Lee Valley Regional Park Authority
Myddelton House, Bulls Cross,
Enfield, Middlesex EN2 9HG
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Tele: 01992 709806 / 7
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To:
David Gardner (Chairman)
Lesley Greensmyth (Vice Chairman)
John Bevan
Mike Garnett
Clive Souter
Steven Watson
Terry Wheeler

A meeting of the **AUDIT COMMITTEE** (Quorum – 3) will be held at these offices on:

THURSDAY, 19 JUNE 2025 AT 12:45

at which the following business will be transacted:

AGENDA

1 To receive apologies for absence

2 DECLARATION OF INTERESTS

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

3 MINUTES OF LAST MEETING

To approve the Minutes of the meeting held on 27 February 2025 (copy herewith)

4 PUBLIC SPEAKING

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

5 EXTERNAL AUDIT 2024/25 - AUDIT PLAN Paper AUD/160/25

Presented by Keith Kellard, Head of Finance

6 ANNUAL REPORT ON THE WORK OF INTERNAL AUDIT 2024/25 AND AUDIT PLAN 2025/26 Paper AUD/161/25

Presented by Michael Sterry, Senior Accountant

7 ANNUAL GOVERNANCE STATEMENT 2024/25 Paper AUD/162/25

Presented by Keith Kellard, Head of Finance

8 ANNUAL REPORT ON HEALTH & SAFETY 2024/25 AND HEALTH & SAFETY AUDIT PLAN 2025/26 Paper AUD/163/25

Presented by Dan Buck, Corporate Director

9 RISK REGISTER 2025/26 Paper AUD/164/25

Presented by Dan Buck, Corporate Director

10 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.

11 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.)

11 June 2025

Shaun Dawson
Chief Executive

LEE VALLEY REGIONAL PARK AUTHORITY

AUDIT COMMITTEE MINUTES
27 FEBRUARY 2025

Members Present:	David Gardner (Chairman)	Mike Garnett
	Lesley Greensmyth (Vice Chairman)	Steven Watson
	John Bevan	Terry Wheeler

Apologies Received From: Clive Souter

Officers Present:	Beryl Foster	- Deputy Chief Executive
	Keith Kellard	- Head of Finance
	Michael Sterry	- Senior Accountant
	Dan Buck	- Corporate Director
	Jon Carney	- Corporate Director
	Simon Clark	- Head of IT and Business Support
	Julie Smith	- Head of Legal
	Sandra Bertschin	- Committee & Member Services Manager
Also Present:	Claire Mellons	- Ernst & Young (external auditors) remote access
	Robert Garnett	- Ernst & Young (external auditors) remote access
	Sam Lowe	- Forvis Mazars (internal auditors) remote access
	Kevin Bartle	- S151 Officer (London Borough of Enfield)

Part I

300 DECLARATIONS OF INTEREST

There were no declarations of interest.

301 MINUTES OF LAST MEETINGS

THAT the minutes of the meetings held on 19 September 2024 and 11 December 2024 be approved and signed.

302 PUBLIC SPEAKING

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

303 INTERNAL AUDIT UPDATE Paper AUD/156/25

The report was introduced by the Senior Accountant highlighting that implementation of recommendations had improved to 82%.

Sam Lowe (Forvis Mazars) advised that if superseded actions were included in implementation of recommendations analysis, performance would be 91%.

The Chairman congratulated officers on this greatly improved performance.
In response to Member queries regarding a drop of one rating level in the audit opinion on Cyber Security it was advised:

- the audit opinion reflected a change in Forvis Mazars rating system;

- the recent audit was more in depth than previous audits in response to the fast changing Cyber Security landscape;
- most of the audit recommendations were strategic and procedural based;
- a lot of the recommendations were now in place or were being put in place; and
- audit of Cyber Security will be included on the audit plan every two years.

Sam Lowe (Forvis Mazars) remarked that Cyber Security was one of the fastest moving risks and consequently the shelf-life of audit opinions had decreased. The audit opinion reflected that there were new challenges constantly emerging and the Authority's performance was not widely out of line with other local authorities.

In response to Members it was advised:
- the investigation into a payment being made from a scam e-mail being led by the Authority's bank was ongoing; and
- the Asset Maintenance department was now fully resourced and a formal system for sign-off of completed reactive repairs was being put in place.

(1) the report was noted.

Sam Lowe (Forvis Mazars) left the meeting.

304 EXTERNAL AUDITORS' ANNUAL RESULTS REPORT - 2023/24 ACCOUNTS — Paper AUD/158/25

The report was introduced by the Head of Finance.

Claire Mellons and Robert Garnett (EY) advised that:
- a disclaimed audit opinion for 2023/24 was as anticipated and in line with National Audit Office guidance;
- a no assurance rating for Property, Plant and Equipment, including Investment Property, reflected that the Authority had not submitted certified asset valuation for 2023/24 until the end of December so there was insufficient time to complete required audit procedures before the backstop date;
- a substantial assurance rating had been given for a number of account areas;
- for Pension Liabilities/Assets some assurances had been provided by the Pension Fund auditors and will be followed up in 2024/25 to hopefully get to substantial or partial assurance;
- it had not been possible to complete required audit procedures for Leases as a complete list of leases and lease type arrangements had not been provided. As required by IFRS16 for the 2024/25 audit it was critical that a full list of leases be provided;
- a partial rating for Other Disclosures was proposed which was not completely out of line with the rest of the sector, but there were some major areas which will need to be worked on with management to move this opinion forward;
- Value for Money work had been completed and no significant weaknesses were identified.

In response to the Chairman, EY advised:
- it was not anticipated that the Value for Money opinion would be modified which was the case with many local authorities; and
- review by EY's Real Estate team of certified asset valuation for Property, Plant and Equipment was a lengthy process which took approximately three months to complete.

In response to Members it was advised that:

- the Authority as an organisation had very few assets it leased other than a few small areas of land and small value items such as photocopiers;
- procedures would be put in place to comply with IFRS16 for the 2024/25 Statement of Accounts;
- the auditors had identified an issue with a specific lease at Picketts Lock, but the Authority considered there was a reason for this and a rationale had been provided;
- for the reported uncorrected misstatements the Authority had provided a rationale as to why there remains unadjusted differences; and
- Members were reminded of the need for timely compliance with submitting declaration of interests.

The S151 Officer requested clarification on the purpose of the proposed report in 3 months time given that no issues had been raised with regard to Value for Money; accepting the late submission of the certified asset valuation data commented that pragmatically it shouldn't have been too difficult to validate this opinion; and sought assurance that the audit opinion would be issued tomorrow. In response EY advised that:

- the auditors were required to produce an auditors' report and the narrative arrangements on completed Value for Money work would be provided in that report;
- procedures placed on auditors regarding valuation of assets were rigorous and because of the late submission of data insufficient resources were available to undertake the required audit work; and
- EY were fairly confident that the audit opinion would be issued tomorrow as only the final routine audit stages needed to be completed.

Whilst accepting the Audit Results Report the Committee agreed to meet with the auditors again to discuss this in more detail and agreed to delegate authority to the S151 Officer in consultation with the Audit Chairman to undertake any emergency action in the issuing of the audit opinion.

The Chairman remarked that it was important that the Authority receive the audit opinion tomorrow to avoid having to issue a statutory notice. In response EY advised that subject to completing final checks it was intended to issue an opinion on 28 February.

The Committee expressed concern about the length of time the audit had taken and consequent very late publishing of the audit opinion given that the Authority was not a complex body compared to a local authority. Assurances were sought that the same situation would not arise for the 2024/25 audit. In response EY advised that it was intended to agree an audit timetable with management to enable publishing of the 2024/25 audit opinion prior to Christmas.

(1) the draft 2023/24 External Auditors' Audit Results Report for the Authority set out in Appendix A to Paper AUD/158/25 was noted; and

(2) the rationale behind the unadjusted differences, as stated in paragraph 4 of Paper AUD/158/25;

(3) the financial statement of accounts for 2023/24 for issue, attached at Appendix B to Paper AUD/158/25; and

(4) in light of the failure to issue an audit opinion to delegate any emergency action to the S151 Officer in consultation with the Audit Chairman was approved.

The Chairman thanked the auditors for their attendance.

305 ACCOUNTING POLICIES AND ACCOUNTS CLOSEDOWN TIMETABLE 2024/25 Paper AUD/157/25

The report was introduced by the Head of Finance.

A Member commented that the Statement of Accounting Policy - Biological Assets should be amended to reflect that the Authority no longer had a dairy herd.

(1) subject to the above amendment the Accounting Policies set out in Appendix A of Paper AUD/157/25 was approved; and

(2) the key judgements and assumptions set out in paragraphs 9 to 10 of Paper AUD/157/25 was noted.

306 RISK REGISTER 2024/25 Paper AUD/159/25

The report was introduced by the Corporate Director, including:

- the risk register was actively monitored by officers as updates to the comments column reflected; and
- as previously discussed an Issues Register would be created to record risks which have been resolved.

A Member commented that for the majority of risks there had been very little change in the direction of travel. In response it was advised that some risks involving external parties, such as the Buckingham administration, were out of the Authority's control and therefore progress was not as swift as the Authority would like.

Members commended the format and detail of the Risk Register.

(1) the Corporate Risk Register included at Appendix A to Paper AUD/159/25 was approved; and

(2) the review and revision of risk SR5.3 on the Risk Register was noted.

_____
Chairman

_____
Date

The meeting started at 12.31pm and ended at 1.35pm

Lee Valley Regional Park Authority **LEE VALLEY REGIONAL PARK AUTHORITY** **AUDIT COMMITTEE** **19 JUNE 2025 AT 12:45**	**Agenda Item No:** 5 **Report No:** **AUD/160/25**

EXTERNAL AUDIT 2024/25 - AUDIT PLAN

Presented by the Head of Finance

SUMMARY

As part of the 2024/25 audit, the Authority's external auditors Ernst & Young (EY) have produced a plan to cover the annual end of year audit 2024/25. This plan is attached at Appendix A to this report.

For the 2024/25 accounts, the auditor is planning to undertake a fully substantive audit which will review and report on the financial statements as well as arrangements for securing economy, efficiency and effectiveness in the use of resources. As in previous years it will include a review of the work of the internal auditors, including audit plans and reports, together with reports from any other work completed in the year. The plan also covers other mandatory audit procedures required by auditing standards as well as the financial statements and value for money risks. The 2024/25 audit will continue the progress to rebuild assurance following several years of disclaimed opinions as a result of the audit reset to tackle the backlog of audits in the local government sector.

The plan also highlights any potential risks for producing the financial statements and sets out the auditor's process, strategy and broad timetable.

The plan sets out the scale fee set by Public Sector Audit Appointments (PSAA) for 2024/25 at £72,876.

RECOMMENDATIONS

Members Note:

(1) the External Auditors' Audit Plan for 2024/25 attached at Appendix A to this report; and

(2) the proposed annual audit fee for 2024/25 as set out in the financial implications; and

(3) the External Auditors' Annual Report for 2023/24.

BACKGROUND

1 The role of external audit is to provide an annual independent assessment of how the Authority is discharging its responsibility for the stewardship of public

money.

The audit focusses not only on the financial statements but also on Value For Money, particularly in relation to the budget, levy and key projects.

The Auditors' conclusions are reported in their annual Audit Results Report later in the year following the Final Accounts Audit in the Autumn. This Plan summarises their work to date and highlights risks which may arise during the course of the annual audit.

2 The key item of note is the backstop dates for all audit opinions up to the 2027/28 financial year. The backstop is the mechanism by which central government will enable local authorities and audit firms to catch up on the current audit backlog. The backstop date for the 2024/25 accounts is 27 February 2026, whereby the auditor is required to issue their opinion.

AUDIT PLAN 2024/25

3 The Audit Plan for 2024/25 is attached at Appendix A to this report.

4 The Audit Planning Report sets out the strategy in delivering the audit, detailing the scope of audit along with the significant audit and value for money risks, in sections 2 and 3.

5 Section 7 of the Audit Plan sets out a provisional timetable for the audit, with initial sample selections in July, following publication of the draft Financial Statements, with the commencement of the key systems testing and walkthroughs initially planned for late-October through November, with the Audit Results Report and Auditor's Opinion issued in December. Note these dates as still provisional, and subject to final agreement.

6 The auditor is also required to provide their Value for Money commentary on the Authority, and this is included in their separate Auditors Annual Report. In order to comply with the revised National Audit Office (NAO) Code of Practice 2024, this has to be issued by 30 November for each financial year.

AUDITOR'S ANNUAL REPORT 2023/24

7 In order to allow auditors to comply with the first year of the reset, to have opinions issued up to the 2023/24 financial year by 28 February 2025, the NAO temporarily suspended the requirement for the 2023/24 Auditors Annual Report to be issued by the 30 November. EY indicated in the Audit results report issued in December 2025, that the Annual Report would be issued within three months of the audit opinion.

8 The Auditor's Annual Report for the year ended 31 March 2024, was issued on 28 May 2025, and is attached at Appendix B to this report.

9 The Annual Report contains the commentary on the Value For Money arrangements in place at the Authority, and did not identify any significant weaknesses in the system in place.

10 In Section 4 to the Annual Report sets out a summary of fees for the 2023/24 audit, and includes a request for an additional audit fee of £41,542 on top of the base scale fee of £65,770, making a total of £107,312.

The additional fee variation is that suggested by the auditor, but the final fee will be determined by Public Sector Audit Appointments (PSAA) in consultation with Authority officers. Officers are in discussion with the external auditors regarding the additional fee variation and an update will be given at the Audit Committee.

ENVIRONMENTAL IMPLICATIONS

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

EQUALITY IMPLICATIONS

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

FINANCIAL IMPLICATIONS

13 The Authority decided on 10 March 2022 (Paper A/4315/22) to 'opt in' to the national audit appointment scheme undertaken by PSAA, a government agency for contracting external audit services. This decision covered contracts being let for the period from 1 April 2023 to 31 March 2028 (five financial years) and would cover both the financial statements audit and the assessment on the Value For Money arrangements in place.

14 The Authority was notified by PSAA in December 2022 that EY would remain as the external auditor for this contract period. This was in line with the requirement under the Local Audit and Accountability Act 2014 of having an external auditor in place prior to the 31 December, before the start of each new financial year.

15 The base audit fee for any local authority who opts into the national scheme is set by PSAA, based on size and on previous audit experience and fees paid. The audit fee for the Authority for the 2024/25 audit is outlined in Section 9 of the Audit Planning Report at £72,876. This fee may increase based on any additional work required by the auditor as part of their statutory role.

16 The fee for the 2024/25 audit process represents an increase to cover additional work required under revised standards, and a contractual inflationary increase over the base audit fee for 2023/24 of £7,106. The 2024/25 fee is fully budgeted for within the corporate part of the Authority's accounts.

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 although the audit plan does highlight financial statement risks that are likely to impact on the Audit and subsequently impact on the final fee.

Author: Keith Kellard, 01992 709864, kkellard@leevalleypark.org.uk

PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/158/25	External Auditors' Annual Results Report - 2023/24 Accounts	27 February 2025
Audit Committee	AUD/157/25	Accounting Policies and Accounts Closedown Timetable 2024/25	27 February 2025
Audit Committee	AUD/154/24	External Audit 2023/24 - Audit Plan	19 September 2024
Audit Committee	AUD/146/24	Draft Unaudited Final Accounts 2023/24	20 June 2024

APPENDICES ATTACHED

Appendix A	Audit Planning Report 2024/25
Appendix B	Auditors Annual Report 2023/24

ABBREVIATIONS

EY	Ernst & Young LLP
PSAA	Public Sector Audit Appointments

Lee Valley Regional Park Authority

Provisional Audit Planning Report

Year ending 31 March 2025

April 2025

The better the question. The better the answer. The better the world works.

Shape the future with confidence

Private and Confidential

30 April 2025

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

Dear Audit Committee Members,

Provisional Audit planning report

Attached is the provisional audit planning report for the upcoming meeting of the Audit Committee. This report aims to provide the Audit Committee of Lee Valley Regional Park Authority with a basis to review the proposed audit approach and scope for the 2024/25 audit. This is in accordance with the requirements of the Local Audit and Accountability Act 2014, the National Audit Office's 2024 Code of Audit Practice, the Statement of Responsibilities issued by Public Sector Audit Appointments (PSAA) Ltd, auditing standards, and other professional requirements. This report summarises our evaluation of the key issues driving the development of an effective audit. We have aligned our audit approach and scope accordingly. The report also addresses the broader impact of Government proposals aimed at establishing a sustainable local audit system.

As the Authority's body charged with governance, the Audit Committee plays a crucial role in ensuring assurance over both the quality of the draft financial statements prepared by management and the Authority's wider arrangements to support a timely and efficient audit. Failure to achieve this will affect the level of resources required to fulfil our responsibilities. We will assess and report on the adequacy of the Authority's external financial reporting arrangements, as well as the effectiveness of the Audit Committee in fulfilling its role within those arrangements as part of our Value for Money assessment. We will also consider invoking other statutory reporting powers to highlight any weaknesses in these arrangements if deemed necessary. We direct Audit Committee members and officers to the Public Sector Audit Appointment Limited's Statement of Responsibilities (paragraphs 26-28) for expectations on preparing financial statements (see Appendix A).

This report is intended solely for the information and use of the Audit Committee and management, and is not intended to be, and should not be used, by anyone other than these specified parties.

We welcome the opportunity to discuss this report with you on 19 June 2025 as well as understand whether there are other matters which you consider may influence our audit.

