



- 7      **ANNUAL REPORT ON HEALTH & SAFETY 2021/22  
AND HEALTH & SAFETY AUDIT PLAN 2022/23**      Paper AUD/128/22

Presented by Dan Buck, Corporate Director

- 8      **RISK REGISTER 2021/22**      Paper AUD/126/22

Presented by Dan Buck, Corporate Director

- 9      **URGENT BUSINESS**

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.

- 10     **EXEMPT ITEMS**

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 I of Schedule 12A of the Act specified beneath each item. (There are no items currently listed for consideration in Part II.)

15 June 2022

Shaun Dawson  
Chief Executive

**LEE VALLEY REGIONAL PARK AUTHORITY**

**AUDIT COMMITTEE MINUTES  
24 FEBRUARY 2022**

**Members**  
**in remote presence:** David Gardner (Chairman) Lesley Greensmyth  
Suzanne Rutland-Barsby (Vice Chairman) Dilip Patel  
John Bevan Terry Wheeler

**Officers**  
**in remote presence:** Shaun Dawson - Chief Executive  
Beryl Foster - Deputy Chief Executive  
Dan Buck - Corporate Director  
Keith Kellard - Head of Finance  
Michael Sterry - Senior Accountant  
Lindsey Johnson - Committee Services Officer

**Also in remote presence:** Neil Harris - Ernst & Young  
Sam Lowe - Mazars  
Fay Hammond – Director of Resources, London Borough of Enfield  
Matt Bowmer – S151 Officer (Outgoing), London Borough of Enfield  
James Newman – S151 Officer (Incoming), London Borough of Enfield

Part I

**224 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**225 MINUTES OF LAST MEETING**

**THAT the minutes of the meeting held on 23 September 2021 be approved and signed.**

**226 PUBLIC SPEAKING**

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

**227 EXTERNAL AUDIT UPDATE**

Neil Harris from Ernst & Young gave an update on the external audit, he explained to Members that reasonable progress had been made prior to Christmas and it had been agreed to continue the audit in January, however, Ernst & Young wouldn't be able to start until February due to the ongoing resource issues, which are a national issue for local government sectors audits. It has therefore been agreed with your officers that work on the audit will begin in April once the Leisure Services Contract has been mobilised as this will mean that we will have the maximum capacity from Authority officers. The Audit should be concluded in May.

Members expressed their discomfort at the delay as it would have implications on how the Authority implements recommendations from the audit letter and wondered if the Authority's delay was due to it being an outlier. The S151 Officer, Director of Resources from London



## **AUDIT COMMITTEE MINUTES 24 FEBRUARY 2022**

The Chairman asked why now that we have signed an extended exclusivity agreement with The Wave at Picketts Lock it continues to be a high risk. The Chief Executive responded stating that there is an argument that the risk could be reduced to amber, but we decided we would wait until the planning process began.

The Chairman asked if officers were considering the risk of conflict, such as increasing oil and gas prices or other exposures. The Corporate Director responded stating that our utilities are on a fixed term agreement until October and money is allocated in the budget for extra costs for the financial year. Materials are harder to come by for smaller projects. We have not had any issues with regards to materials for the Ice Centre project. The situation in the Ukraine has only just begun and we will keep an eye on it and analyse any potential impacts.

**(1) the Corporate Risk Register Included at Appendix A and the sub-registers at Appendices B and C of Paper AUD/124/22 was approved.**

### **230 ANY OTHER BUSINESS**

The Chairman reminded Members that there would be a Risk Management Workshop on Thursday, 24 March 2022 at 1pm at the Lee Valley White Water Centre.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

The meeting started at 11.30am and ended at 12.05pm

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**ANNUAL REPORT ON THE WORK OF INTERNAL AUDIT  
2021/22 AND AUDIT PLAN 2022/23**

Presented by Corporate Director (Sport and Leisure)

**SUMMARY**

The purpose of this report is to inform Members about the work of the Internal Auditors (Mazars) during the financial year 2021/22.

The Audit Plan for 2021/22 was approved by the Audit Committee in July 2021 (Paper AUD/121/21). The audit of the Authority's functions has been in accordance with that Plan and has been found to be satisfactory and the level of assurance is noted as 'Moderate'.

The report also sets out a plan for audit during 2022/23.

**RECOMMENDATIONS**

- Members Note:                   (1)   the annual report of the Internal Auditors for 2021/22 detailed in Appendix A to this report; and
- Members Approve:               (2)   the annual Audit Plan for 2022/23 as detailed in Appendix B to this report.

**BACKGROUND**

- 1   The Audit Plan for 2021/22 was approved at a meeting of the Audit Committee in July 2021 (Paper AUD/121/21). This report looks at the delivery of that Plan and summarises the scope of audit coverage during the last financial year.
- 2   Mazars have prepared a comprehensive report of this years' audit and the majority of the agreed Plan has been completed. 2022/23 will be the fifth year of a six year contract under a framework agreement held by the London Borough of Croydon and approved by Members of this committee (Paper AUD/85/18 22 February 2018).

**AUDIT WORK – 2021/22**

- 3   The majority of the planned audit activity was completed in accordance with the

2021/22 Plan although, due to the ongoing Covid-19 pandemic, reviews in the Plan were delivered in a hybrid manner and consideration of whether individual audits required on-site work. Spot checks involved on-site work and review of physical records, as did the review of Cash and Banking, with other audit fieldwork being performed remotely through reference to electronic evidence, use of video-conferencing and screen sharing. Overall there was minimal impact on the scope and ability to conduct the work.

- 4 Mazars have prepared a comprehensive report summarising the reviews and their findings and this is attached as Appendix A to this report.
- 5 In all audits recommendations of differing priority (i.e. priority 1, 2 and 3) were made to improve the system of internal control and these recommendations were accepted. Follow-up reviews will be undertaken in the next twelve months to ensure appropriate action has been taken.

#### **AUDIT FINDINGS – 2021/22**

- 6 The full report from Mazars is attached at Appendix A to this report for Members information and will be presented by the Internal Auditor during the Committee.
- 7 The key message of the auditor's report is embodied in the Audit Opinion shown on page 2 of Appendix A to this report. This states:

"On the basis of our audit work, our opinion on the framework of internal control is Moderate in its overall adequacy and effectiveness.

Certain weaknesses and exceptions were highlighted by our audit work, three of which were assessed as Priority 1 within our review of HR Processes – Leave/Absence for which we provided Limited assurance overall. In the other four assurance based reviews, all received Moderate assurance, and no other Priority 1 recommendations were raised in the course of our audit fieldwork.

These matters have been discussed with management, to whom we have made several recommendations. All of these have been, or are in the process of being addressed, as detailed in our individual reports."

- 8 The Summary of Internal Audit work for each Audit carried out in 2021/22 (page 6/7 in Appendix A to this report) summarises the main level of assurance for each of the five areas evaluated. All areas audited indicated moderate assurance with one area receiving limited assurance. The area with limited assurance was:

- **HR – Leave/Absence**

Staff who were previously employed by Lee Valley Leisure Trust Ltd (the Trust) had not been added to the Authority's HR system (Genesis) to manage leave. As a temporary measure before their transfer to a new provider, an excel spreadsheet ('Absence Calendar') was provided to these venues to use as an interim measure for recording approved leave. Whereas most Authority staff annual leave has line manager approval enforced through Genesis workflows, staff in former Trust venues had annual leave manually input on 'Absence Calendar' spreadsheets,

without the same system-enforced controls over line manager approval. In addition, none of the formerly Trust-managed venues, apart from the Lee Valley White Water Centre, had any sick leave or other absences tracked, or distinguishable from annual leave, on their absence calendar spreadsheets.

With the commencement of the Leisure Service Contract on 1 April 2022 this position will be resolved as all staff within the Authority's control will be managed through the Genesis system.

All priority 1 recommendations made in individual Audit Reports to improve the internal control environment are implemented immediately (or as soon as is practical to do so). Where priority 2/3 recommendations are made, management consider this in context of the risk and resource required to make the improvement and prepare a written response to the auditors setting out plans for implementation, including the officer responsible and the timing of any implementation.

Financial systems are reviewed on a cyclical basis by the auditors based upon the level of risk in any particular area. 2021/22 provided moderate assurances in the areas audited as has been the case in previous years, although the Budgetary Control audit was deferred due to the Covid situation prevailing at the time.

- 9 All key findings and recommendations from all the audits in 2021/22 will be monitored by the auditors during 2022/23. Adequate follow-up time to do this has been incorporated into the Audit Plan for the year ahead.

#### **ANNUAL AUDIT PLAN - 2022/23**

- 10 Appendix B to this report sets out a summary Plan for Audit during 2022/23. The Plan takes into account the following:
- the Authority's Strategic Risk Register;
  - internal audit findings from previous years' audit work;
  - planned developments/changes within the Authority;
  - the requirements of the Authority's external auditors; and
  - specific pro-active work on a counter fraud programme.
- 11 There are 97 days to allow completion of the Audit Plan in 2022/23 reflecting the focus on a risk based approach; and Members are asked to approve the Plan as set out in Appendix B of this report.

#### **ENVIRONMENTAL IMPLICATIONS**

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

#### **EQUALITY IMPLICATIONS**

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

## FINANCIAL IMPLICATIONS

- 14 Financial systems are audited on a cyclical basis. The table below shows the coverage over the past three years and demonstrates a robust approach to financial management that has been maintained across the Authority.

| Audit  | 2019/20 | 2020/21     | 2021/22  | 2022/23 Plan |
|--|---------|-------------|----------|--------------|
| Payroll  | N/A     | Substantial | N/A      | N/A          |
| Debtors  | N/A     | N/A         | N/A      | N/A          |
| Creditor   | N/A     | N/A         | N/A      | N/A          |
| Treasury Management                                | N/A     | Substantial | N/A      | N/A          |
| Budgetary Control                                  | N/A     | N/A         | Deferred | Scheduled    |
| Cash & Banking                                     | N/A     | N/A         | Moderate | N/A          |
| Debt Management                                    | N/A     | Substantial | N/A      | N/A          |
| Stock Control Procedures                           | N/A     | N/A         | Moderate | N/A          |
| High Risk Transactions Credit Cards & Key Controls | N/A     | Substantial | N/A      | N/A          |
| Fraud prevention / detection                       | N/A     | N/A         | N/A      | Scheduled    |
| Campsites financial systems                        | N/A     | N/A         | N/A      | Scheduled    |

## HUMAN RESOURCE IMPLICATIONS

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

## LEGAL IMPLICATIONS

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

## RISK MANAGEMENT IMPLICATIONS

- 17 There are no risk management implications arising directly from the recommendations in this report.

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## PREVIOUS COMMITTEE REPORTS

|                 |            |  |              |
|-----------------|------------|--|--------------|
| Audit Committee | AUD/121/21 | Annual Report on the Work of Internal Audit 2020/21 & Audit Plan 2021/22 | 22 July 2021 |
| Audit Committee | AUD/110/20 | Annual Report on the Work of Internal Audit 2019/20 & Audit Plan 2020/21 | 25 June 2020 |
| Audit Committee | AUD/98/19  | Annual Report on the Work of Internal Audit 2019/20 & Audit Plan 2020/21 | 20 June 2019 |
| Audit Committee | AUD/88/18  | Annual Report on the Work of Internal Audit 2018/19 & Audit Plan 2019/20 | 21 June 2018 |

|                 |           |  |                  |
|-----------------|-----------|--|------------------|
| Audit Committee | AUD/85/18 | Award of Internal Contract   | 22 February 2018 |
| Audit Committee | AUD/77/17 | Annual Report on the Work of Internal Audit 2017/18 & Audit Plan 2018/19 | 22 June 2017     |
| Audit Committee | AUD/69/16 | Annual Report on the Work of Internal Audit 2016/17 & Audit Plan 2017/18 | 16 June 2016     |
| Audit Committee | AUD/64/16 | Award of Internal Audit Contract   | 25 February 2016 |
| Audit Committee | AUD/61/15 | Annual Report on the Work of Internal Audit 2014/15 & Audit Plan 2015/16 | 25 June 2014     |
| Audit Committee | AUD/51/14 | Annual Report on the Work of Internal Audit 2013/14 & Audit Plan 2014/15 | 19 June 2014     |
| Audit Committee | AUD/41/13 | Annual Report on the Work of Internal Audit 2012/13 & Audit Plan 2013/14 | 20 June 2013     |
| Audit Committee | AUD/28/12 | Annual Report on the Work of Internal Audit 2011/12 & Audit Plan 2012/13 | 28 June 2012     |
| Audit Committee | AUD/20/11 | Annual Report on the Work of Internal Audit 2010/11 & Audit Plan 2011/12 | 02 June 2011     |
| Audit Committee | AUD/07/10 | Annual Report on the Work of Internal Audit 2009/10 & Audit Plan 2010/11 | 20 May 2010      |

#### **APPENDICES ATTACHED**

|            |                                      |
|------------|--------------------------------------|
| Appendix A | Internal Annual Audit Report 2021/22 |
| Appendix B | Internal Audit Plan 2022/23          |

#### **LIST OF ABBREVIATIONS**

|           |  |
|-----------|--|
| IT        | Information Technology   |
| PSIAS     | Public Sector Internal Audit Standards   |
| the Trust | Lee Valley Leisure Trust Ltd (trading as Vibrant Partnerships) (now in administration) |

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Lee Valley Regional Park Authority - Internal Audit Annual Report  
For the year ended 31 March 2022  
June 2022





## Contents

|   |    |
|---|----|
| 01 Introduction   | 1  |
| 02 Internal Audit work undertaken in 2021/22            | 1  |
| 03 Annual opinion                                       | 2  |
| 04 Benchmarking   | 4  |
| 05 Performance of Internal Audit                        | 4  |
| A1 Summary of Internal Audit work undertaken in 2021/22 | 6  |
| A2 Priority 1 Recommendations Raised during 2021/22     | 9  |
| A3 Statement of Responsibility                          | 12 |

### *Disclaimer*

This report ("Report") was prepared by Mazars LLP at the request of Lee Valley Regional Park Authority and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The Report was prepared solely for the use and benefit of Lee Valley Regional Park Authority and to the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility in Appendix A3 of this report for further information about responsibilities, limitations and confidentiality.

## 01 Introduction

### Background

Lee Valley Regional Park Authority (Authority) utilising the APEX Framework with the London Borough of Croydon have commissioned Mazars LLP to provide it with internal audit services.

This Annual Report covers the work we have undertaken for the year ended 31 March 2022 (2021/22) and incorporates our internal audit opinion.

The purpose of the Annual Internal Audit Report is to meet the Head of Internal annual reporting requirements set out in the UK Public Sector Internal Audit Standards (PSIAS).

### Scope and purpose of internal audit

This opinion forms part of the framework of assurances that is received by the Authority and should be used to help inform the Annual Governance Statement. Internal Audit also has an independent and objective consultancy role to help line managers improve risk management, governance and control.

Our professional responsibilities as internal auditors for the year ended 31 March 2022 are set out within the PSIAS. This includes the Core Principles for the Professional Practice of Internal Auditing and Code of Ethics. In conducting our work, we also have regard to the Committee on Standards of Public Life's Seven Principles of Public Life ('Nolan principles').

This report covers the internal audit activity for 2021/22 and summarises matters which came to our attention during the year. Such matters have been included within our reports to the Audit Committee (AC) during the course of the year.

### Acknowledgements

We are grateful to the management and staff throughout the Authority for the assistance provided to us during the 2021/22 financial year.

## 02 Internal Audit work undertaken in 2021/22

Our Internal Audit Plan for 2021/22 (Plan) was considered and approved by the AC at its meeting on 22 July 2021. The Plan was for a total of 120 days including 7 days Follow Up, 10 days Management and Consultation, and 20 days of contingency.

We were in regular contact with the Authority during the year to ensure the plan and timings remained attuned to the needs of the organisation and reflected their current risks. The following audits within the Plan have not been completed within the year:

- **Key Financial Systems: Budgetary Control:** this audit was initially planned for March 2022. In light of resource demands arising from year-end processes as well as the transfer of Leisure Services to the new Provider (GILL), Authority management opted to defer this fieldwork to the 2022/23 plan; and
- **Contract Management:** 15 days of specialist contract management were included within the Plan. Of these, three days were used to provide assurance over the Grounds Maintenance contract. Further scoping work was also undertaken regarding the Authority's Health and Safety contract procurement, however this has been considered for delivery within the 2022/23 plan.

Our reviews in the Plan were delivered in a hybrid manner in light of Covid-19 restrictions, and consideration of whether individual audits required on-site work. Our spot checks involved on-site work and review of physical records, as did our review of Cash and Banking. Other audit fieldwork was performed remotely through reference to electronic evidence, and use of video-conferencing and screensharing. Overall, there was minimal impact on the scope and ability to conduct the work and with the exception of the above reviews, we have completed all other reviews in the Plan.

One contingency day was utilised as part of the Plan. This related to the cancellation at short notice of our initial planned spot check of the VeloPark.

The audit findings in respect of each review, together with our recommendations for action and the management response were set out in our detailed reports. A summary of the reports we have issued is included at Appendix A1. The appendix also describes the levels of assurance we have used in assessing the control environment and effectiveness of controls and the classification of our recommendations.

## 03 Annual opinion

### Scope of the Internal Audit Opinion

In giving our annual audit opinion, it should be noted that assurance can never be absolute. The most that the internal audit service can provide to the Authority is a reasonable assurance that there are no major weaknesses in risk management, governance and control processes.

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

In arriving at our opinion, we have taken the following matters into account:

- The results of all internal audits undertaken in the Plan for 2021/22;
- The results of follow up action in respect of previous internal audits;
- Whether or not any Priority 1 or Priority 2 recommendations have not been accepted by management and the consequent risks;
- The effects of any material changes in the organisation's objectives or activities;
- Matters arising from previous reports to the AC;
- Whether or not any limitations have been placed on the scope of internal audit;
- Whether there have been any resource constraints imposed upon us which may have impinged on our ability to meet the full internal audit needs of the organisation; and
- What proportion of the organisation's internal audit needs have been

covered to date.

### Impact of Covid-19 on internal audit work during the year

During the year, we have consulted Management through regular liaison about changes to the Plan for 2021/22 and internal audit reviews to take account of the impact of Covid-19 on the organisation and the changing risk landscape.

Whilst some work within the Plan was conducted remotely, there was no significant impact on the scope and our ability to conduct the remaining audits. The two changes to the original audit plan (see Section 02) arose from operational considerations and timing, as opposed to being driven by Covid pressures.

During the year we have periodically attended the AC and provided updates on progress against the Plan.

### Internal Audit opinion

On the basis of our audit work, our opinion on the framework of internal control is Moderate in its overall adequacy and effectiveness.

Certain weaknesses and exceptions were highlighted by our audit work, three of which were assessed as Priority 1 within our review of HR Processes – Leave/Absence for which we provided Limited assurance overall. In the other four assurance based reviews, all received Moderate assurance, and no other Priority 1 recommendations were raised in the course of our audit fieldwork.

These matters have been discussed with management, to whom we have made several recommendations. All of these have been, or are in the process of being addressed, as detailed in our individual reports.

In reaching this opinion, the following factors were taken into particular consideration:

### Corporate Governance and Risk Management

Our opinion in this area was informed by consideration of this area through

our individual assignments including, where relevant, reporting to Committee and the Board through (including the AC) with no significant issues arising.

#### **Internal control**

Of the five audits undertaken in the year where we provided a formal assurance level, four were given a 'Moderate' level of assurance (Stock Control, Key Financial Controls – Cash and Banking, Procurement, and IT - GIS) and one a 'Limited' level of assurance (HR – Leave/Absence). No audits were given 'No' level of assurance.

In respect of the four Spot Check audits, our Audit reviews did not provide assurance opinions, however we did raise prioritised recommendations for management to consider. They observed the process followed and provided feedback to the Authority as part of the observed practises.

During the year, we have made three 'Priority 1' recommendations, and these are summarised in Appendix A2 of this report. All these were made in the HR – Leave/Absence report. We have also made 21 recommendations categorised as 'Priority 2' and eight which are Priority 3.

#### **Follow Up**

In respect of follow up of recommendations, internal audit has an established process for tracking the implementation of recommendations raised and to report on their status. During the year, we reviewed the implementation of recommendations when they reached their expected completion date and confirmed their implementation status. A number of recommendations raised in previous years in relation to the Trust were deemed to be no longer applicable. Overall, the rate of overdue recommendations closed (either Implemented or Superseded) was 71% (29 of 41).

All recommendations made during the year were accepted by Management and will be followed up as part of the Plan for 2022/23.

## 04 Benchmarking

This section compares the Assurance Levels (where given) and categorisation of recommendations made at the Authority.

Please note we have revised our definitions for the 2021/22 year to align with wider sector definitions and practices. Under this process, our four-step assurance opinions have been reviewed as follows (New Definition/Old Definition): Substantial/Full, Moderate/Substantial, Limited/Limited, and Unsatisfactory/Nil. For ease of comparison assurance opinions from previous years have been converted to the current equivalent.

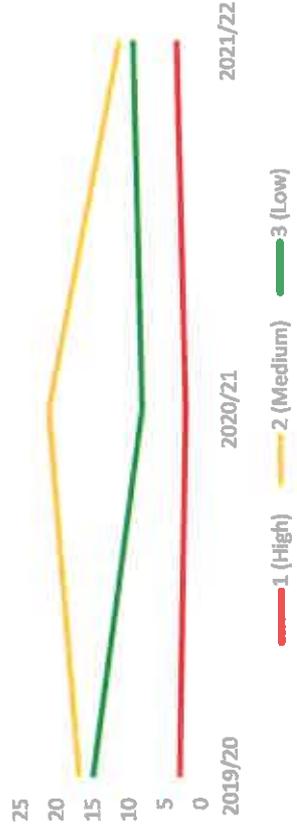
It should be noted that the total number of assurance reviews completed has reduced over recent years, however our plan for 2021/22 did include four spot checks of leisure sites where recommendations were made, albeit without an overall assurance opinion. Details of our advisory work are set out in Appendix 4.

