



**LEE VALLEY REGIONAL PARK AUTHORITY**  
**AUDIT COMMITTEE**  
**24 FEBRUARY 2022 AT 12:30**

**Agenda Item No:**

**7**

**Report No:**

**AUD/124/22**

## **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 is scheduled for March 2022 to review the risk management strategy and corporate risk register with the input from this committee and Authority officers.

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.

### **RECOMMENDATION**

Members Approve (1) the Corporate Risk Register included at Appendix A and the sub-registers at Appendix B and C 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 (AGS) (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 the 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 has been reviewed again by officers and Members as part of the Risk Management Workshop and was formally approved by the Audit Committee in June 2018 (Paper AUD/90/18) and the strategy, format, and content is due to be reviewed again in March 2022.

## REVIEW OF THE STRATEGIC RISK REGISTER

- 8 The current Strategic Risk Register is reviewed by officers and Members on an on-going basis and signed off at each Audit Committee.
- 9 Members last considered the risk register at the Audit Committee in September 2021 (Paper AUD/123/21).
- 10 Since the September Committee, officers have incorporated approved Member revisions, reviewed the register, considered potential new risks and 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 has been updated to reflect changes to restrictions that have been in place. This is attached as Appendix C to this report.

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

Risk	Residual Risks 25 June 2020	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
	5	5	4	3	2	0
	7	7	10	10	12	15
	8	8	8	9	9	8
Total Risks	20	20	22	22	23	23
Notional Score	599	581	602	566	547	512

- 12 The key point to note since the last review of the Authority Strategic Risk Register is the overall decrease in the corporate risk register residual notional score. In addition, 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 current Covid-19 situation continue to show an improvement, with the reduction of restrictions imposed by the Government and the reopening of venues. There has been an increase in the residual risk at SR3.2 due to the difficulty of recruiting staff in the current job market.
- 13 The operational and financial risks from the LSC Contract Retender (SR9) have decreased after the withdrawal of the legal challenge from Lee Valley Leisure Trust Ltd and continuing satisfactory progress with Greenwich Leisure Ltd towards the contract initiation. Members approved the Authority entering into the LSC in October, subject to a further approval by the Authority to enter into the lease arrangements, which Members approved in January 2022. The lease arrangements are subject to Secretary of State consent which has been requested. In addition, a final decision relating to the Authority entering into the Admission Agreement for the pension arrangements for staff will be considered at the Additional Authority meeting later today. This is also reflected within the LSC sub register where some of the individual risks are showing an improvement. Although some uncertainty still exists as a result of the Covid-19 situation which had resulted in a further delay to the commencement of the LSC contract, the contract negotiations are now at a final stage with mobilisation taking place, the contract to commence on 1 April 2022.

- 14 Decisions taken to mitigate these risks have been approved by full Authority and monitoring of these risks is taking place at each Executive Committee, senior management and officer level.
- 15 A verbal update will be presented at Committee to advise Members regarding progress of the LSC sub register. There are still continued financial and operational risks caused by the Covid-19 pandemic and its effects on the Authority's business and flow of income. 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.
- 16 At the last Audit Committee it was requested that the strategy be reviewed again by officers and Members as part of a Risk Management Workshop to be held in March 2022.

#### **ENVIRONMENTAL IMPLICATIONS**

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

#### **EQUALITY IMPLICATIONS**

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

#### **FINANCIAL IMPLICATIONS**

- 19 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.
- 20 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**

- 21 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**

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

#### **RISK MANAGEMENT IMPLICATIONS**

- 23 These are dealt with through the main body of the report and through the revised register. Covid-19; the Ice Centre; the Picketts Lock development; the Leisure Services Contract retender projects; and implementation of 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 and primarily through implementing and delivering a Corporate Work Programme for 2021/22 followed by a revised approved Business Plan for 2022-2027. 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.