Yours faithfully

Claire Mellons

For and on behalf of Ernst & Young LLP

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1 Overview of our 2024/25 audit strategy

2 Audit risks

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5 Scope of our audit

6 Audit team

7 Audit timeline

8 Independence

9 Appendices

Public Sector Audit Appointments Ltd (PSAA) issued the 'Statement of responsibilities of auditors and audited bodies'. It is available from the PSAA website (https://www.psaa.co.uk/managing-audit-quality/statement-of-responsibilities-of-auditors-and-audited-bodies/statement-of-responsibilities-of-auditors-and-audited-bodies-from-2023-24-audits/). The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas. The 'Terms of Appointment and further guidance (updated July 2021)' issued by the PSAA (https://www.psaa.co.uk/managing-audit-quality/terms-of-appointment/terms-of-appointment-and-further-guidance-1-july-2021/) sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice 2024 (the NAO Code) and in legislation, and covers matters of practice and procedure which are of a recurring nature.

This report is made solely to the Audit Committee and management of Lee Valley Regional Park Authority. Our work has been undertaken so that we might state to the Audit Committee and management of Lee Valley Regional Park Authority those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Audit Committee and management of Lee Valley Regional Park Authority for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.

01 2024/25 audit strategy overview

2024/25 audit strategy overview

Context

Timely, high-quality financial reporting and audit of local bodies play a crucial role in our democratic system. It aids in effective decision-making by local bodies and ensures transparency and accountability to local taxpayers. There is a consensus that the delay in publishing audited financial statements by local bodies has reached an unacceptable level, and it is acknowledged that cooperation among all stakeholders in the sector is necessary to address this issue. The reasons for the backlog are well-documented and include:

- Insufficient capacity within the local authority financial accounting profession.
- Increased complexity of reporting requirements within the sector.
- Insufficient capacity within audit firms with public sector experience.
- Heightened regulatory pressure on auditors, leading to an expanded scope and extent of audit procedures performed.

The Ministry for Housing, Communities and Local Government (MHCLG) has collaborated with the Financial Reporting Authority (FRC) and other system partners to develop and implement measures to address the backlog. SI 2024/907, along with the NAO Code and the Local Authority Reset and Recovery Implementation Guidance, have been created to ensure auditor compliance with International Standards on Auditing (UK) (ISAs (UK)). In February 2025, responsibilities for leadership of the local audit system transferred from the FRC back to MHCLG. This change follows the December 2024 launch of the Government's strategy for reforming the local audit system in England, which includes plans to establish a Local Audit Office. The approach to addressing the backlog consists of three phases:

- Phase 1: Reset; clearing the backlog of historic audit opinions up to and including financial year 2022/23 by 13 December 2024. This is largely complete.
- Phase 2: Recovery from Phase 1; from 2023/24, use backstop dates to prevent a recurrence of the backlog and allow assurance to be rebuilt over multiple audit cycles. The backstop date for the audit of the 2024/25 financial statements is 27 February 2026. Auditors are waiting for guidance from the system leader to effectively, efficiently and consistently build back assurance over disclaimed audit periods.
- Phase 3: Reform; involving addressing systemic challenges in the system and embedding timely financial reporting and audit.

As detailed in our Audit Completion Report presented to the Audit Committee on 11 December 2025, we disclaimed our audit opinion on the Authority's 2023/24 financial statements.

We have obtained assurance over some of the closing balances in 2023/24. However, we do not have assurance over all brought-forward balances in 2024/25, including Property, Plant and Equipment and Investment Property. Consequently, we lack assurance over some in-year movements and some closing balances for 2024/25. Although we will continue to work towards rebuilding assurance ahead of the 2024/25 backstop date (subject to guidance), we will not be able to obtain sufficient evidence to have reasonable assurance over all closing balances. We therefore expect to again issue a disclaimer of opinion in 2024/25.

2024/25 audit strategy overview (cont'd)

Rebuild of assurance – current position

The National Audit Office issued Local Audit Reset and Recovery Implementation Guidance (LARRIG) 05 on 10 September 2024, detailing the principle of returning to a state where auditors can issue audit opinions on local authority financial statements with sufficient audit evidence. This process will take several years to achieve.

Restoring assurance will need local authorities and auditors to work together. We are waiting for guidance from the National Audit Office and Financial Reporting Council to ensure a consistent approach for restoring assurance for disclaimed periods. Until then, we are unable to commence the rebuilding work programme.

We will audit the 2024/25 closing balance sheet and in-year transactions, similar to our approach for 2023/24, as well as performing additional risk assessment procedures to assess the likelihood of a material misstatement in the opening reserve position for 2024/25. Updates on rebuilding assurance for the historical position will be provided as guidance is issued and its implications for the Authority are evaluated taking into consideration the outcome of our risk assessment procedures. As the Authority's financial statements for 2021/22, 2022/23 and 2023/24 were subject to a disclaimer of opinion, it is highly probable that our risk assessment procedures to assess the likelihood of a material misstatement in the opening reserve position will conclude that an elevated risk of material misstatement is associated with the reserve balances, because of the way in which they accumulate over successive years.

Responsibilities of management and those charged with governance

The Authority's Section 151 Officer is responsible for preparing the financial statements in accordance with proper practices and confirming they give a true and fair view at the 31 March 2025. To complete the audit in a timely and efficient manner, it is essential that the financial statements are supported by high-quality working papers and audit evidence, and that Authority resources are available to support the audit process within agreed deadlines. The Audit Committee has an essential role in ensuring that it has assurance over both the quality of the financial statements and the Authority's wider arrangements to support the delivery of a timely and efficient audit. Where these conditions are not met, we will:

- Consider and report on the adequacy of the Authority's external financial reporting arrangements as part of our assessment of Value for Money arrangements.
- Consider the use of other statutory reporting powers to draw attention to weaknesses in Authority financial reporting arrangements, where deemed necessary.
- Assess the impact on available audit resource and where additional resources are deployed, seek a fee variation from PSAA. We have set out the factors that will lead to a fee variation at Appendix B, together with, at Appendix A, paragraphs 26-28 of PSAA's Statement of Responsibilities which clearly set out what is expected of audited bodies in preparing their financial statements.

2024/25 audit strategy overview (cont'd)

The following 'dashboard' summarises the significant accounting and auditing matters outlined in this report. It seeks to provide the Audit Committee with an overview of our initial risk identification for the upcoming audit and any changes in risks identified in the current year.

Audit risks and areas of focus

Risk/area of focus	Risk identified	Change from PY	Details
Misstatement due to fraud or error	Fraud risk	No change in risk or focus	There is a risk that the financial statements as a whole are not free from material misstatement whether caused by fraud or error. We perform mandatory procedures regardless of specifically identified fraud risks.
Risk of fraud in revenue and expenditure recognition, through inappropriate capitalisation of revenue expenditure	Fraud Risk	No change/increase in risk or focus	Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Authority, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition. We have assessed the risk is most likely to occur through the inappropriate capitalisation of revenue expenditure.
Valuation of Land and Buildings	Significant Risk	No change/increase in risk or focus	We have assessed there is a significant risk relating to the valuation of land and buildings due to the size and specialist nature of the assets in the Authority's asset portfolio. ISAs (UK) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates. A small change in the valuation assumptions could result in a material impact for the financial statements.
IFRS 16 Implementation	Significant Risk	New risk for this year	IFRS 16 Leases is applicable in local government for periods beginning 1 April 2024. We have assessed there is a significant risk in relation to the implementation of IFRS16 on the basis that the Authority has not completed an assessment on the financial statement impact of implementation.
Pension Valuation	Inherent risk	No change in risk or focus	The Local Authority Accounting Code of Practice and IAS19 require the Authority to disclose its membership in the Local Government Pension Scheme in its financial statements. Due to the significant estimation and judgement involved, an actuary is engaged for calculations. ISAs (UK) 500 and 540 mandate procedures on using management experts and assumptions for fair value estimates.

We will continue to keep the Audit Committee updated on our assessment of any changes to audit risk.

2024/25 audit strategy overview (cont'd)

Materiality

Planning materiality

£5m

Materiality has been set at £5m, which represents 2x% of the Authority's Non Current Assets.

Performance materiality

£2.5m

Performance materiality has been set at £2.5m, which represents 50% of materiality.

Audit differences

£0.25m

We will report all uncorrected misstatements relating to the primary statements (comprehensive income and expenditure statement, balance sheet, movement in reserves statement, cash flow statement) greater than £0.25m.

Other misstatements identified will be communicated to the extent that they merit the attention of the Audit Committee.

We will update our assessment of materiality based on the 2024/25 draft financial statements. We will keep the Audit Committee updated on any changes to materiality levels as the audit progresses.

2024/25 audit strategy overview (cont'd)

Audit scope

This audit planning report covers the work that we plan to perform to provide you with:

- our audit opinion on whether the financial statements give a true and fair view of the financial position as at 31 March 2025 and of the income and expenditure for the year then ended; and
- our commentary on your arrangements to secure value for money in your use of resources for the relevant period. We include further details on the value for money arrangements in Section 3.

We also review and report to the National Audit Office (NAO), to the extent and in the form required by them, on the Authority's Whole of Government Accounts return.

Our audit will also include the required mandatory procedures in accordance with applicable laws and auditing standards.

When planning the audit we consider several key inputs:

- strategic, operational and financial risks relevant to the financial statements;
- developments in financial reporting and auditing standards;
- the quality of systems and processes;
- changes in the business and regulatory environment; and
- management's views on all the above.

By considering these inputs, our audit is focused on the areas that matter and our feedback is more likely to be relevant.

Considering the above, our professional duties require us to independently assess audit risks and take appropriate actions. The Terms of Appointment with the PSAA permit fee adjustments based on 'the auditor's assessment of risk and the work needed to meet their professional responsibilities'. Therefore, we outline these risks in this audit planning report and will discuss any impact on the proposed scale fee with management.

2024/25 audit strategy overview (cont'd)

Audit scope (cont'd)

Effects of climate-related matters on financial statements

Public interest in climate change is growing. We recognize that climate-related risks may span a long timeframe, and while these risks exist, their impact on the current financial statements may not be immediately significant. However, it remains essential to understand these risks to conduct a proper evaluation. Additionally, comprehending climate-related risks may be pertinent in the context of qualitative disclosures in the notes to the financial statements and in assessing value-for-money arrangements.

We inquire about climate-related risks during every audit as part of our understanding of the entity and its environment. As we continually re-evaluate our risk assessments throughout the audit, we consider the information obtained to help us assess the level of inherent risk.

Audit scope and approach

We plan to adopt a substantive audit approach.

2024/25 audit strategy overview (cont'd)

Value for Money

We are required to consider whether the Authority has made 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources.

The value for money planning and related risk assessment aims to collect enough evidence to document our evaluation of the Authority's arrangements, allowing us to prepare a commentary based on three reporting criteria. This process includes identifying and reporting any significant weaknesses in those arrangements and making suitable recommendations.

We will provide a commentary on the Authority's arrangements against three reporting criteria:

- Financial sustainability – How the Authority plans and manages its resources to ensure it can continue to deliver its services.
- Governance – How the Authority ensures that it makes informed decisions and properly manages its risks.
- Improving economy, efficiency and effectiveness – How the Authority uses information about its costs and performance to improve the way it manages and delivers its services.

Commentary on value for money arrangements will be included in the 2024/25 Auditor's Annual Report. This will need to be issued by 30 November 2025 to comply with the revised requirements of the NAO Code.

Timeline

The audit timetable has yet to be agreed with management, however, in Section 7 we include the provisional timeline for the audit. It is essential that all parties collaborate to ensure compliance with this timeline.

02 Audit risks

Our response to significant risks

We have set out the significant risks (including fraud risks denoted by*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

What is the risk?

The financial statements as a whole are not free of material misstatements whether caused by fraud or error.

As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

We identify and respond to this fraud risk on every audit engagement.

What will we do?

- Identifying fraud risks during the planning stages.
- Inquiry of management about risks of fraud and the controls put in place to address those risks.
- Understanding the oversight given by those charged with governance of management's processes over fraud.
- Discussing with those charged with governance the risks of fraud in the entity, including those risks that are specific to the entity's business sector (those that may arise from economic industry and operating conditions).
- Considering whether there are any fraud risk factors associated with related party relationships and transactions and, if so, whether they give rise to a risk of material misstatement due to fraud.
- Consideration of the effectiveness of management's controls designed to address the risk of fraud.
- Determining an appropriate strategy to address those identified risks of fraud.
- Performing mandatory procedures regardless of specifically identified fraud risks, including testing of journal entries and other adjustments in the preparation of the financial statements.
- Undertake procedures to identify significant unusual transactions.
- Consider whether management bias was present in the key accounting estimates and judgments in the financial statements.

Having evaluated this risk we have considered whether we need to perform other audit procedures not referred to above. We concluded that those procedures included under 'Inappropriate capitalisation of revenue expenditure' are required.

Our response to significant risks (cont'd)

We have set out the significant risks (including fraud risks denoted by*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

Risk of fraud in revenue and expenditure recognition, through inappropriate capitalisation of revenue expenditure*

Financial statement impact

We have assessed that the risk of misreporting revenue outturn in the financial statements is most likely to be achieved through:

- Revenue expenditure being inappropriately recognised as capital expenditure at the point it is posted to the general ledger.
- Expenditure being classified as revenue expenditure financed as capital under statute (REFCUS) when it is inappropriate to do so.
- Expenditure being inappropriately transferred by journal from revenue to capital codes on the general ledger at the end of the year.

If this were to happen it would have the impact of understating revenue expenditure and overstating Property, Plant and Equipment (PPE)/Investment Property (IP) additions and/or REFCUS in the financial statements.

What is the risk?

Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Authority, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

We have assessed the risk is most likely to occur through the inappropriate capitalisation of revenue expenditure.

What will we do?

- Test Property, Plant and Equipment (PPE)/Investment Property (IP) additions to ensure that the expenditure incurred and capitalised is clearly capital in nature.
- Assess whether the capitalised spend clearly enhances or extends the useful like of asset rather than simply repairing or maintaining the asset on which it is incurred.
- Consider whether any development or other related costs that have been capitalised are reasonable to capitalize, i.e., the costs incurred are directly attributable to bringing the asset into operational use.
- Test REFCUS, if material, to ensure that it is appropriate for the revenue expenditure incurred to be financed from ringfenced capital resources. Based on our work at the planning stage of the audit we do not expect there to be material REFCUS in the year.
- Seek to identify and understand the basis for any significant journals transferring expenditure from revenue to capital codes on the general ledger at the end of the year.

Our response to significant risks (cont'd)

We have set out the significant risks (including fraud risks denoted by*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

Financial statement impact

We have assessed there is a significant risk relating to the valuation of land and buildings and investment property due to the size and specialist nature of the assets in the Authority's asset portfolio.

As of 31 March 2024 the financial statements values were:

- Land and Buildings - £207m
- Investment Property - £6m

As such, a small change in the valuation assumptions could result in a material impact for the financial statements.

What is the risk?

The value of land and buildings represents a highly significant balance in the Authority's financial statements and is subject to valuation changes, impairment reviews and depreciation charges.

Management is required to make material judgements in respect of key assumptions and apply estimation techniques to calculate the year-end balances recorded in the balance sheet. We deem this to be significant for the valuation of Land & Buildings and Investment Property assets.

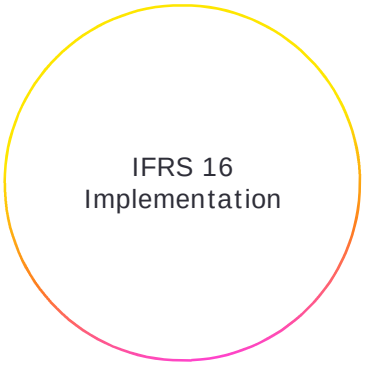
Additionally, during the prior year the land and building valuations had not been completed in time by management's specialist to be published in the Authority's draft financial statements. This, combined with delays in receiving responses to our audit queries, meant that we were unable to complete out planned audit procedures on the valuation of land and buildings and investment properties. This further increases the risk of material misstatement to the 2024/25 financial statements.

What will we do?

- Engage with management to agree on the timelines for provision of valuation information and any challenges encountered in obtaining land and building valuations, as well as obtaining supporting documentation to verify the completeness and accuracy of the valuations
- Consider the work performed by the Authority's valuer, including the adequacy of the scope of the work performed, their professional capabilities and the results of their work.
- Engage EY Estates for assets that are "hard to value" i.e., require specialist knowledge of market conditions, to review the valuations provided by the Authority's valuer.
- Sample test key asset information used by the valuers in performing their valuation (e.g., floor plans to support valuations based on price per square metre);
- Consider the annual cycle of valuations to ensure that land and buildings assets have been valued as part of a five-year rolling programme and investment properties have been valued on an annual basis as required by the CIPFA Code of Practice;
- Review assets not subject to valuation in 2024/25 to confirm that the remaining asset base is not materially misstated;
- Consider changes to useful economic lives as a result of the most recent valuation; and
- Test accounting entries have been correctly processed in the financial statements.

Our response to significant risks (cont'd)

We have set out the significant risks (including fraud risks denoted by*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.



Financial statement impact

- Assets being used by the authority under operating leases are likely to be capitalised along with an associated lease liability.
- Lease liabilities and right of use assets will be subject to more frequent remeasurement.
- Other amendments have been made to the CIPFA Code to expand the definition of donated assets to include right-of-use assets and on accounting for leases provided at below market rate, including peppercorn and nil consideration.

What is the risk?

