



**LEE VALLEY REGIONAL PARK AUTHORITY**  
**AUDIT COMMITTEE**  
**23 JUNE 2022 AT 13:00**

**Agenda Item No:**

**8**

**Report No:**

**AUD/126/22**

## **RISK REGISTER 2021/22**

Presented by the Corporate Director (S&L)

### **SUMMARY**

At each Audit Committee Members review the Risk Register for progress against existing actions and to ensure that the Risk Register remains relevant to deal with the corporate risks facing the organisation.

At the Audit Committee in June 2018 (Paper AUD/90/18) Members approved the updated risk management strategy and corporate risk register following the Risk Management Workshop held on 7 June 2018. This workshop analysed and reviewed the risk management strategy and corporate risk register in detail to ensure that this committee could proactively input into, manage and monitor the register going forward with up to date risks identified that are relevant to the Authority's business over the coming years.

A further Risk Management Workshop took place on 24 March 2022 to review the risk management strategy and corporate risk register with input from this committee and Authority officers and some minor changes were made to ensure that the Authority Chair and Executive Committee are part of the approval process.

The risk management strategy and corporate risk register assists Members in their consideration and approval of the Annual Governance Statement as a key part of the financial statements. A robust risk management framework and register is one key element of the Annual Governance Statement and a source of assurance for Members in approving this statement year on year as part of the published accounts.

### **RECOMMENDATIONS**

- |                 |     |  |
|-----------------|-----|--|
| Members Approve | (1) | the Corporate Risk Register included at Appendix A and the sub-registers at Appendices B and C of this report;                           |
| Members Note    | (2) | amendment of the reporting process outlined in Review of the Risk Management Workshop section as detailed in paragraph 9 of this report. |

### **BACKGROUND**

- 1 Risk management is one of the key internal controls for an organisation. Members need to ensure that a sound system of internal control is maintained

and an annual review of the effectiveness of the system of internal control is conducted to provide sufficient, relevant and reliable assurance to enable them to authorise the signing of the Authority's Annual Governance Statement (which is published with the financial statements).

2 Regulation 3 of the Accounts and Audit Regulations 2015 requires that:

"A relevant authority must ensure that it has a sound system of internal control which:

- facilitates the effective exercise of its functions and the achievement of its aims and objectives;
- ensures that the financial and operational management of the authority is effective; and
- includes effective arrangements for the management of risk."

In this context "relevant authority" is referring to Lee Valley Regional Park Authority.

3 Each financial year the relevant authority must:

- conduct a review of the effectiveness of the system of internal control required by regulation 3; and
- prepare an Annual Governance Statement - this statement must be published together with the statement of accounts and the narrative statement in accordance with regulation 10.

4 Assurance of the Authority's internal control system is derived through the work of the internal audit function (undertaken by Mazars for the Authority); and also through the monitoring of processes put in place by management and other external bodies including those around risk management and health & safety. This provides evidence which allows the Authority to form conclusions on the adequacy and effectiveness of the systems of internal control and also on the efficiency of operations.

5 Risk management is not solely a focus on the finances of the Authority. The scope of internal control spans the whole range of the Authority's activities and includes those controls designed to ensure:

- the Authority's policies are put into practice;
- the organisation's values are met;
- laws and regulations are complied with;
- required processes are adhered to;
- financial statements and other published information is accurate and reliable; and
- human, financial and other resources are managed efficiently and effectively.

6 The Authority approved a Risk Management Framework in April 2005 (Paper A/3798/05). The Risk Management Framework and more specifically, the Risk Register was developed by Members and senior officers under the guidance of the internal auditors through a number of workshops and meetings. Members have regularly reviewed the register at each Audit Committee, adding in their own comments and improvements.

7 Since this time Members have consistently (and in depth) reviewed the Corporate Risk Register and revised the strategy, format, and content. The

strategy has been revised and updated twice since 2005 at the Audit Committee (May 2010, Paper AUD/06/10 and June 2012 Paper AUD/30/12). The strategy was reviewed by officers and Members as part of a Risk Management Workshop and was formally approved by the Audit Committee in June 2018 (Paper AUD/90/18). Subsequent to this workshop, a further workshop was held in March 2022 and an invitation to attend was extended to all Members and the strategy, format and content was reviewed again.

## **REVIEW OF THE RISK MANAGEMENT WORKSHOP**

- 8 A Risk Management Workshop was held on 24 March 2022 where some changes to the Risk Register updating process were put forward and incorporated into an updated Risk Register Procedure. This was to ensure that the Authority Chair and Executive Committee were included in the reporting process, with an update presented to the Executive Committee and Authority by Authority officers, accompanied by the Audit Committee Chair after the Audit Committee meeting.
- 9 As part of the procedure it is noted that it will be the responsibility of the Audit Committee as per its terms of reference to continue to monitor and review the Authority's risk management policies and procedures which include the review of 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 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 maintain awareness of the current risks.
- 10 In the event of any additional risks that emerge in the interim or changes to the severity of the risk, the Authority's Corporate Risk Register will be amended. These amendments would be flagged up to Executive and Audit Committee members and formally presented and reviewed by the Audit Committee at the next available meeting.
- 11 During the Risk Management Workshop an additional query was made on the use of the 9 x 9 risk matrix. Travellers (our insurers) advised that the larger the matrix, the greater the level of detail, where having a number of risks with a significant range, a larger matrix will allow for a greater definition of boundaries in terms of defining actions/risk appetite.
- 12 Members are requested to approve the amendment noted above to the reporting process and, in addition, the continued use of the current risk matrix.