### Comparison of Assurance Levels (where given) and Recommendations by categorisation

#### Year-on-year Assurance Levels Comparison



#### Year-on-year Recommendation Priority Comparison



N.B. Recommendations recorded here exclude those recommendations made in reports without assurance opinions provided. Full details of all audit work carried out and recommendations made can be found within Appendix A1.

The breakdown of Priority 1, 2, and 3 recommendations remains broadly in line with previous years, albeit reduced in volume in parallel with the reduced number of assurance audits completed in 2021/22. The proportion of Priority 2 recommendations has fallen from 2020/21, where audits of Core Financial Controls and Staff Induction and Performance raised a large number of Priority 2 findings.

## 05 Performance of Internal Audit

### Compliance with professional standards

Our work performed conforms to PSIAS, which includes the Core Principles for the Professional Practice of Internal Auditing and Code of Ethics. In conducting our work we also have regard to the Committee on Standards of Public Life's Seven Principles of Public Life ('Nolan principles').

In accordance with PSIAS, Mazars was subject to an External Quality Assessment in 2019, which confirmed Mazars conforms to the requirements of the International Practice Framework for Internal Audit and PSIAS.

### Performance Measures

We have completed our audit work in accordance with the agreed Plan and each of our final reports has been reported to the Audit Committee.

Periodic meetings have been conducted with Management over the period to monitor progress against the Plan.



### Independence and objectivity

There have been no impairments to independence and objectivity during the year covered by this Annual Report.

### Internal Audit Quality Assurance

In order to ensure the quality of the work we perform, we have a programme of quality measures, which includes:

- Supervision of staff conducting audit work;
- Review of files of working papers and reports by managers and partners;
- Annual appraisal of audit staff and the development of personal development and training plans;
- Sector specific training for staff involved in the sector;
- Regular meetings of our Sector Strategy Groups, which issues technical guidance to inform staff and provide instruction with regard to technical issues; and
- The maintenance of the firm's Internal Audit Manual.

## A1 Summary of Internal Audit work undertaken in 2021/22

The following reviews were undertaken during the 2021/22 audit year:

| Auditable Area                                    | Level of Assurance (evaluation / testing) | Days   |        | Recommendations   |                     |                  |       | Total agreed by Management |
|---|---|--------|--------|-------------------|---------------------|------------------|-------|----------------------------|
|   |   | Budget | Actual | Priority 1 (High) | Priority 2 (Medium) | Priority 3 (Low) | Total |                            |
| Key Financial Controls – Cash and Banking         | Moderate                                  | 8      | 8      | 0                 | 4                   | 2                | 6     | 6                          |
| Key Financial Controls – Budgetary Control        | N/A - Deferred                            | 7      | 0      | 0                 | -                   | -                | -     | -                          |
| Stock Control                                     | Moderate                                  | 4      | 4      | -                 | 2                   | 2                | 4     | 4                          |
| HR – Leave/Absence                                | Limited                                   | 8      | 8      | 3                 | 2                   | 1                | 6     | 6                          |
| Procurement                                       | Moderate                                  | 7      | 7      | -                 | 1                   | 2                | 3     | 3                          |
| IT Strategy : Geographic Information System (GIS) | Moderate                                  | 10     | 10     | -                 | 2                   | 2                | 4     | 4                          |
| Contract Management                               | N/A - Advisory                            | 15     | 3      | -                 | -                   | -                | -     | -                          |
| Spot Check – Hockey & Tennis Centre               | N/A - Advisory                            | 6      | 6      | -                 | -                   | -                | 7*    | 7*                         |
| Spot Check – Athletics Centre                     | N/A - Advisory                            | 6      | 6      | -                 | -                   | -                | 11*   | 11*                        |
| Spot Check – White Water Centre                   | N/A - Advisory                            | 6      | 6      | -                 | -                   | -                | 16*   | 16*                        |
| Spot Check – Velopark                             | N/A - Advisory                            | 6      | 7      | -                 | -                   | -                | 7*    | 7*                         |

| Auditable Area | Level of Assurance (evaluation / testing) | Days   |        | Recommendations   |                     |                  |       | Total agreed by Management |
|----------------|---|--------|--------|-------------------|---------------------|------------------|-------|----------------------------|
|                |   | Budget | Actual | Priority 1 (High) | Priority 2 (Medium) | Priority 3 (Low) | Total |                            |
| Follow-Up      | N/A                                       | 7      | 7      | 5**               | 4**                 | 3**              | 12**  | 23                         |
| Totals***      |   | 90     | 72     | 3                 | 11                  | 9                | 23    | 23                         |
| %              |   |        |        | 13%               | 48%                 | 39%              | 100%  | 100%                       |

\*\*Recommendations are recorded in our spot check findings, however, in line with previous years, priority ratings are not assigned.

\*\*\*No new recommendations raised in the course of follow-up fieldwork, however recommendations seen as not implemented or only partly implemented were highlighted in our reporting.

\*\*\*\*Totals exclude days given over to audit management (10) and contingency (20).



## Assurance rating, recommendation level, and annual opinion definitions

We use the following levels of assurance and recommendation classifications within our audit reports:

| Assurance Level                   | Evaluation and Testing Conclusion  |
|-----------------------------------|--|
| <p><b>Substantial</b></p>         | <p>The framework of governance, risk management and control is adequate and effective.</p>   |
| <p><b>Moderate</b></p>            | <p>Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.</p>                         |
| <p><b>Limited</b></p>             | <p>There are significant weaknesses in the framework of governance, risk management and control such that it could be or become inadequate and ineffective.</p>      |
| <p><b>Unsatisfactory</b></p>      | <p>There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.</p> |
| Recommendation Grading            | Definition   |
| <p><b>Priority 1 (High)</b></p>   | <p>Major issues for the attention of senior management and the Audit Committee</p>   |
| <p><b>Priority 2 (Medium)</b></p> | <p>Important issues to be addressed by management in their areas of responsibility.</p>  |
| <p><b>Priority 3 (Low)</b></p>    | <p>Minor issues resolved on site through discussions with local management.</p>  |

## A2 Priority 1 Recommendations Raised during 2021/22

| Report   | Recommendation  | Rationale  | Management Response                  | Responsibility and Deadline |
|--|---|--|--------------------------------------|-----------------------------|
| <p>HR-Leave/Absence</p> <p><b>Use of Manual Leave Tracking</b></p> <p>Venues should track absence and annual leave on the calendar format, which is provided by HR, or to an equivalent level of detail.</p> <p>All venues should be able to demonstrate clear details of employees' remaining leave entitlement, as well as the approval and supporting evidence (as applicable) linked to all leave taken.</p> <p>HR should periodically review venues' leave tracking arrangements in the lead-in to transfer to the new provider to allow sufficient time to resolve any issues.</p> | <p>Staff who were previously employed by the Trust have not been added to the Authority's HR system (Genesis) to manage leave. As a temporary measure before their transfer to a new provider, an excel spreadsheet ('Absence Calendar') was provided to these venues to use as an interim measure for recording approved leave.</p> <p>We conducted a random sample test of two members of staff for four former Trust venues (8 in total) taking annual leave in the past six months. All venues used a different system for logging annual leave. Only the WWC used the calendar provided by HR. Others had used variations on the absence calendar or developed their own, and did not capture full details, which has been subject to separate recommendations (see 3.3-3.4).</p> <p>If all venues used the same calendar, it would make annual leave easier to track, providing greater transparency meaning that administrative errors become less likely.</p> <p>Where manually tracked leave records are incomplete, or inconsistently maintained, there is a risk that these systems will be susceptible to human error or fraud, resulting in staff being granted more, or less, leave than they are entitled to. There is also an increased risk that</p> | <p>Agree. All LSC venues (previously trust-managed venues) will be informed to use the set format by HR and these will be reviewed prior to transfer to GLL.</p> | <p>Head of HR<br/>1 January 2022</p> |                             |

| Report                    | Recommendation  | Rationale   | Management Response  | Responsibility and Deadline           |
|---------------------------|---|---|--|---------------------------------------|
| <p>HR - Leave/Absence</p> | <p><b>Approval of Leave.</b><br/>Formerly Trust-managed venues should clearly record the approval for all types of leave, including the person approving the leave.<br/><br/>This may involve using a separate mechanism for capturing approval in writing, or email evidence</p> | <p>leave will not be approved in compliance with the Authority's procedures.</p> <p>Whereas most Authority staff annual leave has line manager approval enforced through Genesis workflows, staff in former-Trust venues have annual leave manually input on 'Absence Calendar' spreadsheets, without the same system-enforced controls over line manager approval.</p> <p>From our random sample of two members of staff for four of the formerly Trust-managed venues (eight in total) taking annual leave in the past six months, there was no record of authorisation recorded in six cases (other than the presence of the leave on the spreadsheets). It was not possible to determine for our sample who had approved the leave nor, where managers had taken leave, who had acted as approver for them.</p> <p>Where manual approval methods are used in place of system-enforced workflows, leave usage may be subject to manipulation or error resulting in employees taking more leave than their entitlement, or not being able to use their entitled amount.</p> | <p>There is already an annual leave record form, which should be used for requesting and approving leave, as per the annual leave procedure.</p> <p>Managers and staff will be reminded to use this form when we inform them about using the set template spreadsheet as per recommendation 3.2.</p> | <p>Head of HR<br/>1 January 2022</p>  |
| <p>HR - Leave/Absence</p> | <p><b>Supporting evidence for sickness or other leave.</b><br/>Venues should investigate and clarify sickness leave taken.<br/>Formerly Trust-managed venues should maintain</p>  | <p>None of the formerly Trust-managed venues, apart from the WWC, had any sick leave or other absences tracked, or distinguishable from annual leave, on their absence calendar spreadsheets. We were unable to readily identify sick leave taken, and therefore no sample could be selected to confirm approval</p>  | <p>When we ask managers to ensure they are using the leave calendar spreadsheet set by HR, we will inform them that this must be used to record sickness and other absences as well as annual leave. We will also ask them to add on sick leave take retrospectively, so HR can</p>                  | <p>Head of HR<br/>31 January 2022</p> |

| Report | Recommendation  | Rationale  | Management Response  | Responsibility and Deadline |
|--------|---|--|--|-----------------------------|
|        | <p>supporting auditable records to substantiate leave where required by the Authority's policies, such as doctor's notes.</p> | <p>of such leave in line with the Authority's procedures and with supporting evidence such as doctor's notes.</p> <p>There is a risk that employees could be taking undeclared / unlogged sickness leave without this being recorded and effectively tracked. Where this has implications for pay regarding SSP, it will not be possible to check whether the member of staff was compensated correctly.</p> | <p>ensure self cert forms or doctors notes have been obtained where necessary.</p> |                             |

## A3 Statement of Responsibility

We take responsibility to Lee Valley Regional Park Authority for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

This report is confidential and must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation amendment and/or modification by any third party is entirely at their own risk.

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Lee Valley Regional Park Authority  
**Internal Audit Strategy, Operational Plan  
2022/23 and Charter**  
Draft for Audit Committee review

Prepared by: Mazars LLP  
Date: June 2022

# Contents

- 1 Introduction
- 2 Operational Plan 2022/23
- 3 Strategy 2022/23 – 2024/25
- 4 Internal Audit Charter

## Statement of Responsibility

### Disclaimer

This report ("Report") was prepared by Mazars LLP at the request of the Lee Valley Regional Park Authority (LYRPA) and terms for its preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist or of all the improvements that may be required. The Report was prepared solely for the use and benefit of the LYRPA and to the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extracts, reinterpretation, amendment and/or modification. Accordingly any reliance placed on the Report, its contents, conclusions, any extracts, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility on the final page of this report for further information about responsibilities, limitations and confidentiality.



# 01

Section 01:  
**Introduction**



## Introduction

Mazars LLP was reappointed as internal auditors to the Lee Valley Regional Park Authority (LVRPA) from 1 April 2018. Since this time we have presented an annual Operational Plan (Plan) to the Audit Committee (AC).

For 2022/23, in addition to presenting an Plan we have also developed a three-year Internal Audit Strategy (Strategy). The Strategy is used to direct Internal Audit resources to those aspects of the organisation that are assessed as generating the greatest risk to the achievement of its objectives. This will remain subject to review and update on at least an annual basis to ensure it meets the needs of the LVRPA, including taking account of any areas of new and emerging risk within the Risk Register.

The purpose of this document is to provide the LVRPA with the proposed 2022/23 Plan and Strategy for consideration and approval.

In considering the document, AC is asked to consider:

- whether the balance is right in terms of coverage and focus;
- whether we have captured key areas that would be expected; and
- whether there are any significant gaps.

We are also seeking approval from AC for the Internal Audit Charter in Section 04.

## Scope and Purpose of Internal Audit



### IA's Role

The purpose of internal audit is to provide the Board, through the AC, the Chief Executive, and the Senior Management Team with an independent and objective opinion on risk management, control and governance and their effectiveness in achieving the LVRPA's agreed objectives



### IA Plan

Completion of the internal audits proposed in the 2022/23 Plan should be used to help inform the LVRPA's Annual Governance Statement.



### Objective

The Accounts and Audit Regulations 2015 specifically require the provision of an internal audit service. In accordance with UK Public Sector Internal Audit Standards (PSIAS), Internal Audit provides independent assurance on the adequacy and effectiveness of LVRPA's governance, risk management and internal control system.

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. Internal Audit also has an independent and objective consultancy role to help line managers improve risk management, governance and control.



### Charter

We have included our Internal Audit Charter in Section 04. The Charter sets out terms of reference and serves as a basis for the governance of the LVRPA's IA function, establishing our purpose, authority, responsibility, independence and scope, in accordance with the Chartered Institute of Internal Auditor's (IIA) standards.





## Preparing the Strategy and Operational Plan for 2022/23

As part of our approach, it is important we consider LVRPA's strategic priorities, as well as the key strategic risks identified, as we seek to align our risk-based approach accordingly.

In preparing the Strategy and Plan we have undertaken the following:

- Met with the Corporate Director, Head of Finance, Senior Contracts & Quality Manager, and Senior Accountant;
- Reviewed the outcomes of 2021/22 internal audit work;
- Considered the latest assessment of risks facing LVRPA, as detailed in the Corporate Risk Register (as of May 2022);
- Considered areas which are not necessarily high risk (such as core operational controls), but where the work of internal audit can provide a tangible input to assurance; and
- Considered the results of internal audit across our wider client base.

The proposed Plan for 2022/23 is included in Section 02. This also includes a proposed high level scope for each review and which will be revisited as part of the detailed planning for each review. Fieldwork dates for each of the audits, including presentation of finalised reports at future dates for AC meetings have been proposed for discussion and approval with the LVRPA's management.

## Preparing the Strategy Update and Operational Plan for 2021/22 (continued)

We have narrowed this list from a wider starting point, which will allow flexibility if there are changes required during the year; we have sought to prioritise against the key risks and for this reason, we can refer to the three year Strategy at Section 03 to discuss other potential internal audit areas for consideration if required.

Prior to conducting each internal audit, we will undertake a more detailed planning meeting in order to discuss and agree the specific focus of each review.

Following the planning meeting, we will produce Terms of Reference, which we will agree with key representatives at the LVRPA prior to commencement of the fieldwork.

The results of our work will be communicated via an exit meeting. A draft report will then be issued for review and management comments and in turn a final report issued. Final reports as well as progress against the plan will be reported to each AC and the Chief Executive.

Following completion of the planned assignments and the end of the Financial Year, we will summarise the results of our work within an Annual Report, providing an opinion on the LVRPA's governance, risk management and internal control framework.



# 02

Section 02:  
**Operational Plan 2022/23**

# Internal Audit Operational Plan 2022/23

An overview of the Internal Audit Operational Plan 2022/23 is set out below.

| Proposed Summary Operational Plan for Approval               |           |                                |                   |               |
|--|-----------|--------------------------------|-------------------|---------------|
| Audit Area   | Days      | LVRPA Sponsor                  | Target Start Date | Target AC     |
| <b>Risk Based Considerations</b>                             |           |                                |                   |               |
| Health and Safety Contract Procurement*                      | 5         | Corporate Director             | March 2022        | November 2022 |
| LSC Contract Management                                      | 10        | Corporate Director             | January 2023      | June 2023     |
| Data Management*   | 10        | Deputy Chief Executive Officer | September 2022    | June 2023     |
| Campsites - Financial and Booking Systems                    | 8         | Head of Finance                | January 2023      | June 2023     |
| Budget Management  | 8         | Head of Finance                | August 2022       | June 2023     |
| <b>Other Considerations</b>                                  |           |                                |                   |               |
| Risk Management Framework                                    | 7         | Corporate Director             | July 2022         | June 2023     |
| Fraud Prevention / Detection Framework                       | 8         | Head of IT                     | December 2022     | June 2023     |
| Estates and Facilities: Maintenance and Statutory Compliance | 7         | Head of Asset Management       | December 2022     | June 2023     |
| Staff Training and Development                               | 7         | Head of HR                     | September 2022    | June 2023     |
| <b>Management and Reporting Activities</b>                   |           |                                |                   |               |
| Follow Up  | 7         | Corporate Director             | Ongoing           | Ongoing       |
| Management   | 10        | Corporate Director             | Ongoing           | N/A           |
| Contingency  | 10        | Corporate Director             | As requested      | As requested  |
| <b>Total</b>   | <b>97</b> |                                |                   |               |

\*These audits are for specialist work and will be charged at a higher day rate.

The following pages set out the rationale and indicative scope for the internal audits identified within the above table.

# Internal Audit Operational Plan 2022/23 Contd.

The rationale behind the inclusion of each of the areas identified within the Internal Audit Operational Plan 2022/23 is detailed below, alongside a indicative high-level scope. Please note that the detailed scope of each audit will be discussed and agreed with the relevant LVRPA sponsor prior to the commencement of fieldwork.

## Health and Safety Contract Procurement – 5 days

Assessment of the Authority's procurement process for the Health and Safety Contract which could cover Initial Tender Analysis Meetings, Clarification Meetings, Review of final Tender Analysis and Consensus Meetings.

This is included in the plan in relation to Risk SR2.3 from the Corporate Risk Register.

## LSC Contract Management – 10 days

This review has been included following the commencement of the new Leisure Services contract by GLL. Coverage will be determined with auditees, but would expect to provide assurance over the Authority's mechanisms for managing payments, reviewing performance against agreed levels, and managing disputes or improvements.

This is included in the plan in relation to Risks SR2.7, SR7.3, and SR9.3 from the Corporate Risk Register.

## Data Management – 10 days

Consideration of the Authority's processes for managing data in selected systems such as the CRM. This is included in the plan in relation to Risk SR3.1 from the Corporate Risk Register.

## Campsites - Financial and Booking Systems – 8 days

Coverage of processes for managing bookings and receiving payments on the systems at the Authority's campsites.

This is included in the plan in relation to Risk SR3.3 from the Corporate Risk Register.

## Budget Management – 8 days

A review to assess the Authority's processes for setting, approving, and monitoring overall and departmental budgets.

This review was initially included in the 2021/22 plan and has been deferred to 2022/23.

This is included in the plan in relation to Risk SR4.1 from the Corporate Risk Register.

## Risk Management Framework – 7 days

This is a cyclical area of coverage across our clients, which looks to provide independent assurance over the Authority's risk management arrangements. To consider areas of risk management such as: Risk Policies/Strategy; Guidance and Training; Risk Identification, Risk Responses, and Assurance provided to the Authority/AC.

# Internal Audit Operational Plan 2022/23 Contd.

## Fraud Prevention / Detection Framework – 8 days

Review to provide assurance over the Authority's mechanisms for preventing and detecting fraud. To consider overall strategy and fraud response plans and fraud risk assessments, as well as targeted testing and data analytics over high-risk areas.

## Estates and Facilities: Maintenance and Statutory Compliance – 7 days

Review of the strategy and controls in place over the Authority's Estates. This could consider management of planned and preventative maintenance work (PPM) as well as environmental/condition surveys and reactive repair work.

## Staff Training and Development – 7 days

To provide assurance over the Authority's mechanisms to provide relevant training, and ongoing support and development for its staff.

This could consider mandatory training for new and existing staff, as well as the processes for appraisal and identification of specific training or support needs.

## Follow Up – 7 days

Review of the implementation of recommendations from previous audits not covered elsewhere within the Plan.

This is a cyclical review to provide independent assurance that internal audit recommendations reported to the AC, as completed, have been implemented.

## Management – 10 days

Resources for client and external audit liaison.

For example, preparation and attendance at AC, strategic and operational planning, meetings with Directors/Chief Executive/Chair of AC, preparation of the Internal Audit Opinion, Annual Internal Audit Plan and other reports to the AC, etc.

## Contingency – 10 days

Resources which will only be utilised should the need arise, for example, for unplanned and ad-hoc work requests by management and the AC.