Author: Vince Donaldson, 01992 709 816, vdonaldson@leevalleypark.org.uk

## BACKGROUND REPORTS

Lee Valley Regional Park Authority Risk Management Strategy June 2018

## PREVIOUS COMMITTEE REPORTS

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 24 FEBRUARY 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 24/02/2022	Updated Comments 23/09/2021
SR1	<b>Legal</b>																		
SR1.1	Failure to comply with the 1966 Park Act and other statutory requirements.	DCEO	8	7	56		Provision of Legal Services Member scrutiny through Authority & Committee meetings Annual Governance statement Park Act Awareness covered by inductions for new staff.	EA -Annual Audit Letter IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly	6	1	6		<>	Tolerate	Continue Induction Process and monitoring of statutory changes.	Quarterly	DCEO	On-going 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 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 all staff have returned from furlough which will be from the 1st October.
SR1.2	Failure to comply with Health & Safety legislation	CD	9	6	54		Health and Safety management H&S manual (procedures) regularly reviewed by RDHS who monitor up and coming legislation. H&S Policy Updated annually Risk Reduction Plan complete. External H&S Assessment 5* Annual Report to Audit Committee	RD/SMT 1/4ly Reports BSC 3 yr. ext. review RD Annual Audits M Year Report	7	2	14		<>	Tolerate	Annual Internal Audit & H&S Audit Plans delivered.	31-03-22	CD (S&L)	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.	Annual H&S Audits will be taking place from December 2021 to last years were completed on time. Business Continuity Planning in process with all sites and services updating their plans. Desktop exercise carried out and further exercises planned.
SR2	<b>Contractual</b>																		
SR2.1	Agreeing to accept a partners' financial terms and conditions that will place an unacceptable long term liability on the Authority	HoF	9	4	36		Reports to SMT and Members Financial/Legal/Risk Implications fully appraised. Financial Appraisal of schemes in accordance with prudential code.	M Exec Monthly LA agreement	8	2	16		<>	Tolerate	Ongoing resources review for specific projects	Quarterly	DCEO/ HoF	Ongoing. Individual projects should be reviewed in line with financial requirements if they differ from Authority standard	Ongoing. Individual projects should be reviewed in line with financial requirements if they differ from Authority standard
SR2.2	Contractors, Governing Bodies, or Third Party Operator not delivering agreed objectives/contract	HoF	7	5	35		All contracts reviewed prior to commencement by a responsible officer. Delivery monitored by Director/Head of Service and performance monitoring team Quarterly Performance Reports to Executive & Scrutiny Committees	M Exec Monthly M Scrutiny 1/4ly	6	2	12		<>	Tolerate	Quarterly Contract monitoring.	Executive Quarterly Monitoring	CD (S&L)	New LSC 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.	New LSC commencement date was delayed due to further COVID-19 restrictions and the commencement is now April 1st 2022. Officers will return to Members in October to requested approval to enter into the LSC contract with GLL under seal. GM contract re-tender process started in full in March 2021 to be ready for a November 2021 start date.
SR2.3	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	CD	9	4	36		Advise and support APMD plus external contractors. Quality contactors 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	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	New LSC commencement date delayed due to further COVID-19 restrictions and the target date for commencement is now April 1st 2022. Initial Facilities Management meetings had been postponed between GLL & LVRPA, but these recommenced in June 2021. Seconded from GLL now 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.
SR2.4	Contractor stability affected by external influences or national/international conditions prevailing at the time	HoF	9	6	54		Reports to SMT and Members Financial/Legal/Risk Implications fully appraised. Financial Appraisal of schemes in accordance with prudential code.	M Exec Monthly M Scrutiny 1/4ly	7	3	21		>	Treat	Quarterly Contract monitoring.	Executive Quarterly Monitoring	CD (S&L)	Ongoing review of major projects, in particular the Ice Centre through the Authority's cost consultants regarding material costs and any potential delays in supply. In general, communication with contractors is strong and proactive to identify potential issues with review of all current contracts to confirm stability of each company.	Ongoing review of major projects and communication with contractors required to identify potential issues with review of all current contracts to confirm stability of each company.
SR2.5	Insufficient contractors tendering for contracts	CD	4	5	20		Reports to SMT Financial/Legal/Risk Implications fully appraised. Appraisal of procurement process.	SMT Monthly & 1/4ly Reports M Exec 1/4ly M Authority Annual Budget IA Audit Plan	6	3	18		>	Treat	Review of Procurement process Tender Evaluation Award of Contract	31-10-21	CD (Parklands)	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.	Market interest has been strong for the GM contract and the first stage of the procurement process shortlisted 5 possible contractors. Since the start of the ITT stage, 2 dropped out due to resourcing issues leaving three remaining in the process. Officers had not added any others to the ITT stage as the gap at SSQ stage was too large and there was confidence that the three remaining in the process would submit tenders, which was in fact the case.
SR3	<b>Resources</b>																		
SR3.1	I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving IT infrastructure	HoF	9	4	36		Reports to Members Financial/Legal/Risk Implications fully appraised. Financial Appraisal of schemes in accordance with prudential code. IT Infrastructure upgrade comes from Capital budget	SMT Weekly Meeting Minutes IA Audit Plan EA - Annual Audit Letter	8	3	24		>	Treat	Support Services Review for new Contract post 2021. Procurement or upgrade Finance system to a SAS system or at minimum one that can run on a virtual server.	31-03-22	CD	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	IT review has now been completed and new structure started on 1 Sept 2021. Finance system requires urgent upgrade Server environment changes in progress, to make Data Centre the primary location and MH the backup. This will improve resilience and greater flexibility in terms of office space
SR3.2	The Authority fails to recruit/retain staff at all levels of the appropriate calibre	CEO	8	8	64		Reward & Recognition Training & development framework Management Away Days Staff presentations Internal/External communications Up to date staff handbook Up to date policies Training Panel funding	M Annual Sickness Report M - Policy Reports SMT Annual Training panel	6	6	36		<	Treat	Ongoing Monitoring	On-going	CEO/ HoHR	HR/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.	HR/L&D strategy drafted. New management structure in place and working well. Staff furlough scheme ends 30 September 2021. Corporate Induction Elearning reviewed and will be rolled out August 2021. Staff Training schedule in place for 2021/22. Voluntary redundancy programme completed by 30 September 2021 and successful. Restructures undertaken across the Authority and in implemented by 1 September 2021.
SR4	<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 Weekly review against Centre Business Plan targets Medium Term Financial Plan updated £3-4m Minimum Reserves Policy reviewed Statutory Power to Levy	M Exec 1/4ly M Authority Annual Budget SMT Monthly & 1/4ly Reports	9	4	36		>	Treat	Ongoing budget monitoring & review MTFP in September	Executive Quarterly Monitoring	HoF	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 for Business Rates relief announced, and impact in coming year has been assessed and factored into the updated MTFP.	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 for Business Rates relief and furlough scheme announced, and impact in coming year has been assessed and factored into the updated MTFP.
SR4.2	Financial Risks of either greatly increased insurance costs or insurers refusal to insure Authority due to increased risks brought on by prevailing conditions	HoF	9	7	63		Budget monitoring reports Authority/LSC Contractor (at contract commencement) monitoring meetings Budget Review 2020/21 complete Medium Term Financial Plan £3-4m Minimum Reserves Policy Statutory Power to Levy Emergency Budget 2020/21	M Exec 1/4ly M Authority Annual Budget SMT Monthly & 1/4ly Reports	9	3	27		>	Treat	Liaison with Insurance brokers re level of cover	Executive Quarterly Monitoring	HoF	Insurance is arranged annually for period October X1 to September X2. Liaison required with Insurance brokers with regards to any changes in insurance cover and premiums.	Insurance is arranged annually for period October X1 to September X2. Liaison required with Insurance brokers with regards to any changes in insurance cover and premiums. Indications are that there will be an increase in premiums at next renewal of around 15%, which has been allowed for in the MTFP