## **REVIEW OF THE STRATEGIC RISK REGISTER**

- 13 The current Strategic Risk Register is reviewed by officers and Members on an on-going basis and signed off at each Audit Committee.
- 14 Members last considered the risk register at the Audit Committee in February 2022 (Paper AUD/124/22).
- 15 Since the February Committee officers have incorporated approved Member revisions, reviewed the register, considered and added potential new risks and updated the scoring. This includes the risk sub register that was considered and agreed by the Leisure Services Contract (LSC) Working Group to give greater

detail and management emphasis to managing the risks and actions in relation to the LSC Contract Retender (Strategic Risk SR9). This is attached as Appendix B to this report. Further impacts of the Covid-19 pandemic had been included within the current Risk Register but a sub risk register was populated to specifically review these impacts and had been updated to reflect changes to restrictions that were in place. This is attached as Appendix C to this report but will be recommended to be removed after this meeting.

The table below sets out the movement in managing the residual risks and sets out a summary of the total notional score.

16 Risk	Residual Risks 22 October 2020	Residual Risks 25 February 2021	Residual Risks 24 June 2021	Residual Risks 23 September 2021	Residual Risks 24 February 2022	Residual Risks 24 June 2022
	5	4	3	2	0	0
	7	10	10	12	15	18
	8	8	9	9	8	8
Total Risks	20	22	22	23	23	26
Notional Score	581	602	566	547	512	591

- 17 The key point to note since the last review of the Authority Strategic Risk Register is the overall increase in the corporate risk register residual notional score. This is due to the addition of three new risks, mainly allied to the management of contracts. Several of the original inherent risks have shown a reduction and additional risks that had been added to the risk register as a result of the Covid-19 situation have been reduced.
- 18 The operational and financial risks from the LSC Contract Retender (SR9) have now ceased with the commencement of the LSC on 1 April 2022. Many of the Risks outlined in the LSC sub-Risk Register have been removed as no longer valid and it is proposed to subsume the remaining risks outlined within the LSC sub-Risk Register into the Corporate Risk Register.
- 19 With the cessation of Covid-19 restrictions and their concomitant effect on the Authority, it is proposed to close the Covid 19 sub-Risk Register, with any remaining items included within the Corporate Risk Register. The Authority will continue to monitor the Covid-19 situation and any other viral infections such as Monkeypox through its Pandemic - Viral or Infectious Disease Planning procedure and the oversight of its Health and Safety contractors.
- 20 Decisions taken to mitigate these risks will be approved by full Authority and monitoring of these risks is taking place at each Executive Committee, Senior Management and officer level.
- 21 A verbal update will be presented at the meeting to advise Members regarding the proposed eventual removal of the LSC sub-Risk Register and the suggested removal of the Covid 19 sub-Risk Register. Changes to the register are in red font to indicate changes since the last Audit Committee risk register paper and the changes due to risks within SR9 and the sub-registers are also highlighted red.

- 22 At the last Audit Committee meeting it was requested that the strategy be reviewed again by officers and Members as part of a Risk Management Workshop, this was held in March 2022 and was completed.

### **ENVIRONMENTAL IMPLICATIONS**

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

### **EQUALITY IMPLICATIONS**

- 24 There are no equality implications arising directly from the recommendations in this report.

### **FINANCIAL IMPLICATIONS**

- 25 Revision of the Strategic Risk Register is a key element of this Authority's system of internal control that contributes to safeguarding the assets of the Authority and its reputation for sound financial management of public funds. This is reflected in the Authority's Annual Governance Statement published within the annual accounts and approved by this Committee.
- 26 Where actions require additional resources these will be identified and approved through the normal budget setting/service planning and management processes in accordance with Financial Regulations.

### **HUMAN RESOURCE IMPLICATIONS**

- 27 The additional human resource implications arising directly from this report have been outlined within the risk register and sub risk register actions and can be met from existing employee resources.

### **LEGAL IMPLICATIONS**

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

### **RISK MANAGEMENT IMPLICATIONS**

- 29 These are dealt with through the main body of the report and through the revised register. The Ice Centre redevelopment; the Picketts Lock development; the Leisure Services Contract and the Land & Property Strategy are recognised as the highest corporate risks facing the organisation. Continuing mitigation against these identified risks is demonstrated by the proposed actions in the Strategic Risk Register as set out in Appendix A to this report and primarily through implementing and delivering a Corporate Work Programme for 2022/23 followed by a revised approved Business Plan to be developed during 2022/23. In addition, the Authority will review the updated National Risk Register (2020) to consider any relevant implications that could impact on the business of the Authority as a whole.

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### **BACKGROUND REPORTS**

Lee Valley Regional Park Authority Risk Management Strategy June 2018

### PREVIOUS COMMITTEE REPORTS

Risk Management Workshop			24 March 2022
Audit Committee	AUD/124/22	Risk Register 2021/22	24 February 2022
Audit Committee	AUD/123/21	Risk Register 2021/22	23 September 2021
Audit Committee	AUD/118/21	Risk Register 2020/21	24 June 2021
Audit Committee	AUD/116/21	Risk Register 2020/21	25 February 2021
Audit Committee	AUD/113/20	Risk Register 2020/21	22 October 2020
Audit Committee	AUD/111/20	Risk Register 2020/21	25 June 2020
Executive Committee	E/674/20	Emergency Budget 2020/21	21 May 2020
Audit Committee	AUD/106/20	Risk Register 2019/20	27 February 2020
Audit Committee	AUD/104/19	Risk Register 2019/20	19 September 2019
Audit Committee	AUD/101/19	Risk Register 2019/20	20 June 2019
Audit Committee	AUD/97/19	Risk Register 2018/19	14 February 2019
Audit Risk Workshop			07 June 2018

### APPENDICES ATTACHED

Appendix A	2021/22 Corporate Risk Register – Authority
Appendix B	2021/22 Sub Register LSC retender (SR9)
Appendix C	2021/22 Sub Register Covid-19 Pandemic
Appendix D	Risk Scoring Criteria (extract from the approved risk management strategy (June 2018)).