- IFRS 16 Leases is applicable in local government for periods beginning 1 April 2024. It has been adopted, interpreted and adapted in the 2024/25 CIPFA Code of Practice on Local Authority Accounting which sets out the financial reporting framework for the Authority's 2024/25 accounts.
- IFRS 16 eliminates the operating/finance lease distinction for leases and imposes a single model geared towards the recognition of all but low-value or short-term leases. Where the Authority is lessee these will now be recognised on the Balance Sheet as a 'right of use' asset and lease liability reflecting the obligation to make lease payments.
- Successful transition will depend on the Authority having captured additional information about leases, both new and existing, especially regarding future minimum lease payments. The Authority will also have had to develop systems for capturing cost information that are fit for purpose, can respond to changes in lease terms and the presence of any variable (e.g., RPI-based) lease terms where forecasts will need to be updated annually based on prevailing indices.
- Based on our prior year audit work in this area, we identified that the Authority had not yet made an assessment on the impact of implementing IFRS16. This, combined with the control recommendations regarding lease arrangements raised as part of our reporting in 2023/24, has increased the likelihood of material audit misstatements in the current year in relation to the implementation of IFRS16.

What will we do?

- Gain an understanding of the processes and controls developed by the Authority relevant to the implementation of IFRS 16. We will pay particular attention to the Authority's arrangements to ensure lease and lease-type arrangements considered are complete.
- Review the discount rate that is used to calculate the right of use asset and assess its reasonableness.
- Review management policies, including whether to use a portfolio approach, low value threshold, and asset classes where management is adopting as the practical expedient to non-lease components.
- Gain assurance over the right of use asset included in the 2024/25 financial statements
- Sample test leases to ensure that transition arrangements have been correctly applied.
- Consider the accounting for leases provided at below market rate, including peppercorn and nil consideration, and the need to make adjustments to cost in the valuation of right of use assets at the balance sheet date.

Other areas of audit focus

We have identified other areas of the audit, that have not been classified as significant risks, but are still important when considering the risks of material misstatement to the financial statements and disclosures.

Pension Valuation

What is the risk/area of focus, and the key judgements and estimates?

The Local Authority Accounting Code of Practice and IAS19 require the Authority to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by the Authority.

The Authority's pension obligation is a material estimated balance and the Code requires that this liability be disclosed. At 31 March 2024 the authority had a net pension asset of £2.2m.

The information disclosed is based on the IAS 19 report issued to the Authority by the actuary to the Authority.

Accounting for this scheme involves significant estimation and judgement and therefore management engages an actuary to undertake the calculations on their behalf. ISAs (UK) 500 and 540 require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.

Additionally, due to prior year disclaimed audits we do not have roll forward assurances over the 31 March 2022 Triennial Valuation of the Pension Fund.

Our response: Key areas of challenge and professional judgement

We will:

- Liaise with the auditors of London Pension Fund Authority, to obtain assurances over the information supplied to the actuary in relation to the Authority.
- Assess the work of the pension fund actuary including the assumptions they have used by relying on the work of PWC - Consulting Actuaries commissioned by the National Audit Office for all local government sector auditors, and considering any relevant reviews by the EY actuarial team
- Evaluate the reasonableness of the Pension Fund actuary's calculations by comparing them to the outputs of our own auditor's specialist's model; and
- Review and test the accounting entries and disclosures made within the Authority's financial statements in relation to IAS19.

What else will we do?

We will consider outturn information available at the time we undertake our work after production of the Authority's draft financial statements, for example the year-end actual valuation of pension fund assets. We will use this to inform our assessment of the accuracy of estimated information included in the financial statements and whether any adjustments are required.

03 Value for Money risks

Value for Money

Authority's responsibilities for value for money

The Authority is required to maintain an effective system of internal control that supports the achievement of its policies, aims and objectives while safeguarding and securing value for money from the public funds and other resources at its disposal.

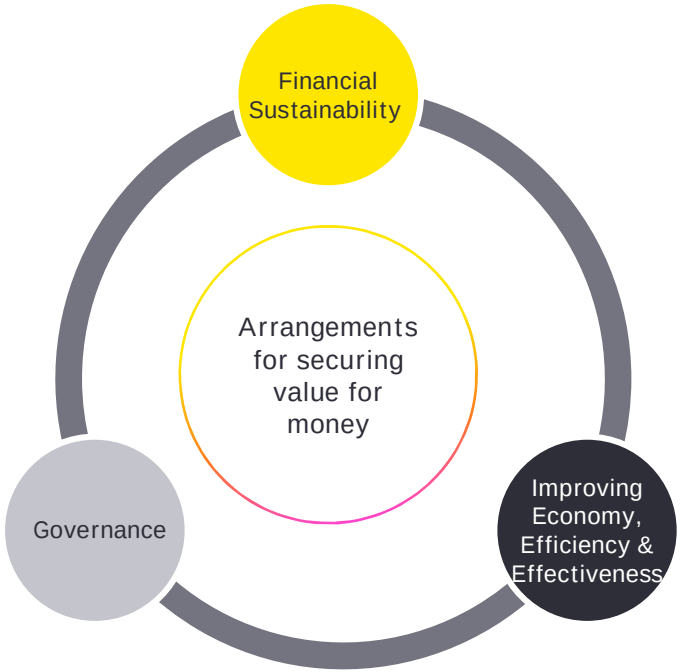
As part of the material published with the financial statements, the Authority is required to bring together commentary on the governance framework and how this has operated during the period in a governance statement. In preparing the governance statement, the Authority tailors the content to reflect its own individual circumstances, consistent with the requirements of the relevant accounting and reporting framework and having regard to any guidance issued in support of that framework. This includes a requirement to provide commentary on arrangements for securing value for money from the use of resources.

Auditor Responsibilities

Under the NAO Code we are required to consider whether the Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. The Code requires the auditor to design their work to provide them with sufficient assurance to enable them to report to the Authority a commentary against specified reporting criteria (see below) on the arrangements the Authority has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period.

The specified reporting criteria are:

- Financial sustainability - How the Authority plans and manages its resources to ensure it can continue to deliver its services.
- Governance - How the Authority ensures that it makes informed decisions and properly manages its risks.
- Improving economy, efficiency and effectiveness - How the Authority uses information about its costs and performance to improve the way it manages and delivers its services.



Value for Money (cont'd)

Planning and identifying risks of significant weakness in VFM arrangements

The NAO's guidance notes require us to conduct a risk assessment that collects sufficient evidence to document our evaluation of the Authority's arrangements, allowing us to draft a commentary under the three reporting criteria. This involves identifying and reporting on any significant weaknesses in those arrangements and making appropriate recommendations. In considering the Authority's arrangements, we consider:

- The governance statement;
- Evidence of arrangements during the reporting period;
- Evidence obtained from our audit of the financial statements;
- The work of inspectorates and other bodies; and
- Any other evidence that we deem as necessary to facilitate the performance of our statutory duties.

We then evaluate whether there is evidence indicating significant weaknesses in arrangements. According to the NAO's guidance, determining what constitutes a significant weakness and the extent of additional audit work required to address the risk is based on professional judgment. The NAO indicates that a weakness can be considered significant if it:

- Exposes, or could reasonably be expected to expose, the Authority to significant financial loss or risk;
- Leads to, or could reasonably be expected to lead to, significant impact on the quality or effectiveness of service or on the Authority's reputation or unlawful actions;
- Identifies a failure to take action to address a previously identified significant weakness, such as failure to implement or achieve planned progress on action/improvement plans.

Responding to identified risks of significant weakness

When planning work identifies a risk of significant weakness, the NAO's guidance requires us to consider the additional evidence needed to verify whether there is a significant weakness in arrangements. This involves conducting further procedures as necessary. We are required to report our planned procedures to the Audit Committee.

Value for Money (cont'd)

Reporting on VFM

If we determine that the Authority has not made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources, the NAO Code mandates that we reference this by exception in the audit report on the financial statements.

Additionally, we are required to provide a commentary on the value for money arrangements in the Auditor's Annual Report. The NAO Code specifies that this commentary should be clear, readily understandable, and highlight any issues we wish to draw to the Authority's or the wider public's attention. This may include matters that are not considered significant weaknesses in arrangements but should still be brought to the Authority's awareness. It will also cover details of any recommendations from the audit and the follow-up of previously issued recommendations, along with our assessment of their satisfactory implementation. Our 2024/25 Auditor's Annual Report is required to be issued by 30 November 2025 to comply with the revised requirements of the NAO Code.

Status of our 2024/25 VFM planning

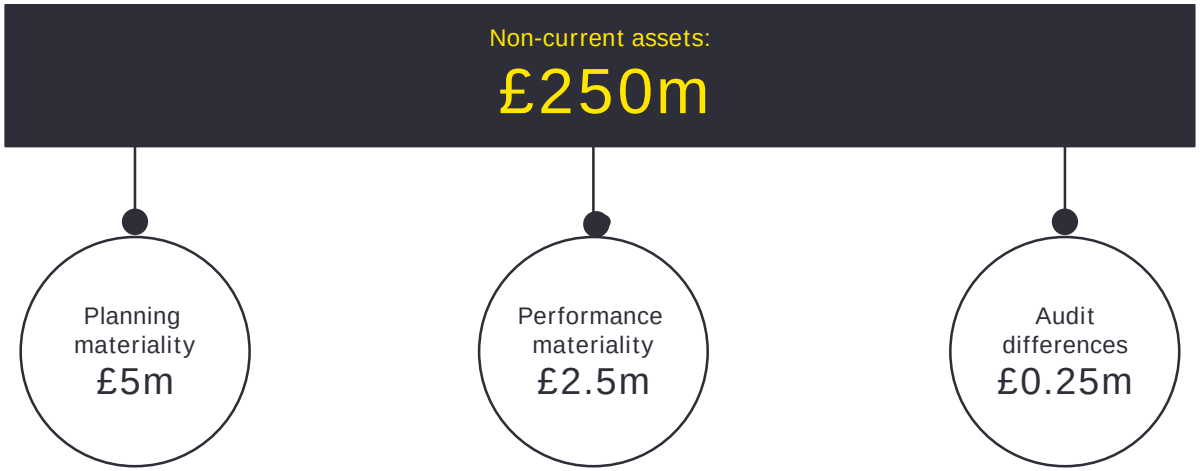
We have yet to complete our detailed value for money planning risk assessment. However, our initial risk assessment has not identified any risks of significant weakness in relation to value for money. We do, however, expect to give some consideration to the state of readiness of the draft financial statements for audit in assessing whether this risk assessment needs revisiting. We will update the Audit Committee at the next meeting on the outcome of our value for money planning and our planned response to any additional identified risks of significant weaknesses in arrangements.

04 Audit materiality

Materiality

Authority materiality

For planning purposes, materiality for 2024/25 has been set at £5m. This represents 2% of the Authority's non current assets as at 31 March 2024. It will be reassessed throughout the audit process, including upon receipt of the Authority's draft financial statements.



We will keep the Audit Committee updated on any changes to materiality levels as the audit progresses.

We request that the Audit Committee confirm its understanding of, and agreement to, these materiality and reporting levels.

Key definitions

Planning materiality – the amount over which we anticipate misstatements would influence the economic decisions of a user of the financial statements.

Performance materiality – the amount we use to determine the extent of our audit procedures. We have set performance materiality at £2.5m which represents 50% of materiality.

Audit difference threshold – we propose that misstatements identified below this threshold, £0.25m, are deemed clearly trivial. We will report to you all uncorrected misstatements over this amount relating to the income statement and balance sheet that have an effect on income or that relate to other comprehensive income.

Other uncorrected misstatements, such as reclassifications and misstatements in the cashflow statement or disclosures and corrected misstatements will be communicated to the extent that they merit the attention of the Audit Committee, or are important from a qualitative perspective.

05 Scope of our audit

Audit process and strategy

Objective and Scope of our Audit scoping

In accordance with the NAO Code, our primary objectives are to conduct work that supports the delivery of our audit report to the Authority. Additionally, we aim to ensure that the Authority has established proper arrangements for securing economy, efficiency, and effectiveness in its use of resources, as mandated by relevant legislation and the requirements of the NAO Code.

We issue an audit report that covers:

1. Financial statement audit

Our opinion on the financial statements:

- Whether the financial statements give a true and fair view of the financial position of the group and its expenditure and income for the period in question; and
- Whether the financial statements have been prepared properly in accordance with the relevant accounting and reporting framework as set out in legislation, applicable accounting standards or other direction.

Our opinion on other matters:

- whether other information published together with the audited financial statements is consistent with the financial statements.

Other procedures required by the Code:

- Examine and report on the consistency of the Whole of Government Accounts schedules or returns with the body's audited financial statements for the relevant reporting period in line with the instructions issued by the National Audit Office.

2. Arrangements for securing economy, efficiency and effectiveness (value for money)

We are required to consider whether the Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources and report a commentary on those arrangements.

Audit process and strategy (cont'd)

Audit Process Overview

Our audit involves:

- Identifying and understanding the key processes and internal controls;
- Substantive tests of detail of transactions and amounts;
- Reliance on the work of other auditors where appropriate; and
- Reliance on the work of experts in relation to areas, such as pensions and property valuations.

Our initial assessment of the key processes across the Authority has not identified any processes where we will seek to test key controls, either manual or IT. Our audit strategy will, as in previous years, follow a fully substantive approach. This will involve testing the figures within the financial statements rather than looking to place reliance on the controls within the financial systems. We assess this as the most efficient way of carrying out our work and obtaining the level of audit assurance required to conclude that the financial statements are not materially misstated.

Analytics

We will use a data driven approach to enable us to capture whole populations of your financial data, in particular journal entries. These tools:

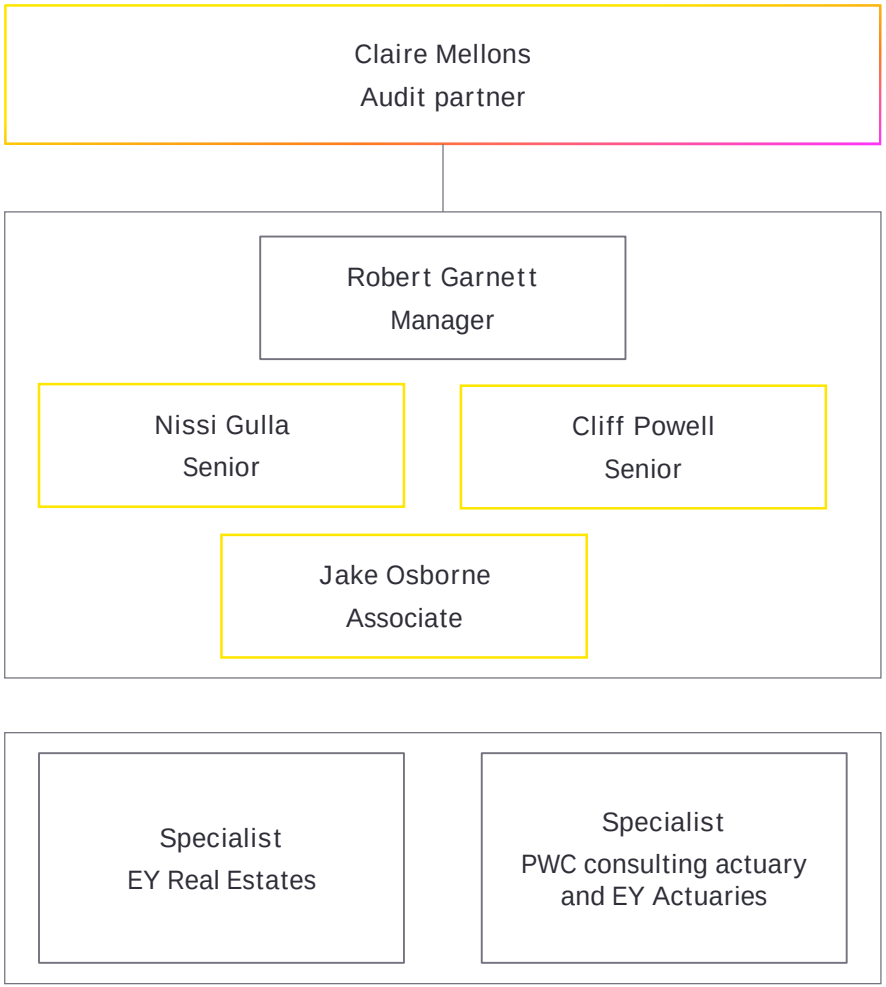
- Help identify specific exceptions and anomalies which can then be subject to more traditional substantive audit tests; and
- Give greater likelihood of identifying errors than random sampling techniques.

Internal audit

We will review internal audit plans and the results of their work. We will reflect the findings from these reports, together with reports from any other work completed in the year, in our detailed audit plan, where they raise issues that could have an impact on the financial statements.

06 Audit team

Audit team



Use of specialists

When auditing key judgements, we are often required to use the input and advice provided by specialists who have qualifications and expertise not possessed by the core audit team. The areas where EY specialists are expected to provide input for the current year audit are:

Area	Specialists
Valuation of Land and Buildings	EY Valuations team
Pensions valuation and disclosure	EY Actuaries (and PwC as the NAO's consulting actuary)

In accordance with Auditing Standards, we will evaluate each specialist's professional competence and objectivity, considering their qualifications, experience and available resources, together with the independence of the individuals performing the work.