# 03

Section 03:  
Strategy 2022/23 – 2024/25

## Strategy 2022/23 – 2024/25

Our updated Internal Audit Strategy 2022/23 – 2024/25 is provided below and sets out our risk based considerations, followed by other considerations and finally our management and reporting activities.

| Strategic Risks  | Risk Based Considerations                         |                   |  |         |         |
|--|---|-------------------|--|---------|---------|
|  | Auditable Area                                    | Previous Coverage | 2022/23  | 2023/24 | 2024/25 |
| SR1.1: Failure to comply with the 1986 Park Act and other statutory requirements.  | Governance and Reporting                          | -                 | -  | ✓       | -       |
| SR1.2: Failure to comply with Health & Safety legislation.   | Health and Safety Control Framework               | -                 | -  | ✓       | -       |
| SR2.1: Agreeing to accept a partners' financial terms and conditions that will place an unacceptable long term liability on the Authority. | Due Diligence and Legal Process                   | -                 | -  | -       | ✓       |
| SR2.2: Contractors, Governing Bodies, or Third Party Operator not delivering agreed objectives/contract.                                   | Contract Management                               | -                 | -  | -       | -       |
| SR2.3: Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard.                             | Contract Management                               | -                 | ✓ Health and Safety Contract Procurement (5 days)  | -       | -       |
| SR2.4: Contractor stability affected by external influences or national/international conditions prevailing at the time.                   | Contract Management                               | -                 | -  | -       | -       |
| SR2.5: Insufficient contractors tendering for contracts.   | Procurement                                       | -                 | Procurement (2021/22)  | -       | -       |
| SR2.6: Major equipment or other failure at one or more venues resulting in temporary/permanent cessation of operations                     | Business Continuity Planning<br>Disaster Recovery | -                 | Disaster Recovery and BCP (2020/21)<br>Business Continuity and Disaster Recovery (2019/20) | -       | ✓       |
| SR2.7: Failure of LSC contractor organisation or failure of LSC contractor to deliver as required by contract.                             | LSC Contract Management                           | -                 | ✓ LSC Contract Management (10 days)  | ✓       | ✓       |

## Strategy 2022/23 – 2024/25 Contd.

| Risk Based Considerations (continued)  |  |  |   |   |         |
|--|--|--|---|---|---------|
| Strategic Risks  | Auditable Area   | Previous coverage  | 2022/23   | 2023/24                                   | 2024/25 |
| SR3.1: I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving I.T infrastructure.                     | IT Strategy, User access, IT Controls, IT Strategy                   | IT GIS (2021/22)<br>Cyber Security (2020/21)<br>Cyber Security (2019/20)   | ✓ Data Management (10 days)                           | ✓   | ✓       |
| SR3.2: The Authority fails to recruit/retain staff at all levels of the appropriate calibre.   | HR – Recruitment and Retention<br>Succession Planning                | HR On-Boarding and Off-Boarding (2019/20)  | -   | -   | ✓       |
| SR3.3: Insufficient Authority Resources to fully manage contract   | Budget Setting and Control<br>Debt Management<br>Treasury Management | Debt Management (2020/21)<br>Treasury Management (2020/21)<br>Debtors (2019/20)<br>Treasury Management (2018/19) | ✓ Composites - Financial and Booking Systems (8 days) | ✓ Marinas - Financial and Booking Systems | -       |
| SR4.1: Financial Risks of over/under spent budget through non-achievement of income targets or inaccurate budget forecasting. Insufficient Resources to meet objectives. | Budget Setting<br>Budget Monitoring                                  |  | ✓ Budget Management (8 Days)                          | -   | -       |
| 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.   | Insurance  |  | -   | ✓   | -       |
| SR5.1: Lack of a clear corporate direction.  | Strategy Setting and Monitoring<br>Corporate Governance              |  | -   | ✓   | -       |

## Strategy 2022/23 – 2024/25 Contd.

| Risk Based Considerations (continued)   |  |  |                                     |         |         |
|---|--|--|-------------------------------------|---------|---------|
| Strategic Risks   | Auditable Area   | Previous coverage  | 2022/23                             | 2023/24 | 2024/25 |
|   | Stakeholder Engagement                                 |  |                                     |         |         |
| SR5.2: Impact on the Authority's powers to raise the Levy and resistance from all constituent councils as a result of external influences.  | Income forecasting and receipt                         | -  | -                                   | -       | ✓       |
| SR6.1: Impact on Authority's reputation due to service failure, damaged stakeholder and/or contractor relationships.  | Stakeholder Engagement<br>Marketing and Communications | Marketing and Communication (2019/20)  | -                                   | -       | ✓       |
|   | Incident Management                                    |  |                                     |         |         |
| SR7.1: Inadequate business continuity implementation at any (all) sites following natural disaster, IT failure including Cyber Terrorism, Flooding, Disease Outbreak (animals/humans), Terrorism.               | Business Continuity Planning<br>Disaster Recovery      | Disaster Recovery and BCP (2020/21)<br>Business Continuity and Disaster Recovery (2019/20) | -                                   | ✓       | -       |
|   | Business Continuity Planning                           |  |                                     |         |         |
| 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. | Business Continuity Planning<br>Covid/Pandemic         | Disaster Recovery and BCP (2020/21)<br>Business Continuity and Disaster Recovery (2019/20) | -                                   | -       | ✓       |
|   | LSC Contract Management                                |  |                                     |         |         |
| SR7.3: Failure of operations at any LSC or leased venue requiring the Authority to take back management of Venue in-house   | LSC Contract Management                                | -  | ✓ LSC Contract Management (10 days) | ✓       | ✓       |
|   | Environmental Management Control and Reporting         |  |                                     |         |         |
| 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).                                | Environmental Management Control and Reporting         | -  | -                                   | ✓       | -       |
|   | Project Management / Assurance                         |  |                                     |         |         |
| SR9.1: Ice Centre Failure in Strategic Risks 1-8 above in the development of the Ice Centre circa £30m project and Legal Challenge.   | Project Management / Assurance                         | -  | -                                   | -       | -       |

## Strategy 2022/23 – 2024/25 Contd.

| Risk Based Considerations (continued)  |   |   |                                      |         |         |  |
|--|---|---|--------------------------------------|---------|---------|--|
| Strategic Risks  | Auditable Area  | Previous coverage   | 2022/23                              | 2023/24 | 2024/25 |  |
| SR9.2: Picketts Lock Development Failure in Strategic Risks 1-8 above in the development of the Picketts Lock circa £40m project and Legal Challenge.  | Project Management / Assurance  | -   | -                                    | -       | -       |  |
| SR9.3: Leisure Services Contract Retender Failure in Strategic Risks 1-8 above in the retender of the Leisure Services Contract circa £20m and potential Legal Challenge.  | Project Management / Assurance<br>Leisure Services Contract Management / Oversight / Service Levels | -   | ✓ LSC Contract Management (10 days)  | ✓       | ✓       |  |
| SR10.1: Acquisitions - Opportunity Cost of Resources, Reducing Available Resources or increasing future liabilities  | Estates and Investment/Divestment Strategy  | -   | -                                    | ✓       | -       |  |
| SR 10.2. Disposals - 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 | Estates and Investment/Divestment Strategy  | -   | -                                    | ✓       | -       |  |
| 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   |   | -   | -                                    | ✓       | -       |  |
| Other Considerations   |   |   |                                      |         |         |  |
| Area   | Auditable Area  | Previous coverage   | 2022/23                              | 2023/24 | 2024/25 |  |
| Governance and Strategy  | Corporate Governance<br>Strategic Planning  | Performance Management of Commercial Activities (Trust) (2018/19) | -                                    | ✓       | -       |  |
| Risk Management  | Performance and Reporting<br>Risk Management<br>Assurance Mapping                                   | Risk Management (2018/19)   | ✓ Risk Management Framework (7 days) | -       | -       |  |

# Strategy 2022/23 – 2024/25 Contd.

| Area                           |  | Other Considerations (continued)          |  |         |         |
|--------------------------------|--|---|--|---------|---------|
| Area                           | Auditable Area                             | Previous coverage                         | 2022/23  | 2023/24 | 2024/25 |
| <b>Core Financial Controls</b> |  |   |  |         |         |
| <b>General Ledger</b>          |  |   |  |         |         |
|                                | Budget Setting and Control                 | Stock Control (2021/22)                   | ✓  |         |         |
|                                | Purchasing/Procurement                     | Debt Management (2020/21)                 |  |         |         |
|                                | Sundry Income/Debtors                      | Treasury Management (2020/21)             |  |         |         |
|                                | Cash and Banking                           | Cash and Banking (2019/20)                |  | ✓       | ✓       |
|                                | Assets and Inventories / Stocks and Stores | Creditors (2019/20)                       |  |         |         |
|                                | Fraud Prevention and Detection             | Debtors (2019/20)                         |  |         |         |
|                                |  | Treasury Management (2018/19)             |  |         |         |
|                                |  | PCI Compliance (2018/19)                  |  |         |         |
|                                |  | Payroll (2020/21)                         |  |         |         |
| Payroll and Staff Expenses     | Payroll                                    | Use of Credit Cards (2020/21)             |  |         | ✓       |
| Property / Estates             | Expenses                                   |   |  |         |         |
|                                | Building and Facilities Management         |   | ✓ Estates and Facilities: Maintenance and Statutory Compliance |         |         |
| HR                             | Capital Expenditure/ Estates Management    |   |  |         |         |
|                                | Recruitment and Retention                  | Staff Absence/Leave (2021/22)             | (7 days)   |         |         |
|                                | Leave and Absence                          | Staff Induction and Performance (2020/21) | ✓ Staff Training and Development                               |         | ✓       |
|                                | Performance Management                     | HR On-Boarding and Off-Boarding (2019/20) | (7 days)   |         |         |
|                                | Training and development                   |   |  |         |         |

# Strategy 2022/23 – 2024/25 Contd.

| Other Considerations (continued) |                                |                                |             |            |            |
|----------------------------------|--------------------------------|--------------------------------|-------------|------------|------------|
| Area                             | Auditable Area                 | Previous coverage              | 2022/23     | 2023/24    | 2024/25    |
| Volunteers                       | Volunteer Strategy / Processes | Volunteer Management (2019/20) | -           | ✓          | -          |
| <b>Management and Reporting</b>  |                                |                                |             |            |            |
| Auditable Area                   |                                | Previous coverage              | 2022/23     | 2023/24    | 2024/25    |
| Follow Up                        |                                | ✓                              | ✓ (7 days)  | ✓          | ✓          |
| Management                       |                                | ✓                              | ✓ (10 days) | ✓          | ✓          |
| Contingency                      |                                | ✓                              | ✓ (10 days) | ✓          | ✓          |
| <b>Total</b>                     |                                | -                              | <b>97</b>   | <b>TBC</b> | <b>TBC</b> |

# 04

Section 04:  
**Internal Audit Charter**

# Internal Audit Charter

The Internal Audit Charter sets out the terms of reference and serves as a basis for the governance of the LVVPA Internal Audit function. It sets out the purpose, authority and responsibility of the function in accordance with the UK Public Sector Internal Audit Standards (PSIAS). The Charter will be reviewed and updated annually by the Engagement Lead for Internal Audit for the LVVPA (Head of Internal Audit).

## Nature and Purpose

The LVVPA is responsible for the development of a risk management framework, overseen by the AC, which includes:

- Identification of the significant risks in LVVPA's programme of activity and allocation of a risk rating to each
- An assessment of how well the significant risks are being managed and
- Regular reviews by the Senior Executive Team and the AC of the significant risks, including review of key risk indicators, governance reports and action plans, and any changes to the risk profile.

A system of internal control is one of the primary means of managing risk and consequently the evaluation of its effectiveness is central to Internal Audit's responsibilities.

LVVPA's system of internal control comprises the policies, procedures and practices, as well as organisational culture that collectively support LVVPA's effective operation in the pursuit of its objectives. The risk management, control and governance processes enable LVVPA to respond to significant business risks, be these of an operational, financial, compliance or other nature, and are the direct responsibility of the Senior Executive Team. LVVPA needs assurance over the significant business risks set out in the risk management framework. In addition, there are many other stakeholders, both internal and external, requiring assurances on the management of risk and other aspects of LVVPA's business. There are also many assurance providers. LVVPA should therefore develop and maintain an assurance framework which sets out the sources of assurance to meet the assurance needs of its stakeholders.

Internal Audit is defined by the Institute of Internal Auditors' International Professional Practices Framework (IPPF) as an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

Internal Audit carries out evaluate and consulting activities across all aspects of LVVPA's business based on a programme agreed with the AC, and coordinates these activities with the assurance framework. In doing so, Internal Audit works closely with risk owners, and the Senior Executive Team.

In addition to providing independent assurance to various stakeholders, Internal Audit helps identify areas where LVVPA's existing processes and procedures can be developed to improve the extent with which risks in those areas are managed, and public money is safeguarded and used economically, efficiently and effectively. In carrying out its work, Internal Audit liaises closely with the Senior Executive Team and management in relevant departments. The independent assurance provided by Internal Audit also assists LVVPA to report annually on the effectiveness of the system of internal control included in the Annual Governance Statements.

## Authority and Access to Records, Assets and Personnel

Internal Audit has unrestricted right of access to all LVVPA records and information, both manual and computerised, and other property or assets it considers necessary to fulfil its responsibilities. Internal Audit may enter business property and has unrestricted access to all locations and officers where necessary on demand and without prior notice. Any restriction (management or other) on the scope of Internal Audit's activities will be reported to the AC.

Internal Audit is accountable for the safeguarding and confidentiality of any information and assets acquired in the course of its duties and execution of its responsibilities. Internal Audit will consider all requests from the external auditors for access to any information, files or working papers, detailed or prepared during audit work that has been finalised, and which external audit would need to discharge their responsibilities.

## Responsibility

The Head of Internal Audit is required to provide an annual opinion to LVVPA, through the AC, on the adequacy and the effectiveness of LVVPA's risk management, control and governance processes. In order to achieve this, Internal Audit will:

- Coordinate assurance activities with other assurance providers as needed (such as the external auditors) such that the assurance needs of LVVPA, regulators and other stakeholders are met in the most effective way.
- Evaluate and assess the implications of new or changing systems, products, services, operations and control processes.

## Internal Audit Charter continued

- Carry out assurance and consulting activities across all aspects of LVRPA's business based on a risk-based plan agreed with the AC.
- Provide the Board with reasonable, but not absolute, assurances as to the adequacy and effectiveness of the key controls associated with the management of risk in the area being audited.
- Issue periodic reports to the AC and the Senior/Executive Team summarising results of assurance activities.
- Promote an anti-fraud, anti-bribery and anti-corruption culture within LVRPA to aid the prevention and detection of fraud.
- Assist in the investigation of allegations of fraud, bribery and corruption within LVRPA and reporting management and the AC of the results.
- Assess the adequacy of remedial action to address significant risk and control issues reported to the AC. Responsibility for remedial action is response to audit findings rests with line management.

There are inherent limitations in any system of internal control and thus errors or irregularities may occur and which are not detected by Internal Audit's work.

When carrying out its work, Internal Audit will provide line management with comments and report breakdowns, failures or weaknesses of internal control systems together with recommendations for remedial action. However, Internal Audit cannot absolve line management of responsibility for internal controls.

Internal Audit will support line managers in determining measures to remedy deficiencies in risk management, control and governance processes and compliance to LVRPA's policies and standards and will monitor whether such measures are implemented on a timely basis.

The AC is responsible for ensuring that Internal Audit is adequately resourced and afforded a sufficiently high standing within the organisation, necessary for its effectiveness.

### Scope of Activities

As highlighted in the previous section, there are inherent limitations in any system of internal control. Internal Audit therefore provides the Senior/Executive Team and the Board through the AC with reasonable, but not absolute, assurance as to the adequacy and effectiveness of

LVRPA governance, risk management and control processes using a systematic and disciplined approach by:

- Assessing and making appropriate recommendations for improving the governance processes, promoting appropriate ethics and values, and ensuring effective performance management and accountability.
- Evaluating the effectiveness and contributing to the improvement of risk management processes; and
- Assisting LVRPA in maintaining effective controls by evaluating their adequacy, effectiveness and efficiency and by promoting continuous improvement.

The scope of Internal Audit's value adding activities includes evaluating risk exposures relating to LVRPA's governance, operations and information systems regarding the:

- Achievement of the organisation's strategic objectives;
- Reliability and integrity of financial and operational information;
- Effectiveness and efficiency of operations and programmes;
- Safeguarding of assets; and
- Compliance with laws, regulations, policies, procedures and contracts.

### Reporting

For better engagement, Internal Audit will issue a report to the appropriate senior management and business risk owner, and depending on the nature of the engagement and as agreed in the engagement's Terms of Reference, with a summary to the Senior/Executive Team and the AC. The UK FSJAS require the Head of Internal Audit to report at the top of the organisation and this is done in the following ways:

- The annual risk-based plan is compiled by the Head of Internal Audit taking account of LVRPA's risk management / assurance framework and after input from members of the Senior/Executive Team. It is then presented to the Senior/Executive Team (the AC annually for comment and approval).
- The internal audit budget is reported to the AC for approval annually as part of the overall budget.
- The adequacy, or otherwise, of the level of internal audit resources (as determined by the Head of Internal Audit) and the independence of internal audit will be reported annually to the AC.

## Internal Audit Charter continued

- Performance against the annual risk-based plan and any significant risk exposures and breakdowns, failures or weaknesses of internal control systems arising from internal audit work are reported to the Senior Executive Team and AC on a regular basis.
- Any significant consulting activity not already included in the risk-based plan and which might affect the level of assurance work undertaken will be reported to the AC.
- Any significant instances of non-compliance with the Public Sector Internal Audit Standards will be reported to the Senior Executive Team and the AC and will be included in the Internal Audit Annual Report.

### Independence

The Head of Internal Audit has free and unfettered access to the following:

- The Corporate Director and Chief Executive at LVRPA;
- Chair of the LVRPA AC; and
- Any other member of the Senior Executive Team.

The independence of the contracted Head of Internal Audit is further categorised as their annual appraisal is not inappropriately influenced by those subject to internal audit. To ensure that auditor objectivity is not impaired and that any potential conflicts of interest are appropriately managed, all internal audit staff are required to make an annual personal independence responsibilities declaration via the tailored My Compliance Responsibilities portal which includes personal deadlines for

- Annual Returns (a regulatory obligation regarding independence of and proper status and other matters which everyone in Mazars must complete);
- Personal Confessions (the system for recording the interests in securities and collective investment vehicles held by partners, directors and managers, and their immediate family members); and
- Continuing Professional Development (CPD).

Internal Audit may also provide consultancy services, such as providing advice on implementing new systems and controls. However, any significant consulting activity not already included in the audit plan and which might affect the level of assurance work undertaken will be reported to the AC. To maintain independence, any audit staff involved in significant consulting activity will not be involved in the audit of that area for a period of at least 12 months.

### External Auditors

The external auditors fulfil a statutory duty. Effective collaboration between Internal Audit and the external auditors will help ensure effective and efficient audit coverage and resolution of issues of mutual concern. Internal Audit will follow up the implementation of internal control issues raised by external audit if requested to do so by LVRPA.

- Plan the respective internal and external audits and discuss potential issues arising from the external audit; and
- Share the results of significant issues arising from audit work.

### Due Professional Care

The Internal Audit function is bound by the following standards:

- Institute of Internal Auditor's International Code of Ethics;
- Seven Principles of Public Life (Nolan Principles);
- UK PSIAS; and
- All relevant legislation.

Internal Audit is subject to a Quality Assurance and Improvement Programme that covers all aspects of internal audit activity. This consists of an annual self-assessment of the service and its compliance with the UK PSIAS, on-going performance monitoring and an external assessment at least once every five years by a suitably qualified independent assessor.

A programme of CPD is maintained for all staff working on internal audit engagements to ensure that auditors maintain and enhance their knowledge, skills and audit competencies to deliver the risk-based plan. Both the Head of Internal Audit and the Engagement Manager are required to hold a professional qualification (CMAA, CCAB or equivalent) and be suitably experienced.

### Performance Measures

In seeking to establish a service which is continually improving, we will work against performance measures with LVRPA.

We take responsibility to the Lee Valley Regional Park Authority for this report, which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

This report is confidential and must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, re-interpretation amendment and/or modification by any third party is entirely at their own risk.

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**LEE VALLEY REGIONAL PARK AUTHORITY**

**AUDIT COMMITTEE**

**23 JUNE 2022 AT 13:00**

**Agenda Item No:**

**7**

**Report No:**

**AUD/128/22**

**ANNUAL REPORT ON HEALTH & SAFETY 2021/22  
AND HEALTH & SAFETY AUDIT PLAN 2022/23**

Presented by the Corporate Director

**SUMMARY**

This report sets out the work provided by RD Health & Safety Consultancy Limited, the Authority's Health & Safety service provider, during the financial year 2021/22. The report covers all aspects of Health & Safety work carried out within the Authority including the six Leisure Service Contract (LSC) venues that are currently managed by the Authority.

The main areas for Members to note are:

- an average score of 95.22% on all Health & Safety audits was achieved against a stretch target of 95%, a decrease of 0.06% on the previous year;
- of the 8.8 million visits, accidents increased from 0.5 per 10,000 visits in 2020/21 to 0.53 per 10,000 visits in 2021/22;
- 1 accident (2 in 2020/21) was reported to the Health & Safety Executive (under RIDDOR);
- completion of a comprehensive training programme;
- the continuation of the Covid-19 oversight group; and
- major events including FIH Pro-League Hockey, UCI Track Cycling Champions League, funfairs and some other minor events.

**RECOMMENDATIONS**

Members Note: (1) the annual report of RD Health & Safety Consultancy Ltd for 2021/22 detailed in Appendix A to this report;

Members Approve: (2) the aims and objectives for 2022/23, set out in Appendix A in the annual report of RD Health & Safety Consultancy Ltd; and

(3) the signing of this years' Health & Safety Policy Statement attached as Appendix B to this report.

## BACKGROUND

- 1 The Health & Safety (H&S) service was out-sourced during 2007 and a contract awarded to Right Directions to provide a full and comprehensive H&S service to the Authority. The contract was retendered for 7 years (with the option for extending up to 3 years) from October 2012 and Right Directions (now known as RD Health & Safety Consultancy Limited (RDHS)) were again appointed as the approved provider. In 2019 the Authority and RDHS agreed to extend the contract for a further three years until 30 September 2022. This report looks at the delivery of the H&S service during 2021/22 and summarises the scope of audit coverage during the last financial year.

## HEALTH & SAFETY WORK – 2021/22

- 2 All planned H&S activity was completed in accordance with the 2021/22 plan along with increased support for Events and a number of special reviews and activities carried out with an emphasis on the Covid-19 pandemic.
- 3 RDHS have prepared a comprehensive report summarising the reviews and their findings and this is attached as Appendix A to this report.
- 4 In all H&S audits recommendations were made to improve the system of managing H&S and these recommendations were accepted. Follow-up reviews will be undertaken in the next twelve months to ensure appropriate action has been taken.
- 5 In monitoring the contractor's (RDHS) performance each site/area that is audited is requested to confidentially feedback on the service that they received from the contractor. There was 100% positive feedback and managers felt the overall service met or exceeded expectations.