**STRATEGIC RISK REGISTER AS AT 23 JUNE 2022**

Inherent Risk Score						Residual Risk Score													
Risk ID	Risk Name	Lead	Impact	Likelihood	Total Score	RAG	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion	Officer(s) Responsible	Updated Comments 23/06/2022	Updated Comments 24/02/2022
<b>SR1</b>	<b>Legal</b>																		
SR1.1	Failure to comply with the 1966 Park Act and other statutory requirements.	DCEO	8	7	56		Provision of Legal Services Member scrutiny through Authority & Committee meetings Annual Governance statement Park Act Awareness covered by inductions for new staff.	EA - Annual Audit Letter IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly	6	1	6		<>	Tolerate	Continue Induction Process and monitoring of statutory changes	Quarterly	DCEO	On-going. The monitoring officer continues to monitor compliance with the Park Act in all areas of the Authority's business. Once the Head of Legal starts in August there will be more capacity to undertake the Governance training which has been on hold. This should be reviewed before the next quarter reporting.	On-going in most areas. Review will be undertaken on Governance training with HR to consider further training over and above the Induction Process to ensure staff are reminded of statutory requirements etc. Any training will be carried out once business allows and training can be prioritised. The monitoring officer continues to monitor compliance with the Park Act on an on-going basis.
SR1.2	Failure to comply with Health & Safety legislation	CD	9	6	54		Health and Safety management H&S manual (procedures) regularly reviewed by RDHS who monitor up and coming legislation. H&S Policy Updated annually Risk Reduction Plan complete. External H&S Assessment 5* Annual Report to Audit Committee	RD/SMT 1/4ly Reports BSC 3 yr. ext. review RD Annual Audits M Year Report	7	2	14		<>	Tolerate	Annual Internal Audit & H&S Audit Plans delivered.	31-03-22	CD (S&L)	H&S Audits will take place quarterly for this financial year, with the first quarter audits scheduled in for early June. A new H&S contract is being procured which includes quality as a scoring criteria with an improved specification to ensure a more forensic approach is given to the audit process.	Annual H&S Audits commenced in December 2021 and are on schedule for completion. Business Continuity Planning in process with all sites and services updating their plans. Desktop exercise carried out at Head Office and further Desktop exercises taking place for venues.
<b>SR2</b>	<b>Contractual</b>																		
SR2.1	Agreeing to accept a partners' financial terms and conditions that will place an unacceptable long term liability on the Authority	HoF	9	4	36		Reports to SMT and Members Financial/Legal/Risk Implications fully appraised. Financial Appraisal of schemes in accordance with prudential code.	M Exec Monthly LA agreement	8	2	16		<>	Tolerate	Ongoing resources review for specific projects	Quarterly	DCEO/ HoF	Ongoing. Individual projects should be reviewed in line with financial requirements if they differ from Authority standard	Ongoing. Individual projects should be reviewed in line with financial requirements if they differ from Authority standard
SR2.2	Contractors, Governing Bodies, or Third Party Operator not delivering agreed objectives/contract	HoF	7	5	35		All contracts reviewed prior to commencement by a responsible officer. Delivery monitored by Director/Head of Service and performance monitoring team Quarterly Performance Reports to Executive & Scrutiny Committees	M Exec Monthly M Scrutiny 1/4ly	6	2	12		<>	Tolerate	Quarterly Contract monitoring.	Executive Quarterly Monitoring	CD (S&L)	New LSC has been in place since April 1st 2022 and has been operating well. The first 6 months is for the Authority to supporting the change in operation and monitoring etc. has been focused on doing that along with finalising all the post handover requirements for land matters. The GM contract continues to perform well and has been in place since November 2021.	New LSC commencement date had been delayed due to further COVID-19 restrictions and the commencement date is now April 1st 2022. Approval to enter into the LSC contract with GLL under seal was given in October 2021 and the Leases approved in January 2022 which are now subject to SOS consent. GM contract was awarded and the contract commenced on 1st November 2021.
SR2.3	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	CD	9	4	36		Advice and support APMD plus external contractors. Quality contractors employed for maintenance through procurement (Price Quality ratio applied)	APMD Annual Inspections	7	1	7		>	Treat	Ongoing Monitoring	Annual Inspections & Review. MPG Work complete by 31/03/22	HoA	Facilities Management meetings and ICT specific meetings between GLL & LVRPA are taking place. Year 1 maintenance of approx. £700k is to be dealt with on a 'needs' basis with GLL/LVRPA establishing what the needs are.	New LSC commencement date had been delayed due to further COVID-19 restrictions and the target date for commencement is now April 1st 2022 as approved by Members in October 2021. Facilities Management meetings and ICT specific meetings between GLL & LVRPA are taking place. Seconded from GLL continues to be in place to oversee M&E through transfer period. Items scheduled for repair during the period April 2021- April 2022 will be undertaken by APMD /LVRPA. Seconded days being increased to five days.