We also consider the work performed by the specialist in light of our knowledge of the Authority's business and processes and our assessment of audit risk in the particular area. For example, we would typically perform the following procedures:

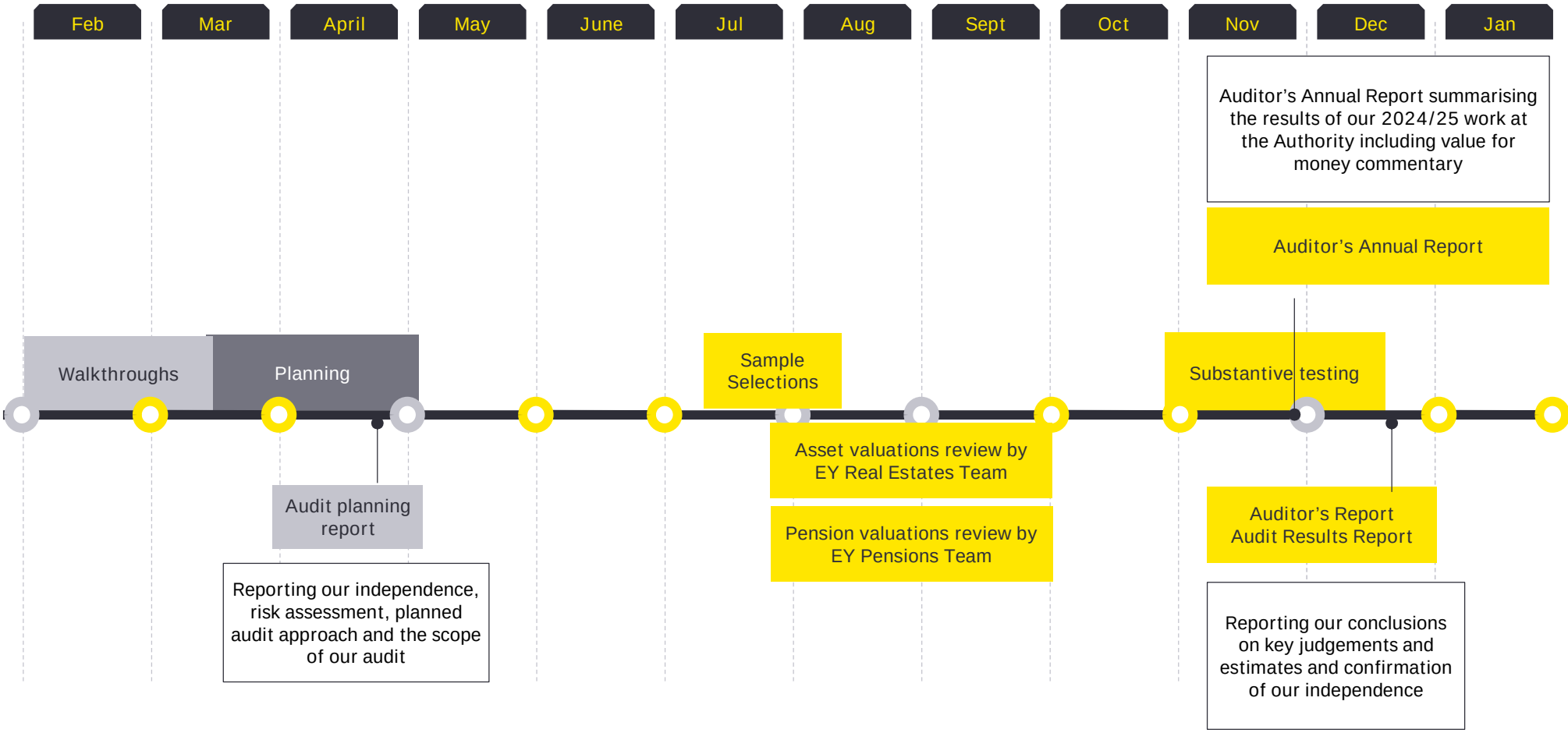
- Analyse source data and make inquiries as to the procedures used by the specialist to establish whether the source data is relevant and reliable
- Assess the reasonableness of the assumptions and methods used
- Consider the appropriateness of the timing of when the specialist carried out the work
- Assess whether the substance of the specialist's findings are properly reflected in the financial statements.

07 Audit timeline

Timetable of communication and deliverables

Timeline

Below is a timetable showing the key stages of the audit and the deliverables we have agreed to provide to you through the 2024/25 audit cycle. From time to time matters may arise that require immediate communication with the Audit Committee and we will discuss them with the Audit Committee Chair as appropriate.



08 Independence

Introduction

The FRC Ethical Standard 2024 and ISA (UK) 260 'Communication of audit matters with those charged with governance', requires us to communicate with you on a timely basis on all significant facts and matters that bear upon our integrity, objectivity and independence. The Ethical Standard requires that we communicate formally both at the planning stage and at the conclusion of the audit, as well as during the course of the audit if appropriate. The aim of these communications is to ensure full and fair disclosure by us to those charged with your governance on matters in which you have an interest.

Required communications

Planning stage

- The principal threats, if any, to objectivity and independence identified by Ernst & Young (EY) including consideration of all relationships between you, your affiliates and directors and us;
- The safeguards adopted and the reasons why they are considered to be effective, including any Engagement Quality review;
- The overall assessment of threats and safeguards;
- Information about the general policies and process within EY to maintain objectivity and independence

Final stage

- In order for you to assess the integrity, objectivity and independence of the firm and each covered person, we are required to provide a written disclosure of relationships (including the provision of non-audit services) that may bear on our integrity, objectivity and independence. This is required to have regard to relationships with the entity, its directors and senior management, its affiliates, and its connected parties and the threats to integrity or objectivity, including those that could compromise independence that these create. We are also required to disclose any safeguards that we have put in place and why they address such threats, together with any other information necessary to enable our objectivity and independence to be assessed;
- Details of non-audit/additional services provided and the fees charged in relation thereto;
- Written confirmation that the firm and each covered person is independent and, if applicable, that any non-EY firms used in the group audit or external experts used have confirmed their independence to us;
- Details of any non-audit/additional services to a UK PIE audit client where there are differences of professional opinion concerning the engagement between the Ethics Partner and Engagement Partner and where the final conclusion differs from the professional opinion of the Ethics Partner
- Details of any inconsistencies between FRC Ethical Standard and your policy for the supply of non-audit services by EY and any apparent breach of that policy;
- Details of all breaches of the IESBA Code of Ethics, the FRC Ethical Standard and professional standards, and of any safeguards applied and actions taken by EY to address any threats to independence; and
- An opportunity to discuss auditor independence issues.

In addition, during the course of the audit, we are required to communicate with you whenever any significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place, for example, when accepting an engagement to provide non-audit services.

We ensure that the total amount of fees that EY and our network firms have charged to you and your affiliates for the provision of services during the reporting period, analysed in appropriate categories, are disclosed.

Relationships, services and related threats and safeguards

We highlight the following significant facts and matters that may be reasonably considered to bear upon our objectivity and independence, including the principal threats, if any. We have adopted the safeguards noted below to mitigate these threats along with the reasons why they are considered to be effective. However we will only perform non-audit services if the service has been pre-approved in accordance with your policy.

Overall Assessment

Overall, we consider that the safeguards that have been adopted appropriately mitigate the principal threats identified and we therefore confirm that EY is independent and the objectivity and independence of Claire Mellons, your audit engagement partner and the audit engagement team have not been compromised.

Self interest threats

A self interest threat arises when EY has financial or other interests in your company. Examples include where we have an investment in your company; where we receive significant fees in respect of non-audit services; where we need to recover long outstanding fees; or where we enter into a business relationship with you. At the time of writing, there are no long outstanding fees.

We believe that it is appropriate for us to undertake those permitted non-audit/additional services set out in Section 5.40 of the FRC Ethical Standard 2019 (FRC ES), and we will comply with the policies that you have approved.

None of the services are prohibited under the FRC's ES and the services have been approved in accordance with your policy on pre-approval. In addition, when the ratio of non-audit fees to audit fees exceeds 1:1, we are required to discuss this with our Ethics Partner, as set out by the FRC ES, and if necessary agree additional safeguards or not accept the non-audit engagement. We will also discuss this with you. At the time of writing, EY does not provide any non-audit services.

A self interest threat may also arise if members of our audit engagement team have objectives or are rewarded in relation to sales of non-audit services to you. We confirm that no member of our audit engagement team, including those from other service lines, has objectives or is rewarded in relation to sales to you, in compliance with Ethical Standard part 4.

There are no other self interest threats at the date of this report.

Self review threats

Self review threats arise when the results of a non-audit service performed by EY or others within the EY network are reflected in the amounts included or disclosed in the financial statements.

There are no self review threats at the date of this report.

Management threats

Partners and employees of EY are prohibited from taking decisions on behalf of management of your company. Management threats may also arise during the provision of a non-audit service in relation to which management is required to make judgements or decision based on that work.

There are no management threats at the date of this report.

Other threats

Other threats, such as advocacy, familiarity or intimidation, may arise.

There are no other threats at the date of this report.

Other communications

EY Transparency Report 2024

EY has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the period ended 30 June 2024 and can be found here: EY UK 2024 Transparency Report.

09 Appendices

Appendix A – PSAA Statement of Responsibilities

As set out on the next page our fee is based on the assumption that the Authority complies with PSAA's Statement of Responsibilities of auditors and audited bodies. See https://www.psaa.co.uk/managing-audit-quality/statement-of-responsibilities-of-auditors-and-audited-bodies/statement-of-responsibilities-of-auditors-and-audited-bodies-from-2023-24-audits/. In particular the Authority should have regard to paragraphs 26-28 of the Statement of Responsibilities which clearly set out what is expected of audited bodies in preparing their financial statements. We set out these paragraphs in full below:

Preparation of the statement of accounts

26. Audited bodies are expected to follow Good Industry Practice and applicable recommendations and guidance from CIPFA and, as applicable, other relevant organisations as to proper accounting procedures and controls, including in the preparation and review of working papers and financial statements.

27. In preparing their statement of accounts, audited bodies are expected to:

- prepare realistic plans that include clear targets and achievable timetables for the production of the financial statements;
- ensure that finance staff have access to appropriate resources to enable compliance with the requirements of the applicable financial framework, including having access to the current copy of the CIPFA/LASAAC Code, applicable disclosure checklists, and any other relevant CIPFA Codes.
- assign responsibilities clearly to staff with the appropriate expertise and experience;
- provide necessary resources to enable delivery of the plan;
- maintain adequate documentation in support of the financial statements and, at the start of the audit, providing a complete set of working papers that provide an adequate explanation of the entries in those financial statements including the appropriateness of the accounting policies used and the judgements and estimates made by management;
- ensure that senior management monitors, supervises and reviews work to meet agreed standards and deadlines;
- ensure that a senior individual at top management level personally reviews and approves the financial statements before presentation to the auditor; and
- during the course of the audit provide responses to auditor queries on a timely basis.

28. If draft financial statements and supporting working papers of appropriate quality are not available at the agreed start date of the audit, the auditor may be unable to meet the planned audit timetable and the start date of the audit will be delayed.

Appendix B – Fees

The duty to prescribe fees is a statutory function delegated to Public Sector Audit Appointments Ltd (PSAA) by the Secretary of State for Housing, Communities and Local Government.

This is defined as the fee required by auditors to meet statutory responsibilities under the Local Audit and Accountability Act 2014 in accordance with the requirements of the Code of Audit Practice and supporting guidance published by the National Audit Office, the financial reporting requirements set out in the Code of Practice on Local Authority Accounting published by CIPFA/LASAAC, and the professional standards applicable to auditors' work.

The agreed fee presented is based on the following assumptions:

- officers meeting the agreed timetable of deliverables;
- our financial statement opinion and value for money conclusion being unqualified;
- appropriate quality of documentation is provided by the Authority;
- an effective control environment; and
- compliance with PSAA's Statement of Responsibilities of auditors and audited bodies. See https://www.psaa.co.uk/managing-audit-quality/statement-of-responsibilities-of-auditors-and-audited-bodies/statement-of-responsibilities-of-auditors-and-audited-bodies-from-2023-24-audits/. In particular the Authority should have regard to paragraphs 26–28 of the Statement of Responsibilities which clearly sets out what is expected of audited bodies in preparing their financial statements. These are set out in full on the previous page.

If any of the above assumptions prove to be unfounded, we will seek a variation to the agreed fee. This will be discussed with the Authority in advance.

	Current Year 2024/25	Prior Year 2023/24
	£	£
Audit Fee – Code Work	72,876	65,770 Note 1
Additional audit fee	Note 3	24,500 Note 2
Total audit fee	TBC	90,270 TBC

All fees exclude VAT

1. As set out in the joint statement on update to proposals to clear the backlog and embed timely audit issued by DHLUC, PSAA will use its fee variation process to determine the final fee the Authority have to pay for the 2022/23 and 2023/24 audits.
2. The 2023/24 audit has recently been completed and we have included an estimate of the proposed fee variations, a final fee will be determined by PSAA. For 2024/25 the planned fee represents the base fee, i.e., not including any extended testing.
3. The scale fee also may be impacted by a range of other factors which will result in additional work, which include but are not limited to:

- Consideration of correspondence from the public and formal objections.
- New accounting standards, for example full adoption or additional disclosures in respect of IFRS 16.
- Non-compliance with law and regulation with an impact on the financial statements.
- VFM risks of, or actual, significant weaknesses in arrangements and related reporting impacts.
- The need to exercise auditor statutory powers.
- Prior period adjustments.
- Modified financial statement opinions

Appendix C – Required communications with the Audit Committee

We have detailed the communications that we must provide to the audit committee.

		Our Reporting to you
Required communications	What is reported?	When and where
Terms of engagement	Confirmation by the audit committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Planning and audit approach	Communication of: ▪ The planned scope and timing of the audit ▪ Any limitations on the planned work to be undertaken ▪ The planned use of internal audit ▪ The significant risks identified	Audit planning report – April 2025
Significant findings from the audit	▪ Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures ▪ Significant difficulties, if any, encountered during the audit ▪ Significant matters, if any, arising from the audit that were discussed with management ▪ Written representations that we are seeking ▪ Expected modifications to the audit report ▪ Other matters if any, significant to the oversight of the financial reporting process	[Audit results report]

Appendix C – Required communications with the Audit Committee (cont'd)

		Our Reporting to you
Required communications	What is reported?	When and where
Going concern	Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including: ▪ Whether the events or conditions constitute a material uncertainty ▪ Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements ▪ The adequacy of related disclosures in the financial statements	[Audit results report]
Misstatements	▪ Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation ▪ The effect of uncorrected misstatements related to prior periods ▪ A request that any uncorrected misstatement be corrected ▪ Material misstatements corrected by management	[Audit results report]
Fraud	▪ Enquiries of the audit committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity ▪ Any fraud that we have identified or information we have obtained that indicates that a fraud may exist ▪ Unless all of those charged with governance are involved in managing the entity, any identified or suspected fraud involving: a. Management; b. Employees who have significant roles in internal control; or c. Others where the fraud results in a material misstatement in the financial statements ▪ The nature, timing and extent of audit procedures necessary to complete the audit when fraud involving management is suspected ▪ Matters, if any, to communicate regarding management's process for identifying and responding to the risks of fraud in the entity and our assessment of the risks of material misstatement due to fraud ▪ Any other matters related to fraud, relevant to Audit Committee responsibility	[Audit results report]

Appendix C – Required communications with the Audit Committee (cont'd)

		Our Reporting to you
Required communications	What is reported?	When and where
Related parties	Significant matters arising during the audit in connection with the entity's related parties including, when applicable: ▪ Non-disclosure by management ▪ Inappropriate authorisation and approval of transactions ▪ Disagreement over disclosures ▪ Non-compliance with laws and regulations ▪ Difficulty in identifying the party that ultimately controls the entity	[Audit results report]
Independence	Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, integrity, objectivity and independence ▪ Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as: ▪ The principal threats ▪ Safeguards adopted and their effectiveness ▪ An overall assessment of threats and safeguards ▪ Information about the general policies and process within the firm to maintain objectivity and independence Communication whenever significant judgements are made about threats to integrity, objectivity and independence and the appropriateness of safeguards put in place.	Audit Planning Report – April 2025 [Audit Results Report]

Appendix C – Required communications with the Audit Committee (cont'd)

		Our Reporting to you
Required communications	What is reported?	When and where
External confirmations	▪ Management's refusal for us to request confirmations ▪ Inability to obtain relevant and reliable audit evidence from other procedures	[Audit results report]
Consideration of laws and regulations	▪ Subject to compliance with applicable regulations, matters involving identified or suspected non-compliance with laws and regulations, other than those which are clearly inconsequential and the implications thereof. Instances of suspected non-compliance may also include those that are brought to our attention that are expected to occur imminently or for which there is reason to believe that they may occur ▪ Enquiry of the audit committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the audit committee may be aware of	[Audit results report]
Internal controls	▪ Significant deficiencies in internal controls identified during the audit	[Management letter/audit results report]

Appendix C – Required communications with the Audit Committee

		Our Reporting to you
Required communications	What is reported?	When and where
Representations	Written representations we are requesting from management and/or those charged with governance	[Audit results report]
System of quality management	How the system of quality management (SQM) supports the consistent performance of a quality audit	[Audit results report]
Material inconsistencies and misstatements	Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	[Audit results report]
Auditors report	▪ Any circumstances identified that affect the form and content of our auditor's report	[Audit results report]

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UKC-038566 (UK) 03/25. Creative UK.
ED None

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Lee Valley Regional Park Authority

Auditor's Annual Report

Year ended 31 March 2024

May 2025

28 May 2025

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

Dear Audit Committee Members,

2023/24 Auditor's Annual Report

We are pleased to attach our Auditor's Annual Report including the commentary on the Value for Money (VFM) arrangements in place at Lee Valley Regional Park Authority (the Authority). This report and commentary explains the work we have undertaken during the year and highlights any significant weaknesses identified along with recommendations for improvement. The commentary covers our findings for audit year 2023/24.