**STRATEGIC RISK REGISTER AS AT 24 FEBRUARY 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 24/02/2022	Updated Comments 23/09/2021
<b>SR5 Governance &amp; Leadership</b>																			
SR5.1	Lack of a clear corporate direction	CEO	9	7	63		Authority meetings SMT Business Plan 2016-19 MTEP to 2024 Levy Strategy Land & Property Strategy Vision 2010-2020	M 1/4ly Full Authority Meetings M Exec Committee x 12 M Working Groups SMT Weekly Meeting Minutes	9	2	18		<>	Tolerate	Set out 2020-2025 Business Plan	31-03-22	CEO	An interim 1 year business plan for 2021/22 is in place. A 5 year plan for 2022-27 will be developed in the second half of 21/22.	An interim 1 year business plan for 2021/22 is in place. A 5 year plan for 2022-27 will be developed in the second half of 21/22.
SR5.2	Impact on the Authority's powers to raise the Levy and resistance from all constituent councils as a result of external influences	CEO	9	7	63		Stakeholder engagement Clear Budget/Levy Direction Funded Financial Plan Statutory Levy Raising Powers Monitoring of Legislation	SMT Weekly Meeting Minutes LA as needed	9	1	9		<>	Tolerate	Set out 2020-2030 Vision	Quarterly Monitoring 31/03/2022	CEO	Work has started on the new 5 year business plan for 2022-27. This will be completed in the first quarter of 22/23.	A fresh 10 year vision and mission for the Authority will be developed alongside the 5 year business plan.
<b>SR6 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. Proactive marketing, media relations, speaker engagement and stakeholder engagement	SMT Weekly Meeting M 1/4ly Authority Meetings M Exec Monthly Stakeholder Perception KPI	6	3	18		>	Treat	Regular meetings with venue management team to ensure comms and marketing are aligned with business objectives	Quarterly Monitoring Report	HoC	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 2022/23 is comms which use the 10 year anniversary of 2012 to communicate the Authority's achievements and contribution - close working with LDC and other partners. Continued strong emphasis on internal comms and handover of LSC venues.	Major focus on communicating venue reopenings and activities that are available. Web, social and database updates to provide latest status to visitors. Focused campaigns on key revenue generating projects - campsites, LVWVC, LVVP and LVAC. Direct feedback from digital campaigns used to refine and improve performance. Communications, QI and As and position statements created and implemented for Lee Valley Park Farms transfer - passed smoothly - angling change of operating model and car park charges. Key focus on LVIC closure and comms around the dismantling of old venue and building of new one - extensive community relations programme, Start of Works event comms and ongoing communications for the next 15 months to local community, residents and stakeholders.
<b>SR7 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 IT Disaster Recovery Plan Business Interruption Insurance Adequate Cover arrangements exist for Senior Management Site DRP & Management Plans Joint LSC Contractor/Authority Training Insurance Policies/Funds General Reserves H&S Audits Working with EA/LC/RT and other Local Authorities	EA -Annual Audit Letter IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly	5	4	20		>	Treat/Transfer	Audit Recommendations implemented Further training and testing. LSC Contractor Risk Register - alignment re risk and continuity	Quarterly Monitoring	CD	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 Myddleton 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.	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 has been updated for Myddleton House and the services based there, with a desktop exercise taking place in September. The BIA/DRP documentation has been circulated to all remaining Facilities/Services with ongoing exercises to feed into an overall Authority BCP. Proposal made to roll out MFA (multifactor Authentication) across the organisation to reduce Cyber threat risks.
SR7.2	Inadequate pandemic management processes in place park wide following major pandemic outbreak/further spikes in Covid 19 and more restrictions including local tier restrictions and national lockdowns	CEO	9	7	63		Pandemic Planning Procedure Emergency Pandemic Protocols IT Operational Procedures	RD/SMT 1/4ly Reports RD Annual Review Pandemic Procedures IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly	6	6	36		>	Treat	H & S Recommendations, implemented Training and reviews of financial, legal, leadership protocols Update of communication processes Review of staffing structure to continue business	Executive Quarterly Monitoring	CEO/ CD	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.	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.
<b>SR8 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. Site investigations carried out on some other sites. Some sites monitored. Sites closed to public access where contamination is significant. Contaminated Land Policy Member Task & Finish group Completion of Contaminated Land Strategy & Policy	M 1/4ly Authority Meetings M Working Groups M Exec Monthly SMT Weekly Meeting Minutes	7	2	14		<>	Tolerate	Ongoing monitoring	Ongoing Monitoring plus analysis when land sold/purchased or developed	DCEO	On-going monitoring in line with Land Contamination Strategy and Policy Statement.	On-going monitoring in line with Land Contamination Strategy and Policy Statement.
<b>SR9 Major Business Developments</b>																			
SR9.1	Ice Centre Failure in Strategic Risks 1-8 above in the development of the Ice Centre circa £30m project and Legal Challenge	CEO	9	8	72		Legal Advice Prudential Code Feasibility Studies Member Steering Group Existing PR/Comms Feasibility budget Working with LB Waltham Forest Planning Advice	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	8	5	40		>	Treat	Planning Approval Business Plan Design Team Engagement - stakeholders, users and local community	31-10-22	CD	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 will start in mid-August, with the steelworks completed in January along with all the precast concrete. Building works are on schedule for late October 2022 completion date.	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 will start in mid August, with the handover to the building contractors on 16th August. Building works are expected to be completed by October 2022.
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	CEO	8	8	64		Legal Advice Prudential Code Feasibility Studies Existing PR/Comms Feasibility budget Working with LB Enfield Planning Advice Land & Property Member Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	8	5	40		>	Treat	Planning Approval Business Plan Design Team Engagement - stakeholders, users and local community	31-03-22	DCEO	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.	Meetings have commenced again with the developer to include further on-going engagement with LBE. A review of the timetable for delivery will be undertaken.
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	CEO	9	4	36		Legal Advice Procurement Regulations Medium Term Financial Plan PR/Comms External Consultants Member Steering Group Market Engagement & Specification Tender Exercise Complete	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	7	4	28		>	Treat	Tender Evaluation Award of Contract	31-03-22	CEO	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.	Members approved the temporary transfer back in-house of the venues due to the legal challenge and until the new contract can be entered into. The final contract negotiations have progressed with GLL with a revised, target start date of April 1st 2022. Officers are carrying out due diligence to ensure that, following the impact of continuing Covid-19 situation, GLL is still a fit and proper organisation and therefore able to effectively deliver the LSC. There will be a report to the Exec Committee in the early autumn.