SR2.4	Contractor stability affected by external influences or national/international conditions prevailing at the time	HoF	9	6	54		Reports to SMT and Members Financial/Legal/Risk Implications fully appraised. Financial Appraisal of schemes in accordance with prudential code.	M Exec Monthly M Scrutiny 1/4ly	7	3	21		>	Treat	Quarterly Contract monitoring.	Executive Quarterly Monitoring	CD (S&L)	Ongoing review of major projects, in particular the Ice Centre through the Authority's cost consultants regarding material costs and any potential delays in supply. In general, communication with contractors is strong and proactive to identify potential issues with review of all current contracts to confirm stability of each company. Regarding the LSC, utilities are protected cost wise until October 2022.	Ongoing review of major projects, in particular the Ice Centre through the Authority's cost consultants regarding material costs and any potential delays in supply. In general, communication with contractors is strong and proactive to identify potential issues with review of all current contracts to confirm stability of each company.
SR2.5	Insufficient contractors tendering for contracts	CD	4	5	20		Reports to SMT Financial/Legal/Risk Implications fully appraised. Appraisal of procurement process.	SMT Monthly & 1/4ly Reports M Exec 1/4ly M Authority Annual Budget IA Audit Plan	6	3	18		>	Treat	Review of Procurement process Tender Evaluation Award of Contract	31-03-23	CD	At this point, the Authority is getting the interest required for its tenders. The revised process implemented last year has helped as the pre work required prior to tender is more robust and clear on what the requirements are making it easier for interested parties.	The three companies submitting tenders for the GM contract were market leaders in the field and, after a monitored procurement process, a suitable company was selected, awarded the contract which has now commenced. Procurement for the Health and Safety Contract will commence shortly and will be monitored to ensure sufficient companies supply tenders. Early indications are very encouraging as to the market interest in the process.
SR2.6	Major equipment or other failure at one or more venues resulting in temporary/permanent cessation of operations	CD	9	6	54		Reports to SMT Financial/Legal/Risk Implications fully appraised. Application of Business Continuity protocols.	SMT Monthly & 1/4ly Reports M Exec 1/4ly M Authority Annual Budget IA Audit Plan	7	4	28		>	Treat		On-going	CD	Process now put in place for reporting of major failures of plant to LVRPA, LVRPA to be involved in route of rectification to a satisfactory level. Issue at LVWVC with the pumps and the controls but plan in place to deal with this for the short and long term.	N/A
SR2.7	Failure of LSC contractor organisation or failure of LSC contractor to deliver as required by contract	CD	9	8	72		Reports to SMT Financial/Legal/Risk Implications fully appraised. Appraisal of Contractor Financial records.	SMT Monthly & 1/4ly Reports M Exec 1/4ly M Authority Annual Budget IA Audit Plan	6	4	24		>	Treat		On-going	CD	Process in place but its early in the contract and the new ways of working will take time to bed in before they become less likely of causing any major issues. Early signs of risk is low.	N/A
<b>SR 3</b>	<b>Resources</b>																		
SR3.1	I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving I.T infrastructure	HoIT	9	4	36		Reports to Members Financial/Legal/Risk Implications fully appraised. Financial Appraisal of schemes in accordance with prudential code. IT Infrastructure upgrade comes from Capital budget	SMT Weekly Meeting Minutes IA Audit Plan EA - Annual Audit Letter	8	3	24		>	Treat	Procurement or upgrade Finance system to a SaaS system. Adopt strategy of moving to hosted systems.	31-03-23	CD	Once Finance system has been upgraded the risk can be moved to <> Tolerated. The current system poses a risk to the Authority. Server environment changes in progress, to make Data Centre the primary location and MH the backup. This will improve resilience and greater flexibility in terms of office space	Infrastructure work now part of business planning process. Finance system requires urgent upgrade Server environment changes in progress, to make Data Centre the primary location and MH the backup. This will improve resilience and greater flexibility in terms of office space
SR3.2	The Authority fails to recruit/retain staff at all levels of the appropriate calibre	CEO	8	8	64		Reward & Recognition Training & development framework Management Away Days Staff presentations Internal/External communications Up to date staff handbook Up to date policies Training Panel funding	M Annual Sickness Report M - Policy Reports SMT Annual Training panel	6	6	36		<	Treat	Ongoing Monitoring	On-going	CEO/ HoHR	HR objectives drafted for new business plan. New management structure in place and working well. Staff Training schedule being looked at for 2022/23. Review of roles where struggling to recruit. Networking with others facing the same issues.	HR/L&D strategy drafted. New management structure in place and working well. Staff furlough scheme ended 30 September 2021. Staff Training schedule being looked at for 2022/23. Voluntary redundancy programme completed by 30 September 2021 and successful. Restructures undertaken across the Authority and in implemented by 1 September 2021. Review of roles where struggling to recruit. Networking with others facing the same issues.