This report is intended to draw to the attention of the Authority any relevant issues arising from our work. It is not intended for, and should not be used for, any other purpose.

We welcome the opportunity to discuss the contents of this report with you at the Audit Committee meeting on 19 June 2025.

Yours faithfully

Claire Mellons

Partner

For and on behalf of Ernst & Young LLP

Encl

Contents

01 Executive Summary

02 Audit of the financial statements

03 Value for Money Commentary

04 Appendices

Public Sector Audit Appointments Ltd (PSAA) issued the “Statement of responsibilities of auditors and audited bodies”. It is available from the PSAA website (Statement of responsibilities of auditors and audited bodies (from 2023/24 audits) - PSAA)).The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The “Terms of Appointment and further guidance (updated July 2021)” issued by the PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and in legislation, and covers matters of practice and procedure which are of a recurring nature.

This report is made solely to the Audit Committee and management of Lee Valley Regional Park Authority in accordance with the statement of responsibilities. Our work has been undertaken so that we might state to the Audit Committee and management of Lee Valley Regional Park Authority those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the members of the Audit Committee and management of Lee Valley Regional Park Authority for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.

01 Executive Summary

Executive Summary

Purpose

The purpose of the Auditor's Annual Report is to bring together all of the auditor's work over the year and the value for money commentary, including confirmation of the opinion given on the financial statements; and, by exception, reference to any reporting by the auditor using their powers under the Local Audit and Accountability Act 2014. In doing so, we comply with the requirements of the 2024 Code of Audit Practice (the Code) published in November 2024 and the supporting guidance of the National Audit Office (NAO) published within their Auditor Guidance Note 3 (AGN 03). This commentary aims to draw to the attention of the Authority and the wider public relevant issues from our work including recommendations arising in the current year and follow-up of recommendations issued previously, along with the auditor's view as to whether they have been implemented satisfactorily.

The 2024 Code paragraph 4.10 has suspended the requirement to issue an auditor's annual report by 30 November. It states that auditors may exercise judgement to determine when to issue their annual report including their commentary on arrangements to secure value for money.

Responsibilities of the appointed auditor

We have undertaken our 2023/24 audit work in accordance with the Audit Plan that we issued on 5 September 2024. We have complied with the NAO's 2024 Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- the 2023/24 financial statements;
- conclusions relation to going concern; and
- the consistency of other information published with the financial statements, including the narrative statement.

Reporting by exception:

- if the annual governance statement does not comply with relevant guidance or is not consistent with our understanding of the Authority;
- any significant matters or written recommendations that are in the public interest; and
- if we identify a significant weakness in the Authority's arrangements in place to secure economy, efficiency and effectiveness in its use of resources.

Responsibilities of the Authority

The Authority is responsible for preparing and publishing its financial statements, narrative statement and annual governance statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Executive Summary (continued)

2023/24 Conclusions

Financial statements	Disclaimed – As a result of the 2022/23 disclaimed audit report, we did not have assurance over the brought forward balances from 2022/23 (the 2023/24 opening balances). This means we also did not have assurance over a number of 2023/24 in-year movements that depend on those opening balances, and therefore some 23/24 closing balances (particularly Reserves). We did not have assurance over the 2022/23 comparative amounts disclosed in the 2023/24 financial statements. In addition, were not able to complete our planned audit procedures in relation to Property, Plant and Equipment (PPE) Land and Buildings, including Investment Properties, because the Authority's asset valuations had not been prepared in sufficient time to conduct our audit procedures over these balances. Taken together, and alongside the requirement to conclude the 2023/24 audit by the legislative back stop date of the 28 February 2025, we were unable to conclude that the 2023/24 financial statements are free from material and pervasive misstatement of the financial statements. We therefore issued a disclaimed 2023/24 audit opinion on 28 February 2025.
Going concern	We have concluded that the Authority's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.
Consistency of the other information published with the financial statements	Financial information in the narrative statement and published with the financial statements was consistent with the audited accounts.
Value for money (VFM)	We had no matters to report by exception on the Authority's VFM arrangements.
Consistency of the annual governance statement	We were satisfied that the annual governance statement was consistent with our understanding of the Authority.

Executive Summary (continued)

2023/24 Conclusions

Public interest report and other auditor powers	We had no reason to use our auditor powers.
Whole of Government Accounts	We have not yet concluded the procedures required by the National Audit Office (NAO) on the Whole of Government Accounts submission, as the NAO have not yet confirmed the final reporting position and whether any questions will be raised on individual returns. We cannot issue our Audit Certificate until these procedures are complete.
Certificate	We have not yet issued the audit certificate due to the outstanding completion of the Whole of Government Accounts procedures as noted above. We cannot issue our Audit Certificate until these procedures are complete.

Executive Summary (continued)

Value for Money

Scope

Auditors are required to be satisfied that Lee Valley Regional Park Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We do not issue a 'conclusion' or 'opinion', but where significant weaknesses are identified we will report by exception in the auditor's opinion on the financial statements. In addition, auditor's provide an annual commentary on arrangements published as part of the Auditor's Annual Report.

In undertaking our procedures to understand the body's arrangements against the specified reporting criteria, we identify whether there are risks of significant weakness which require us to complete additional risk-based procedures. AGN 03 sets out considerations for auditors in completing and documenting their work and includes consideration of:

- our cumulative audit knowledge and experience as your auditor;
- reports from internal audit which may provide an indication of arrangements that are not operating effectively;
- our review of the Authority's committee reports;
- meetings with the Chief Finance Officer and members of the finance team;
- information from external sources; and
- evaluation of associated documentation through our regular engagement with management and the finance team.

Executive Summary (continued)

Value for Money (continued)

Reporting

Our commentary for 2023/24 is set in section 03. The commentary on these pages summarises our understanding of the arrangements at Lee Valley Regional Park Authority based on our evaluation of the evidence obtained in relation to the three reporting criteria (see table below) throughout 2023/24. We include within the VFM commentary below any associated recommendations we have agreed with the Authority.

In accordance with the NAO's 2024 Code, we are required to report a commentary against the three specified reporting criteria. The table below sets out the three reporting criteria, whether we identified a risk of significant weakness as part of our planning procedures and whether we have concluded that there is a significant weakness in the body's arrangements.

Reporting Criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability: How the Authority plans and manages its resources to ensure it can continue to deliver its services	No significant risks identified	No significant weakness identified
Governance: How the Authority ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weakness identified
Improving economy, efficiency and effectiveness: How the Authority uses information about its costs and performance to improve the way it manages and delivers its services	No significant risks identified	No significant weakness identified

Executive Summary (continued)

Independence

The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY) and Lee Valley Regional Park Authority, and its members and senior management and its affiliates, including all services provided by us and our network to the Authority, its members and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on the our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2023 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.

EY Transparency Report 2024

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2024:

EY UK 2024 Transparency Report | EY - UK

02 Audit of the financial statements

Audit of the financial statements

Key findings

The Statement of Accounts is an important tool for the Authority to show how it has used public money and how it can demonstrate its financial management and financial health.

On 28 February 2025, we issued a disclaimed audit opinion on the 2023/24 financial statements. We disclaimed the 2023/24 audit opinion because we did not have assurance over the brought forward balances from 2022/23 (the 2023/24 opening balances). This means we also did not have assurance over a number of 2023/24 in-year movements that depend on those opening balances, and therefore some 23/24 closing balances (particularly Reserves). We also did not have assurance over the 2022/23 comparative amounts disclosed in the 2023/24 financial statements. Taken together, and alongside the requirement to conclude the 2023/24 audit by the legislative back stop date of the 28 February 2025, we were unable to conclude that the 2023/24 financial statements are free from material and pervasive misstatement of the financial statements.

We reported our audit scope, risks identified and detailed findings to the Audit Committee in our Audit Results Report dated 18 February 2025. We outline below the key issues identified as part of our audit in relation to the significant risk areas. In addition, there were six further areas of audit focus for which our conclusions were that no misstatements were identified in relation to these areas of focus. The findings for each of the accounts areas are set out in the Audit Results Report in Appendix A.

Significant risk	Conclusion
Misstatements due to fraud or error – Management override of controls	We have not identified any material weaknesses in the recognition of expenditure. We have not identified any instances of inappropriate judgements or estimates being applied. Our work did not identify any other transactions during our audit which appeared unusual or outside the Authority's normal course of business.
Misstatements due to fraud or error – capitalisation of revenue expenditure	Our work did not identify any material weaknesses in controls or evidence of material management override concerning the capitalisation of revenue expenditure. Our work did not identify any instances of inappropriate judgements being applied.
Misstatement through incorrect valuation of Property, Plant and Equipment (PPE) Land and Buildings, including investment properties	Were not able to complete our planned audit procedures in relation to Property, Plant and Equipment (PPE) Land and Buildings, including Investment Properties, because the Authority's asset valuations had not been prepared in sufficient time to conduct our audit procedures over these balances. This therefore formed part of our disclaimed audit reporting.

03 Value for Money Commentary

Value for Money Commentary

Financial Sustainability: How the Authority plans and manages its resources to ensure it can continue to deliver its services

No significant weakness identified

The Authority is required to have arrangements in place to ensure proper resource management and the primary responsibility for these arrangements, and reporting on the design and operation of these arrangements via the Annual Governance Statement, rests with management. In accordance with the National Audit Office (NAO)'s Code the focus of our work should be on the arrangements that the Authority is expected to have in place during the 2023-24 year.

Our risk assessment did not identify any risk of significant weakness in arrangements to secure financial sustainability.

For the 2023-24 year the Authority set a balance budget with a forecast a net operational services expenditure budget of £7.6 million. The 2023-24-year end outturn was an underspend of £0.69 million, with higher than forecast interest income being one of the contributing factors for the in-year surplus.

A balance budget for the 2024-25 year was set at the January 2024 Executive Committee based on the following considerations and assumptions, which we consider to be reasonable:
- 3 % increase in the levy.
- The outcome of service efficiency reviews.
- That future year surpluses can be invested in the Park.
- Maintenance of the medium-term general reserves policy of between £3 million and £4 million.
- Projections of future capital reserves position and required contributions to capital from revenue.

The outturn position and budget pressures identified in the previous year were also considered as part of the budget setting process to ensure they are adequately addressed in the next years' budget. The Executive Committee receive reports on revenue and capital budget monitoring on a quarterly basis. A monthly process of budget monitoring takes place at an officer level to identify variation from budget and any necessary corrective action.

The 2024-25 forecast year-end outturn position as at the end of January 2025 for was a forecast surplus of £0.6 million.

The Authority's Medium Term Financial Plan (MTFP) updated at the January 2024 Executive Committee covers a 3-year future period to 2026/27. The context in which the Authority's Budget is set is influenced by:
- The levy, and its commitment to providing exceptional recreational and leisure experiences for the community.
- Commercial and business activities- to reduce the reliance on the levy.
- Statutory remit- to develop and preserve leisure, recreation, sport and nature.
- Investments and future plans.

Value for Money Commentary

Financial Sustainability: How the Authority plans and manages its resources to ensure it can continue to deliver its services

No significant weakness identified

The MTFP forecasts to the 2026-27 year that the general fund reserve is forecast to remain above £4 million. Within the MTFP there are forecast net growth and savings of £0.15 million and £0.12 million for the 2025-26 and 2026-27 respectively included within the forecasts adding to the net expenditure of the Authority. The forecast growth and savings included in the MTFP appear to be reasonable.

Conclusion: Based on the work performed, the Authority had proper arrangements in place in 2023/24 to enable it to plan and manage its resources to ensure that it can continue to deliver its services.

Value for Money Commentary (continued)

Governance: How the Authority ensures that it makes informed decisions and properly manages its risks

No significant weakness

The Authority is required to have arrangements in place to ensure proper governance and risk management and the primary responsibility for these arrangements and reporting on the design and operation of these arrangements via the Annual Governance Statement rests with management. In accordance with the NAO's Code the focus of our work should be on the arrangements that the audited body is expected to have in place during the years ended 31st March 2024.

The Authority has a Corporate Risk Management Framework which includes the requirement to identify strategic and operational risks, assess those risks for likelihood and impact, identify mitigating controls and allocate responsibility for those controls. The Authority maintains and reviews a register of its business risks, linking them to strategic business objectives and assigning ownership for each risk. Risk Management is led at Director level and matters of risk for the Authority are reported directly to each Audit Committee meeting.

The Authority has an Internal Audit service that provides an independent and objective opinion on the review of the effectiveness of the Authority's governance framework, including the system of internal control by undertaking a planned programme of work which is reported to the Audit Committee. Although the Head of Internal Audit's overall control opinion was 'moderate assurance' in 2023/24, Internal Audit only issued one 'limited level assurance' report related to 'Business Continuity Planning' which resulted in two high priority recommendations which have been implemented by the Authority. Out of the total 56 recommendations raised by Internal Audit 47 the recommendations have either been implemented, partially implemented or have been superseded. There were 9 recommendations (6 medium and 3 low priority) which have not been implemented by the Authority.

The Authority's 2023/24 Annual Governance Statement (AGS) was consistent with our knowledge of the Authority and compliant with disclosure requirements.

Our financial statements audit identified weaknesses in the governance arrangements in place at the Authority relation to the:

- processes for obtaining Land and Building property asset valuations for the purposes of financial statement reporting from the Authority's external valuer. The Authority did publish it's 2023/24 draft financial statements by the required publication date however the draft financial statements did not include updated Land and Building property asset valuations and so the draft financial statements were not compliant with the CIPFA Code of practice.
- processes for obtaining declarations of interests from members to support the preparation of the Authority's related party transactions disclosure in the financial statements. When the audit commenced there were 5 members for which the Authority did not have declarations from members.
- application of Minimum Revenue Provision (MRP) policy where the calculation applied by the Authority was not in accordance with the Authority's policy and the granularity of Capital Expenditure and Financing records maintained by the Authority was not sufficient to enable appropriate application of the Authority's MRP policy.
- processes for reviewing lease arrangements including availability of underlying lease documentation to enable timely rent reviews, which exposes the Authority to loss of potential income.

Value for Money Commentary (continued)

Governance: How the Authority ensures that it makes informed decisions and properly manages its risks

No significant weakness

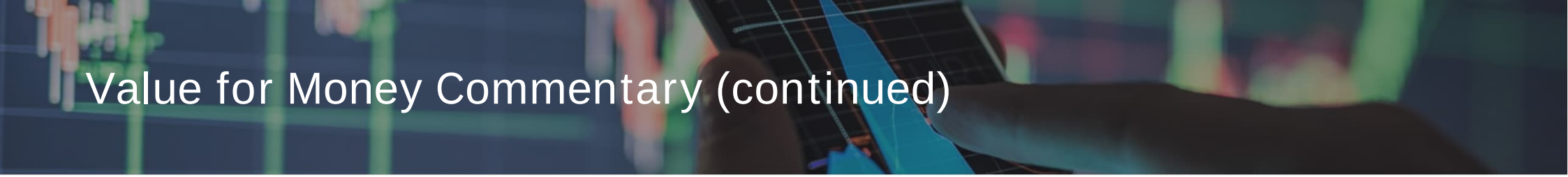
The Authority had not completed it's initial assessment on the impact of the transition of the leases accounting standard from IAS17 to IFRS16 which has been adopted into the CIPFA code of practice from 1 April 2024. The Authority should conduct this assessment to determine the impact on it's 2024/25 financial statements.

Conclusion: Based on the work performed, the Authority had proper arrangements in place in 2023/24 to make informed decisions and properly manage its risks.

Recommendations:

The Authority should:

- Continue to actively monitor the implementation of Internal Audit and External Audit recommendations to ensure they are actioned on a timely basis.
- Ensure relevant officers attend Audit Committee meetings to provide updates, explanations, agree actions and timelines for the implementation of recommendations where there is slippage in implementation against agreed timetables.



Value for Money Commentary (continued)

Improving economy, efficiency and effectiveness: How the Authority uses information about its costs and performance to improve the way it manages and delivers its services

No significant weakness identified

The Authority is required to have arrangements in place to ensure economy, efficiency and effectiveness, and the responsibility for these arrangements and reporting on the design and operation of these arrangements via the Annual Governance Statement, rests with management. In accordance with the NAO's Code the focus of our work should be on the arrangements that the audited body is expected to have in place during the years ended 31st March 2024.

Our risk assessment did not identify a significant weakness in arrangements in place to ensure economy, efficiency and effectiveness.

The Authority has a Strategic Business Plan which is underpinned by a financial strategy that aims to optimise the use of financial resources to meet business objectives including maintaining a strong financial position. The Business Plan 2024-27 was approved by the Authority meeting in October 2023 and sets out the Authority's (i) vision, values, strategic objectives, (ii) business objectives and targets (iii) financial plan (iv) communication plans.

The Authority continually reviews its business plan setting out service objectives and business priorities for the coming period and is underpinned by the MTFP. To deliver its statutory objectives, the Authority uses non-financial (as well as financial) Key Performance Indicators (KPIs) to measure in year performance with other Performance Indicators (PIs) underpinning the KPIs and these KPIs are reviewed in line with the business plan. Revenue monitoring and scrutiny scorecard reports are presented to Members. This enables Members to monitor the financial position against budget as well as performance against key performance indicators, identifying over and under performance and any actions required to improve performance.