**STRATEGIC RISK REGISTER AS AT 24 FEBRUARY 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 24/02/2022	Updated Comments 23/09/2021
SR10	Implications of Implementing Land & Property Strategy																		
SR10.1	Acquisitions- Opportunity Cost of Resources, Reducing Available Resources or increasing future liabilities	DCEO	8	6	48		Legal Advice - Park Act Park Act L&P Strategy Land Contamination Strategy Medium Term Financial Plan Land & Property Working Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan	4	2	8		<>	Tolerate	Seek External Advice incl. Planning Context. Identify Resources Members Decision. Ongoing Monitoring. Consultation	31-03-22	HoP	No current new acquisitions in the pipeline	No current new acquisitions in the pipeline
SR10.2	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	DCEO	8	7	56		Legal Advice - Park Act Park Act L&P Strategy Medium Term Financial Plan Land & Property Working Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	7	4	28		>	Treat	Seek External Advice where necessary incl. Planning Context. Members Decision. Consultation	31-03-22	HoP	Harbet Road - Terms agreed (and CPO objection withdrawn) with London Borough of Enfield (LBE) for the disposal of part of the land at Harbet Road required for flood alleviation works as part of the Meridian Water development. Disposal to LBE completed. Langley and Mile - appeal successful and planning permission is granted for residential development comprising up to 52 dwellings. Currently in the process of preparing to market the site via Agents. Member approval to any disposal will still be required	Leedale Kennels - SoS consent received and disposal completed August 2021. Harbet Road - Terms agreed (and CPO objection withdrawn) with London Borough of Enfield for the disposal of part of the land at Harbet Road required for flood alleviation works as part of the Meridian Water development. SoS consent now received and completion is imminent. Mile and Langley delayed due to planning refusal and planning appeal is in process.
SR11	Impact of Brexit on Authority																		
SR11.1	Failure in Strategic Risks 1-10 above due to changes in the Economic and Business climate brought about by changes following the departure from the European Union	CEO	7	9	63		Legal Advice Medium Term Financial Plan General/Capital Reserves Treasury Management Policy Annual Investment Strategy Prudential Code Power to Levy Land & Property Member Group Annual/Triennial pension valuations	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	6	6	36		>	Treat	Monitor: Potential Land disposal interest rates Third Party investors/ stakeholders Legal framework Pension valuations	Ongoing	DCEO/ HoF	Potential risk needs ongoing monitoring particularly in relation to finances, future strategic investments, and 3rd party contracts along with review on additional impacts as a result of Covid restrictions and as restrictions are lifted and the economy begins to recover.	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.