**STRATEGIC RISK REGISTER AS AT 23 JUNE 2022**

Inherent Risk Score						Residual Risk Score													
Risk ID	Risk Name	Lead	Impact	Likelihood	Total Score	RAG	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions	Officer(s) Responsible	Updated Comments 23/06/2022	Updated Comments 24/02/2022
SR3.3	Insufficient Authority Resources to fully manage contracts	CEO?	9	7	63		Recruitment processes Training & development framework Suitable staffing structure Internal promotion Internal/External communications Up to date business plan Financial/Legal/Risk Implications fully appraised Training Panel funding	SMT Weekly Meeting Minutes IA - Audit Plan EA - Annual Audit Letter	6	6	36		<	Treat	Ongoing Monitoring	On-going	CEO/HoHR	HR objectives drafted for new business plan. New management structure in place and working well. Staff Training schedule being looked at for 2022/23. New role recruitment taking place. Staffing budgets agreed	N/A
SR 4	Financial Management																		
SR4.1	Financial Risks of over/under spent budget through non-achievement of income targets or inaccurate budget forecasting. Insufficient Resources to meet objectives	HoF	9	7	63		Quarterly Budget monitoring reports Weekly review against Centre Business Plan targets Medium Term Financial Plan updated £3-4m Minimum Reserves Policy reviewed Statutory Power to Levy	M Exec 1/4ly M Authority Annual Budget SMT Monthly & 1/4ly Reports	8	4	32		>	Treat	Ongoing budget monitoring & review MTFP in September	Executive Quarterly Monitoring	HoF	Ongoing. The five year MTFP, along with revenue and capital budgets for 2022/23, considered impact on reserves, along with borrowing requirement. Continued monitoring of Income, Expenditure, and operational capacity/usage. Review of General Fund reserve balance, cash flow monitoring, and inflation/rate change modelling.	Ongoing. Medium Term Financial Plan (MTFP) considered impact of 2021/22 on reserves and need to rebuild and create resilience going forward. Continued monitoring of Income & Expenditure. Government support in 2021/22 & 2022/23 for Business Rates relief announced, and impact in coming year has been assessed and factored into the updated MTFP.
SR4.2	Financial Risks of either greatly increased insurance costs or insurers refusal to insure Authority due to increased risks brought on by prevailing conditions	HoF	9	7	63		Budget monitoring reports Authority/LSC Contractor (at contract commencement) monitoring meetings Budget Review 2020/21 complete Medium Term Financial Plan £3-4m Minimum Reserves Policy Statutory Power to Levy Emergency Budget 2020/21	M Exec 1/4ly M Authority Annual Budget SMT Monthly & 1/4ly Reports	9	3	27		>	Treat	Liaison with Insurance brokers re level of cover	Executive Quarterly Monitoring	HoF	Insurance is arranged annually for period October X1 to September X2. Liaison required with Insurance brokers with regards to any changes in insurance cover and premiums.	Insurance is arranged annually for period October X1 to September X2. Liaison required with Insurance brokers with regards to any changes in insurance cover and premiums.
SR5	Governance & Leadership																		
SR5.1	Lack of a clear corporate direction	CEO	9	7	63		Authority meetings SMT Business Plan 2016-19 MTFP to 2024 Levy Strategy Land & Property Strategy Vision 2010-2020	M 1/4ly Full Authority Meetings M Exec Committee x 12 M Working Groups SMT Weekly Meeting Minutes	9	2	18		<>	Tolerate	Set out 2020-2025 Business Plan	31-03-22	CEO	The medium to long term business plan is still being developed and will be completed in 22/23.	An interim 1 year business plan for 2021/22 is in place. A 5 year plan for 2022-27 is now in process of development and will be submitted for Member approval.
SR5.2	Impact on the Authority's powers to raise the Levy and resistance from all constituent councils as a result of external influences	CEO	9	7	63		Stakeholder engagement Clear Budget/Levy Direction Funded Financial Plan Statutory Levy Raising Powers Monitoring of Legislation	SMT Weekly Meeting Minutes LA as needed	9	1	9		<>	Tolerate	Set out 2020-2030 Vision	Quarterly Monitoring 31/03/2022	CEO	Income generating investment is a long term component of the medium/long term business plan and this additional income will help reduce pressure on the levy.	Work has started on the new 5 year business plan for 2022-27. This will be completed in the first quarter of 22/23.
SR6	Reputation/Communication																		
SR6.1	Impact on Authority's reputation due to service failure, damaged stakeholder and/or contractor relationships.	HoC	7	5	35		Venue and service communication plans. Proactive marketing, media relations, speaker engagement and stakeholder engagement	SMT Weekly Meeting M 1/4ly Authority Meetings M Exec Monthly Stakeholder Perception KPI	6	3	18		>	Treat	Regular meetings with Authority business owners and GLL marketing team to plan and coordinate activity	Quarterly Monitoring Report	HoC	Authority campaigns ran to end of Auth operating term to generate bookings for LSC venues. Venue comms channels passed over to GLL. Briefing sessions held with GLL to hand over comms channels and continued engagement to ensure that GLL's comms are accurate and fulfil contract. Community and stakeholder relations programme for LVIC continues to be a major focus. Key push for 2022/3 is comms which use the 10 year anniversary of 2012 to communicate the Authority's achievements and contribution - close working with LLDC and other partners. Continued strong emphasis on internal comms and handover of LSC venues.	Briefing sessions held with GLL to hand over comms channels. Campaigns running in last quarter of this financial year to generate as many sales as possible. Community and stakeholder relations programme for LVIC continues to be a major focus. Key push for 2022/3 is comms which use the 10 year anniversary of 2012 to communicate the Authority's achievements and contribution - close working with LLDC and other partners. Continued strong emphasis on internal comms and handover of LSC venues.
SR7	Business Continuity																		
SR7.1	Inadequate business continuity implementation at any (all) sites following natural disaster, IT failure including Cyber Terrorism, Flooding, Disease Outbreak (animals/humans), Terrorism.	CEO	6	5	30		Emergency Action Planning IT Disaster Recovery Plan Business Interruption Insurance Adequate Cover arrangements exist for Senior Management Site DRP & Management Plans Joint LSC Contractor/Authority Training Insurance Policies/Funds General Reserves H&S Audits Working with EA/CRT and other Local Authorities	EA -Annual Audit Letter IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly	5	4	20		>	Treat/Transfer	Audit Recommendations implemented Further training and testing. LSC Contractor Risk Register - alignment re risk and continuity	Quarterly Monitoring	CD	The business continuity process was revised on implementation of the LSC and changes made to the Incident Management Process. Further revisions are to be made after the internal audit review with training exercises to take place involving all levels of management.	Facility/Service Risk Registers have been updated as part of the Business Continuity Plan process. The initial Business Impact Analysis and Disaster Recovery Plan process updated for Myddelton House and the services based there has been rolled out to all remaining facilities. The BIA/DRP documentation has been updated by remaining Facilities/Services with ongoing exercises to take place to feed into the overall Authority BCP. MFA (Multifactor Authentication) has now been rolled out across the organisation to reduce Cyber threat risks.
SR7.2	Inadequate pandemic management processes in place park wide following major pandemic outbreak/further spikes in Covid 19 and more restrictions including local tier restrictions and national lockdowns	CEO	9	7	63		Pandemic Planning Procedure Emergency Pandemic Protocols IT Operational Procedures	RD/SMT 1/4ly Reports RD Annual Review Pandemic Procedures IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly	6	6	36		>	Treat	H & S Recommendations, implemented Training and reviews of financial, legal, leadership protocols Update of communication processes Review of staffing structure to continue business	Executive Quarterly Monitoring	CEO/ CD	Pandemic procedure updated and on intranet. With withdrawal of restrictions, the Covid sub-Risk Register will be removed after this update. Should any further problems re-occur, the sub-Risk Register can be implemented again at short notice. A current review of the Monkeypox outbreak is underway.	Processes in place for managing Covid including Covid tracker in use and updated during regular meetings of the HoS and H&S teams. Pandemic Viral or Infectious Disease Planning procedure being revised and updated - ongoing to make use of current information.
SR8	Environmental Management																		
SR8.1	Failure to manage contamination could be a risk to users, this includes land and/or water contamination (also damage to reputation from failing to manage contamination)	DCEO	9	7	63		Site investigations carried out prior to developments & land remediated. Site investigations carried out on some other sites. Some sites monitored. Sites closed to public access where contamination is significant. Contaminated Land Policy Member Task & Finish group Completion of Contaminated Land Strategy & Policy Consultant Site Investigations work completed.	M 1/4ly Authority Meetings M Working Groups M Exec Monthly SMT Weekly Meeting Minutes	7	2	14		<>	Tolerate	Ongoing monitoring	Ongoing Monitoring plus analysis when land sold/purchased or developed	DCEO	Land is dealt with in line with the Land Contamination Strategy as updated. A review will be undertaken to assess if further revision is required to align with any new legislation.	On-going monitoring in line with Land Contamination Strategy and Policy Statement.