The behaviour of Authority Members is regulated through a Model Code of Conduct made by statutory instrument, which is adopted and regulated within their own Authority' systems, and which is supported by a Members' planning code of good practice within this Authority. The Authority has an approved Conflict of Interests/Loyalties Protocol which sits as an Appendix to Standing Orders. Employees are also subject to a Code of Conduct and a number of specific policies which are set out in the Employee Handbook. Advice on these matters is embedded through ongoing training.

The Authority is not required to have a formal constitution but has adopted a traditional local authority style committee model. Policy and decision making are facilitated by a clear framework of delegation set out in the Lee Valley Regional Park Act 1966, the Authority's Standing Orders and Financial Regulations.

The Authority was not subject to any external inspections.

Significant partnerships are reported to Members who take decisions where required. Lead officers are identified for each partnership and budgets are approved by the Authority.

Conclusion: Based on the work performed, the Authority had proper arrangements in place in 2023/24 to use information about its costs and performance to improve the way it manages and delivers its services.

04 Appendices

Audit Fee

Audit Fees

The duty to prescribe fees is a statutory function delegated to Public Sector Audit Appointments Ltd (PSAA) by the Secretary of State for Housing, Communities and Local Government.

This is defined as the fee required by auditors to meet statutory responsibilities under the Local Audit and Accountability Act 2014 in accordance with the requirements of the Code of Audit Practice and supporting guidance published by the National Audit Office, the financial reporting requirements set out in the Code of Practice on Local Authority Accounting published by CIPFA/LASAAC, and the professional standards applicable to auditors' work.

The agreed fee presented is based on the following assumptions:

- officers meeting the agreed timetable of deliverables;
- our financial statement opinion and value for money conclusion being unqualified;
- appropriate quality of documentation is provided by the Authority;
- an effective control environment; and
- compliance with PSAA's Statement of Responsibilities of auditors and audited bodies. See https://www.psaa.co.uk/managing-audit-quality/statement-of-responsibilities-of-auditors-and-audited-bodies/statement-of-responsibilities-of-auditors-and-audited-bodies-from-2023-24-audits/. In particular the Authority should have regard to paragraphs 26–28 of the Statement of Responsibilities which clearly sets out what is expected of audited bodies in preparing their financial statements. These are set out in full on the previous page.

If any of the above assumptions prove to be unfounded, we will seek a variation to the agreed fee. This will be discussed with the Authority in advance.

	2024/25	2023/24
	£	£
Audit Fee – Code Work	72,876	65,770 Note 1
Additional audit fee	Note 3	41,542 Note 2
Total audit fee	TBC	107,312 TBC

All fees exclude VAT

1. As set out in the joint statement on update to proposals to clear the backlog and embed timely audit issued by DHLUC, PSAA will use its fee variation process to determine the final fee the Authority have to pay for the 2022/23 and 2023/24 audits.
2. The 2023/24 audit is complete, and we have included the proposed fee variation. The final fee will be determined by PSAA. For 2024/25 the planned fee represents the base fee, i.e., not including any extended testing.
3. The scale fee also may be impacted by a range of other factors which will result in additional work, which include but are not limited to:

- Consideration of correspondence from the public and formal objections.
- New accounting standards, for example full adoption or additional disclosures in respect of IFRS 16.
- Non-compliance with law and regulation with an impact on the financial statements.
- VFM risks of, or actual, significant weaknesses in arrangements and related reporting impacts.
- The need to exercise auditor statutory powers.
- Prior period adjustments.
- Modified financial statement opinions

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Lee Valley Regional Park Authority **LEE VALLEY REGIONAL PARK AUTHORITY** **AUDIT COMMITTEE** **19 JUNE 2025 AT 12:45**	**Agenda Item No:** 6 **Report No:** **AUD/161/25**

ANNUAL REPORT ON THE WORK OF INTERNAL AUDIT 2024/25 AND AUDIT PLAN 2025/26

Presented by Senior Accountant

SUMMARY

The purpose of this report is to inform Members about the work of the Internal Auditors (Forvis Mazars) during the financial year 2024/25.

The Audit Plan for 2024/25 was approved by the Audit Committee in June 2024 (Paper AUD/149/24). The audit of the Authority's functions has been in accordance with that plan and has been found to be satisfactory with the level of assurance noted as 'Moderate'.

RECOMMENDATIONS

Members Note:	(1)	the annual report of the Internal Auditors for 2024/25 detailed in Appendix A to this report; and
Members Approve:	(2)	the annual Audit Plan for 2025/26 as detailed in Appendix B to this report.

BACKGROUND

1 In February 2018 (Paper AUD/85/18) the Audit Committee approved the award of a six-year contract to Forvis Mazars to deliver the Authority's internal audit requirements, procured through the London Borough of Croydon framework agreement.

2 Members approved a two year extension to the internal audit arrangement in May 2024 (Paper E/852/24) in line with the extended framework agreement.

3 The Audit Plan for 2024/25 was approved at a meeting of the Audit Committee in June 2024 (Paper AUD/149/24). This report looks at the delivery of that plan and summarises the scope of audit coverage during the last financial year.

2024/25 INTERNAL AUDIT WORK

4 The 2024/25 internal audit plan included six audit projects alongside a follow up review of recommendations from previous audits. The six audits have been fully completed. Forvis Mazars have prepared a report summarising the

completed audits and their findings which 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 officers have identified how they plan to implement these recommendations. Follow-up reviews will be undertaken in the next twelve months to ensure appropriate action has been taken. A summary of Forvis Mazars' follow up work in 2024/25 was reported to Audit Committee in February 2025 (Paper AUD/156/25).

AUDIT FINDINGS 2024/25

6 The full report from Forvis Mazars is attached at Appendix A to this report for Members' information.

7 The key message of the auditor's report is embodied in the Audit Opinion shown on page 4 of Appendix A to this report. This states:

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

For context, Moderate is the second highest rating, where assurance levels are defined as Substantial, Moderate, Limited or Unsatisfactory.

8 The Summary of Internal Audit work for each Audit carried out in 2024/25 (page 5 in Appendix A to this report) summarises the level of assurance for each of the four areas evaluated. These are shown below:

Data Management: This audit reviewed the Authority's compliance with the Information Commissioner's Office's (ICO) Accountability Framework specifically focusing on 'Transparency', 'Individual Rights' and 'Records of processing and lawful basis, which incorporated expectations from 'Policies and procedures' and 'Training and awareness'. The audit returned a **Substantial Assurance** opinion, identifying two recommendations that were low priority.

Leisure Services Contract Contract Management: This audit considered the Authority's management of selected risks relating to contract management of the Leisure Services Contract (LSC) to Greenwich Leisure Limited (GLL). This considered overall contract management and performance monitoring, focusing on selected risks relating to specific sites, and elements of the contract specification that GLL are responsible for. The audit returned a **Moderate Assurance** opinion, identifying two medium priority recommendations.

Debt Management: This audit considered the Authority's debtor process and controls as part of its core financial controls, with a specific focus on debt held locally at venues and not managed on the central finance system. The audit returned a **Moderate Assurance** opinion, identifying four recommendations, two medium priority and two low.

Treasury Management: This review considered the Authority's treasury management processes and controls as part of its core financial controls. An opinion of **Moderate Assurance** was given, and three medium recommendations were identified.

HR On-boarding and Off-boarding: This review focussed on Disclosure and Barring Service (DBS) checks, the induction process, probationary periods, supply and return of equipment, and work handovers. The audit returned a **Limited Assurance** opinion, identifying eleven recommendations – two high priority, five medium and four low. The root cause for the limited assurance is inconsistency of compliance with HR procedures across the organisation, where HR management is devolved to line managers.

Cyber Security: This audit assessed the adequacy and effectiveness of the management control framework in order to mitigate the risk from cyber security attacks. The audit returned a **Limited Assurance** opinion, identifying six recommendations – one high priority, four medium and one low. The root cause for the limited assurance is resource constraints in an ever-evolving risk environment, where there has been a prioritisation on operational management over formal risk management and tracking.

All priority 1 recommendations made in individual Audit Reports to improve the internal control environment are to be implemented immediately (or as soon as is practicable 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.

9 All key findings and recommendations from the audits will be monitored by the auditors during 2025/26. Adequate follow-up time to do this has been incorporated into the Audit Plan for the year ahead.

ANNUAL AUDIT PLAN - 2025/26

10 Appendix B to this report sets out a summary plan for Audit during 2025/26. The plan takes into account the following:

- Procurement;
- Data Management;
- Cash and Banking;
- Stock Management; and
- Payroll and Expenses.

11 The plan estimates 78 days for completion, with an additional 10 contingency days budgeted for any in-year additions or adjustments. Members are asked to approve the Plan as set out in Appendix B of this report.

IMPLEMENTATION OF RECOMMENDATIONS FROM AUDITS

12 The recommendations from the completed audits in 2024/25 have been added to the Authority's outstanding recommendation tracker, which has been summarised in Appendix C to this report. This now contains 44 recommendations. The majority of these are not due for completion until later in the year, but as at May 2025 officers consider 15 (34%) of these recommendations to have been implemented, leaving 29 outstanding.

13 Of the 44 recommendations, 5 are high priority. One of these has already been implemented. The outstanding recommendations relate to:

- Business Continuity Planning – review of all policies, procedures and risk assessment is in progress, and due for completion by December;

- Cyber Security – a failover testing schedule is to be established, and this will be aligned to the business continuity testing schedule; and
- HR Onboarding – to ensure that mandatory e-learning is completed by new starters there have been updates made to how managers and HR monitor and remedy non-compliance, escalation for sustained non-completion is to be agreed.

14 Some key areas of progress:

- 8 of the 11 recommendations from the HR On-boarding and Off-boarding audit have already been implemented; and
- improved process for monitoring completion of training, which cuts across multiple audits.

FRAUD RESPONSE UPDATE

15 Under the Fraud Response plan, Audit Committee will be updated regularly on any instances of fraud, corruption or whistleblowing.

16 There have been no new instances of fraud, corruption or whistleblowing since the last Audit Committee.

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

HUMAN RESOURCE IMPLICATIONS

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

LEGAL IMPLICATIONS

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

RISK MANAGEMENT IMPLICATIONS

22 The internal audit programme provides assurance that the Authority has adequate controls in place to manage risks.

Author: Michael Sterry, 01992 709805, msterry@leevalleypark.org.uk

PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/156/25	Internal Audit Update	27 February 2025
Audit Committee	AUD/152/24	Internal Audit Update	19 September 2024
Audit Committee	AUD/149/24	Annual Report on the Work of Internal Audit 2023/24 and Audit Plan 2024/25	20 June 2024
Audit Committee	E/852/24	Extension of Internal Audit Arrangements	23 May 2024

APPENDICES ATTACHED

Appendix A	Internal Audit Annual Report 2024/25
Appendix B	Internal Audit Plan 2025/26
Appendix C	Outstanding Recommendation Tracker

LIST OF ABBREVIATIONS

LSC	Leisure Services Contract
ICO	Information Commissioner's Office
GLL	Greenwich Leisure Limited

Lee Valley Regional Park Authority (LVRPA)

Internal Audit Annual Report 2024/25 - Final

Audit Committee – 19 June 2025

Prepared by: Forvis Mazars LLP

Date: 22 May 2025

forvis mazars

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02 Internal Audit Opinion

03 Internal Audit Work Undertaken in 2024/25

04 Benchmarking

05 Performance of Internal Audit

A1 Implementation of Recommendations

A2 Definitions of Assurance

01 Introduction

Background

Lee Valley Regional Park Authority (LVRPA or Authority), utilising the APEX Framework with the London Borough of Croydon, have commissioned Forvis Mazars LLP to provide it with internal audit services. The purpose of the Internal Audit Annual Report is to meet the Head of Internal annual reporting requirements set out in the UK Public Sector Internal Audit Standards (PSIAS).This report summarises the internal audit work undertaken by Forvis Mazars as part of the Internal Audit Plan for 2024/25 (Plan), the scope and outcome of work completed, and incorporates our annual statement on internal controls assurance.

The report should be considered confidential to LVRPA and not provided to any third party without prior written permission by Forvis Mazars

Scope and purpose of internal audit

The purpose of internal audit is to provide the Audit Committee (AC), with an independent and objective opinion on governance, risk management and internal control and their effectiveness in achieving LVRPA's agreed objectives. It also has an independent and objective advisory role to help line managers improve governance, risk management and internal control.

This opinion forms part of the framework of assurances that is received by LVRPA. Our professional responsibilities as internal auditors for the year ended 31 March 2025 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').

Responsibility for a sound system of internal control rests with the Board and work performed by internal audit should not be relied upon to identify all weaknesses which exist or all improvements which may be made. Effective implementation of our recommendations makes an important contribution to the maintenance of reliable systems of internal control and governance.

Internal audit should not be relied upon to identify fraud or irregularity, although our procedures are designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control will not necessarily be an effective safeguard against collusive fraud.

The report summarises the internal audit activity and, therefore, does not include all matters which came to our attention during the year. Such matters have been included within our detailed reports to the AC during the course of the year.

Performance against the Internal Audit Plan

The Internal Audit Plan for 2024/25 provided for 77 days of internal audit work, including 7 days Follow Up, and 10 days Management. A further 10 days of Contingency budget were also allocated. Audits comprised: LSC Contract Management, GDPR Privacy Review (Phase 2), Cyber Security, HR On-Boarding and Off-Boarding, Debt Management, and Treasury Management.

We were in regular contact with LVRPA during the year to ensure the plan and timings remained attuned to the needs of the organisation and reflected their current risks.
All six audits in the Plan, along with our Follow Up review, have been completed as planned.
The contingency days were not utilised in the period.

Acknowledgements

We are grateful to the Senior Accountant, other staff at LVRPA and AC for the assistance provided to us during the course of our audit work.

02 Internal Audit Opinion

Scope of Opinion

In giving our annual internal audit opinion, it should be noted that the assurance can never be absolute. The most that the internal audit service can provide to LVRPA is 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 as part of the Plan;
- Whether or not any High Priority and Medium Priority recommendations raised have not been accepted by management and the consequent risks;
- The extent to which recommendations raised previously, and accepted, have been implemented;
- The effects of any material changes in LVRPA's objectives or activities;
- Matters arising from previous reports to LVRPA;
- 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 LVRPA; and
- What proportion of LVRPA's internal audit needs have been covered to date.

Further detail on the classification and definitions of annual opinions raised in our reports can be found in Appendix A2.

Sampling methodology

As part of our auditing methodology, we use a range of sampling techniques to provide a robust basis for our audit opinions. Where possible we conduct whole data set testing using the analytics software IDEA.

Where this is not possible or practical, we look to conduct sampling through use of random number generators, stratified or systematic sampling as appropriate to ensure that our findings are both representative and relevant. Sample sizes are driven by the level of assurance being provided and where not dictated as part of the audit scope are at the discretion of the internal auditor in conjunction with the Engagement Manager.

Our Opinion

On the basis of our audit work, our opinion on the framework of governance, risk management, and control is **Moderate** in its overall adequacy and effectiveness. Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.

From the six assurance reviews we delivered, one (GDPR Privacy Review Phase 2) received Substantial assurance, three (LSC Contract Management, Debt Management, and Treasury Management) received Moderate assurance, and two (Cybersecurity and HR Onboarding and Offboarding) received Limited assurance.

Certain weaknesses and exceptions were highlighted by our audit work, and we raised three Priority 1, recommendations during our HR On-boarding and Off-boarding, and our Cyber Security audits. (Section 03). These matters have been discussed with management, and all of these have been, or are in the process of being addressed, as detailed in our individual reports.

Our Follow-Up work of recommendations raised in previous reviews assessed as part of this work considered 82% of these as implemented, with a further 9% as superseded.

Follow Up

We follow up on all Internal Audit recommendations to ensure management have addressed and implemented appropriate actions to address those recommendations.

Our Follow-Up work indicated that three previous recommendations have been identified as remaining outstanding at the time of our fieldwork. Of the 34 recommendations we followed up on, 28 have been implemented (82%), three (9%) have not been implemented, and three have been superseded (9%).

Further detail can be found in Appendix A1.

03 Internal Audit Work Undertaken in 2024/25

The audit findings in respect of each review, together with our recommendations for action and the management responses are set out in our detailed reports.

We have completed six in-depth audit reviews, covering GDPR Privacy Review, LSC Contract Management, Debt Management, Treasury Management, HR On-boarding and Off-boarding, and Cyber Security, as well as one follow up review relating to the implementation of previous recommendations, the results of which are included in **Appendix A1**. The results of our work are summarised below.