## AUDIT FINDINGS – 2021/22

- 6 The full RDHS report is attached at Appendix A to this report for information.
- 7 The key message from RDHS is embodied in their opinion shown on page 2 of Appendix A to this report, which sets out the assurance for the Authority, it states:

Their view is that Members of the Authority can seek a high level of assurance from the Health and Safety work carried out during 2021-22;

*Based on the audits completed in our Health & Safety Assurance Programme covering the period, 1 April 2021 to 31 March 2022, limited to the audit scopes as agreed by the Audit Sponsor, with the exception of any weaknesses identified in our detailed reports, in our opinion, Lee Valley Regional Park Authority (LVRPA) has **strong and effective** systems over risk and Health & Safety, which provide a **high level of assurance** regarding the effective and efficient achievement of the Authority's objectives.*

## KEY HIGHLIGHTS - 2021/22

- 8 The key work delivered from the H&S team during 2021/22 is detailed in Appendix A to this report. In summary, the key highlights are:
  - a large proportion of time spent providing updates and guidance on COVID-

19. This included weekly updates to the COVID-19 Oversight Group, reviewing risk assessments, completing site inspections to ensure sites are COVID secure and providing guidance notes;
- provided guidance and support to the Events Team, including event safety support advising on both health and safety and spectator safety, ensuring all COVID-19 restrictions were followed;
  - four Safety Coordination Group (SCG) meetings have been held during 2021-22, attendance remained inconsistent throughout the year although improving through Q3 and Q4;
  - 147 Training Courses delivered through E-Learning;
  - 151 staff successfully completed classroom-based training;
  - 59 Counter Terrorism Training delivered through E-Learning;
  - introduced new Accident & Incident reporting software, RDHS AIR. Work has started to integrate this system into LVRPA GIS software;
  - delivered annual assurance and audit programme, with all venues completing a full annual Health & Safety Baseline Audit.
- 9 The Authority, which currently includes the non-Leisure Service Contract (LSC) facilities (Lee Valley Campsite Sewardstone, Lee Valley Caravan Park Dobbs Weir, Lee Valley Camping and Caravan Park Edmonton, Lee Valley Golf Course, Lee Valley Marina Stanstead, Lee Valley Marina Springfield, Lee Valley WaterWorks Centre, Holyfield Farm, Fisheries, Rangers, Myddelton House, Myddelton House Gardens – average score 92.9%) and LSC facilities (Lee Valley VeloPark, Lee Valley Hockey and Tennis Centre, Lee Valley Ice Centre, Lee Valley Riding Centre, Lee Valley Athletics Centre, Lee Valley White Water Centre – average score 97.6%) achieved a combined average 95.22% score across all sites (95% stretch target set for 2021/22) compared to 95.28% achieved in 2020/21. The achievement of a near 95% average score is an ongoing significant achievement. Continued monitoring will be necessary this year to maintain the 5\* British Safety Council levels (approx. 92%). A proposed stretch target for LSC facilities is proposed at 98%, with non-LSC sites proposed at 96% for 2022-2023 to ensure all sites strive to maintain the highest level of H&S standards that has been achieved in recent years.
- 10 Having achieved a 95.22% combined score, RDHS believe the Authority was not necessarily exposed to increased risk as the slight increase in the number of accidents per 10,000 visits indicates, although additional work will be required to ensure focus remains on the risk profile of the Authority and the new LSC contractor (the LSC contract commenced on 1 April 2022), towards overall compliance and the effective delivery of the H&S Management System.
- 11 The RDHS report also includes a summary of RIDDOR incidents, 1 during the year (2 in 2020/21), and provides detail of the position with regard to insurance claims up to 31 March 2022.

Numbers of accidents and incidents are low and in percentage terms generally consistent across years - this is a positive indicator considering the number of visitors (8.8 million 2021/22 down from 10.8 million in 2020/21). Accidents increased slightly from 0.5 per 10,000 visits in 2020/21 to 0.53 per 10,000 visits in 2021/22.

### **ANNUAL HEALTH & SAFETY OBJECTIVES 2022/23**

- 12 The report by RDHS sets out a summary of objectives for 2022/23 and takes into account the following:

- the Authority's Strategic Risk Registers;
- stretch targets of 96% (non-LSC sites) and 98% (LSC sites);
- findings from previous years' H&S work;
- planned developments within the Authority; and
- advising the Authority on COVID-19 Planning and the re-opening plan of facilities and open spaces.

13 There are 260 contracted days to allow completion of the H&S Plan in 2022/23 and Members are asked to approve the aims and objectives as set out in Appendix A of this report.

#### **ENVIRONMENTAL IMPLICATIONS**

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

#### **EQUALITY IMPLICATIONS**

15 There are no equality 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 There are no human resource implications arising directly from the recommendations in this report.

#### **LEGAL IMPLICATIONS**

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

#### **RISK MANAGEMENT IMPLICATIONS**

19 There are no risk management implications arising directly from the recommendations in this report. The percentage of accidents to usage has increased to 0.53 per 10,000 visits, and although there has been a minor drop in the overall audit score to 95.22%, Members, Senior Management and Officers need to be vigilant in their application of H&S management systems, processes and procedures to enable the stretch targets of 96% (non-LSC sites) and 98% (LSC sites) to be achieved. Figures continue to be monitored monthly and reported quarterly to the Authority's Senior Management Team so any emerging trends can be managed accordingly.

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**PREVIOUS COMMITTEE REPORTS**

|                 |            |  |              |
|-----------------|------------|--|--------------|
| Audit Committee | AUD/119/21 | Annual Report on Health & Safety 2019/20 & Annual Audit Plan 2020/21 | 24 June 2021 |
| Audit Committee | AUD/109/20 | Annual Report on Health & Safety 2019/20 & Annual Audit Plan 2020/21 | 25 June 2020 |
| Audit Committee | AUD/102/19 | Annual Report on Health & Safety 2018/19 & Annual Audit Plan 2019/20 | 20 June 2019 |
| Audit Committee | AUD/89/18  | Annual Report on Health & Safety 2017/18 & Annual Audit Plan 2018/19 | 21 June 2018 |
| Audit Committee | AUD/78/17  | Annual Report on Health & Safety 2016/17 & Annual Audit Plan 2017/18 | 22 June 2017 |
| Audit Committee | AUD/68/16  | Annual Report on Health & Safety 2015/16 & Annual Audit Plan 2016/17 | 16 June 2016 |
| Audit Committee | AUD/60/15  | Annual Report on Health & Safety 2014/15 & Annual Audit Plan 2015/16 | 25 June 2015 |
| Audit Committee | AUD/52/14  | Annual Report on Health & Safety 2013/14 & Annual Audit Plan 2014/15 | 19 June 2014 |

**APPENDICES ATTACHED**

|            |  |
|------------|--|
| Appendix A | Health & Safety Annual Performance Review April 2021 to March 2022 |
| Appendix B | H&S Policy Statement   |
| Appendix C | Current insurance claims to 31 March 2022                          |
| Appendix D | LVRPA Audit Benchmarking 2021-22                                   |

**LIST OF ABBREVIATIONS**

|        |  |
|--------|--|
| HSE    | Health & Safety Executive  |
| H&S    | Health & Safety  |
| BSC    | British Safety Council   |
| RDHS   | RD Health & Safety Consultancy Limited                                     |
| LSC    | Leisure Service Contract   |
| RIDDOR | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 |

# Health & Safety Annual Performance Review

April 2021 to March 2022

## Contents

|  |           |
|--|-----------|
| <b>Introduction</b> .....  | <b>2</b>  |
| Assurance .....  | 2         |
| <b>Delivery of 2021-22 Plan</b> .....  | <b>2</b>  |
| Policy .....   | 2         |
| COVID-19 Response and Management .....   | 3         |
| Health and Safety Resourcing .....   | 4         |
| Safety Leadership and Coordination .....                                       | 4         |
| Workforce and Contractor Engagement .....                                      | 5         |
| Staff Competency – Learning and Development .....                              | 5         |
| Training Provision / Staff Competency 2021-22 .....                            | 6         |
| <b>Do</b> .....  | <b>6</b>  |
| Health & Safety Management System .....  | 6         |
| Events .....   | 7         |
| Specific Health and Safety Support .....                                       | 8         |
| <b>Check</b> .....   | <b>9</b>  |
| Proactive Monitoring .....   | 9         |
| LVRPA Accident / Incident Figures 2021-22 (including 2020-21 comparator) ..... | 9         |
| LVRPA Staff / Volunteer and Contractor Accident Figures .....                  | 10        |
| Quarterly Usage Rates v Number of Accidents 2020-21 .....                      | 10        |
| Summary of Accidents, Incidents and Near Miss Reports .....                    | 10        |
| RIDDOR Reportable Accidents .....  | 11        |
| Introduction of RDHS AIR .....   | 11        |
| Personal Injury Insurance Claims Management .....                              | 11        |
| Insurance Issues / Risk Surveys .....  | 13        |
| Visits by Statutory Bodies e.g. (HSE, EHO, Fire) .....                         | 13        |
| <b>Act</b> .....   | <b>13</b> |
| H&S Audits .....   | 13        |
| Legislation Updates .....  | 15        |
| <b>Aims &amp; Objectives for 2022-23</b> .....                                 | <b>16</b> |
| Seek agreement of the annual health and safety audit targets .....             | 16        |
| General Objectives .....   | 16        |
| <b>Appendices</b> .....  | <b>16</b> |

Issue Date: May 2022

Issue No: One

Page 1 of 16



## Introduction

RDHS Ltd are the approved contractor for delivering a Health & Safety contract to the Lee Valley Regional Park Authority. This report covers an annual performance review of Health & Safety across the Authority, recommending a plan for the year ahead in 2022-23.

## Assurance

In our view elected Members of the Authority can seek a high level of assurance from the Health and Safety work carried out during 2021-22;

*Based on the audits completed in our Health & Safety Assurance Programme covering the period, 1 April 2021 to 31 March 2022, limited to the audit scopes as agreed by the Audit Sponsor, with the exception of any weaknesses identified in our detailed reports, in our opinion, Lee Valley Regional Park Authority (LVRPA) has strong and effective systems over risk and Health & Safety, which provide a high level of assurance regarding the effective and efficient achievement of the Authority's objectives.*

## Delivery of 2021-22 Plan

- A large proportion of time spent providing updates and guidance on COVID-19. This included weekly updates to the COVID-19 Oversight Group, reviewing risk assessments, completing site inspections to ensure sites are COVID secure & providing guidance notes
- Provided guidance and support to the Events Team, including event safety support advising on both health and safety and spectator safety, ensuring all COVID-19 restrictions were followed
- Gary Milne joined RDHS Limited in June 2021 as a Health & Safety Consultant. He has support Joe Ryan & Jack Bernard in delivering various items such as Training & Auditing
- Monthly Strategic Health & Safety meetings have been held each month
- Monthly Operations Health & Safety meetings have been held each month with Site Safety Coordinator & Venue Managers
- Four Safety Coordination Group (SCG) meetings have been held during 2021-22, attendance remained inconsistent throughout the year although improving through Q3 and Q4
- 147 Training Courses delivered through E-Learning
- 151 staff successfully completed classroom-based training
- 59 Counter Terrorism Training delivered through E-Learning.
- Introduced new Accident & Incident reporting software, RDHS AIR. Work has started to integrate this system into LVRPA GIS software
- Delivered annual assurance and audit programme, with all Venues completing a full annual Health & Safety Baseline Audit
- 

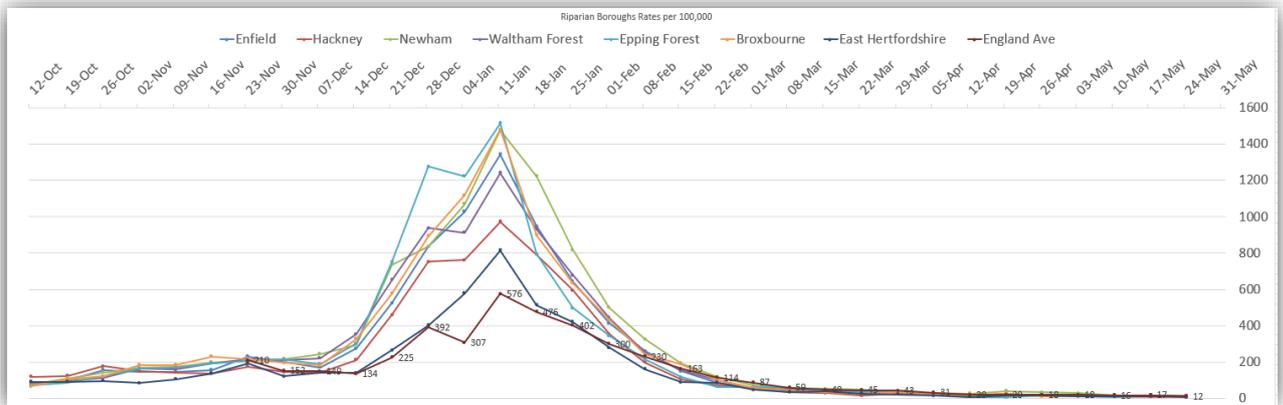
## Policy

- LVRPA Policy Statement was signed and issued in July 2021 (and a new Policy Statement is attached to this report for approval from July 2022).
- Once approved, the Policy Statement will be circulated to all Venues to be displayed

## COVID-19 Response and Management

- **COVID-19 Focus Group** – The COVID-19 Oversight Group continued to meet weekly during the first quarter of the year in order to oversee and make recommendations to Senior Management Team (SMT) regarding the impact of COVID-19 pandemic on the Authority and our compliance within the Governments guidance and response. The Oversight Group met every Monday morning for 1 hour, with meetings becoming less frequent in the latter part of the year due to restrictions being eased. When new guidance was released ‘ad-hoc’ meetings were arranged. The COVID-19 Focus Group included the following key staff;

  - Dan Buck, Corporate Director (Chair)
  - Jon Carney, Corporate Director (Co-Chair)
  - Joe Ryan (RDHS), H&S Consultant
  - Jack Bernard (RDHS), H&S Consultant
  - Victoria Yates, Head of HR
  - Bill Moran, Director of Operations
  - Jeremy Northrop, Regional Manager South
  - Dave Hutley, Head of Parklands
  - Justin Baker, Senior Sport, Leisure & Projects Manager
  - Simon Clark, Head of IT
  - Stephen Bromberg, Head of Communications
  - Charlotte Painter, Senior Marketing Officer
  - Mike Stevens, Head of Asset Maintenance
  - Pauline Andrews, PA to the Chief Executive.
  
- **Procedures written & Guidance notes** – The H&S team implemented various procedures and guidance notes to help ensure staff were briefed with the latest information and venues were COVID compliant. This included issuing procedures and guidance notes such as; re-opening guidance packs, staff information sheets, enhanced cleaning inspections checklists, NHS & PHE signage, self-isolation reporting procedures and working from home advise.
  
- **Risk Assessments reviewed** – The H&S team reviewed a large quantity of Risk Assessments across all the venues and services. From the start of the pandemic each site were given a ‘communicable diseases reopening risk assessment’ which they were responsible for updating when guidance had been changed. Before any activity or service returned following the lockdown, venue managers were responsible for submitting a risk assessment specific to this activity before given approval, again this was the same process following each national lockdown from which every risk assessment was reviewed by a member of the H&S team.
  
- **Communications** – Throughout the year there was ever changing guidance released from the UK Government. The H&S team reviewed and simplified all the key changes which were circulated by the Communications team in a short briefing note. This included guidance on Self Isolation, Vaccination Status, Travel Restrictions, Face Coverings and many more. It was important to ensure all staff were aware of any changing to work practices.
  
- **Weekly case numbers** – Weekly data was circulated every Monday morning to all staff included in the COVID-19 Oversight Group. This included information on any new guidance plus COVID-19 case rates across all London Boroughs where there is a LVRPA venue.



During the start of 2022 weekly case numbers continued to fall. This led to all remaining domestic COVID-19 legal restrictions in England being removed Thursday 24th February 2022. A full summary was provided to all staff in the days leading up to this.

RDHS will continue to monitor any news and guidance relating to COVID-19 or any viral infections which could impact the Authority.

## Health and Safety Resourcing

- The H&S Team remained available throughout 2021-22 to continue to deliver support services across all venues, services and departments in addition to the COVID-19 support
- Joe Ryan delivering strategic leadership for the H&S Team
- Jack Bernard is the H&S consultant leading on all aspects of the H&S strategic plan
- Gary Milne joined the H&S team to deliver health and safety operational support and assurance
- Site Safety Coordinators updated, taking account of new appointments to venue teams including a full restructure of the Campsite Management

## Safety Leadership and Coordination

- Monthly Strategic H&S meetings were held to discuss key topics in the H&S strategic plan alongside discussing any reactive issues. The group included the following key staff;
  - Dan Buck, Corporate Director
  - Jon Carney, Corporate Director
  - Vince Donaldson, Senior Contracts & Quality Manager
  - Justin Baker, Senior Sport, Leisure & Projects Manager
  - Joe Ryan (RDHS), Managing Director
  - Jack Bernard (RDHS), H&S Consultant
  - Gary Milne (RDHS), H&S Consultant
- Monthly Operations H&S meetings have been held each month with Site Safety Coordinator & Venue Managers. The agenda focussed on providing updates across all areas of H&S including risk management, training, accident and incident data, insurance summary and assurance review
- RDHS have been meeting Site Safety Coordinators on site whilst conducting COVID-19 Unannounced Safety Inspections & Annual H&S audits
- Four Safety Coordination Group (SCG) meetings have been held during 2021-22. The focus has been on;

- *Plan for reviewing and updating Fire Risk Assessments*
- *HSMS section updates*
- *Lone working and sharing of incident information*
- *Event Safety*
- *Emergency Procedures*
- *Water safety.*

## Workforce and Contractor Engagement

- The Staff Health, Safety & Wellbeing survey was recommended to be moved to June 2022 at the coincide with the LSC contract
- A draft survey has been produced and is currently being reviewed. This is on track to be released to all staff in June 2022, with full feedback from this survey available after completion

## Staff Competency – Learning and Development

- Class based sessions have increased back to pre pandemic attendance levels, with 15 sessions being delivered with 152 staff attendances on various sessions. This included Fire Marshall training, Legionella Awareness, Manual Handling and Pool Plant Operators
- H&S E-learning modules completed is significantly down from previous years, due to a number of venues having limited operations alongside a large part of the workforce working from home. The complete library for E-learning is currently being reviewed by RDHS, with all staff being asked to complete all updated modules during the summer of 2022
- Counter Terrorism ACT awareness e-learning refresher was sent out in October 2021 and completed by 59 member of staff. A face to face session is currently being planned to be completed before the end of 2022
- Staff have completed e-learning modules on Counter Terrorism. Completion figures for each module is not available this year however overall completion numbers are detailed in the below table. This training was designed to educate staff of security risks especially those working across the larger sites and events
- IOSH training was delivered by RDHS in February 2022. Working safely was attended by 8 members of staff and Managing Safely was attended by 12 members of staff
- Additional Training was delivered in 2021-22;
  - *First Aid at Work*
  - *First Aid at Work requalification*
  - *Emergency First Aid at Work*
  - *Total number of employees achieving completion was 76.*

## Training Provision / Staff Competency 2021-22

| Health & Safety E-Learning Modules       |                              |          |          |           |          |          |           |           |           |          |          |          |            |
|--|------------------------------|----------|----------|-----------|----------|----------|-----------|-----------|-----------|----------|----------|----------|------------|
| Course Title                             | Number of Course Completions |          |          |           |          |          |           |           |           |          |          |          |            |
|  | Apr                          | May      | Jun      | July      | Aug      | Sept     | Oct       | Nov       | Dec       | Jan      | Feb      | Mar      | Total      |
| COSHH & Hazardous Substances             | 0                            | 0        | 0        | 0         | 0        | 0        | 0         | 0         | 0         | 0        | 0        | 0        | 0          |
| Display Screen Equipment                 | 0                            | 0        | 0        | 0         | 0        | 0        | 0         | 0         | 0         | 0        | 0        | 0        | 0          |
| Electrical Safety                        | 0                            | 0        | 0        | 0         | 0        | 0        | 0         | 0         | 0         | 0        | 0        | 0        | 0          |
| Facility Inspection                      | 0                            | 0        | 0        | 0         | 0        | 0        | 0         | 0         | 0         | 0        | 0        | 0        | 0          |
| First Aid Re-refresher                   | 3                            | 0        | 0        | 3         | 2        | 3        | 1         | 0         | 1         | 0        | 0        | 0        | 13         |
| H&S Induction                            | 2                            | 4        | 3        | 4         | 2        | 3        | 2         | 4         | 4         | 0        | 1        | 1        | 30         |
| Lone Working                             | 0                            | 0        | 0        | 0         | 0        | 0        | 0         | 0         | 0         | 0        | 0        | 0        | 0          |
| Manual Handling                          | 0                            | 0        | 0        | 0         | 0        | 0        | 0         | 0         | 0         | 0        | 0        | 0        | 0          |
| Permits to Work                          | 0                            | 0        | 0        | 0         | 0        | 0        | 0         | 0         | 0         | 0        | 0        | 0        | 0          |
| Slips and Trips                          | 0                            | 0        | 0        | 0         | 0        | 0        | 0         | 0         | 0         | 0        | 0        | 0        | 0          |
| Work Equipment                           | 0                            | 0        | 0        | 0         | 0        | 0        | 0         | 0         | 0         | 0        | 0        | 0        | 0          |
| Working at Height                        | 0                            | 0        | 0        | 0         | 0        | 0        | 0         | 0         | 0         | 0        | 0        | 0        | 0          |
| Legionella Awareness                     | 1                            | 1        | 0        | 3         | 0        | 2        | 1         | 1         | 3         | 1        | 0        | 0        | 13         |
| ACT Counter Terrorism Awareness Training | 0                            | 0        | 0        | 0         | 0        | 0        | 77        | 5         | 6         | 1        | 2        | 0        | 91         |
| <b>Totals</b>                            | <b>6</b>                     | <b>5</b> | <b>3</b> | <b>10</b> | <b>4</b> | <b>8</b> | <b>81</b> | <b>10</b> | <b>14</b> | <b>2</b> | <b>3</b> | <b>1</b> | <b>147</b> |

| Class Based Sessions                |                              |                        |                        |
|-------------------------------------|------------------------------|------------------------|------------------------|
| Course Name                         | Number of Course Completions |                        |                        |
|                                     | Date                         | No. Delegates Attended | No. Delegates Achieved |
| First Aid at Work                   | 26/27/28 Apr                 | 11                     | 11                     |
| Fire Marshall Training              | 19-May                       | 15                     | 15                     |
| Emergency First Aid at Work         | 26-May                       | 10                     | 10                     |
| Legionella Training - Half Day      | 01-Jun                       | 16                     | 16                     |
| Manual Handling Training - Half Day | 22-Jun                       | 13                     | 13                     |
| First Aid at Work                   | 2/3/4 Aug                    | 8                      | 8                      |
| First Aid at Work                   | 20/21/22 Sep                 | 11                     | 11                     |
| Pool Plant Operators (PPO)          | 18/19/20 Oct                 | 11                     | 11                     |
| First Aid at Work (Requalification) | 21/22 Oct                    | 4                      | 4                      |
| Emergency First Aid at Work         | 28-Jan                       | 8                      | 8                      |
| First Aid at Work (Requalification) | 01/02 Mar                    | 8                      | 8                      |
| IOSH Working Safely                 | 21-Feb                       | 8                      | 8                      |
| IOSH Managing Safely                | 22/23/24 Feb                 | 13                     | 12                     |
| Emergency First Aid at Work         | 28-Jan                       | 8                      | 8                      |
| First Aid at Work (Requalification) | 01/02 Mar                    | 8                      | 8                      |
| <b>Totals</b>                       |                              | <b>152</b>             | <b>151</b>             |