**STRATEGIC RISK REGISTER AS AT 23 JUNE 2022**

Inherent Risk Score							Residual Risk Score												
Risk ID	Risk Name	Lead	Impact	Likelihood	Total Score	RAG	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion	Officer(s) Responsible	Updated Comments 23/06/2022	Updated Comments 24/02/2022
SR9	<b>Major Business Developments</b>																		
SR9.1	<b>Ice Centre</b> Failure in Strategic Risks 1-8 above in the development of the Ice Centre circa £30m project and Legal Challenge <b>Ice Centre not operational at agreed date</b>	CEO	9	8	72		Legal Advice Prudential Code Feasibility Studies Member Steering Group Existing PR/Comms Feasibility budget Working with LB Waltham Forest Planning Advice	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA Annual Audit Letter	8	5	40		>	Treat	Planning Approval Business Plan Design Team Engagement stakeholders, users and local community	31-10-22	CD	The Ice Centre re development continues well and is on time to be handed over to the Authority in late October 2022. The project is also on budget.	SOS confirmed to the Authority that it was a body which was included in relevant legislation which enables it to borrow up to £30million to pay for the new Ice Centre build. The existing venue closed on 27th June 2021 and works on the new building started in mid-August, with the steelworks completed in January along with all the precast concrete. Building works are on schedule for a late October 2022 completion date.
SR9.2	<b>Picketts Lock Development</b> Failure in Strategic Risks 1-8 above in the development of the Picketts Lock circa £40m project and Legal Challenge	CEO	8	8	64		Legal Advice Prudential Code Feasibility Studies Existing PR/Comms Feasibility budget Working with LB Enfield Planning Advice Land & Property Member Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA Annual Audit Letter	7	5	35		>	Treat	Planning Approval Business Plan Design Team Engagement stakeholders, users and local community	31-03-22	DCEO	The Wave secured funding for the project and currently have their project team in place progressing the work required for the planning application process.	Extension to the Exclusivity Agreement between the Authority and The Wave approved by the Authority 20th Jan 22. The EA runs until April 23. Both parties will work towards an Agreement for Lease and The Wave with its funding in place along with the Wavegarden (surf wave technology company) agreement will progress the planning process.
SR9.3	<b>Leisure Services Contract Retender</b> Failure in Strategic Risks 1-8 above in the retender of the Leisure Services Contract circa £20m and potential Legal Challenge	CEO	9	4	36		Legal Advice Procurement Regulations Medium Term Financial Plan PR/Comms External Consultants Member Steering Group Market Engagement & Specification Tender Exercise Complete	Existing EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA Annual Audit Letter	7	4	28		>	Treat	Tender Evaluation Award of Contract	31-03-22	CEO	The Leisure Service Contract commenced on 1st of April, however, with an additional side letter to cover some areas that were still subject to completion. These do not have an immediate impact on the contract commencement and will be finalised during the initial period of operation.	Officers are carrying out the final due diligence and resolving any final contract matters. The mobilisation programme for the 1st April contract start date is underway.
SR10	<b>Implications of Implementing Land &amp; Property Strategy</b>																		
SR10.1	<b>Acquisitions-</b> Opportunity Cost of Resources, Reducing Available Resources or increasing future liabilities	DCEO	8	6	48		Legal Advice - Park Act Park Act L&P Strategy Land Contamination Strategy Medium Term Financial Plan Land & Property Working Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	4	2	8		<=>	Tolerate	Seek External Advice incl. Planning Context. Identify Resources Members Decision. Ongoing Monitoring. Consultation	31-03-22	HoP	No current new acquisitions in the pipeline	No current new acquisitions in the pipeline
SR10.2	<b>Disposals -</b> Legal challenge, Reputational Damage, reduced public access or bio diversity. Failure to deliver anticipated capital resources through land disposal due to the constraints imposed by the riparian boroughs/districts and other agencies, e.g. green belt/flood risk/contaminated land	DCEO	8	7	56		Legal Advice - Park Act Park Act L&P Strategy Medium Term Financial Plan Land & Property Working Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	7	4	28		>	Treat	Seek External Advice where necessary incl. Planning Context. Members Decision. Consultation	31-03-22	HoP	Langley and Mile - marketing of the site is underway. Any disposal of land will require final Member approval.	Harbet Road - Terms agreed (and CPO objection withdrawn) with London Borough of Enfield (LBE) for the disposal of part of the land at Harbet Road required for flood alleviation works as part of the Meridian Water development. Disposal to LBE completed. Langley and Mile - appeal successful and planning permission is granted for residential development comprising up to 52 dwellings. Currently in the process of preparing to market the site via Agents. Member approval to any disposal will still be required.
SR11	<b>Impact of Brexit on Authority</b>																		
SR11.1	Failure in Strategic Risks 1-10 above due to changes in the Economic and Business climate brought about by changes following the departure from the European Union	CEO	7	9	63		Legal Advice Medium Term Financial Plan General/Capital Reserves Treasury Management Policy Annual Investment Strategy Prudential Code Power to Levy Land & Property Member Group Annual/Triennial pension valuations	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	6	6	36		>	Treat	Monitor: Potential Land disposal Interest rates Third Party investors/ stakeholders Legal framework Pension valuations	Ongoing	DCEO/ HoF	Potential risk needs ongoing monitoring particularly in relation to finances, future strategic investments, and 3rd party contracts	Potential risk needs ongoing monitoring particularly in relation to finances, future strategic investments, and 3rd party contracts along with review on additional impacts as a result of Covid restrictions and as restrictions are lifted and the economy begins to recover.