1173

512

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



LEISURE SERVICE CONTRACT SUB RISK REGISTER AS AT 24 FEBRUARY 2022

Risk ID	Risk Name	Inherent Risk Score				Residual Risk Score				RAG	Action	Progress	Further Actions Needed to reduce Risk	Deadline for Completion Actions	Officer(s) Responsible	Updated Comments 24/02/2022	Updated Comments 23/09/2021
		Lead	Impact	Likelihood	Total Score	Existing Controls	Source of Assurance	Impact	Likelihood								
<b>SR1 Legal</b>																	
SR1.1	Process delayed by legal challenge before November 1st 2019	DCEO	7	5	35	Provision of Legal Services Member scrutiny through LSC Working Group, Authority & Committee meetings Ext Consultants Support In-house staff work plans prioritised	LA In house IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly M LSC Group EC advice	5	2	10	>	Treat	On going monitoring and assessment of procurement at Officer & Member commissioning groups. Report on outcome of tendering process	Weekly	CD S&L	Preferred Contractor selected and approved by Members. Covid restrictions prevented the contract starting on 1st April 2021 and a revised date of 1st April 2022 is the agreed commencement date. Officers returned to Members in October to request formal permission to enter into the new LSC contract with GLL under seal, which was approved subject to the SOS consent for the Lease (which were approved by Members in Jan 2022).	Preferred Contractor selected and approved by Members. Covid restrictions prevented the contract starting on 1st April 2021 and a revised date of 1st April 2022 is the current commencement date and officers will return to Members in October to request formal permission to enter into the new LSC contract with GLL under seal.
<b>SR2 Contractual</b>																	
SR2.1	Existing Service deteriorates during interim period causing failure to delivering on agreed objectives, contractual requirements or financial targets prior to commencement of new contract	HoF	6	6	36	Delivery monitored by Director/Head of Service and performance monitoring team Quarterly Performance Reports to Executive & Scrutiny Committees.	M Exec Monthly M Scrutiny 1/4ly IA Audit Plan SMT Weekly Meeting Minutes LA current contract	6	4	24	>	Treat	Quarterly Contract monitoring. Contractor Service Plan for 2019/20 Agreed	Executive Quarterly Monitoring	CD/HoF	Q2 2021/22 Budget monitoring report, including LSC venues, was submitted to Executive in October, and venue working groups in place to ensure quality of the service remains at a high level.	Q2 2021/22 Budget monitoring report, including LSC venues, to go to Executive in October, and venue working groups in place to ensure quality of the service remains at a high level.
SR2.2	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	DCEO	9	4	36	Advice and support APMD plus external contractors. Quality contactors employed for maintenance through procurement (Price Quality ratio applied). Performance department regular inspections carried out	APMD Annual Inspections PR Monthly inspections M Exec Monthly M Scrutiny 1/4ly	5	3	15	>	Treat	Ongoing Monitoring Implement pre 2020 condition survey work	Annual/ Monthly Inspections & Review.	HoA	Secondee 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.	New LSC commencement date has been delayed due to further COVID-19 restrictions and the target date for commencement is now April 1st 2022. Initial Facilities Management meetings had been postponed between GLL & LVRPA, but these recommenced June 2021. Items scheduled for repair during the period April 2021- April 2022 will now be undertaken by APMD /LVRPA. Secondee from GLL in place to oversee M& E maintenance and improvements.
<b>SR 3 Resources</b>																	
SR3.1	Inadequate I.T. Infrastructure/ Systems/Data for new LSC.	HoF	7	5	35	Reports to Exec Financial/Legal/Risk Implications fully appraised. Financial Appraisal of relocation/updates of Authority IT assets New Usage Counters Existing IT Infrastructure Budget	SMT Weekly Meeting Minutes IA Audit Plan EC - LSC Specification	6	5	30	>	Treat	Review for Procurement process Review for new Contract post 2020	31-03-20	CD/ HoIT	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 Omnicco 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 orders needs to be places as soon as possible	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 have confirmed that they will not be using Clarity booking system
SR3.2	Inadequate resourcing levels during potential extended interim period.	DCEO	8	6	48	Internal/External communications Recruitment Process	IA Int Audit SMT Sr Mgmt Team M Members LA Legal Advice PR Performance Review	7	3	21	<>	Tolerate	Review of Staffing Budgets Consideration to further secondments from incoming contractor Consideration of redeployment of staff where necessary.	31/03/2021	HoHR	Regular officer meetings where resources are discussed and taken to SMT if necessary - ongoing	Support services have been reviewed to ensure additional resources or redeploying existing resources to ensure the Authority has the support services required to operate the LSC venues before contract commencement date. Regular officer meetings where resources are discussed and taken to SMT if necessary. Ice Centre staff redeployed to other LSC venues whilst new Ice Centre is being built to plug a number of current vacancies.
<b>SR 4 Financial Management</b>																	
SR4.1	Financial Risks of failure to enter into contract by target date of April 2021, and Authority to continue operational control of venues.	HoF	9	6	54	Authority monitoring Meetings Joint Board Meetings £4m Minimum Reserves Policy Statutory Power to Levy	M Exec 1/4ly M Authority Annual Budget SMT Monthly & 1/4ly Reports	9	5	45	<	Treat	Budget Review & MTFP Explore the setting up of skeleton trust Explore options for rates relief if in Authority operation	31/09/2019	CD S&L	Members approved the temporary transfer back in-house of the venues due to the legal challenge and until the new contract can be entered into. The final contract negotiations have progressed with GLL with an agreed start date of April 1st 2022. Officers carried out due diligence to ensure that, following the impact of continuing Covid-19 situation, GLL is still a 'fit and proper' organisation and therefore able to effectively deliver the LSC. There was a report to the Exec Committee in October 2021.	Members approved the temporary transfer back in-house of the venues due to the legal challenge and until the new contract can be entered into. The final contract negotiations have progressed with GLL with a revised, target start date of April 1st 2022. Officers are carrying out due diligence to ensure that, following the impact of continuing Covid-19 situation, GLL is still a 'fit and proper' organisation and therefore able to effectively deliver the LSC. There will be a report to the Exec Committee in the summer/early autumn.
<b>SRS Governance &amp; Leadership</b>																	
SR5.1	Contractor fails to provide the governance structures and leadership to deliver the statutory, financial and best practice requirements of the contract.	CEO	7	7	49	Authority/Contractor SMT meetings Joint Chairs meetings LSC contract Performance Monitoring Compliance with statutory bodies e.g. Charities commission/company law	M 1/4ly Authority Meetings M Working Groups M Exec Monthly SMT Weekly Meeting Minutes LA In house EA Ext Audit IA Int Audit	7	2	14	>	Treat	Review Authority/ Contractor SMT meetings. LSC Retender documentation Specification compliance and due diligence	31-03-22	CEO	Preferred bidder selected and approved and meets requirements	Preferred bidder selected and approved and meets requirements

