will be monitored and evaluated on effectiveness periodically.

14 Review

This policy will be reviewed in light of any new legislation/regulation or every five years, whichever is the earlier.