## Do

- LVRPA Health and Safety Management System (HSMS) has been reviewed and updated
- H&S Team continue to closely support Events across Lee Valley
- Fire risk assessments has been reviewed as part of ongoing work
- Specific Health and Safety Support provided directly to Venues

## Health & Safety Management System

- LVRPA Health and Safety Management System (HSMS) have been reviewed and updated
- Updates from April 2021;
  - H&S Policy Statement
  - *H&S Support*
  - *Responsibilities and Structure*
  - Event Safety
  - Facility & Statutory Inspections
  - Fire Safety
  - First Aid
  - Hazard & Fault Reporting
  - Hazardous Substances (COSHH)
  - Hazardous Waste
  - Inflatable Structures
- Updates from October 2021;

Issue Date: May 2022

Issue No: One

Page 6 of 16



- *Legionella*
  - *Lifts & Lifting Equipment*
  - *Lone Working & Personal Safety*
  - *Manual Handling Operations*
  - *New & Expectant Mothers*
  - *Noise at Work*
  - *Office Safety & Home Working*
  - *Personal Protective Equipment (PPE)*
  - *Risk Assessment and Safe System of Work*
  - *Safe use of Firearms*
  - *Safety Signs & Signal*
- All HSMS documents are up to date on Compass to ensure accessible to staff
  - Review summary documents were issued once a review was completed, which provided details on what amendments had been made to each document. This was circulated to members of the H&S committee and made available via compass

## Events

Support for events is provided from the planning stage through to the delivery and “bump out” process. Areas for improvement and good practice are fed into the event de-briefs. H&S Team continue to closely support Events across Lee Valley, in particular support was provided for the following:

- **FIH Pro League:**
  - *Due to the global pandemic a reduced schedule was delivered which consisted of 8 International matches over 4 event days. The RDHS team were present for all fixtures*
  - *The H&S team worked with the Events Team & Waltham Forest to allow roughly 100 Friends & Family attend the final weekend of fixtures under COVID-19 secure controls*
  - *H&S team reviewed several key documents including the Event Management Plan, COVID-19 Mitigation Plan & Friends and Family Action Plan to ensure all were up to date and correct*
  - *Work has continued in relation to how we are able to provide improved lightning protection at HTC in the event of a lightning strike as some of the seating remained unprotected*
- **UCI Track Cycling Champions League:**
  - *The UCI Track Cycling Champions League took place on the 3rd and 4th December 2021. This was the biggest event at any venue for nearly 2 years due to the pandemic so extra precautions were put in place to ensure the event ran seamlessly. Over 6000 spectators were expected across both days.*
  - *Bronze command training took place on 23rd November which was hosted by RDHS and attended by staff across various venues. This session detailed the responsibilities on any member of staff fulfilling this role during any event and allowed staff to update their knowledge prior to the upcoming event.*
  - *Event readiness training took place on 25th November which was hosted by RDHS and attended by various staff mostly from Velopark. The aim of the session was the complete several desktop style exercises so staff working at the event were prepared for all scenarios. This training was mandatory for any staff who were working during the event.*

- *Prior to the event a large amount of documentation was reviewed by RDHS including Event Management Plans, Event Risk Assessment, Crowd Management Plans and contractor RAMS.*
- *Joe Ryan was the Safety Officer for both event days alongside Gary Milne who provided additional compliance support*
- *Overall the event ran smoothly with minimal issues or concerns raised by any group involved with the event. Prior to the event RDHS raised concerns with British Cycling about increasing the level of accreditation needed to access the venue due to the UK threat level increasing. Ingress at the event also took slightly longer due to COVID passes which were required to be checked upon arrival, however this did not impact the start times of the event.*
- **C3 Command Training:**
  - *Gold Command Training was delivered to members of the Senior Management Team on Monday 28th June*
  - *Silver Command Training was delivered to various staff on 22nd July 2021*
- **Open Spaces - Three Mills & Showground:**
  - *H&S Team worked with the Events Team to review various documentation for three different weekends of festivals. This included attending all on site pre-event checks to ensure all required certification was in place*
- **LVHTC & LVIC Fun Fair** – *In May a funfair at Lee Valley Ice Centre took place. In July a funfair at Lee Valley Hockey & Tennis Centre also took place. We leased space to a third party with all documents and plans reviewed in advance by the H&S team*
- **Authority Events Team**
  - *Notable support has been provided to the Events Team in providing assurance and guidance on COVID specific rules*
  - *Reviews of documentation, site inspections and on-site presence have helped the team facilitate safe events and mitigate risks.*

## Specific Health and Safety Support

- **The Waterworks Centre** – After the venues returned to the Authority, support work to improve their processes following poor audit score. The centre is now non operational but does provide a base for the South Ranger Team
- **HR Team** – Provided guidance and documentation to the HR team & Venue Managers for several employees returning to work from sickness or injury. This included drafting risk assessments specific to their needs and working environment
- **Leisure Services Contract** – Continued to support and prepare a scope of works for the transition to the new incoming leisure contractor. This work is continuing throughout 2022-23
- **Business Continuity & Incident Management Plans** – Reviewed an updated both the Corporate Incident Management Plan (CIMP) and the Facility Incident Management Plans (FIMP), in light of changes of staffing at a senior level in the Authority. Also reviewed documentation relating to business continuity planning including preparing PowerPoints for two desktop exercises which were held virtually
- **Water Safety Partnership** – The first WSP meeting since the pandemic was held in February 2022 which was attended by RDHS. Advice and guidance has been provided on throw lines which were proposed to be installed across the park. After investigating this proposal, we advised against this which was agreed by SLT. Work is now underway to decide how the funding can be used improve water safety in other ways

- **Personal Injury Claims Management** – Provided specific support and investigations to several new PI claims received at different sites. A full breakdown can be found further in this report

## Check

- **LVRPA Accidents** have increased significantly due to venues re-opening throughout the year, figures have increased from 55 in 2020/21 to **201 in 2021/22**. Although this may look high, it's still not a high pre pandemic which for 2019/20 was 503
- **LVRPA Incidents** have decreased slightly, figures have dropped from 485 in 2020/21 to **265 in 2021/22**. The majority of these were reported across the open spaces which remained popular
- One RIDDOR report in total
- **Staff Accidents** increased slightly by 8
- Zero Contractor Accidents reported
- Visitor numbers increased by 1,978,360
- Accident Incidence Rate (AIR);  $No. of Acc' / Inc' \times 10,000 visits / Total No. of Visits = \underline{No. of Accidents per 10,000 visits}$
- AIR 2021-22 = **0.53 per 10,000 visits**
- 3 new Personal Injury Insurance Claims in 2021-22
- 6 current 'live' Personal Injury Insurance Claims in 2021-22
- 3 Personal Injury Insurance Claims 'closed' in 2021-22
- Zero Personal Injury Insurance 'Notification Only' in 2021-22

## Proactive Monitoring

### LVRPA Accident / Incident Figures 2021-22 (including 2020-21 comparator)

| LVRPA (LSC & Non LSC) |                    |           |                     |                    |            |                     |                |          |                     |
|-----------------------|--------------------|-----------|---------------------|--------------------|------------|---------------------|----------------|----------|---------------------|
| Month                 | Accidents reported |           |                     | Incidents reported |            |                     | RIDDOR Reports |          |                     |
|                       | 2021-22            | 2020-21   | Direction of Travel | 2021-22            | 2020-21    | Direction of Travel | 2021-22        | 2020-21  | Direction of Travel |
| Apr                   | 8                  | 4         | ●                   | 32                 | 53         | ●                   | 0              | 0        | ●                   |
| May                   | 6                  | 1         | ●                   | 25                 | 94         | ●                   | 0              | 0        | ●                   |
| Jun                   | 10                 | 3         | ●                   | 21                 | 68         | ●                   | 0              | 1        | ●                   |
| Q1 Totals             | 24                 | 8         | ●                   | 78                 | 215        | ●                   | 0              | 1        | ●                   |
| Jul                   | 23                 | 4         | ●                   | 21                 | 65         | ●                   | 0              | 0        | ●                   |
| Aug                   | 35                 | 5         | ●                   | 27                 | 56         | ●                   | 0              | 1        | ●                   |
| Sept                  | 29                 | 12        | ●                   | 25                 | 41         | ●                   | 0              | 0        | ●                   |
| Q2 Totals             | 87                 | 21        | ●                   | 73                 | 162        | ●                   | 0              | 1        | ●                   |
| Oct                   | 24                 | 10        | ●                   | 38                 | 27         | ●                   | 0              | 0        | ●                   |
| Nov                   | 15                 | 7         | ●                   | 9                  | 25         | ●                   | 0              | 0        | ●                   |
| Dec                   | 10                 | 2         | ●                   | 12                 | 20         | ●                   | 0              | 0        | ●                   |
| Q3 Totals             | 49                 | 19        | ●                   | 59                 | 72         | ●                   | 0              | 0        | ●                   |
| Jan                   | 17                 | 4         | ●                   | 16                 | 10         | ●                   | 0              | 0        | ●                   |
| Feb                   | 10                 | 2         | ●                   | 23                 | 9          | ●                   | 0              | 0        | ●                   |
| Mar                   | 14                 | 1         | ●                   | 16                 | 17         | ●                   | 0              | 0        | ●                   |
| Q4 Totals             | 41                 | 7         | ●                   | 55                 | 36         | ●                   | 0              | 0        | ●                   |
| Annual Totals         | <b>201</b>         | <b>55</b> | ●                   | <b>265</b>         | <b>485</b> | ●                   | <b>0</b>       | <b>2</b> | ●                   |

Issue Date: May 2022

Issue No: One

Page 9 of 16



# Health & Safety Annual Performance Review

April 2021 to March 2022

## LVRPA Staff / Volunteer and Contractor Accident Figures

| LVRPA (LSC & Non LSC) |                             |                  |                     |                               |                 |                     |
|-----------------------|-----------------------------|------------------|---------------------|-------------------------------|-----------------|---------------------|
| Month                 | Staff / Volunteer Accidents |                  |                     | Contractor / Agency Accidents |                 |                     |
|                       | 2021-22                     | 2020-21          | Direction of Travel | 2021-22                       | 2020-21         | Direction of Travel |
| Apr                   | 2                           | 3                | ●                   | 0                             | 0               | ●                   |
| May                   | 1                           | 0                | ●                   | 0                             | 0               | ●                   |
| Jun                   | 2                           | 2                | ●                   | 0                             | 0               | ●                   |
| Jul                   | 0                           | 2                | ●                   | 0                             | 0               | ●                   |
| Aug                   | 10                          | 2                | ●                   | 0                             | 0               | ●                   |
| Sept                  | 4                           | 2                | ●                   | 0                             | 0               | ●                   |
| Oct                   | 1                           | 2                | ●                   | 0                             | 0               | ●                   |
| Nov                   | 0                           | 4                | ●                   | 0                             | 0               | ●                   |
| Dec                   | 2                           | 1                | ●                   | 0                             | 0               | ●                   |
| Jan                   | 3                           | 2                | ●                   | 0                             | 0               | ●                   |
| Feb                   | 2                           | 0                | ●                   | 0                             | 0               | ●                   |
| Mar                   | 1                           | 0                | ●                   | 0                             | 0               | ●                   |
| <b>Annual Totals</b>  | <b><u>28</u></b>            | <b><u>20</u></b> | <b>●</b>            | <b><u>0</u></b>               | <b><u>0</u></b> | <b>●</b>            |

## Quarterly Usage Rates v Number of Accidents 2020-21

Visitor figures are decreased from previous year due to large increase in visitors to the open spaces during national lockdowns during 2020

| LVRPA (LSC & Non LSC) |                                      |                   |                         |                          |   |                    |                     |
|-----------------------|--------------------------------------|-------------------|-------------------------|--------------------------|---|--------------------|---------------------|
| Quarter               | Total Accidents & Incidents Reported |                   | Visitor Figures         |                          | Accidents & Incidents per 10,000 visits |                    | Direction of Travel |
|                       | 2021-22                              | 2020-21           | 2021-22                 | 2020-21                  | 2020-21                                 | 2020-21            |                     |
| Q1                    | 102                                  | 223               | 2,888,543               | 3,653,129                | 0.35                                    | 0.61               | ●                   |
| Q2                    | 160                                  | 183               | 2,144,514               | 2,522,660                | 0.75                                    | 0.73               | ●                   |
| Q3                    | 108                                  | 91                | 1,695,230               | 2,114,607                | 0.64                                    | 0.43               | ●                   |
| Q4                    | 96                                   | 43                | 2,077,416               | 2,493,667                | 0.46                                    | 0.17               | ●                   |
| <b>Annual Totals</b>  | <b><u>466</u></b>                    | <b><u>540</u></b> | <b><u>8,805,703</u></b> | <b><u>10,784,063</u></b> | <b><u>0.53</u></b>                      | <b><u>0.50</u></b> | <b>●</b>            |

## Summary of Accidents, Incidents and Near Miss Reports

- Overall numbers for accidents and incidents are slightly less from the previous year due to gradual opening of facilities and activities
- Fly Tipping & Illegal Gatherings remain the highest reported incident type, these continues to be an issue for Rangers and Park Guard teams
- Tottenham and Walthamstow Marshes most prominent incident locations and most common incident types are nuisance / abandoned vehicles and rough sleeping

- VeloPark and White-Water Centre most prominent accident locations. Ranger service most prominent for reporting incidents
- High number of unauthorised swimming & BBQ use incidents reported from June – August

## RIDDOR Reportable Accidents

- 1 RIDDOR Reportable accident during 2021-22
- **Dobbs Weir Campsite 18/10/2021** - related to an accident involving a golf buggy being driven by a member of staff. The collision happened in the evening during less than ideal conditions. It would appear the main injured person has sustained some quite significant injuries from which are insurers are currently trying to confirm through medical evidence. The injured persons wife has also sustained minor injuries. Full details on this can be found further in this report under personal injury insurance claims management

## Introduction of RDHS AIR

- RDHS AIR accident and incident reporting system replaced PRIME, this new system went live on the 2<sup>nd</sup> June 2021
- This system is managed by RDHS which allows easier and quicker troubleshooting. It also allows specific customisations to be made such as easily adding new accident or incident types
- Unlike the previous system there is no limit on how many users can have a login which allows us to provide all the necessary staff with login details
- Work is currently taking place with the IT department to integrate the current GIS (Geographic Information System) used by Lee Valley with RDHS AIR. Several meetings have taken place over the year to progress this with the overall aim of further enhancing both systems by allowing data to be easily mapped and analysed

## Personal Injury Insurance Claims Management

- See Appendix B for the full Insurance Claims Summary

## New personal injury claims 2021-22

- **387 (Sewardstone Campsite)** Dates of accident(s) June 2021 –
  - Notification received on the 14th October 2021 relating to ex staff member at Sewardstone Campsite, who claims to have suffered injuries whilst at work.
  - Investigation started and during November 2021 a Liability adjuster attended site with Gary Milne (RDHS) to investigate.
  - Limited training records and RAMS in place for equipment involved, therefore claims looking difficult to defend against.
  - Since these accidents took place RDHS have been proactively working closer with the Campsite Venue Management team to review training records and risk assessments to eliminate the risk of any recurrence. **Open and Active.**
- **388 (Dobbs Weir Campsite)** Date of accident 18/10/2021 –
  - Notification received on 17<sup>th</sup> January 2022 relating to an accident involving a member of staff driving a golf buggy and two injured parties.
  - Investigation completed by RDHS and sent onto our insurers. It would appear this one will be difficult to defend and Lee Valley may have to accept liability.

- This is due to several factors including the Venue Management being unable to locate any training records, contradicting and lack of detail included in the risk assessment, no CCTV captured nor any monthly / routine checks in place on the golf buggy.
- It would appear the main injured person has sustained some quite significant injuries from which are insurers are currently trying to confirm through medical evidence. The injured persons wife has also sustained minor injuries.
- Independent loss adjusters instructed by the insurers attended site on the 02/03/2022 to complete an independent investigation, **Open and Active**.
- Since this accident RDHS have implemented a Golf Buggy Safe User Agreement which includes a documented procedure covering all areas for using the golf buggy, template training records which should be ready and signed by anyone with the need to use this piece of equipment, and pre use & monthly maintenance records to help document and check the condition of any vehicle.
- **389 (Sewardstone Campsite)** Date of accident 26/12/2021 –
  - Notification received 16<sup>th</sup> March 2022 relating to an accident at Sewardstone Campsite. It appears the injured person has fallen down a set of steps to a neighbour's static home, which were installed by Lee Valley.
  - An investigation has been completed by RDHS who found some key decisions which were made by the Venue Management leading up to accident have left the Authority liable, this included;
    - Processes and corners being cut to move the homeowner in earlier than planned
    - Inadequate steps being temporarily installed and not checked, which have ultimately led to the accident
    - Accident not being appropriately recorded by Venue Management
    - Processes not originally followed by Venue Management when correspondence was received from IP's solicitors
  - Since the accident, RDHS requested for the steps to be removed and all plots checked. The Venue Management have also put in a documented process which must be followed to avoid processes being missed and plots not being checked
  - In conclusion the Authority may find this claim hard to defend and we believe the insurers will look to settle early before incurring further costs, **Liability accepted, Open and Active**.

### 'Live' personal injury claims 2021-22

- **372 (Old Mill & Meadows Car Park)** Date of accident 29/12/2017 –
  - This case was originally closed in July 2019 however reopened again in April 2021 as the claimant's solicitors have litigated. Our insurers have instructed BLM (solicitors) to act on our behalf. Defence papers have been issued, reviewed and signed by LV with the defence submitted on 04/06/2021.
  - Further correspondence was received from Travellers in November and a court date of the 23/03/2023 had been set.
  - This court date was postponed and BLM have advised not to defend any further and negotiate a settlement. A part 36 offer of 5k was made on the 18th March 2022 from which we are waiting to hear if they was accepted or declined. **Offer made, waiting on decision**
- **378 (WWC)** Date of accident 08/07/2018 – The claimant was climbing a wooden fence near WWC and suffered injuries after falling. Medical evidence has now been received and liability accepted.