LEISURE SERVICE CONTRACT SUB RISK REGISTER AS AT 24 FEBRUARY 2022

Inherent Risk Score							Residual Risk Score												
Risk ID	Risk Name	Lead	Impact	Likelihood	Total Score	RAG	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Action	Progress	Further Actions Needed to reduce Risk	Deadline for Completion Actions	Officer(s) Responsibility	Updated Comments 24/02/2022	Updated Comments 23/09/2021
SR6	Reputation/Communication																		
SR7	Business Continuity																		
SR7.1	Inadequate business continuity implementation during procurement phase and during mobilisation of new contract.	CEO	7	7	49		Emergency Action Planning IT Disaster Recovery Plan Business Interruption Insurance Adequate Cover arrangements exist for Senior Management Site DRP & Management Plans Joint GLL/Authority Training Insurance Policies/Funds General Reserves H&S Audits Support Services Decoupling IT/HR/Finance	EA - Annual Audit Letter IA Audit Plan and monitoring visits SMT Weekly Meeting Minutes M Exec Monthly	5	4	20		>	Treat	Audit Recommendations implemented Further training and testing. Align Contractor Risk Register - to Authority risk register to ensure continuity	Quarterly Monitoring	CD S&L	Authority contract mobilisation team in place with work programmes and actions in progress. Venue re-opening commenced in July based on a site by site business case, with Covid-19 tracker in place to ensure all H&S and other Government regulations complied with. Further changes will continue to meet changes to restrictions and Covid-19 tracker will be revised as required.	Authority contract mobilisation team in place with work programmes and actions in progress. Venue re-opening commenced in July based on a site by site business case, with Covid-19 tracker in place to ensure all H&S and other Government regulations complied with. Further changes will continue to meet changes to restrictions and Covid-19 tracker will be revised as required.
SR8	Major Business Developments																		
SR8.1	Leisure Services Contract Retender Failure in Strategic Risks 1-7 above in the retender of the Leisure Services Contract	CEO	9	4	36		Legal Advice Procurement Regulations Medium Term Financial Plan Existing PR/Comms External Consultants Member Steering Group Market Engagement Specification SMT monitoring	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	8	3	24		>	Treat	Scoring team who will be independently trained to score the bids. Separate panel three officers (1 external) who will be the check and challenge for all areas relating to the scoring. Internal Audit	31-10-19	CEO	Members approved the temporary transfer back in-house of the venues due to the legal challenge and until the new contract can be entered into. The final contract negotiations have progressed with GLL with an agreed start date of April 1st 2022. Officers have carried out due diligence to ensure that, following the impact of continuing Covid-19 situation, GLL is still sufficiently fit and robust to deliver the LSC.	Members approved the temporary transfer back in-house of the venues due to the legal challenge and until the new contract can be entered into. The final contract negotiations have progressed with GLL with a revised, target start date of April 1st 2022. Officers are carrying out due diligence to ensure that, following the impact of continuing Covid-19 situation.
SR8.2	Leisure Services Contract Retender Failure to appoint contractor for new Leisure Service Contract.	CEO	9	2	18		Legal Advice Procurement Regulations External Consultants Member Steering Group Procurement regulations diligently followed through process	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	9	3	27		>	Treat	Explore setting up a skeleton trust to be established as part of Business Continuity Plan for maintaining service provision.	30-11-19	CEO	GLL confirmed that they remain committed to the contract and the final part of the process remaining is to sign the contract under seal which came to Members for consideration in October 2021 and was agreed.	GLL are committed to the contract and it's just the final part of the process to sign the contract under seal which is left to undertake. This will come to Members for Consideration in October 2021.