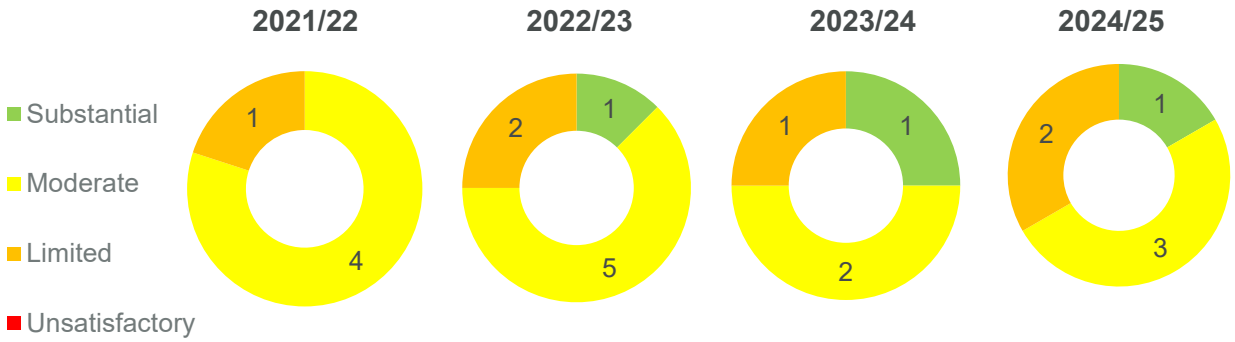
Audit area	Assurance level	Recommendations				Accepted	Not accepted
		High (Priority 1)	Medium (Priority 2)	Low (Priority 3)	Total		
GDPR Privacy Review – Phase 2	**Substantial**	-	-	2	**2**	2	-
LSC Contract Management	**Moderate**	-	2	-	**2**	2	-
Debt Management	**Moderate**	-	2	2	**4**	4	-
Treasury Management	**Moderate**	-	3	-	**3**	3	-
HR On-boarding and Off-boarding	**Limited**	2	5	4	**11**	11	-
Cyber Security	**Limited**	1	4	1	**5**	5	-
Follow Up*	**N/A – Follow Up**	-	-	-	**-**	N/A	N/A
Total		**3**	**16**	**9**	**28**	**28**	**0**

* The objective of our Follow Up review was to verify the status of all outstanding recommendations due to have been implemented by the time of our review. We do not raise any new recommendations during this process, though three were kept open with additional management responses/revised dates for implementation provided.

04 Benchmarking

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

Comparison of Assurance Levels

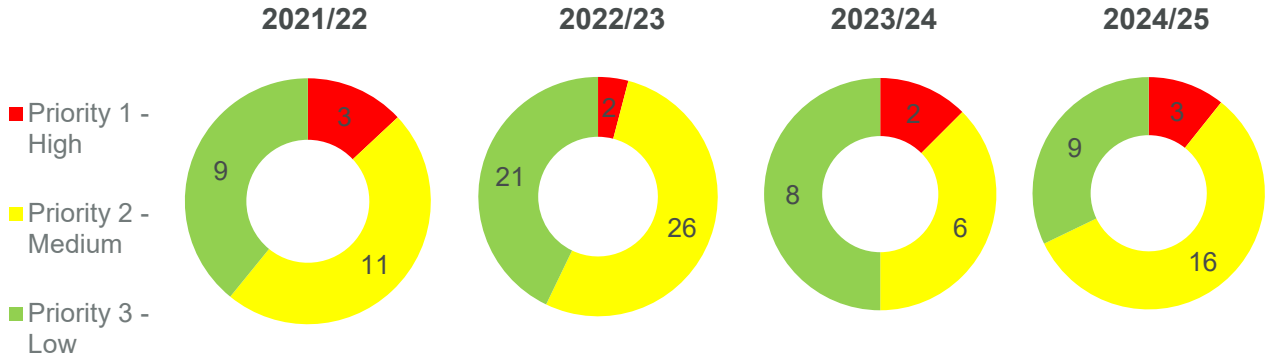


Of the six audits finalised in 2024/25 for which we provided an assurance opinion, we provided 'Substantial' for one report, 'Moderate' for three reports, and 'Limited' for two reports. Follow Up reports do not receive Assurance Opinions.

As in the previous two years, we provided no 'Unsatisfactory' assurance opinions. The 2023/24 Plan provided 1 Substantial opinion, 2 Moderate, and 1 Limited. The 2024/25 Plan therefore represents overall continuity within the larger plan delivered.

It should be noted though that the areas of review will not typically be the same given the risk-based nature of the Plan year on year and that caution should be exercised in comparing years.

Comparison of Recommendation Gradings



The total number of recommendations made in 2024/25 was 28. Three of these recommendations were 'Priority 1', 16 were 'Priority 2' and nine were categorised as 'Priority 3'. A total of 16 recommendations were made in 2023/24; one of the main reasons behind the difference being fewer assurance reviews in 2023/24.

Our three Priority 1 recommendations related to Cyber Security, which is a common challenge in the sector, as well as HR On-boarding and Off-boarding. HR areas have been subject to previous Limited opinions noting challenges to resource and the powers of the central team to monitor / enforce wider practice (Induction and Performance Management of Staff (2020/21); HR – Leave/Absence (2021/22); Staff Training and Development (2022/23)).

As noted above, the areas of review each year will not typically be the same.

05 Performance of Internal Audit

We have provided some details below outlining our scorecard approach to our internal performance measures, which supports our overall annual opinion.

Compliance with Professional Standards

We employed a risk-based approach to determining the audit needs of LVRPA at the start of the year and use a risk-based methodology in planning and conducting our audit assignments.

In fulfilling our role, we abide by the three mandatory elements set out by the Institute of Internal Auditors. Namely, the Code of Ethics, the Definition of Internal Auditing and the Standards for the Professional Practice of Internal Auditing and ensure we are in accordance with PSIAS.

Our External Quality Assessment conducted in December 2024, confirmed we “Generally Conform” with professional standards.

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 AC.

We have received positive feedback on our work from the AC and staff involved in the audits.

Regular planned discussions on progress against the Audit Plan have taken place with the AC.

Independence and Objectivity

There have been no instances during the year which have impacted on our independence and/or objectivity.

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;
- Issuance of technical guidance to inform staff and provide instruction regarding technical issues; and
- The maintenance of the firm’s Internal Audit Manual.

A

Appendices

A1 – Implementation of Recommendations

A2 – Definitions of Assurance

A1 Implementation of Recommendations

The following table provides a status of agreed audit actions.

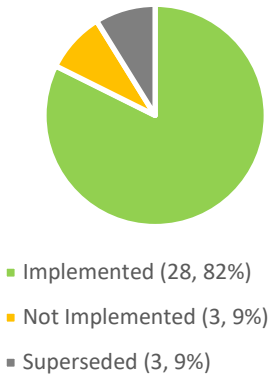
	Number Followed Up	Implemented	Not Implemented	Superseded
High (Priority 1)	1	1	-	-
Medium (Priority 2)	19	15	3	1
Low (Priority 3)	14	12	-	2
Total	34	28	3	3
Closure Rate (including superseded)	91%			

As part of the Plan, we undertook a Follow Up exercise in February 2025 year to verify the progress in implementing outstanding internal audit recommendations.

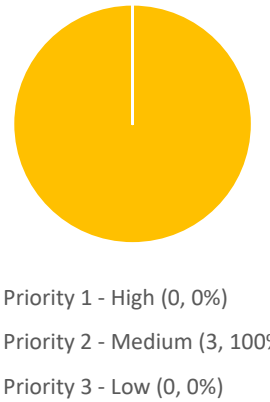
The closure rate for the year was **91%** when including those recommendations which have been superseded. We consider a closure rate of 85% or above to constitute best practice.

LVRPA's implementation rate of recommendations (including those superseded) has significantly increased increased from the previous year of **43%** from 2023/24.

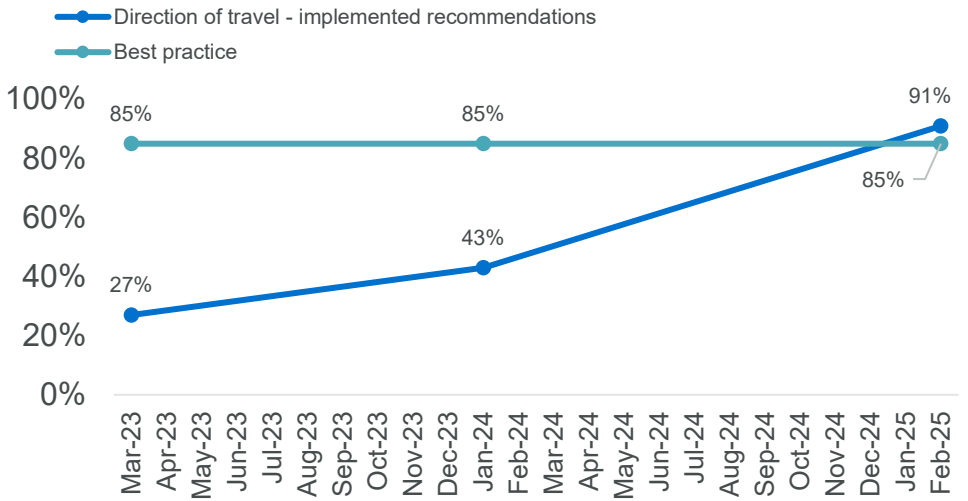
Analysis of follow up February 2025



Priority of overdue recommendations



Direction of travel - closed actions



A2 Definitions of Assurance

Assurance Gradings

We use categories to classify our assurance over the processes we examine, and these are defined as follows:

Definitions of Assurance Levels	
Substantial Assurance	The framework of governance, risk management and control is adequate and effective.
Moderate Assurance	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.
Limited Assurance	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.
Unsatisfactory Assurance	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.

Recommendation Gradings

To assist management in using our reports, we categorise our recommendations according to their level of priority, as follows:

Definitions of Recommendations		
High (Priority 1)	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium (Priority 2)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Priority 3)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.	Remedial action should be prioritised and undertaken within an agreed timescale.

Annual Opinion

For annual opinions we use the following classifications within our audit reports:

Opinion	Definition
Substantial	The framework of governance, risk management and control are adequate and effective.
Moderate	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.
Limited	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.
Unsatisfactory	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.

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We take responsibility to LVRPA 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.

forvis mazars

Lee Valley Regional Park Authority

Internal Audit Strategy Update – Operational Plan 2025/26 and Charter – Draft

Audit Committee – 19 June 2025

Date Prepared: 21 May 2025

forvis mazars

Contents

01 Introduction

02 Internal Audit Operational Plan 2025/26

03 Updated Internal Audit Strategy 2025/26 – 2027/28

04 Definitions of Assurance Opinions and Recommendations

05 Internal Audit Charter

01. Introduction

The Internal Audit Strategy (the Strategy) is used to direct Internal Audit (IA) resources to those aspects of the organisation that are assessed as generating the greatest risk to the achievement of its objectives. This is subject to review and update on at least an annual basis to ensure it meets the needs of Lee Valley Regional Park Authority (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 Audit Committee (AC) with a further update of the Strategy and the proposed 2025/26 IA Plan (the Plan) for consideration and approval.

In considering the document, the AC is asked to consider:

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

The scope and purpose of IA and how the 2025/26 Plan was prepared is set out in **Section 02**. This section also sets out the proposed 2025/26 Plan along with a proposed high-level scope for each review.

The updated IA Strategy for 2025/26 to 2027/28 is set out in **Section 03**.

Section 04 sets out details of the definition for assurance levels and recommendation gradings used within our individual reports.

In addition, we are also seeking approval from the AC for the IA Charter in **Section 05**, which we request on an annual basis. There are no significant changes to the IA Charter presented an approved in the 2024/25 year.

Scope and Purpose of Internal Audit

IA's Role

The purpose of IA is to provide the Board, through the AC, and management, with an independent and objective opinions 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 2025/26 Plan should be used to help inform LVRPA's statement on the effectiveness of internal control within its annual report and accounts

Objective

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.

IA also has an independent and objective consultancy role to help line managers improve risk management, governance and control

IA Charter

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 UK Public Sector Internal Audit Standards (PSIAS) and the Chartered Institute of Internal Auditor's (IIA) standards.

02. Internal Audit Operational Plan 2025/26

As part of our approach, it is important we consider the 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 update, the following activities have been undertaken:

- A review of the outcomes of 2024/25 internal audit work, as well as outline coverage as presented in the previous, 2024/25 Plan and long-term strategy.
- Consideration of the latest assessment of risks facing LVRPA, as detailed in the Risk Register (January 2025).
- Consideration of 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.
- Consideration of the results of internal audit across our wider client base.
- Meetings between Forvis Mazars and key LVRPA stakeholders November 2024 to February 2025 to discuss the draft Plan as well as presentation to the LVRPA Governance Group for comments 19 March 2025.

This section includes the proposed 2025/26 Plan. This also includes a proposed high-level scope for each review 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 LVRPA's management.

The Plan will be reassessed on a continual basis in light of emerging risks (including issues identified by Internal Audit). Should this result in a need for significant revisions, the plan will be revised and presented for re-approval to the Audit Committee, otherwise any changes will be reported through out routine progress reports to AC.

Our professional judgement has been applied in assessing the level of resource required to carry out the audits identified in the strategic cycle. This includes consideration of the complexity of the system, volume and frequency of transactions, sources of assurance and the audit approach to the area under review.

Recommendations made as part of our work will be subject to on-going review as part of our Follow up Audit approach.

02. Internal Audit Operational Plan 2025/26 (continued)

Audit Area	Estimated Days	Overarching Corporate Risk	LVRPA Sponsor	Target Start Date	Target AC
Procurement	15	SR2.5: Insufficient contractors tendering for contracts.	Dan Buck (Corporate Director)	Q3	February 2026
Data Management*	10	SR3.2: Inadequate I.T Infrastructure/ Systems/Data to operate LSC venues.	Beryl Foster (Deputy Chief Executive)	Q4	June 2026
Core Financial Control: Cash & Banking	10	N/A – area of operational risk and control.	Keith Kellard (Head of Finance)	Q1	September 2025
Core Financial Control: Assets and Inventories / Stocks and Stores	10	N/A – area of operational risk and control.	Keith Kellard (Head of Finance)	Q4	June 2026
Payroll and Expenses	15	N/A – area of operational risk and control.	Victoria Yates (Head of HR)	Q2	February 2026
Contingency					
Contingency for in-year addition/adjustments	*10*	*Budgeted variable for in-year changes to plan requiring additional days, new audits etc.*	*N/A*	*N/A*	*N/A*
Management and Reporting Activities					
Follow Up	8	Michael Sterry, Senior Accountant		Ongoing	Ongoing
Management	10	N/A		N/A	N/A
Total	**78****				

*Specialist work carried out at a higher day rate.
**Excluding contingency days.

02. Internal Audit Operational Plan 2025/26 (continued)

The rationale behind the inclusion of each of the areas identified within the 2025/26 Plan is detailed below, alongside an indicative high-level scope. Please note that the detailed scope of each review will be discussed and agreed with the relevant LVRPA sponsor prior to the commencement of fieldwork.

Procurement (15 days)

This review is included in the Plan in alignment to LVRPA's identified strategic risk: SR2.5: Insufficient contractors tendering for contracts.

An assurance review over LVRPA's control framework for identifying requirements for contracts, tendering, and awarding these. To consider effectiveness, approvals, fraud risks, and commercial risks/rationale.

The audit will also consider LVRPA's procurement framework in relation to the Procurement Act 2023.

Audit fieldwork to be delivered through members of our core Internal Audit team as opposed to specialist procurement advisory support.

Data Management (10 Days)

This review is included in the Plan in alignment to LVRPA's identified strategic risk: SR3.2: Inadequate I.T Infrastructure/ Systems/Data to operate LSC venues.

An assurance review of selected areas of risk/control within LVRPA's data management framework.

This audit follows previous work in the 2023/24 and 2024/25 plans as part of a longer time cycle of assurance and advice reviews covering LVRPA's overall data management. Framework.

This review will be carried out by specialists within our Technology / Data Privacy Teams.

Core Financial Control: Cash & Banking (10 Days)

An assurance review of the design and effectiveness of LVRPA's key financial controls relating to Cash and Banking. Subject to detailed scoping, this would typically include coverage of:

- Financial regulations / procedures;
- Cash/cheque transactions, recording, and segregation of duties;
- Online/card payments, records, and verification of payment for bookings;
- Vouchers and third-part income;
- Cash/cheque counts;
- Storage and security of physical cash holdings;
- Cash collections and deposits;
- Banking and reconciliations.

Testing, subject to scope, expected to involve on-site visits and review, and to consider possibilities of data analytics.

This audit has been included in the 2025/26 Plan as an area of significant operational risk not subject to recent review.

Core Financial Control: Assets and Inventories / Stocks and Stores (10 Days)

An assurance review of the design and effectiveness of LVRPA's key financial controls relating to commercial asset (stock) management. Subject to detailed scoping, this would typically include coverage of:

- Staff/venue awareness, training, and guidance;
- Stock records;
- Control/approval of movements, sales, loss, and disposals; and
- Stock take and reconciliations.

Audit fieldwork is, from initial planning discussions, expected to include specific consideration for stock management at campsites, including higher value/risk sales and assets, namely caravan sales.

Testing is expected to be delivered in a hybrid manner including on-site review and testing.

Scope does not include capital assets/estates management, which would be a separate review topic.

This audit has been included in the 2025/26 Plan as an area of significant operational risk not subject to recent review.

02. Internal Audit Operational Plan 2025/26 (continued)

Payroll and Expenses (15 Days)

An assurance review of LVRPA's management of staff expenditure through payroll and expenses. Subject to detailed scoping, this is likely to incorporate:

- Staff procedures and guidance;
- Approval/review process for Payroll changes (starters, leavers, and other changes to details/remuneration) and sample testing and/or data analytics of these to confirm compliance;
- Review of controls over variable hours: overtime, timesheets etc. for scrutiny and approval controls;
- Payroll run: dummy reports, variance reports, reconciliation, and final approvals;
- Review of expenses policy and eligibility;
- Sampled review of claimed expenses for supporting evidence, approval, and compliance with policy.
- Data analytics testing.

This audit has been included in the 2025/26 Plan as an area of significant operational risk not subject to recent review.