# Health & Safety Annual Performance Review

April 2021 to March 2022

A change of court has held this up however an offer of £3570 has been made. Currently waiting for the courts to approve this offer before it can be closed. **Liability accepted** however final fees to be confirmed

- **381 (WWC)** Date of accident 02/01/2019 – This case relates back to a member of staff slipping on a wet floor in the kitchen at the WWC. Injured person has had multiple operations and physio from which they have recently returned to work, case looking to be settled over the coming months. Reserve amount increased from £63,118.00 to £102,479.50 & payments made increased from £3,981.89 to £15,266.03. Additional salary information provided during Q4 however case ongoing due to the complexity of the injuries sustained. **Liability accepted and reserve set**

## Closed personal injury claims 2021-22

- **384 (HTC)** – Date of accident 12/01/2020 - A contracted caterer working in the kitchen at HTC hurt their back. Not reported at the time and claim believed to be made against the individual's employee not the Authority. Our insurers are aware and confirmed it did not need to be formally recorded but have kept all details on file. **No further response received from claimant, so case closed by insurers in May 2021.**
- **377 (HTC/Velo)** – Date of accident 10/03/2018 - Where the claimant came off their bike near HTC/MTB Trail. Denial of liability has been maintained throughout and limitation proceedings have expired. Confirmation received from Travellers on 23<sup>rd</sup> July 2021 that this **case has now been closed.**
- **370 (Dobbs Weir Campsite)** – Date of accident 08/07/2017 - where claimant fell on some raised decking surrounding a wigwam at Dobbs Campsite. Injured person is a minor and an infant approval hearing has been set for the 10<sup>th</sup> September 2021. Following this a settlement of £7,352.50 was agreed in December 2021 and paid out by our insurers. Remedial actions were completed by APMD following the accident in 2017 therefore there is no further action required. **Case settled and closed.**

## Insurance Issues / Risk Surveys

- RDHS completed bi-annual meeting with Travellers (LVRPA Insurance) in April & September 2022. Various items discussed including business updates, projects updates and a review of all open claims.
- Nothing significant to report

## Visits by Statutory Bodies e.g. (HSE, EHO, Fire)

- Limited visits however various sites were visited by local authorities to check on COVID compliance. No issues were raised from these visits and all controls in place were more than adequate
- Stansted Marina had a routine visit from Hertfordshire Fire Department. No issues were raised during this visit with a follow up letter to confirm this

## Act

### H&S Audits

- These were undertaken by H&S Team during Q4 across Authority venues, scores are outlined below

Issue Date: May 2022

Issue No: One

Page 13 of 16



# Health & Safety Annual Performance Review

April 2021 to March 2022

- Microsoft Forms was used to allow facility managers to upload documents for review through an online form. This allowed documentation to be reviewed remotely in advance of the audit date
- In summary there was a mixed picture across the venues, with some making small improvement and others having areas to work on. Particularly impressive were the LSC venues which achieved an average score of over 97%
- Two LSC venues improved on last year scores, three scored slightly less
- All non LSC facilities achieved a very close score to previous year, with a particular mention to the Waterworks centre which had a very good increase in compliance
- Areas for improvement are staff competency, training records, contractor management & SIMP (Serious incident management). Not only have these areas been highlighted through H&S audits but also following personal injury claims which have recently been received. RDHS have been working with the Strategic H&S group to implement an action plan to manage, monitor and rectify the key areas which have been highlighted. These actions are also being followed up by H&S Team to undertake specific support in those areas to those Venues / Sections

## Health and Safety Audit Targets and Results

# Health & Safety Annual Performance Review

April 2021 to March 2022

| Venue                     | Year on Year       |               |              |
|---------------------------|--------------------|---------------|--------------|
|                           | Overall Compliance | 2020-21 Score | Variance     |
| LV Athletics Centre       | 93.2               | 93.7          | -0.5         |
| LV Hockey & Tennis Centre | 98.5               | 98.1          | 0.4          |
| LV Riding Centre          | 99.0               | 97.5          | 1.6          |
| LV Velopark               | 99.1               | 99.7          | -0.5         |
| LV White Water Centre     | 97.9               | 99.3          | -1.4         |
| <b>LSC Average</b>        | <b>97.55</b>       | <b>97.63</b>  | <b>-0.08</b> |
| Dobbs Weir Campsite       | 87.2               | 91.0          | -3.8         |
| Sewardstone Campsite      | 93.4               | 92.9          | 0.5          |
| Picketts Lock Campsite    | 91.9               | 93.1          | -1.2         |
| Picketts Lock Golf        | 80.9               | 86.3          | -5.4         |
| Springfield Marina        | 93.0               | 95.5          | -2.4         |
| Stanstead Marina          | 95.7               | 96.7          | -0.9         |
| Fisheries                 | 96.6               | 97.3          | -0.7         |
| Holyfield Hall Farm       | 97.2               | 97.3          | -0.1         |
| Rangers North & South     | 95.7               | 96.1          | -0.4         |
| Myddelton House           | 94.4               | 95.3          | -1.0         |
| Myddelton House Gardens   | 91.3               | 94.5          | -3.2         |
| Waterworks                | 97.3               | 79.0          | 18.3         |
| <b>Non LSC Average</b>    | <b>92.88</b>       | <b>92.92</b>  | <b>-0.04</b> |
| <b>Combined Average</b>   | <b>95.22</b>       | <b>95.28</b>  | <b>-0.06</b> |

| Area           | Target 2021-21 | Actual 2021-22 |
|----------------|----------------|----------------|
| LVRPA LSC      | 95%            | 97.55%         |
| LVRPA Non LSC  | 95%            | 92.88%         |
| LVRPA Combined | 95%            | 95.22%         |

Stretch Target for LSC sites proposed at 95% & Non LSC sites proposed at 95% for 2022-23.

## Legislation Updates

- Fire Safety Bill
- Building Safety Bill
- UK Conformity Assessment.

## Aims & Objectives for 2022-23

### Seek agreement of the annual health and safety audit targets

- Authority: 95%
- LSC Contractor: 95%
- Combined: 95%

### General Objectives

- Focus on improving overall H&S culture of all non-leisure service sites, with the aim of raising standards, improving communication, and improving overall safety standards and compliance in place
- Review all E-learning modules and roll out to all staff to re-complete
- Continue to monitor and advise the authority on any guidance or announcements relating to COVID-19 from the UK Government
- Provide support during the continued handover of the Leisure Services Contract to GLL
- Further review of cost efficiencies throughout the Health and Safety Services will be carried out, such as procurement of PPE, Training, Accident Reporting etc
- Continuation of the HSMS review
- Further development of the Event Safety Manual, with further development of the Adverse Weather Contingency Plan with a key focus on Lightning
- Establish, communicate, and complete staff health and safety consultation
- Undertake Workplace Inspections
- Support the LV Events Team on the re-commencement of the events programme
- Deliver Safety Leadership team & Safety Coordination Group meetings
- Deliver monthly H&S Forum covering a different topic each month
- Delivery of the Internal Health & Safety Audit programme, now moving to a quarterly schedule
- Provide enhanced support on health and safety in relation to the Leisure Services Contract, carrying out additional assurance work on behalf of the Authority.

## Appendices

- Appendix A: LVRPA Health and Safety Policy Statement 2022-23 Draft
- Appendix B: Personal Injury Insurance Claims Summary
- Appendix C: LVRPA Health and Safety Audit Benchmarking

## Statement of Intent

The Lee Valley Regional Park Authority aims to promote the health, safety and welfare of all employees, contractors, volunteers, visitors and members of the public through a commitment to the development of a positive health and safety culture within all premises operated under their management. The Authority is committed to comply with all legal health and safety requirements.

- The Chief Executive Officer (CEO) has overall accountability for health and safety
- The Corporate Director (Sport & Leisure) has responsibility for the delivery of health and safety.

## Employer Responsibilities

- Manage and continually develop a Health & Safety Management System (HSMS), which includes defined standards in line with HS(G)65 *Managing for health and safety (3<sup>rd</sup> Edition)* that outlines the Plan, Do, Check, Act approach
- Establish an effective management structure, with key health and safety responsibilities identified and communicated effectively to staff
- Ensure employees are competent to deliver the health and safety standards
- Provide adequate resources to manage the health and safety standards effectively
- Consult with employees and others (where necessary) on matters affecting their health and safety
- Carry out the relevant risk assessments ensuring that risks are reduced as far as reasonably practicable, and acting on the outcome of the risk assessments where necessary
- Provide a safe and healthy working environment, including employee welfare facilities
- Provide and maintain safe plant, equipment and machinery
- Ensure the safe handling, storage and use of hazardous substances
- Establish standards for incident and emergency management.

## Employee Responsibilities

- Take reasonable care of their own safety and the safety of others
- Co-operate with each other so as to enable compliance with any imposed legal duty or requirement
- Not interfere with or misuse, intentionally or recklessly anything provided in the interests of safety
- Comply fully with the Authority's health and safety standards
- Report all accidents, incidents, near misses, hazards, dangerous occurrences and damage to plant and / or equipment
- Follow all safe working practices
- Use the necessary protective clothing and equipment provided in the interest of safety.

## Review

This policy statement will be reviewed annually and displayed at all Premises / Departments.

## Signatories

**Shaun Dawson**  
Chief Executive

**Paul Osborn**  
Chairman

| Our Ref | Trust / Authority | Travelers Ref | Date of Incident | Date Listed | Location           | Current Reserve | Payments Made | Open / Closed | Active / Non-Active | Status   |
|---------|-------------------|---------------|------------------|-------------|--------------------|-----------------|---------------|---------------|---------------------|--|
| 372     | Authority         | 886944        | 29/12/2017       | 08/01/2018  | Old Mill & Meadows | No reserve      | £0            | Open          | Active              | <p>Claimant slipped on ice within car park as they got out of their car. CCTV checked and no record at time, seeking further detail from claimant.</p> <p>23/2/18 - CCTV footage sent to insurers to challenge claimant</p> <p>4/7/18 - Closed by Insurers as no contact for 3 months</p> <p>4/9/18 - Re-opened as updated CNF received stating that incident occurred at Meadows Car Park in Broxbourne, not at Myddelton House. CNF provided to Insurers and request for docs from AJ and Rangers team (RA, Procedure, status of flood in car park)</p> <p>16/10/18 - Investigation complete and sent to insurers</p> <p>24/10/18 - Insurers advise they have denied liability based on info provided in report</p> <p>18/1/19 - No response following denial so insurers have closed</p> <p>12/4/19 - File re-opened as claimant solicitors have challenged our denial. Insurers maintain denial however BLM nominated to accept service should they consider it reasonable to litigate</p> <p>16/7/19 - No response for 3 months so has been closed by insurers</p> <p>26/04/21 - Correspondence recieved from BLM. Claimants solicitors have litigated meaning the case has re-opened. Waiting further advice from BLM &amp; Travellers</p> <p>13/05/21 - Informed by BLM proceedings have been served, therefore BLM will prepare our defence. Additional information provided to BLM to complete this</p> <p>04/06/21 - Defence papers issued and reviewed by LV Legal team, a number of small amendments have been made and defence served by BLM</p> <p>22/11/21 - Further information from BLM informing us a court date of the 28th March has been set for this. 'List of Documents' required to be signed of by LV legal team. Further questions asked from BLM.</p> <p>07/03/22 - Witness statements issued by 8th Feb. Awaiting decision from the insurers if to settle or continue to defend</p> <p>11/04/22 - Solicitors advised not to defend and negotiate settlement. A part 36 offer of 5k was made on the 18th March, awaiting decision from IP</p> |
| 378     | Trust             | 895049        | 08/07/2018       | 30/08/2018  | WWC                | £8,000          | £0            | Open          | Active              | <p>30/8/18 - Claimant alleges they were climbing on wooden fence and caught themselves on screw/nail sticking out causing laceration and bruising to chest. Reported to staff and item was removed from fence immediately.</p> <p>7/11/18 - Report submitted to insurers</p> <p>20/12/18 - Insurers advice to accept liability and have set reserve on this at £2080</p> <p>1/5/20 - Still open as a Minor will have to go through courts to settle - being handled by Insurers</p> <p>10/12/20 - Insurers still waiting medical evidence to be submitted - no updates until this is received from claimant</p> <p>03/02/21 - Insurers still waiting medical evidence / stage 2 settlement pack from other side</p> <p>15/06/21 - Insurers still waiting medical evidence / stage 2 settlement pack from other side</p> <p>16/09/2021 - Email recieved from Insurers who are advising they are looking to settle on a reserve of 8k, if the court approve. They will confirm once closed</p> <p>07/01/22 - No updates recieved, awaiting medical evidence from claimant</p> <p>11/04/222 - Liability accepted and a change of court has held this up. Awaiting court to agree £3570 payment to IP</p>  |
| 381     | Trust             | 903621        | 02/01/2019       | 30/04/2019  | WWC                | £102,479.50     | £15,266.03    | Open          | Active              | <p>30/4/19 - Notification only - staff slipped in kitchen on wet floor. Internal investigation completed however member of staff been off work since and requires surgery so insurers notified</p> <p>24/7/19 - Letter sent from Solicitor submitting claim - acknowledged and forwarded onto Travelers. SMT informed and formal investigation report undertaken</p> <p>28/8/19 - H&amp;S met with Loss Adjuster to provide statements and document evidence. Indications that liability will be accepted however will await report.</p> <p>4/9/19 - Loss adjuster report recommends acceptance of liability and to settle on best terms - Confirmation of Reserve set at £24.5k</p> <p>17/9/19 - Confirmed to insurers that liability accepted</p> <p>14/11/19 - Insurers wish to contact HR directly to assess wages information as reserve likely to increase</p> <p>1/5/20 - Reserve increased to £63k+</p> <p>12/11/20 - Payments made has increased to £4k. No update on change to reserve</p> <p>07/04/21 - Insurers still waiting on further medical evidence from claimants solicitors</p> <p>15/06/21 - Claimant having ongoing rehab support and working with Lee Valley on phased return to work programme. Further medical evidence will be needed once she has returned to work.</p> <p>07/01/22 - Medical evidence outstanding and expected during Q4. Reserve and payments increased</p> <p>11/04/22 - Additional salary information requested and sent to insurers during March 2022</p>  |

| Our Ref | Trust / Authority | Travelers Ref              | Date of Incident                       | Date Listed | Location             | Current Reserve | Payments Made | Open / Closed | Active / Non-Active | Status  |
|---------|-------------------|----------------------------|--|-------------|----------------------|-----------------|---------------|---------------|---------------------|---|
| 387     | Authority         | 935403<br>935475<br>935476 | 05/04/2021<br>17/06/2021<br>25/06/2021 | 14/10/2021  | Sewardstone Campsite | £0.00           | £0.00         | Open          | Active              | 14/10/2021 - Notification letter received from Colbie Carter, relating to ex staff member Lee Richard, who claims to have suffered injuries whilst at work. Notification letter sent onto Travellers and investigation started<br>11/11/2021 - Liability adjuster attended site with Gary Milne (RDHS) to investigate. Limited training records and RAMS in place for equipment involved, therefore claims looking difficult to defend against<br>07/12/21 - Email from Insurers asking for more detail on IP salary information<br>07/03/22 - Requested update from insurers, awaiting response<br>11/04/22 - Email recieved from James Hetherington on 11/03/2022, they have now located 'misfiled' training records for IP, these have been sent to insurers. Following this part 36 offer withdrawn and a Without Prejudice offer (£5,500 inclusive of costs) was issued on all 3 claims, awaiting response from IP |
| 388     | Authority         | 938370                     | 18/10/2021                             | 26/01/2021  | Dobbs Weir Campsite  | £1.00           | £0.00         | Open          | Active              | 17/01/21 - Notification letter received from Finance team relating to a claim where two claimant have suffered injuries following a colision with a golf buggy being driven by a member of staff<br>31/01/21 - Investigation report completed by Jack Bernard and sent onto our insurers. It would appear this one will be difficult to defend and Lee Valley may have to accept liability<br>07/03/22 - Loss adjuster from Questgates attended site on 02/03/22. Formal statements taken from key witnesses, awaiting further update   |
| 389     | Authority         | 940446                     | 26/12/2021                             | 17/03/2021  | Sewardstone Campsite | £0.00           | £0.00         | Open          | Active              | 16/03/22 - Email received from Rajan (Legal Team) regarding letter received from JF Law requesting details of our insurers. Appears to be relating to accident from 26/12/21 at Sewardstone Campsite. Details passed onto Travellers and awaiting further update on next steps  |

| Our ref | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location   | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status   |
|---------|-------------------|---------------|------------------|-------------|--|-----------------|---------------|---------------|------------------------------|--|
| 221     | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water)                  | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94   |
| 227     | Authority         | 815913        | 11/10/2012       | 22-Oct-12   | Pickett's Lock Campsite<br>(Fall from step)  | £8,500          | £5,000        | Closed        | Closed                       | Liability was admitted. (10/01/13). Offer of £8,500 made and accepted. Total costs £19,750 with policy deductible amount of £5,000 to be paid (August 2015).   |
| 229     | Authority         | 819143        | 26/04/2012       | 07/01/2013  | Pickett's Lock Campsite<br>(Alleged infection caused from animal faeces in plant room) | £10,000         | £0            | Closed        | Closed                       | Limitation date has passed with no claim being submitted. The insurers have cloed their file.  |
| 330     | Authority         | 823185        | 10/02/2013       | 03/07/2013  | LVRC<br>(Horse 'spooked' and threw rider causing a spinal injury)                      | £55,500         | £96,609       | Closed        | Closed                       | The insurers currently value, on a full liability basis, damages at £55,500 plus costs. An offer to settle damages in the sum of £7,500 is to be made without admission of liability. Proceedings have been issued (Dec 2015).<br>The claimants valuation of the case increased significantly in February 2016 following the service of proceedings, and they valued their clients claim at £98,000, broken down as follows:<br>£30,000 - General Damages<br>£20,000 - Past Losses<br>£24,000 - Smith and Manchester award (Disadvantage on the open labour market)<br>£10,000 - Future DIY/Care (£500 per annum)<br>£10,000 - Future Loss of earnings (Roughly based on £923 per annum until retirement)<br>£ 1,000 - Interest<br>£3,000 - repayment of sick pay to employer<br><br>Total: £96,609.46 |
| 334     | Authority         | 838851        | 18/01/2013       | 23/02/2014  | Sewardstone Campsite<br>(Fall due to path not being gritted)                           | £28,236         | £35,630       | Closed        | Closed                       | Claim reopened 7th May 2015. Unfortunately our continued defence of this claim appears vulnerable so our insurers intention is to look to settle this claim on the best terms we can negotiate The current reserve is £28,236, but the solicitors expect to pay damages of approximately £12,000, no more than £17,000. Agreed by Simon Sheldon and Beryl Foster. Confirmation - has been settled at £35,629.74. Closed on 14th November.  |
| 336     | Authority         | 844984        | 21/06/2014       | 01/10/2014  | LVWWC (Raft Capsize)   | £19,138         | £0            | Closed        | Closed                       | Insurers investigated the claim and information provided to them with liability to be denied. No further infomation or communication since Aug 2015. Insurers have now closed file.  |
| 337     | Authority         | 845976        | 30/07/2014       | 20/08/2014  | Hayes Hill Farm<br>(Fall on dip in pathway - Claimant was wearing flip flops)          | £13,500         | £0            | Closed        | Closed                       | Insurers investigated the claim and liability has been denied. Reserve has increased and further information provided to the claimants solicitors. Closed Oct 2015 - no payments made  |

| Our ref | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location   | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status  |
|---------|-------------------|---------------|------------------|-------------|--|-----------------|---------------|---------------|------------------------------|---|
| 221     | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water)                                | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have liaised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94 |
| 338     | Authority         | 846044        | 16/04/2014       | 17-Oct-14   | Three Mills<br>in natural play area) (Fall   | £5,000          | £0            | Closed        | Closed                       | Liability has been successfully denied by the insurers. Claim closed 5th June 2015 with no payments made.   |
| 342     | Authority         | 848506        | 29/03/2014       | 17/10/2014  | Hayes Hill Farm<br>(Sat on low level rail (barrier) which collapsed under claimants weight)          | £5,000          | £0            | Closed        | Closed                       | Investigated by insurers and liability denied. No further information. Closed July 2015 - no payments made  |
| 344     | Authority         | 850053        | 04/09/2014       | 13/01/2015  | Coleman's Lane, Nazeing<br>(Fall into pot hole on lane)  | £6,200          | £0            | Closed        | Closed                       | Investigated by insurers and liability denied. Closed July 2015 - no payments made  |
| 345     | Authority         | 852235        | 28/12/2014       | 05/03/2015  | LVIC<br>(Fall on ice pad due to sweet wrapper on ice)  | TBC             | £0            | Closed        | Closed                       | Investigated by insurers and liability denied. Closed Dec 2015 - no payments made   |
| 347     | Authority         | 852834        | 24/10/2014       | 05/03/2015  | Public Highway - Nazeing<br>(mud on road from farm vehicles caused driver to skid and crash vehicle) | TBC             | £0            | Closed        | Closed                       | Liability has been successfully denied by the insurers. Claim closed 19th June 2015 with no payments made.  |
| 348     | Authority         | 854806        | 30/03/2015       | 28/04/2015  | LVAC<br>(Gym Equipment - leg press seat fall elading to injury whilst lifting weights)               | TBC             | £0            | Closed        | Closed                       | Investigated by insurers and liability denied. Closed Sept 2015 - no payments made  |
| 350     | Trust             | 855752        | 15/05/2015       | 26/05/2015  | VeloPark<br>(Slip, trip, fall Palza area near planted tree)  | TBC             | £0            | Closed        | Closed                       | Investigated by insurers and liability denied. Closed Oct 2015 - no payments made   |
| 351     | Trust             | 860005        | 30/06/2015       | 31-Jul-15   | Athletics Centre (received burns from starters gun)  | £18,500         | £18,522       | Closed        | Closed                       | Liability has been admitted to keep this claim in the portal and insurers are awaiting the Stage 2 settlement pack. Starting marshalls insurers have at last agreed to provide a full indemnity in this matter. All costings recovered from starters insurers.  |
| 352     | Authority         | 859943        | 11/04/2014       | 24/09/2015  | VeloPark   | TBC             | £0            | Closed        | Closed                       | Closed by insurers - no formal claim, enough to deny liability and redirect any future claim  |
| 353     | Trust             | 863890        | 17/09/2015       | 30-Nov-15   | Riding Centre  | £5,000          | £4,596        | Closed        | Closed                       | Ex-employee who suffer a shoulder injury while walking horses - horse jerked its head back, pulling on the claimants arm. Reviewed by Insurers and liability to be denied. Closed: 24/8/16. No payments made.   |
| 354     | Trust             | 865116        | 06/02/2016       | 23/02/2016  | Velopark   | £2,471          | £0            | Closed        | Closed                       | Customer suffered damage to his car from gravel thrown up by wind. No PI. Insurers have investigated. our latest reserve information: Damages £2471.32. This is reserved on a 50% basis. Your excess payable on this claim is £5000. Closed by Travelers - no payments made.  |