1362

591

Score 45-81 High Risk  
Score 18-42 Moderate risk  
Score 1- 16 Low risk

COVID-19 PANDEMIC SUB RISK REGISTER AS AT 23 JUNE 2022

Risk ID	Risk Name	Inherent Risk Score						Residual Risk Score						Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions	Officer(s) Responsible	Comments 23/06/2022	Comments 24/02/2022	
		Critical Success Factor	Lead	Impact	Likelihood	Total Score	RAG	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG							
SR1	Legal																			
SR2	Contractual																			
SR2.2	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	B	CD	9	5	45	High	Advice and support from APMD plus external contractors. Ensure that Contractors apply correct social distancing when attending facilities Facilities to remain mothballed until allowed to re-open	APMD Monthly Inspections	6	2	12	Moderate	>	Treat	Ongoing Monitoring	Monthly Inspections & Review. MPG's checked monthly for completion	HoA	Statutory checks being undertaken by site staff and MPG guides under review to ensure all necessary checks complied with. APMD to have monthly FM meetings with GLL counterparts plus regular liaison with GLL Technical team	Statutory checks being undertaken by site staff and MPG guides under review to ensure all necessary checks complied with. Seconded from GLL in place to oversee M&E maintenance and improvements. Increased cover now in place, 5 days from 3 days.
SR 3	Resources																			
SR3.1	Inadequate I.T. Infrastructure/ Systems/Data support due to staff shortages from Covid 19 related illness	B	CD	8	6	48	High	Reports to Exec Financial/Legal/Risk Implications fully appraised. Appraisal of limitations on remaining staff Existing IT Infrastructure support processes	SMT Weekly Meeting Minutes IA Audit Plan M Exec Monthly	6	2	12	Moderate	>	Treat	Review for furlough process Review for changes in government legislation	Monthly review	HoIT	If staff need to self isolate, they can work from home. Any site visits will need to be deferred if possible. Risk if all staff are taken ill with Covid that urgent site visits of event cover will not be able to happen. Will look to use contractors to cover if this is the case. Tech staff have been vaccinated	If staff need to self isolate, they can work from home. Any site visits will need to be deferred if possible. Risk if all staff are taken ill with Covid that urgent site visits of event cover will not be able to happen. Will look to use contractors to cover if this is the case. Tech staff have been vaccinated
SR3.3	The Authority have insufficient staff at all levels due to impact of 'long Covid' resulting in staff being unable to perform duties or on long term sickness	In/Is	CEO	9	8	72	High	Review of business needs Agreement on continuity requirements with HoS's Devolvement of Duties to upper echelons Internal/External communications Sickness absence procedure Occupational health support	M Exec Monthly SMT Weekly Meeting Minutes	6	3	18	Moderate	>	Treat	Ongoing Monitoring Review of business performance	On-going	HoHR	Ongoing monitoring of government guidance on this area and ACAS and XpertHR good practice and networking with others. Use of occupational for anyone with long-covid. Phased returns and reasonable adjustments where necessary.	Ongoing monitoring of government guidance on this area and ACAS and XpertHR good practice and networking with others.
SR 4	Financial Management																			
SR5	Governance & Leadership																			
SR6	Reputation/Communication																			
SR6.1	Impact on Authority's reputation due to service failure caused by Covid-19 pandemic, damaged stakeholder and/or contractor relationships.		HoC	8	5	40	Moderate	Managed via social media, web and digital updates Media relations Internal communications Utilisation of new technologies Venue communications	SMT Weekly Meeting Venues re-opening group Weekly Meetings M 1/4ly Authority Meetings M Exec Monthly	6	3	18	Moderate	>	Treat	Social media, digital communications, web updates and media relations proactively explaining our position as a result of new Government announcements on Covid19 and our key business activities such as staged reopening of venues. Ensuring all aspects of customer, partner, club and NGB communications are carried out Strong liaison with venues, open spaces and other parts of the Authority affected by Coronavirus to ensure comms work aligns with key business objectives Regular and extensive internal comms utilising technologies such as video conferencing, group chats to keep all staff, furloughed and working engaged and involved.	Quarterly Monitoring Report	HoC	As previously, continued monitoring of the situation and remain ready for any comms that are required: Social media, digital communications, PR, web and internal comms.	Social media, digital communications and web updates proactively explaining any restrictions or requirements as a result of Covid19 Strong liaison with venues, open spaces and other parts of the Authority affected by Coronavirus to ensure comms work aligns with key business objectives Regular and extensive internal comms utilising technologies such as video conferencing to keep all staff engaged, whether workplace based or home based.
SR7	Business Continuity																			
SR8	Environmental Management																			
SR9	Major Business Developments																			

681

250

> Progress in a positive direction i.e. reducing the risk  
< Progress is negative and risk is getting worse.