SR6.1 Removed as no longer valid

396

230

Score 45-81 High Risk

COVID-19 PANDEMIC SUB RISK REGISTER AS AT 24 FEBRUARY 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 24/02/2022	Comments 23/09/2021
		Critical Success Factor	Lead	Impact	Likelihood	Total Score	RAG	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG						
<b>SR1</b>	<b>Legal</b>																		
SR1.1	Failure to comply with Covid-19 Health & Safety legislation	B	CD	9	5	45		Health and Safety management H&S manual (procedures) regularly reviewed by RDMS who monitor up and coming legislation. Risk Reduction Plan revised to meet legislation. Staff are being trained corporately through eLearning and locally for venue/site specific needs	RD/SMT 1/4ly Reports RD Monthly Audits M Quarterly Report	6	2	12	↔	Tolerate	Pandemic Procedure & H&S Pandemic Risk Reduction Plans delivered.	Executive Quarterly Monitoring	CD (S&L)	Facility Covid compliance tracker updated regularly with oversight team meetings (when required) reviewing position of restrictions. H&S audits currently taking place and review of Covid processes being undertaken on a site by site basis. Decisions on re-opening facilities (and or activities) have been undertaken after review by the Covid oversight team and in compliance with government restrictions imposed at the time. <b>The Authority is taking a phased approach to the removal of all the Covid protocols at its sites to ensure the staff and customers remain protected.</b> The group are also pro-actively monitoring the sites and their associated performance against budgets / business plans.	Facility Covid compliance tracker updated regularly with oversight team meetings (when required) reviewing position of restrictions including tier system and national lockdowns. H&S audits currently taking place and review of Covid processes being undertaken on a site by site basis. Decisions on re-opening facilities (and or activities) have been undertaken after review by the Covid oversight team and in compliance with government restrictions imposed at the time. The group are also pro-actively monitoring the sites and their associated performance against budgets / business plans.
<b>SR2</b>	<b>Contractual</b>																		
SR2.1	Contractors, Governing Bodies not delivering agreed objectives/contract due to limitations imposed by Covid-19 legislation	B	HoF	7	6	42		Review of all current contracts control processes by a responsible officer. Delivery monitored by Director/Head of Service and monitoring Quarterly Performance Reports to Executive & Scrutiny Committees	M Exec Monthly M Scrutiny 1/4ly	7	3	21	↔	Tolerate	Quarterly Contract monitoring.	Executive Quarterly Monitoring	CD (S&L)	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. <b>Seconded days being increased to five days.</b> GM contractor has updated procedures and risk assessments to factor in lack of public compliance with restrictions.	Due to the current COVID-19 restrictions, the commencement of the new LSC contract has been delayed to the 1st April 2022 which has been communicated to GLL and officers will return to Members in due course. Covid testing site to remain in situ until Dec 2021 after negotiations completed. GM contractor has updated procedures and risk assessments to factor in lack of public compliance with restrictions.
SR2.2	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	B	CD	9	5	45		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	>	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. Seconded from GLL in place to oversee M&E maintenance and improvements. <b>Increased cover now in place, 5 days from 3 days.</b>	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.
<b>SR 3</b>	<b>Resources</b>																		
SR3.1	Inadequate IT. Infrastructure/ Systems/Data support due to staff shortages from Covid 19 related illness	B	CD	8	6	48		Reports to Exec Financial/Legal/Risk Implications fully appraised. Appraisal of limitations on remaining staff Existing IT Infrastructure support processes	SMT Weekly Meeting Minutes IA Audit Plan M Exec Monthly	6	2	12	>	Treat	Review for furlough process Review for changes in government legislation	Monthly review	HoIT	If staff need to self isolate, they can work from home. Any site visits will need to be deferred if possible. Risk if all staff are taken ill with Covid that urgent site visits of event cover will not be able to happen. Will look to use contractors to cover if this is the case. Tech staff have been vaccinated	All IT staff are now back from Furlough. Infrastructure and systems sufficient to work during lockdown. Need to ensure that equipment is returned to Offices
SR3.2	The Authority have insufficient staff at all levels available to respond to business demands due to furloughing staff	In/Is	CEO	8	8	64		Review of business needs Agreement on continuity requirements with HoS's Develoment of Duties to upper echelons Internal/External communications	M Exec Monthly SMT Weekly Meeting Minutes	5	3	15	>	Treat	Ongoing Monitoring Review of business performance	On-going	CEO/ CD	The Furlough scheme ended on 30 September 2021, so all furloughed staff returned to their full contracted hours from 1 October 2021. Myddelton House opened as normal for a period, due to the Covid restrictions and to ensure their safety, staff are working from home wherever possible. Other staff continue to work on a flexible basis to suit their role and the needs of the business and facilities have opened where possible to meet the current restrictions.	Furlough scheme currently ends 30 September 2021, so all furloughed staff will return to their full contracted hours from 1 October 2021. Myddelton House is now open as normal and staff continue to work on a flexible basis to suit their role and the needs of the business and facilities have opened where possible with the relaxation of restrictions, with staff returning from furlough when business cases allow and in line with the Authority's three COVID principles. Furlough list reviewed every month to ensure business needs can be met.
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		Review of business needs Agreement on continuity requirements with HoS's Develoment of Duties to upper echelons Sickness absence procedure Occupational health support	M Exec Monthly SMT Weekly Meeting Minutes	6	3	18	>	Treat	Ongoing Monitoring Review of business performance	On-going	HoHR	Ongoing monitoring of government guidance on this area and ACAS and XperTHR good practice and networking with others.	Any staff suffering from long Covid would be supported by occupational health for advice on how and when they could return to work. We would work with them on phased returns, reduced hours, adapted duties etc. The employee assistance programme is also available to support staff with the mental health side of long Covid. This would be managed through the Authority's sickness absence procedure. Keep up to date with government guidance on this area and ACAS and XperTHR good practice.
<b>SR 4</b>	<b>Financial Management</b>																		
SR4.1	Financial Risks of over/under spent budget through non-achievement of income targets due to closures imposed by Covid-19 pandemic. Insufficient Resources to meet objectives while using financial reserves		HoF	9	9	81		Quarterly Budget monitoring reports Weekly review against Centre Business Plan targets Medium Term Financial Plan updated E3-4m Minimum Reserves Policy reviewed Statutory Power to Levy	M Exec 1/4ly M Authority Annual Budget SMT Monthly & 1/4ly Reports	9	4	36	<	Treat	Ongoing Monitoring	Executive Quarterly Monitoring	HoF	Ongoing. A prudent budget was set for 2021/22 financial year, based on recovery and rebuilding, and creating resilience. Ongoing monitoring of income and expenditure, reflected in venue re-opening programme. Proposed return in line with budget, backed up by use of contingency, and Govt support	Ongoing. A prudent budget was set for 2021/22 financial year, based on recovery and rebuilding, and creating resilience. Ongoing monitoring of income and expenditure, reflected in venue re-opening programme.
<b>SR5</b>	<b>Governance &amp; Leadership</b>																		
SR5.1	Impact on the Authority's powers to raise the Levy and resistance from all constituent councils with changes caused by Covid-19 pandemic on their budgets		CEO	9	7	63		Stakeholder engagement Clear Budget/Levy Direction Review of Emergency Budget to reduce expenditure Funded Financial Plan Statutory Levy Raising Powers Monitoring of Legislation	SMT Weekly Meeting Minutes LA as needed	9	1	9	↔	Tolerate	Set out 2020-2030 Vision Communicate Emergency budget to stakeholders as required	Executive Quarterly Monitoring	CEO	5 year business plan for 2023-27 is being developed and will be completed Q1 22/23. Budget and work programme are in place for 22/23.	The next medium term business plan and vision has been deferred and will be developed during 2021/22. A one year business plan 'Recovery and Rebuilding' for 2021/22 is currently being developed.