| Our ref | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location  | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status   |
|---------|-------------------|---------------|------------------|-------------|---|-----------------|---------------|---------------|------------------------------|--|
| 221     | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water) | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94   |
| 354     | Authority         | 863634        | 24/10/2013       | 11/01/2016  | Ice Centre - Spectator Seating  | £25,000.00      | £18,164.63    | Closed        | Closed                       | Court proceedings have been issued via Roach Pittis Solicitors. Claim not exceeding £10,000. Insurers are proceeding on the basis that primary liability will rest against us but with substantial contributory negligence and we propose making a Part 36 offer of £2500 in an attempt to conclude settlement. Last correspondence has been from DWF - The Court has now directed that we are to serve a list of all documents relevant to the case. Awaiting medical evidence. Payment made to DWF.<br>8.11 - The claim has been settled for £4,834.87. The damages have been paid but costs are still to be agreed.<br>18/12-Final settlement of costs brings total to £18,164.63 - split £4,834 (damages), £8,106 (claimant solicitor costs),£5,223 (Our solicitor costs) - £5,000 excess to be paid |
| 356     | Trust             | 869773        | 12/03/2016       | 21/07/2016  | Velopark  | £10,320.00      | £0.00         | Closed        | Closed                       | Claimant suffered fracture to left elbow and shouder, cuts and bruises . Accident reports states: "Riding down a hill (on the road circuit), didn't press brakes, got nervous and fell to left side. Investigated by our insurers. Denial issued. Will close in one month if nothing more heard.   |
| 357     | Trust             | 862334        | 08/11/2015       | 26-Nov-15   | Velopark  | £0              | £0            | Closed        | Closed                       | Casualty broke collar bone following a touch of wheels and was looking to claim off of a fellow rider. Travelers originally notified due to potential Date Protection issues. Casualty now indicating they are going to attempt claim from us. Investigated by our insurers. Denial issued. closed by Travelers on 14th November. No Payments made.  |
| 358     | Trust             | 869768        | 25/07/2016       | 05/08/2016  | WWC   | £6,500.00       | £7,839.34     | Closed        | Closed                       | Customer accidentally had a cup of hot tea split on his forearm, which resulted in pronounced scolding. Had been closed as no claim received, but now reopened following notification from claimant's solicitors. Insurers view is that we will not be able to dispute liability. We have accepted liability and now await submission of the claimant's settlement pack to enable us to progress matters. Our reserve is £6500, split £5000 damages, £1500 costs. Insurers currently waiting for settlement pack. Request for payment of £7,839.34.  |
| 359     | Trust             | 874926        | 04/11/2016       | 04/01/2017  | WWC   | £6,680.00       | £7,177.00     | Closed        | Closed                       | Claimant suffered injury following a fall outside on the decked area. Cause is yet TBC, but Prime report states that decking was unstable. Liability has been accepted.<br>8/12/17- insurers still awaiting receipt of settlement pack.<br>26/2/18 - Insurers have made offer to claimant and made reference to medical records and historic claims made<br>30/4/18 - Damages have been settled at £5300.00 plus £665.00 NHS charges and fixed costs settled at £1212.00 - Total £7177   |
| 360     | Authority         | 874387        | 10/05/2011       | 13/12/2016  | Hayes Hill Farm   | £5,000          | £0            | Closed        | Closed                       | Claimant states they suffered kidney failure following contraction of E.coli. Documentation has been collated and forwarded onto our insurers. Due to the amount of information, no further info at this time. Current position is to deny. Nothing heard from claimant for six months, closed on 17/10/17.  |

| Our ref | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location  | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status  |
|---------|-------------------|---------------|------------------|-------------|---|-----------------|---------------|---------------|------------------------------|---|
| 221     | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water) | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94  |
| 361     | Trust             | 875209        | 11/12/2016       | 16/01/2017  | LV Ice Centre   | £2,500.00       | £0.00         | Closed        | Closed                       | Slipped on the ice - claiming a defect with the ice surface. <b>Successfully denied liability, with no payments made.</b>   |
| 362     | Trust             | 876165        | 16/10/2016       | 03/02/2017  | Velopark  | No reserve      | £0.00         | Closed        | Closed                       | Child alleged to of hurt themselves while sliding down a hand rail on the outside steps. Child had just finished a BMX session and had not been met by their parent immediately following. Not reported at the time, but we were contacted by the father at a later date and the incident was investigated as a Safeguarding issue.<br>12/9/17 - We have maintained our denial and are now waiting to see if proceedings are issued. No payments have been made to date.<br>20/2/18 - Still no final closure, awaiting further update in 3 months<br>23/5/18 - File now closed as no further activity |
| 363     | Trust             | 876982        | 09/01/2017       | 09/03/2017  | Picketts Lock   | £1,074.00       | £1,374.00     | Closed        | Closed                       | Not a PI Claim - property damage Claimant struck a post after being directed to park in a overflow bay. Vehicle became stuck due to wet weather and slid into the post causing damage to his camper van. Denied.<br>Attempt to tactically deny has not been successful, recommend settle the third party claim on best terms. The policy deductible is £10,000.00 and, therefore, the current balance due is £1074.00   |
| 364     | Trust             | 878399        | 02/04/2017       | 21/04/2017  | LV Ice Centre   | £3,000.00       | £0.00         | Closed        | Closed                       | The claimant suffered a fractured wrist after another skater bumped into them whilst skating backwards during a public session.<br>9/11/17-We have denied this one and not had any response to this so has been closed by insurer.  |
| 365     | Trust             | 879384        | 04/08/2016       | 24/05/2017  | Velopark  | No reserve      | £0.00         | Closed        | Closed                       | Claimant suffered cuts, grazes, shoulder pain, jaw pain and damage to their teeth after they applied the brakes and went over the handle bars. This was on the road circuit. Claimant alleges that the brakes were faulty. Liability has been denied. No further updates so file closed in Jan 18.  |
| 366     | Trust             | 881678        | 01/08/2017       | 08/08/2017  | Velopark  | No reserve      | £0.00         | Closed        | Closed                       | Claimant suffered multiple injuries (which required 5 stiches) after their chain came off their bike, whilst on the road circuit.<br>7/12/17- has been rejected by insurers based on evidence provided<br>22/2/18 - Closed by Insurers  |

| Our ref | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location  | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status   |
|---------|-------------------|---------------|------------------|-------------|---|-----------------|---------------|---------------|------------------------------|--|
| 221     | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water) | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94   |
| 367     | Authority         | 893157        | 09/07/2017       | 08/08/2017  | Three Mills   | £4,787.56       | £5,037.56     | Closed        | Closed                       | Claimant tripped on rubber matting surrounding the sunken trampoline, which was raised. Reserve now set at £4330.00.<br>13/2/18-Reserve now set at £4787 (The amount has been agreed in principle but as the claimant is a child, the settlement amount needs to be agreed by the Court)<br>16/4/18 - Litigation papers have been sent directly to LV for resolution<br>6/7/18 - Court papers received however incorrect defendant recorded - request made to insurers that should be LVRPA and not Trust<br>15/8/18 - Court Order received confirming settlement made however still incorrect defendant - insurers notified<br>16/10/18 - Updated documents from Court confirming that defendant name changed to LVRPA. Invoice received from insurers and passed onto LV finance for total outlay of £5037   |
| 368     | Authority         | 882555        | 19/01/2016       | 29/08/2017  | Three Mill Lane   | No reserve      | £0.00         | Closed        | Closed                       | Claimant states that they slipped on ice formed due to water that leaked through the pavement, due to our failure to maintain the condition of the highway (pavement). 30/11/17- info provided by LV property (N.Powell) confirming that location not within LV boundary. 7/12/17-insurers have advised to reject claim. no reserve held, will update in 3 months  |
| 369     | Trust             | 884476        | 18/10/2017       | 24/10/2017  | Waterworks Centre   | £2,200.00       | £1,908.67     | Closed        | Closed                       | Claimant states their vehicle was struck by a gate being held open by a member of staff from the Centre during an event. Statement provided by staff member that they did accidentally let go of the gate and that it did strike the claimants car.<br>18/12/17 - Insurers have received quotes for repairs, LV confirm accept liability. Awaiting update.<br>26/4/18 - Reserve set at 2,200, awaiting final bill from garage<br>21/5/18 - This claim has now been settled as follows: 1873.67 TPPD, 35.00 Mtr Engineers Fee. Total paid 1908.67   |
| 370     | Trust             | 885183        | 08/07/2017       | 15/11/2017  | Dobbs Weir Caravan Park   | £7,353          | £0            | Closed        | Non-Active                   | Claimant was staying in a 'wigwam' surrounded by raised decking. Claimant lent on the decking and it gave way causing the Claimant to fall off the decking onto the floor.<br>18/12/17-Report complete and submitted to insurers, awaiting further guidance.<br>8/1/18-liability admitted and reserve set, awaiting update.<br>Spindle has been replaced to reduce the gap<br>1/5/20 - Still open with insurers as this is a Minor and will need to go through courts - being handled by Insurers<br>10/12/20 - Still open and waiting for the courts to set a date, once the hearing has taken place a settlement will be reached<br>02/02/21 - Still open and awaiting courts to set date<br>15/06/21 - Infant Approval Hearing now set for 10th September 2021. Once the Court has approved the value of the claim it should be a simple process of making the payment and then entering cost negotiations to settle the claim.<br>07/01/22 - Notification from insurers that claim was settled during December, total payments made were £7,352.50 |

| Our ref | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location  | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status  |
|---------|-------------------|---------------|------------------|-------------|---|-----------------|---------------|---------------|------------------------------|---|
| 221     | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water) | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94  |
| 371     | Trust             | 886361        | 02/12/2017       | 18/12/2017  | LV Ice Centre   | No reserve      | £0            | Closed        | Non-Active                   | Claimant suffered pain and bruising to leg following skating session. States they have been in pain and off work for over 5 days.<br>19/2/18 - Report and docs sent to insurers, awaiting update<br>30/4/19 - Closed internally as no correspondence for over a year  |
| 372     | Authority         | 886994        | 29/12/2017       | 08/01/2018  | Old Mill & Meadows  | No reserve      | £0            | Closed        | Non-Active                   | Claimant slipped on ice within car park as they got out of their car. CCTV checked and no record at time, seeking further detail from claimant.<br>23/2/18 - CCTV footage sent to insurers to challenge claimant<br>4/7/18 - Closed by Insurers as no contact for 3 months<br>4/9/18 - Re-opened as updated CNF received stating that incident occurred at Meadows Car Park in Broxbourne, not at Myddelton House. CNF provided to Insurers and request for docs from AJ and Rangers team (RA, Procedure, status of flood in car park)<br>16/10/18 - Investigation complete and sent to insurers<br>24/10/18 - Insurers advise they have denied liability based on info provided in report<br>18/1/19 - No response following denial so insurers have closed<br>12/4/19 - File re-opened as claimant solicitors have challenged our denial. Insurers maintain denial however BLM nominated to accept service should they consider it reasonable to litigate<br>16/7/19 - No response for 3 months so has been closed by insurers  |
| 373     | Trust             | 887259        | 22/07/2017       | 19/01/2018  | WWC   | £89,755         | £89,755       | Closed        | Non-Active                   | Claimant was helping to put away large bouncy castle in the rain and slipped over. Suffered a triple leg break and claims they were wearing inappropriate footwear for the task (taken shoes off and wearing socks). RIDDOR report submitted.<br>23/1/18 - RA's and checklists received from venue, requesting further detail on manufacturer guidance and specific set up/down NOP. Insurer contacting claimant - no excess<br>5/4/18 - Accident Investigation Report and supporting documents submitted to insurers<br>22/5/18 - Insurers believe this should be referred to Airquee based on evidence provided<br>5/6/18 - Insurers have updated their position and recommend we accept liability - reserve increased<br>9/8/18 - Liability accepted by Trust - awaiting further update<br>24/9/18 - Employee loss of earnings info sent to insurers - awaiting update<br>1/11/19 - Reserved currently at £30k<br>1/5/20 - Still open and latest report from Insurers confirms reserve has risen to £50k+<br>12/11/20 - Remains open with latest fig paid updated - no record of increase to reserve<br>11/12/20 - Matter is ongoing and claimant has not recovered from their injuries, due to COVID-19 is has made rehab difficult which has prolonged the process<br>15/06/21 - Claim now settled at a total sum of £ 89,754.50. File was closed 12th April 2021. |



## Personal Injury Insurance Claims Summary

Lee Valley Regional Park Authority - Policy number: UCPOP3344584

Last Updated: 11/4/22

| Our ref | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location  | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status  |
|---------|-------------------|---------------|------------------|-------------|---|-----------------|---------------|---------------|------------------------------|---|
| 221     | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water) | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94  |
| 374     | Authority         | 892557        | 14/03/2018       | 20/06/2018  | Waterworks Nature Reserve   | £15,798         | £9,088        | Closed        | Non-Active                   | 20/6/18 - CNF states claimant tripped on uneven paving slabs on footpath in Nature Reserve suffering various bumps and bruises resulting in hospital visit. CNF sent onto Insurer and acknowledged receipt of CNF with Solicitor. Investigation started<br>15/8/18 - Loss Adjuster visited site with HC and their report recommends liability be accepted on basis that surface not maintained and no warning signs installed. Will attach under Occupiers Act. Confirm that liability accepted by authority<br>20/8/19 - Payment made by insurers to value of £9,088.20 - less than reserve. Payment info sent to LV Finance for settlement and insurers informed - Now closed |



## Personal Injury Insurance Claims Summary

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Last Updated: 11/4/22

| Our ref | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location  | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status   |
|---------|-------------------|---------------|------------------|-------------|---|-----------------|---------------|---------------|------------------------------|--|
| 221     | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water) | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94   |
| 375     | Trust             | 893353        | 10/06/2018       | 11/07/2018  | LV Athletics Centre   | £7,000          | £10,558       | Closed        | Non-Active                   | 11/7/18 - CNF states claimant tripped on white bars next to track which blended with track lines. No record of accident reported on Prime. CNF sent to insurers and investigation started<br>17/7/18 - Site visit completed - confirmed that inner track barrier was in place for the event and is only taken up when vehicles present.<br>4/9/18 - Report and supporting docs submitted to insurers - initial internal investigation indicates that venue do not remove kerbing for these events and did not place signage up (could be assumed as creating an avoidable trip hazard). Venue also were aware of people tripping on this previously (with no previous reported injuries).<br>18/9/18 - Further internal investigation to be undertaken to review proximity of edging to concrete kerb and whether this minimises the impact of trip hazard<br>16/10/18 - Further images sent to insurers which confrim that the kerb is flush with the track and the edging is raised approx. 50mm above track surface. Liability admitted and reserve set at £7,000<br>4/3/19 - Confirmed settlement accepted - payment made for £10557.75 and policy deductible is £10k so this is due |
| 376     | Trust             | 894228        | 09/02/2018       | 09/08/2018  | WWC   | No reserve      | £0            | Closed        | Non-Active                   | 9/8/18 - Claimant states they suffered back injury through poor working practices when they worked as café employee. They state insufficient staff, no training and poor supervision. Investigation started and info requested from venue and HR<br>6/9/18 - Investigation Report and supporting evidence sent to insurers for review (note that no induction found at site). Evidence suggests that sufficient workers and supervision in place   |



## Personal Injury Insurance Claims Summary

Lee Valley Regional Park Authority - Policy number: UCPOP3344584

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| Our ref | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location  | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status  |
|---------|-------------------|---------------|------------------|-------------|---|-----------------|---------------|---------------|------------------------------|---|
| 221     | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water) | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94  |
| 377     | Trust             | 894673        | 10/03/2018       | 15/08/2018  | Sultrans Tunnel (nr HTC/MTB Trail)                                    | No reserve      | £0            | Closed        | Non-Active                   | <p>15/8/18 - Claimant solicitor alleges they came off their bike on this path as result of poorly maintained surface. Not CNF received yet as not confirmed within Authority land. Awaiting confirmation from Planning Dept.</p> <p>21/8/18 - CNF received stating they fell due to poorly maintained surface - internal investigation started and information sent to Insurers. Initial intention is to defend this</p> <p>18/9/18 - Investigation complete with information provided from Velo. Confirmed this is Trust land and has been inspected periodically with appropriate RA in place. Confirmed that this paving design meets with standards. Report sent to insurers and awaiting responses</p> <p>16/11/18 - Insurers have rejected claim based on LV report and will update in 3 months unless hear back from solicitors</p> <p>14/1/19 - Solicitor has come back with request for further information and challenging initial denial. More detail to be provided</p> <p>5/2/19 - Claim from Solicitor that incorrect Tactile Paving installed and poses additional hazard to cyclists. Also claimed that insufficient checking and maintenance regime in place by Velo which allowed debris to build up on this section of footpath adding to fall. Further investigation required with Venue on maintenance and Authority / LLDC to establish design spec</p> <p>15/1/20 - no response from claimants solicitors so non-active</p> <p>7/2/20 - Notification from LLDC that claim has been made against them - H&amp;S to respond with update</p> <p>12/6/20 - Further responses from claimant Solicitor regarding when path handed over and when changed to shared path</p> <p>3/8/20 - Follow up questions relating to when path handed over to LV and who from have been asked</p> <p>9/11/20 - Insurers have maintained denial of our claim and put 4 month period to await response from claimant</p> <p>10/12/20 - Position remains unchanged and maintained denial of liability. Case to close if no further contact is made by March 2021</p> <p>20/04/21 - Update from insurers, claimant has until 10th July 2021 to appeal, if nothing is recieved case will be fully closed</p> <p>15/06/21 - Denied liability maintained. Limitation has now expired but deadline for service of limitation proceedings outstanding. If no proceedings served by 10th July 2021 we will close our file</p> <p>23/07/21 - Confirmation received from Travellers that this case has now been closed</p> |



## Personal Injury Insurance Claims Summary

Lee Valley Regional Park Authority - Policy number: UCPOP3344584

Last Updated: 11/4/22

| Our ref | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location  | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status  |
|---------|-------------------|---------------|------------------|-------------|---|-----------------|---------------|---------------|------------------------------|---|
| 221     | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water) | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94  |
| 380     | Trust             | 900558        | 24/08/2018       | 01/02/2019  | Dobbs Weir Caravan Park   | No reserve      | £0.00         | Closed        | Non-Active                   | 1/2/19 - Customer hit height barrier when leaving premises causing damage to vehicle and bicycle on roof. Claimed that insufficient signage and lighting warning of this. Investigation commenced with Venue<br>15/1/20 - No response from claimant solicitors so non-active  |
| 382     | Trust             | 909473        | 04/08/2019       | 18/09/2019  | Hayes Hill Farm   | No reserve      | £0.00         | Closed        | Non-Active                   | 18/9/19 - Notification only - Child collided with Raven (Coda Owned) and suffered injury - parent claiming that child attacked and inadequate response from bird handler. Claiming that child has suffered psychological damage as result and seeking compensation<br>31/10/19 - Recommended from insurer that liability be denied and passed onto Coda insurers for their own assessment. Insurers will contact claimant<br>07/02/20 - Closed as denied liability and deferred to Coda for response.<br>12/11/20 - Remains open on insurers report so moved back to this section<br>03/02/21 - Notification from insurers that case is closed      |
| 383     | Trust             | 914687        | 31/12/2019       | 07/02/2020  | LVIC  | £0.00           | £0.00         | Closed        | Non-Active                   | 7/2/20 - New claim notification received from Solicitors. Claimant suffered fractured wrist in two places following fall on Ice Pad. Stated that pad was overcrowded and they were hit by skater going opposite way. Also stated low number of marshals to manage session.<br>9/3/20 - Investigation completed by H&S Team including CCTV footage. Sufficient staff in place at the time and CCTV shows person fell on their own not as per their claim. Liability denied<br>2/7/20 - Follow up from claimant Solicitor asking further questions to confirm person in CCTV was claimant - JB has followed up with LVIC team to confirm some details |
| 384     | Trust             | TBC           | 12/01/2020       | 03/09/2020  | HTC   | £0.00           | £0.00         | Closed        | Non-Active                   | Aug-20 - Notified by venue of potential claim from a contract caterer working in kitchen who hurt their back. Claim that they informed HTC staff but no record this incident at all and unknown incident until informed by claimant solicitor<br>3/9/20 - Informed Travelers of this and requested that they contact claimant solicitor and Loss Adjuster. Awaiting update from insurers<br>05/07/2021 - Confirmed by Travelers that claim does not need to be formally reported, however details have been logged in case anything is recieved in the future   |



## Personal Injury Insurance Claims Summary

Lee Valley Regional Park Authority - Policy number: UCPOP3344584

Last Updated: 11/4/22

| Our ref           | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location  | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status  |
|-------------------|-------------------|---------------|------------------|-------------|---|-----------------|---------------|---------------|------------------------------|---|
| 221               | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water)       | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94  |
| 385               | Trust             | 925176        | 07/02/2020       | 15/12/2020  | Velo  | £1.00           | £0.00         | Closed        | Non-Active                   | 15/12/2020 - Notified by letter received by finance team which contained limited detail. From further investigation it relates to an incident at Velo where an individual has fallen during a track session and suffered a splinter injury from the collision. Travelers have been informed and more information will be provided<br>02/02/2021 - Investigation completed by Jack and submitted to Insurers, liability denied and reserve set at 4k<br>05/05/2021 - No further correspondence recieved and case closed by Insurers  |
| 386               | Authority         | 927739        | 13/09/2020       | 03/03/2021  | WWC   | £5,070.00       | £0.00         | Closed        | Non-Active                   | 03/03/2021 - Claimant alleges to have broken her thumb and fractured her wrist after falling off a SUP board during a flat water session at the WWC. Investigation started and documents being gathered from site<br>07/04/2021 - Loss adjuster set by insurers due to conflicting statements on version of events<br>21/04/2021 - Reserve set by Insurers at 5k. Informed Questagtes will be contacting us to investigate<br>08/06/2021 - Loss adjuster attended site on 13/05/2021 to review events around the claim. Email from Travlers dated 24/05/2021 who have now denied the claim based on the loss adjusters report. Awaiting response from claimants solicitors. If no response is recieved it will close in August 2021<br>10/08/2021 - Email recieved from Insurers stating the IP solicitors had challenged where the injury took place. Pictures submitted with help from WWC management team<br>31/08/2021 - Additional pictures and information provided to Insurers around location of incident, awaiting update<br>07/01/2022 - Denial has been issued to the claimant solicitors. Currently diaried by Travellersto see if challenge comes.<br>11/04/2022 - No challenge recieved therefore case has been closed by Travellers, always a chance this can mitigate in the future but closed for now. |
| Notification only | Trust             | 870995        | 15/08/2016       | 31/08/2016  | Velopark  | N/A             | £0            | Closed        | N/A                          | Rider on rider claim. To whom it may concern letters have been received from Leigh Day with a request for us to forward onto the cyclists. Letters sent on 23rd Sept. Additional requests for letters to be sent out and information in regards to other riders involved in the incident. To date, all have been refused on Data Protection grounds.  |
| Notification only | Trust             | 861425        | 10/10/2015       | 06-Nov-15   | WWC (hit head on block or bottom of the course following falling from raft) | N/A             | £0            | Closed        | Closed                       | Incident investigated. Response sent to Mr Campbell (father) following a letter from him. This has received positive feedback. Nothing further received as of July 16. Closed on 3rd November 2016. Costs for investigation: £4596.40   |
| Notification only | Authority         | 893872        | 25/05/2017       | 22/08/2018  | LV Country Park   | N/A             | 0             | Closed        | N/A                          | Notification only - Travelers had not been made aware of death so information provided for their records - NFA  |
| Notification only | Trust             | 903619        | 23/04/2019       | 30/04/2019  | Velopark  | No reserve      | £0.00         | Closed        | Non-Active                   | 30/4/19 - Notification only - expect a claim attempt however no evidence to suggest fault with bike and CCTV shows accident   |