Score 45-81 High Risk  
Score 18-42 Moderate risk

Titles  
CEO - Chief Executive Officer  
EA Ext Audit

LEISURE SERVICE CONTRACT SUB RISK REGISTER AS AT 23 JUNE 2022

Inherent Risk Score							Residual Risk Score												
Risk ID	Risk Name	Lead	Impact	Likelihood	Total Score	RAG	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Action	Progress	Further Actions Needed to reduce Risk	Deadline for Completion Actions	Officer(s) Responsible	Updated Comments 23/06/2022	Updated Comments 24/02/2022
SR1	Legal																		
SR2	Contractual																		
SR2.2	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	DCEO	9	4	36		Advice and support APMD plus external contractors. Quality contactors employed for maintenance through procurement (Price Quality ratio applied). Performance department regular inspections carried out	APMD Annual Inspections PR Monthly inspections Exec Monthly M Scrutiny 1/4ly	5	3	15	>	Treat		Ongoing Monitoring Implement pre 2020 condition survey work	Annual/ Monthly Inspections & Review.	HoA	KPI's agreed and in place, CAFM system being implemented, monthly meetings and regular calls are now in place. GLL have a dedicated officer for their contract role.	Seconded in place and part time working is now being increased to full time. Discussions have been finalised around KPI's and continue around the implementation of CAFM system.
SR 3	Resources																		
SR3.1	Inadequate I.T. Infrastructure/ Systems/Data for new LSC.	HoIT	7	5	35		Reports to Exec Financial/Legal/Risk Implications fully appraised. Financial Appraisal of relocation/updating of Authority IT assets New Usage Counters Existing IT Infrastructure Budget	SMT Weekly Meeting Minutes IA Audit Plan EC - LSC Specification	6	5	30	>	Treat		Review for Procurement process Review for new Contract post 2020	31/06/2022	CD/ HoIT	Hardware and systems transferred successfully. GLL under resourced to manage venues effectively. GLL have asked if LV staff can assist with support. GLL have asked for CCTV at Velo, HTC and WWC to be managed by LV. Wi-Fi was installed pre handover so no down time was encountered.	New contractor should have resources and hardware available to transfer systems and software licences. Contractor should not be relying on LVRPA hardware, but discussions are in progress with contractor. Contractor will need to arrange their own software licences. Staff need time to be trained on new systems. GLL are in talks with Omnicore about continuing with Clarity, but no contract is in place yet. Public Wi-Fi being changed to new provider. Risk that venues will not have any Wi-Fi on handover as incumbent provider contract expires on 31 March 2022. Supply chain issues on equipment increases this risk, so need to be addressed as possible.
SR3.3	GLL Booking System (Flow) not ready to be used at venues when contract with Omnicore end on 31 Oct 2022. Clarity is now end of life	HoIT	9	6	54		HoIT Meeting with GLL IT Manager on a weekly basis GLL have roadmap for rollout	M Weekly Meetings	9	4	36	>	Treat		GLL to provide progress report of roll out of Flow	31-10-22	HoIT	GLL are using LV instance of Clarity. Sub-contract between LV & GLL still not yet signed. Contract expires 31 March 2022 and not seen roadmap for roll out of Flow as yet	GLL are using LV instance of Clarity. Sub-contract between LV & GLL still not yet signed. Contract expires 31 March 2022 and not seen roadmap for roll out of Flow as yet
SR 4	Financial Management																		
SR4.2	Failure of GLL to achieve 90% of income target in Year 1, resulting in renegotiation of Year 2 MF	HoF	9	6	54		HoF Monthly meeting with GLL	M 1/4ly Authority Meetings M Working Groups M Exec Monthly SMT Weekly Meeting Minutes LA In house EA Ext Audit IA Int Audit	8	4	32	>	Treat		GLL to provide quarterly financial reports	31-03-23	HoF	Schedule 5 to LSC allows for this	N/A
SR5	Governance & Leadership																		
SR6	Reputation/Communication																		
SR7	Business Continuity																		
SR8	Major Business Developments																		

553

308

Score 45-81 High Risk

Titles Source of Assurance

## Risk Appetite

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. Whilst the assessment remains subjective, these criteria serve as a guide and are used to help ensure consistency in scoring across each of the risks identified.

	<b>Impact</b>	<b>Likelihood</b>
<b>1</b>	No impact	<1% likely to occur in next 12 months
<b>2</b>	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
<b>3</b>	Financial loss between £1,000 and £10,000 or no impact outside single objective or no adverse publicity	5%-10% likely to occur in next 12 months
<b>4</b>	Financial loss between £10,000 and £25,000 or minor regulatory consequence or some impact on other objectives	10%-20% likely to occur in next 12 months
<b>5</b>	Financial loss between £25,000 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
<b>6</b>	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
<b>7</b>	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
<b>8</b>	Financial loss between £500,000 to £1 million or impact at strategic level or national adverse publicity or Central Government take over administration	60%-80% likely to occur in next 12 months
<b>9</b>	Financial loss above £1 million or major impact at strategic level or closure/transfer of business	>80% likely to occur in next 12 months