COVID-19 PANDEMIC SUB RISK REGISTER AS AT 24 FEBRUARY 2022

Risk ID	Risk Name	Inherent Risk Score					Residual Risk Score					RAG	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions	Officer(s) Responsible	Comments 24/02/2022	Comments 23/09/2021	
		Critical Success Factor	Lead	Impact	Likelihood	Total Score	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score								
<b>SR6 Reputation/Communication</b>																			
SR6.1	Impact on Authority's reputation due to service failure caused by Covid-19 pandemic, damaged stakeholder and/or contractor relationships.		HoC				Managed via social media, web and digital updates Media relations Internal communications of new technologies Venue Utilisation Internal communications of new technologies Venue Utilisation	SMT Weekly Meeting Venues re-opening group Weekly Meetings M 1/4ly Authority Meetings M Exec Monthly						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	<b>Social media, digital communications and web updates proactively explaining any restrictions or requirements as a result of Covid19</b> 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.	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.
<b>SR7 Business Continuity</b>																			
SR7.1	Inadequate pandemic management processes in place park wide following major international viral outbreak		CEO				Pandemic Planning Procedure Emergency Pandemic Protocols IT Operational Procedures	RD/SMT 1/4ly Reports Annual Review Pandemic Procedures IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly						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	Sub Risk Register revised and updated with Pandemic Viral or Infectious Disease Planning procedure in process of revision with learning from current situation used to update procedure.	Sub Risk Register revised and updated with Pandemic Viral or Infectious Disease Planning procedure in process of revision with learning from current situation used to update procedure.
<b>SR8 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)	Im/ In	DCEO				Site investigations carried out prior to developments & land remediated. Site investigations carried out on some other sites. Some sites monitored. Sites closed to public access where contamination is significant. Contaminated Land Policy Member Task & Finish group Completion of Contaminated Land Strategy & Policy Consultant Site Investigations work completed.	M 1/4ly Authority Meetings M Working Groups M Exec Monthly SMT Weekly Meeting Minutes						Tolerate	Ongoing monitoring	Ongoing Monitoring plus analysis when land sold/ purchased or developed	DCEO	On-going monitoring in line with Land Contamination Strategy and Policy Statement.	On-going monitoring in line with Land Contamination Strategy and Policy Statement.
<b>SR9 Major Business Developments</b>																			
SR9.1	Picketts Lock Development Failure in Strategic Risks 1-8 above in the development of the Picketts Lock project caused by impact of Covid-19 restrictions		CEO				Legal Advice HM Gov Restrictions managed Prudential Code Feasibility Studies Existing PR/Comms Feasibility budget Working with LB Enfield Planning Advice Land & Property Member Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter						Treat	Moderation of Covid-19 restrictions Design Approval Business Plan Design Team Continued engagement with stakeholders, users and local community	Executive Quarterly Monitoring	CEO/ CD	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.	Discussions have restarted with the prospective developer, The Wave (TW) and the planning authority, LB Enfield (LBE). TW is reassessing its business model for the scheme and officers are inputting to this exercise. It is hoped that a way forward with a revised programme will be determined by Sept/Oct 2021.
SR9.2	Leisure Services Contract Retender Failure in Strategic Risks 1-8 above in the retender of the Leisure Services Contract due to impact of Covid-19 restrictions and potential Legal Challenge from winning bidder on removal of restrictions		CEO				Legal Advice Procurement Regulations Medium Term Financial Plan Existing PR/Comms Market Engagement & Specification Tender Exercise Completed	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter						Treat	Tender Evaluation Award of Contract Agreements with winning contractor on contract commencement	Executive Quarterly Monitoring	CEO/ CD	Contract commencement date delayed by new COVID-19 restrictions. Contractor will proceed with the LSC on the revised commencement date of April 1st 2022. In light of the impact of the lockdown in 2020/21 officers have been carrying out a fresh due diligence of GLL to ensure that they are sufficiently fit and robust to deliver the LSC. Officers reported to the Exec Committee in October 2021.	Contract commencement date delayed by new COVID-19 restrictions. Contractor is still keen to proceed with the LSC on the revised commencement date of April 1st 2022. In light of the impact of the lockdown in 2020/21 officers are carrying out a fresh due diligence of GLL to ensure that they are sufficiently fit and robust to deliver the LSC. Officers will report to the Exec Committee in summer/early autumn.

681

250

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

## 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.

	Impact	Likelihood
1	No impact	<1% likely to occur in next 12 months
2	Financial loss up to £1,000 or no impact outside single objective or no adverse publicity	1%-5% likely to occur in next 12 months
3	Financial loss between £1,000 and £10,000 or no impact outside single objective or no adverse publicity	5%-10% likely to occur in next 12 months
4	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
5	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
6	Financial loss between £50,000 to £250,000 or impact on many other processes or local adverse publicity or regulatory sanctions (such as intervention, public interest reports)	30%-40% likely to occur in next 12 months
7	Financial loss between £250,000 to 500,000 or impact on strategic level objectives or national adverse publicity or strong regulatory sanctions	40%-60% likely to occur in next 12 months
8	Financial loss between £500,000 to £1 million or impact at strategic level or national adverse publicity or Central Government take over administration	60%-80% likely to occur in next 12 months
9	Financial loss above £1 million or major impact at strategic level or closure/transfer of business	>80% likely to occur in next 12 months