| Our ref           | Trust / Authority | Travelers Ref | Date of incident | Date Listed | Location  | Current reserve | Payments made | Open / Closed | Active / Non-Active / closed | Status  |
|-------------------|-------------------|---------------|------------------|-------------|---|-----------------|---------------|---------------|------------------------------|---|
| 221               | Authority         | 796618        | 02/10/2011       | 03/07/2013  | LV WWC<br>(Severe injuries when fell out of raft whilst in the water) | £96,000         | £626,643      | Closed        | Closed                       | Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have laised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,840.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £35,324.26, TOTAL OUTLAY: £626642.94            |
| Notification only | Trust             | 905977        | 22/04/2019       | 22/05/2019  | LV Ice Centre   | No reserve      | £0.00         | Closed        | Non-Active                   | 22/5/19 - Notification only - Claimed that bruising and blister suffered as result of using centre skates<br>28/6/19 - Insurers notified and H&S Team in contact with claimant<br>31/7/19 - Insurers have denied liability however would like further information from LVIC to back up denial - HC to follow up with SS   |
| Notification only | Trust             | TBC           | 08/02/2019       | 22/05/2019  | LV Ice Centre   | No reserve      | £0.00         | Closed        | Non-Active                   | 22/5/19 - Notification only - Claimed that child fell over on ice and injured wrists - requested from Solicitor for CCTV footage  |
| Notification only | Trust             | TBC           | 10/05/2019       | 22/05/2019  | LVRC  | No reserve      | £0.00         | Closed        | Non-Active                   | 22/5/19 - Notification only - email received claiming that fell from horse during instructor led session where injuries sustained and individual states that instructor did not secure saddle correctly causing the fall  |
| Notification only | Trust             | TBC           | 04/08/2019       | 18/09/2019  | Hayes Hill Farm   | No reserve      | £0.00         | Closed        | Non-Active                   | 18/9/19 - Notification only - Child collided with Raven (Coda Owned) and suffered injury - parent claiming that child attacked and inadequate response from bird handler. Claiming that child has suffered psychological damage as result and seeking compensation<br>31/10/19 - Recommended from insurer that liability be denied and passed onto Coda insurers for their own assessment. Insurers will contact claimant<br>07/02/20 - Closed as denied liability and deferred to Coda for response. |



|                           | Overall Compliance | 2020-21 Score | Year on Year Variance | Health and Safety Policy Statement | Responsibilities & Structure | Communication & Consultation with employees | Staff Competency / Info, Inst & Training | Risk Assessment | Accident & Incident Reporting | Management of Asbestos | Contractor Management | COSHH | Display Screen Equipment | Electrical Safety | Event Safety | Fire Safety | First Aid | Legionella | Lifts & Lifting Equipment | Lone Working & Personal Safety | Manual Handling Operations | Noise | New & Expectant Mothers | Personal Protective Equipment | SIMP | Shared Premises | Stress Management | Work Equipment | Working at Height | Workplace & Welfare | Young Persons & Work Experience | Proactive Monitoring | Audit & Review |
|---------------------------|--------------------|---------------|-----------------------|------------------------------------|------------------------------|---|--|-----------------|-------------------------------|------------------------|-----------------------|-------|--------------------------|-------------------|--------------|-------------|-----------|------------|---------------------------|--------------------------------|----------------------------|-------|-------------------------|-------------------------------|------|-----------------|-------------------|----------------|-------------------|---------------------|---------------------------------|----------------------|----------------|
| LV Athletics Centre       | 93.2               | 93.7          | -0.5                  | 100                                | 100                          | 100   | 87                                       | 89              | 100                           | -                      | 83                    | 80    | 94                       | 95                | 100          | 97          | 95        | 80         | 75                        | 89                             | 73                         | 92    | 100                     | 93                            | 93   | 100             | 96                | 100            | 97                | 100                 | 94                              | 100                  |                |
| LV Hockey & Tennis Centre | 98.5               | 98.1          | 0.4                   | 100                                | 93                           | 92  | 100                                      | 100             | 100                           | -                      | 100                   | 100   | 100                      | 95                | 100          | 97          | 100       | 93         | 100                       | 100                            | 100                        | 100   | 100                     | 100                           | -    | 92              | 96                | 100            | 100               | 100                 | 100                             |                      |                |
| LV Riding Centre          | 99.0               | 97.5          | 1.6                   | 100                                | 100                          | 100   | 93                                       | 100             | 100                           | 100                    | 92                    | 93    | 100                      | 100               | -            | 100         | 100       | 100        | 100                       | 100                            | 100                        | 100   | 100                     | 100                           | -    | 100             | 100               | 100            | 100               | 100                 | 94                              | 100                  |                |
| LV Velopark               | 99.1               | 99.7          | -0.5                  | 100                                | 100                          | 100   | 93                                       | 100             | 94                            | -                      | 100                   | 93    | 93                       | 100               | 100          | 100         | 100       | 100        | 100                       | 100                            | 100                        | 100   | 100                     | 100                           | 100  | 100             | 100               | 100            | 100               | 100                 | 100                             | 100                  |                |
| LV White Water Centre     | 97.9               | 99.3          | -1.4                  | 100                                | 100                          | 100   | 93                                       | 94              | 100                           | -                      | 100                   | 100   | 100                      | 94                | 100          | 100         | 100       | 100        | 100                       | 89                             | 93                         | 92    | 100                     | 100                           | 93   | 100             | 100               | 100            | 89                | 100                 | 100                             | 100                  |                |
| <b>LSC Ave.</b>           | <b>97.55</b>       | <b>97.63</b>  | <b>-0.08</b>          | 100                                | 99                           | 98  | 93                                       | 97              | 99                            | 100                    | 95                    | 93    | 98                       | 97                | 100          | 99          | 99        | 95         | 95                        | 96                             | 93                         | 97    | 100                     | 100                           | 97   | 98              | 98                | 98             | 99                | 100                 | 98                              | 100                  |                |
| Dobbs Weir Campsite       | 87.2               | 91.0          | -3.8                  | 100                                | 100                          | 100   | 47                                       | 89              | 78                            | 83                     | 33                    | 87    | 73                       | 95                | -            | 100         | 90        | 100        | -                         | 100                            | 100                        | 58    | 100                     | 75                            | 87   | -               | 100               | 89             | 78                | 97                  | 100                             | 94                   | 100            |
| Sewardstone Campsite      | 93.4               | 92.9          | 0.5                   | 100                                | 100                          | 100   | 93                                       | 83              | 80                            | -                      | 100                   | 100   | 94                       | 90                | -            | 100         | 95        | 100        | -                         | 89                             | 87                         | 67    | 100                     | 100                           | 100  | -               | 100               | 97             | 56                | 97                  | 100                             | 100                  |                |
| Edmonton Campsite         | 91.9               | 93.1          | -1.2                  | 92                                 | 100                          | 100   | 40                                       | 78              | 100                           | 100                    | 78                    | 100   | 100                      | 86                | -            | 97          | 95        | 93         | -                         | 100                            | 87                         | 92    | 100                     | 100                           | 87   | -               | 83                | 97             | 78                | 100                 | 100                             | 100                  |                |
| Edmonton Golf             | 80.9               | 86.3          | -5.4                  | 88                                 | 93                           | 33  | 47                                       | 87              | 100                           | 100                    | 89                    | 87    | 56                       | 73                | -            | 85          | 93        | 53         | -                         | 67                             | 100                        | 100   | 100                     | 83                            | 56   | -               | 75                | 90             | 100               | 100                 | -                               | 50                   | 100            |
| Springfield Marina        | 93.0               | 95.5          | -2.4                  | 96                                 | 93                           | 75  | 80                                       | 100             | 100                           | 100                    | 75                    | 100   | 100                      | 81                | -            | 91          | 95        | 93         | 100                       | 100                            | 100                        | 100   | 100                     | 100                           | 67   | -               | 75                | 97             | 100               | 97                  | 100                             | 89                   | 100            |
| Stanstead Marina          | 95.7               | 96.7          | -0.9                  | 92                                 | 100                          | 100   | 87                                       | 100             | 89                            | 100                    | 100                   | 80    | 100                      | 86                | -            | 96          | 95        | 100        | 100                       | 100                            | 100                        | 100   | 100                     | 83                            | 93   | -               | 100               | 91             | 89                | 100                 | 100                             | 100                  | 100            |
| Holyfield Hall Farm       | 96.6               | 97.3          | -0.7                  | 96                                 | 100                          | 92  | 93                                       | 100             | 100                           | 100                    | 83                    | 100   | 93                       | 100               | -            | 97          | 100       | 93         | 100                       | 100                            | 73                         | 100   | 100                     | 100                           | 100  | -               | 100               | 100            | 92                | 97                  | 100                             | 94                   | 100            |
| Rangers North & South     | 97.2               | 96.1          | 1.0                   | 100                                | 100                          | 100   | 93                                       | 94              | 100                           | -                      | 92                    | 100   | 100                      | 95                | -            | 88          | 100       | 93         | 100                       | 100                            | 93                         | 92    | 100                     | 100                           | 93   | -               | 100               | 100            | 100               | 100                 | 100                             | 89                   | 100            |
| Myddelton House           | 95.7               | 95.3          | 0.4                   | 100                                | 100                          | 92  | 87                                       | 94              | 100                           | 100                    | 92                    | 100   | 93                       | 100               | -            | 94          | 95        | 93         | -                         | 100                            | 93                         | 100   | 100                     | 100                           | 73   | -               | 100               | 100            | 92                | 97                  | 100                             | 89                   | 100            |
| Myddelton House Gardens   | 94.4               | 94.5          | -0.2                  | 96                                 | 100                          | 100   | 80                                       | 89              | 93                            | 93                     | 100                   | 80    | 100                      | 100               | 89           | 97          | 95        | 93         | -                         | 100                            | 87                         | 100   | 100                     | 92                            | 80   | -               | 100               | 92             | 100               | 97                  | 100                             | 89                   | 100            |
| Waterworks                | 91.3               | 79.0          | 12.3                  | 100                                | 100                          | 100   | 100                                      | 94              | 100                           | -                      | 75                    | 87    | 100                      | 57                | -            | 91          | 95        | 80         | -                         | -                              | 100                        | -     | -                       | -                             | 83   | -               | 100               | 83             | -                 | 80                  | -                               | 100                  | 100            |
| Youth & Schools           | 97.3               | 97.7          | -0.3                  | 100                                | 100                          | 92  | 100                                      | 100             | 93                            | -                      | 100                   | -     | 100                      | 92                | -            | 92          | 93        | -          | -                         | 89                             | 100                        | -     | 100                     | 100                           | 93   | -               | 100               | 100            | 100               | 100                 | 100                             | 94                   | 100            |
| <b>Non LSC Ave.</b>       | <b>92.88</b>       | <b>92.95</b>  | <b>-0.07</b>          | 96                                 | 99                           | 89  | 82                                       | 93              | 96                            | 99                     | 89                    | 93    | 94                       | 87                | -            | 93          | 96        | 89         | 100                       | 94                             | 93                         | 94    | 100                     | 96                            | 84   | -               | 94                | 95             | 91                | 97                  | 100                             | 90                   | 100            |
| <b>Combined Ave.</b>      | <b>94.26</b>       | <b>94.33</b>  | <b>-0.07</b>          | 98                                 | 99                           | 93  | 83                                       | 94              | 96                            | 97                     | 88                    | 93    | 94                       | 91                | 98           | 95          | 96        | 92         | 97                        | 95                             | 93                         | 93    | 100                     | 96                            | 88   | 98              | 96                | 96             | 92                | 98                  | 100                             | 93                   | 100            |



**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<br>Member scrutiny through Authority & Committee meetings<br>Annual Governance statement<br>Park Act Awareness covered by inductions for new staff.  | EA - Annual Audit Letter<br>IA Audit Plan<br>SMT Weekly Meeting Minutes<br>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<br>H&S manual (procedures) regularly reviewed by RDHS who monitor up and coming legislation.<br>H&S Policy Updated annually<br>Risk Reduction Plan complete.<br>External H&S Assessment 5* Annual Report to Audit Committee | RD/SMT 1/4ly Reports<br>BSC 3 yr. ext. review<br>RD Annual Audits<br>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<br>Financial/Legal/Risk Implications fully appraised.<br>Financial Appraisal of schemes in accordance with prudential code.   | M Exec Monthly<br>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<br>Performance Reports to Executive & Scrutiny Committees                                | M Exec Monthly<br>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.<br>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<br>Financial/Legal/Risk Implications fully appraised.<br>Financial Appraisal of schemes in accordance with prudential code.   | M Exec Monthly<br>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<br>Financial/Legal/Risk Implications fully appraised.<br>Appraisal of procurement process.  | SMT Monthly & 1/4ly Reports<br>M Exec 1/4ly<br>M Authority Annual Budget<br>IA Audit Plan | 6      | 3          | 18          |     | >        | Treat    | Review of Procurement process<br>Tender Evaluation<br>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<br>Financial/Legal/Risk Implications fully appraised.<br>Application of Business Continuity protocols.  | SMT Monthly & 1/4ly Reports<br>M Exec 1/4ly<br>M Authority Annual Budget<br>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<br>Financial/Legal/Risk Implications fully appraised.<br>Appraisal of Contractor Financial records.   | SMT Monthly & 1/4ly Reports<br>M Exec 1/4ly<br>M Authority Annual Budget<br>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>SR3</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<br>Financial/Legal/Risk Implications fully appraised.<br>Financial Appraisal of schemes in accordance with prudential code.<br>IT Infrastructure upgrade comes from Capital budget  | SMT Weekly Meeting Minutes<br>IA Audit Plan<br>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<br>Training & development framework<br>Management Away Days<br>Staff presentations<br>Internal/External communications<br>Up to date staff handbook<br>Up to date policies<br>Training Panel funding                                | M Annual Sickness Report<br>M - Policy Reports<br>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<br>Training & development framework<br>Suitable staffing structure<br>Internal promotion<br>Internal/External communications<br>Up to date business plan<br>Financial/Legal/Risk Implications fully appraised<br>Training Panel funding  | SMT Weekly Meeting Minutes<br>IA - Audit Plan<br>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                | <b>Financial Management</b>   |      |        |            |             |                     |  |   |        |            |             |     |          |                |   |  |                        |   |  |
| 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<br>Weekly review against Centre Business Plan targets<br>Medium Term Financial Plan updated<br>£3-4m Minimum Reserves Policy reviewed<br>Statutory Power to Levy   | M Exec 1/4ly<br>M Authority Annual Budget<br>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<br>Authority/LSC Contractor (at contract commencement) monitoring meetings<br>Budget Review 2020/21 complete Medium Term Financial Plan<br>£3-4m Minimum Reserves Policy<br>Statutory Power to Levy<br>Emergency Budget 2020/21  | M Exec 1/4ly<br>M Authority Annual Budget<br>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                 | <b>Governance &amp; Leadership</b>  |      |        |            |             |                     |  |   |        |            |             |     |          |                |   |  |                        |   |  |
| SR5.1               | Lack of a clear corporate direction   | CEO  | 9      | 7          | 63          |                     | Authority meetings<br>SMT<br>Business Plan 2016-19<br>MTFP to 2024<br>Levy Strategy<br>Land & Property Strategy<br>Vision 2010-2020  | M 1/4ly Full Authority Meetings<br>M Exec Committee x 12<br>M Working Groups<br>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<br>Clear Budget/Levy Direction<br>Funded Financial Plan<br>Statutory Levy Raising Powers<br>Monitoring of Legislation   | SMT Weekly Meeting Minutes<br>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                 | <b>Reputation/Communication</b>   |      |        |            |             |                     |  |   |        |            |             |     |          |                |   |  |                        |   |  |
| 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.<br>Proactive marketing, media relations, speaker engagement and stakeholder engagement  | SMT Weekly Meeting<br>M 1/4ly Authority Meetings<br>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                 | <b>Business Continuity</b>  |      |        |            |             |                     |  |   |        |            |             |     |          |                |   |  |                        |   |  |
| 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<br>IT Disaster Recovery Plan<br>Business Interruption Insurance<br>Adequate Cover arrangements exist for Senior Management<br>Site DRP & Management Plans<br>Joint LSC Contractor/Authority Training<br>Insurance Policies/Funds<br>General Reserves<br>H&S Audits<br>Working with EA/CRT and other Local Authorities  | EA - Annual Audit Letter<br>IA Audit Plan<br>SMT Weekly Meeting Minutes<br>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<br>Emergency Pandemic Protocols<br>IT Operational Procedures   | RD/SMT 1/4ly Reports<br>RD Annual Review Pandemic Procedures<br>IA Audit Plan<br>SMT Weekly Meeting Minutes<br>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                 | <b>Environmental Management</b>   |      |        |            |             |                     |  |   |        |            |             |     |          |                |   |  |                        |   |  |
| 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.<br>Site investigations carried out on some other sites. Some sites monitored.<br>Sites closed to public access where contamination is significant.<br>Contaminated Land Policy<br>Member Task & Finish group<br>Completion of Contaminated Land Strategy & Policy<br>Consultant Site Investigations work completed. | M 1/4ly Authority Meetings<br>M Working Groups<br>M Exec Monthly<br>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  |
| <b>SR9 Major Business Developments</b>                                |  |      |        |            |             |      |   |   |        |            |             |          |          |          |   |                         |                        |   |  |
| SR9.1   | <b>Ice Centre</b><br>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          | High | Legal Advice<br>Prudential Code<br>Feasibility Studies<br>Member Steering Group<br>Existing PR/Comms<br>Feasibility budget<br>Working with LB Waltham Forest<br>Planning Advice   | EC Reports<br>SMT Weekly Meeting Minutes<br>M Exec Monthly<br>M 1/4ly Authority Meetings<br>M Working Groups<br>IA Audit Plan<br>EA Annual Audit Letter             | 8      | 5          | 40          | Moderate | >        | Treat    | Planning Approval<br>Business Plan<br>Design Team<br>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          | High | Legal Advice<br>Prudential Code<br>Feasibility Studies<br>Existing PR/Comms<br>Feasibility budget<br>Working with LB Enfield<br>Planning Advice<br>Land & Property Member Group   | EC Reports<br>SMT Weekly Meeting Minutes<br>M Exec Monthly<br>M 1/4ly Authority Meetings<br>M Working Groups<br>IA Audit Plan<br>EA Annual Audit Letter             | 7      | 5          | 35          | Moderate | >        | Treat    | Planning Approval<br>Business Plan<br>Design Team<br>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          | High | Legal Advice<br>Procurement Regulations<br>Medium Term Financial Plan<br>PR/Comms<br>External Consultants<br>Member Steering Group<br>Market Engagement & Specification<br>Tender Exercise Complete   | Existing<br>EC Reports<br>SMT Weekly Meeting Minutes<br>M Exec Monthly<br>M 1/4ly Authority Meetings<br>M Working Groups<br>IA Audit Plan<br>EA Annual Audit Letter | 7      | 4          | 28          | Moderate | >        | Treat    | Tender Evaluation<br>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.  |
| <b>SR10 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          | High | Legal Advice - Park Act<br>Park Act<br>L&P Strategy<br>Land Contamination Strategy<br>Medium Term Financial Plan<br>Land & Property Working Group   | EC Reports<br>SMT Weekly Meeting Minutes<br>M Exec Monthly<br>M 1/4ly Authority Meetings<br>M Working Groups<br>IA Audit Plan<br>EA - Annual Audit Letter           | 4      | 2          | 8           | Low      | <=>      | 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          | High | Legal Advice - Park Act<br>Park Act<br>L&P Strategy<br>Medium Term Financial Plan<br>Land & Property Working Group  | EC Reports<br>SMT Weekly Meeting Minutes<br>M Exec Monthly<br>M 1/4ly Authority Meetings<br>M Working Groups<br>IA Audit Plan<br>EA - Annual Audit Letter           | 7      | 4          | 28          | Moderate | >        | 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.  | Harbert Road - Terms agreed (and CPO objection withdrawn) with London Borough of Enfield (LBE) for the disposal of part of the land at Harbert 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. |
| <b>SR11 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          | High | Legal Advice<br>Medium Term Financial Plan<br>General/Capital Reserves<br>Treasury Management Policy<br>Annual Investment Strategy<br>Prudential Code<br>Power to Levy<br>Land & Property Member Group<br>Annual/Triennial pension valuations | EC Reports<br>SMT Weekly Meeting Minutes<br>M Exec Monthly<br>M 1/4ly Authority Meetings<br>M Working Groups<br>IA Audit Plan<br>EA - Annual Audit Letter           | 6      | 6          | 36          | Moderate | >        | Treat    | Monitor: Potential Land disposal<br>Interest rates<br>Third Party investors/<br>stakeholders<br>Legal framework<br>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          | Medium | >      | 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<br>IA Audit Plan<br>M Exec Monthly  | 6      | 2          | 12          | Medium | >      | Treat                                 | Review for furlough process<br>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<br>SMT Weekly Meeting Minutes   | 6      | 3          | 18          | Medium | >      | Treat                                 | Ongoing Monitoring<br>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          | Medium | 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          | Medium | >      | 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  |   |        |            |             |     |        |          |   |  | Updated Comments 23/06/2022 |  | Updated Comments 24/02/2022  |  |
|---------------------|---|------|--------|------------|-------------|-----|--|---|--------|------------|-------------|-----|--------|----------|---|--|-----------------------------|--|--|--|
| 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<br>PR Monthly inspections<br>Exec Monthly<br>M Scrutiny 1/4ly   | 5      | 3          | 15          | >   | Treat  |          | Ongoing Monitoring<br>Implement pre 2020 condition survey work      | Annual/<br>Monthly<br>Inspections &<br>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<br>New Usage Counters<br>Existing IT Infrastructure Budget          | SMT Weekly Meeting Minutes<br>IA Audit Plan<br>EC - LSC Specification   | 6      | 5          | 30          | >   | Treat  |          | Review for Procurement process<br>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 order needs to be placed as soon 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<br>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<br>M Working Groups<br>M Exec Monthly<br>SMT Weekly Meeting Minutes<br>LA In house<br>EA Ext Audit<br>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    |