Contingency (10 Days)

Contingency days within the budget for any additional expansion of existing scopes, or adjustments to the Plan in response to new or increasing risk areas in-year.

Any changes to Plan would be discussed with management in-year and referred to the AC / Chair for approval.

Follow Up (8 days)

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

As with previous years, to liaise with management over ongoing completion of previous actions, and the completion of one or more Follow Up reviews in-year to verify the status of actions reported complete by management.

These reviews will provide independent assurance that internal audit recommendations reported by management to the AC as completed, have been implemented.

Management (10 days)

This includes time for the following tasks which are intricate to the delivery of an effective internal audit service. It includes, as a minimum:

- Strategic and operational planning;
- Meetings with the LVRPA Senior/Executive Team, Chief Executive, Corporate Director and Chair of AC;
- Annual Internal Audit Plan and other reports to the AC,
- Preparation and attendance at AC; and
- Other ad hoc requests and responses to queries.

03. Updated Internal Audit Strategy 2025/26 – 2027/28

Strategic Risks	Auditable Area	Previous audits				Strategy		
		2021/22	2022/23	2023/24	2024/25	2025/26	Indicative 2026/27	Indicative 2027/28
SR1.1: Failure to comply with the 1966 Park Act and other statutory requirements.	Corporate Governance & Reporting*					-	-	✓
SR1.2: Failure to comply with Health & Safety legislation.	Health and Safety Control Framework	*Separate third-party independent assurance programme delivered by Right Directions*						
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	Advisory	Moderate		Moderate (LSC Contract Management)	-	-	-
SR2.3: Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard.	Contract Management	Advisory	Moderate			-	-	-
SR2.4: Contractor stability affected by external influences or national/international conditions prevailing at the time.	Contract Management	Advisory	Moderate			-	-	-
SR2.5: Insufficient contractors tendering for contracts.	Procurement	Moderate				✓	-	-
SR2.6: Major equipment or other failure at one or more venues resulting in temporary/permanent cessation of operations	Business Continuity Planning			Limited		-	-	-
	Disaster Recovery					-	-	-
SR2.7: Failure of LSC contractor organisation or failure of LSC contractor to deliver as required by contract	Leisure Services Contract Management / Oversight / Service Levels		Moderate		Moderate	-	-	-

*Typical areas of governance risk/control review in similar organisations have included: Board/Committee skills and effectiveness; Onboarding and training (specifically of Board/Committee/Directors); Senior staff payment levels; Strategy development; Diversity and inclusion; Subsidiaries, spin-outs, large project allocations; Performance measurement and management information; Approvals, delegations, and decision-making frameworks, including roles and responsibility clarity; Policy Control; Conflicts of Interest; Succession planning; Organisational Culture and Ethics.

03. Updated Internal Audit Strategy 2025/26 – 2027/28 (continued)

Strategic Risks	Auditable Area	Previous audits				Strategy		
		2021/22	2022/23	2023/24	2024/25	2025/26	Indicative 2026/27	Indicative 2027/28
SR2.8: Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	Building and Facilities Management		Limited			-	✓	-
	Capital Expenditure/ Estates Management					-		-
SR2.9: Buckingham Construction insolvency results in unexpected costs / operational issues for the Authority that would otherwise have fallen to Buckingham to meet / resolve.	Contract Management					-	-	-
	Major Projects Reviews					-	-	-
SR3.1: I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving I.T infrastructure. SR3.2: Inadequate I.T Infrastructure/ Systems/Data to operate LSC venues.	IT Strategy	Moderate				✓	✓	✓
	User access, IT Controls							
	Data / Privacy Management			Substantial	Substantial			
	Cyber Security				Limited			
SR3.3: The Authority fails to recruit/retain staff at all levels of the appropriate calibre.	Resource Management / Workforce Planning					-	-	-
	HR – Recruitment and Retention, Succession Planning				Limited	-	-	-
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 Management		Substantial			-	✓	-
	Treasury Management				Moderate	-	-	-

03. Updated Internal Audit Strategy 2025/26 – 2027/28 (continued)

Strategic Risks	Auditable Area	Previous audits				Strategy		
		2021/22	2022/23	2023/24	2024/25	2025/26	Indicative 2026/27	Indicative 2027/28
SR4.1: Financial Risks of over/under spent budget through non-achievement of income targets or inaccurate budget forecasting. Insufficient Resources to meet objectives.	Debt Management				Moderate	-	-	-
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					-	-	-
SR4.4: Failing of and health management of ageing tree stock	Tree stock management / work programme delivery					-	-	-
SR5.1: Lack of a clear corporate direction.	Strategy Setting and Monitoring					-	-	-
	Corporate Governance					-	-	-
SR5.2: Impact on the Authority's powers to raise the Levy and resistance from all constituent councils.	Stakeholder Engagement Income forecasting and receipt					-	-	-
SR5.3: Failure for 2021/22 and 2022/23 accounts to have gain audit assurance.	-					-	-	-
SR6.1: Impact on Authority's reputation due to service failure, damaged stakeholder and/or contractor relationships.	Stakeholder Engagement					-	-	-
SR6.2: Impact on Authority's reputation due to service failure caused by Covid-19 or any similar pandemic or infectious disease, damaged stakeholder and/or contractor relationships	Communications Strategy					-	-	-
	Incident Management					-	-	-

03. Updated Internal Audit Strategy 2025/26 – 2027/28 (continued)

Strategic Risks	Auditable Area	Previous audits				Strategy		
		2021/22	2022/23	2023/24	2024/25	2025/26	Indicative 2026/27	Indicative 2027/28
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			Limited		-	-	-
SR7.2 Inadequate pandemic or infectious disease management processes in place park wide following major pandemic outbreak/further spikes in Covid 19 or other infectious disease and more restrictions including local tier restrictions and national lockdowns	Disaster Recovery					-	-	-
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					-	-	-
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					-	-	-
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 biodiversity. 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.	-					-	-	-

03. Updated Internal Audit Strategy 2025/26 – 2027/28 (continued)

Strategic Risks	Auditable Area	Previous audits				Strategy		
		2021/22	2022/23	2023/24	2024/25	2025/26	Indicative 2026/27	Indicative 2027/28
Other Considerations								
Specific Site Coverage	Site Audits of Compliance – key controls, targeted areas for assurance/advisory		Moderate (Campsites – Financial and Booking System)	Moderate (Marinas – Financial and Booking Systems)		-	-	-
Governance and Strategy	Corporate Governance					-	-	✓
	Strategic Planning					-	-	
	Performance and Reporting					-	-	
Risk Management	Risk Management		Moderate			-	✓	-
	Assurance Mapping					-	-	-
Core Financial Controls	General Ledger					-	✓	✓
	Treasury Management/Cashflows				Moderate	-		
	Budget Setting and Control		Substantial			-		
	Purchasing/Procurement					-		
	Income/Debtors				Moderate	-		
	Cash and Banking	Moderate				✓		
	Assets and Inventories / Stocks and Stores	Moderate				✓		
	Fraud Prevention and Detection		Moderate			-		
	Creditors and Use of Credit Cards		Moderate			-		

03. Updated Internal Audit Strategy 2025/26 – 2027/28 (continued)

Strategic Risks	Auditable Area	Previous audits				Strategy		
		2021/22	2022/23	2023/24	2024/25	2025/26	Indicative 2026/27	Indicative 2027/28
Other Considerations								
Payroll and Staff Expenses	Payroll					✓	-	-
	Expenses						-	-
Property / Estates	Building and Facilities Management		Limited			-	✓	-
	Capital Expenditure/ Estates Management					-	-	-
HR	Recruitment and Retention				Limited	-	✓	✓
	Leave and Absence	Limited						
	Performance Management							
	Training and development		Limited					
Volunteers	Volunteer Strategy / Processes					-	-	-
Follow Up						✓	✓	✓
Management and Control						✓	✓	✓
Contingency						✓	✓	✓
Total						**78****	**-**	**-**

**Excluding contingency days.

04. Definitions of Assurance Opinions and Recommendations

Assurance Opinions

Definitions of Assurance Levels	
Substantial Assurance	The framework of governance, risk management and control is adequate and effective.
Moderate Assurance	Some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management and control.
Limited Assurance	There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.
Unsatisfactory Assurance	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.

Recommendation gradings

Definitions of Recommendations		
High (Priority 1)	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium (Priority 2)	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low (Priority 3)	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.	Remedial action should be prioritised and undertaken within an agreed timescale.

05. Internal Audit Charter

The Internal Audit Charter sets out the terms of reference and serves as a basis for the governance of the LVRPA's Internal Audit function. It sets out the purpose, authority and responsibility of the function in accordance with the UK Global Internal Audit Standards (GIAS), and the public sector Application Note. The Charter will be reviewed and updated annually by the Head of Internal Audit.

Nature and Purpose

The LVRPA is responsible for the development of a risk management framework, overseen by the Audit Committee (AC), which includes:

- Identification of the significant risks in the operations and allocation of a risk owner 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 reviews 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.

LVRPA's system of internal control comprises the policies, procedures and practices, as well as organisational culture that collectively support the LVRPA's effective operation in the pursuit of its objectives. The risk management, control and governance processes enable the LVRPA 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. LVRPA 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 assurance on the management of risk and other aspects of the LVRPA's business. There are also many assurance providers. The LVRPA 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 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 assurance and consulting activities across all aspects of the LVRPA's business, based on a programme agreed with the AC, and coordinates these activities via 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 the LVRPA's existing processes and procedures can be developed to improve the extent with which risks in these 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 the LVRPA 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 the LVRPA's 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 safekeeping 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 obtained or prepared during audit work that has been finalised, and which external audit would need to discharge their responsibilities.

05. Internal Audit Charter (continued)

Responsibility

The Head of Internal Audit is required to provide an annual opinion to the LVRPA, through the Audit Committee, on the adequacy and the effectiveness of the LVRPA'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 the LVRPA, 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.
- Carry out assurance and consulting activities across all aspects of the LVRPA's business based on a risk-based plan agreed with the Audit Committee. Provide the Board with reasonable, but not absolute, assurance 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 Audit Committee and the Senior/Executive Team summarising results of assurance activities.
- Assist, when requested, in the investigation of allegations of fraud, bribery and corruption within the LVRPA and notifying management and the Audit Committee of the results.
- Assess the adequacy of remedial action to address significant risk and control issues reported to the Audit Committee. Responsibility for remedial action in 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 not be 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 the LVRPA's policies and standards and will monitor whether such measures are implemented on a timely basis.

The Audit Committee 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 discipline 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.

05. Internal Audit Charter (continued)

Reporting

For each 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 GIAS 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 and 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.
- 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-conformance 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 safeguarded 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, fit and proper status and other matters which everyone in Forvis Mazars must complete);
- Personal Connections (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.

Internal Audit and external audit will meet periodically to:

- 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.

05. Internal Audit Charter (continued)

Due Professional Care

The Internal Audit function is bound by the following standards:

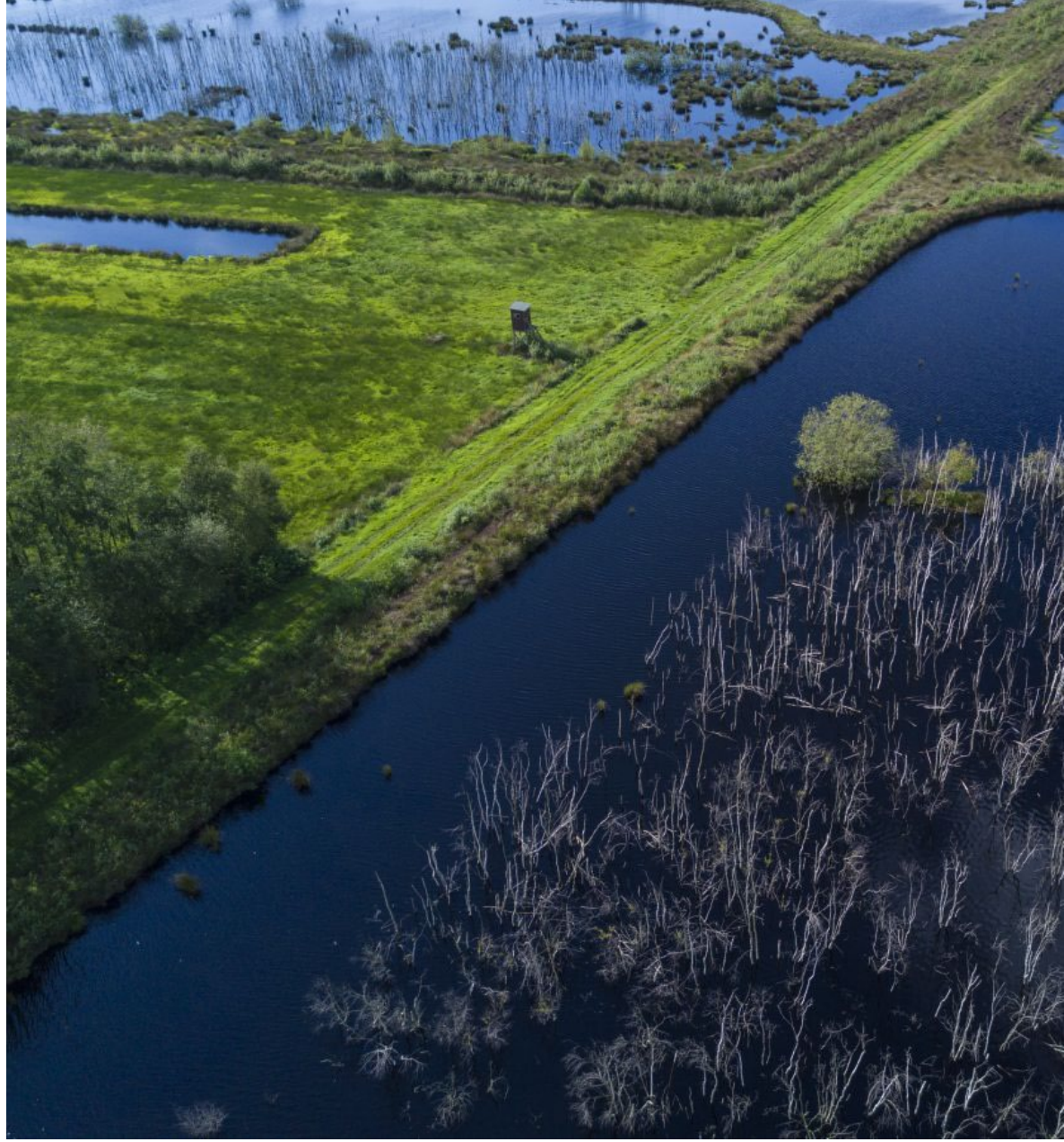
- Institute of Internal Auditor's GIAS, including the principles of Ethics and Professionalism: integrity, objectivity, competency, due professional care, and confidentiality;
- Seven Principles of Public Life (Nolan Principles);
- UK public sector Application Note; and
- All relevant legislation.

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 GIAS, 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 (CMIIA, CCAB or equivalent) and be suitably experienced.

Performance Measures

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



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Statement of Responsibility

We take responsibility to LVRPA 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.

forvis mazars

Outstanding Recommendation Tracker

			Priority				
Year	**Audit Name**	**Assurance**	**Low**	**Medium**	**High**	**Total**	**Progress Update**
22/23	**Contract Management**	Moderate	2	3		5	Contract Register reviewed, updated procurement procedures undergoing external legal review
	Estates and Facilities	Limited		2		2	Condition Surveys completed; Repairs process implemented - to be documented
	LSC Contract Management	Moderate		1		1	Tracker 99% there, plan in place to close off recommendation
	Risk Management Framework	Moderate		1		1	Training for new Members / Risk owners to be planned as required during year
23/24	**Business Continuity Planning**	Limited	2	3	2	7	BCP Group re-formed, policies and procedure review in progress, SMT/HOS training completed
	Data Management	Substantial	2			2	KPIs agreed, compliance testing proposal to be agreed at Oversight group
24/25	**Cyber Security**	Limited	1	4	1	6	Strategy drafted, enhanced monitoring of training completion
	Data Management	Substantial	2			2	Procedures updated
	Debt Management	Moderate	2	2		4	Central procedures being reviewed first, then updating local procedures and training
	HR Onboarding and Offboarding	Limited	4	5	2	11	Forms and Procedures have been updated and communicated to managers
	Treasury Management	Moderate		3		3	Updated policy scheduled for Authority in October, enhanced reporting planned
Total			**15**	**24**	**5**	**44**	

Based on the opinion of officers, 15 of these recommendations have been implemented, leaving 29 still to be implemented. The tracker will be formally updated annually after Fortis Mazar's annual follow-up review.

Lee Valley Regional Park Authority **LEE VALLEY REGIONAL PARK AUTHORITY** **AUDIT COMMITTEE** **19 JUNE 2025 AT 12:45**	**Agenda Item No:** **7** **Report No:** **AUD/162/25**

ANNUAL GOVERNANCE STATEMENT 2024/25

Presented by the Head of Finance / Deputy Chief Executive

SUMMARY

This report sets out the Annual Governance Statement to be included within the Statement of Accounts for 2024/25.

RECOMMENDATION

Members Approve: (1) the Annual Governance Statement attached at Appendix A to this report to be included within the Accounts, subject to any comments received from Members.

BACKGROUND

1 The Accounts and Audit Regulations 2015 required the Authority's Accounts to be signed, certified and published by 31 July each year. The Accounts and Audit (Amendment) Regulations 2024 extended the deadline for the publication of final audited accounts to 27 February 2026 for the 2024/25 accounts.

This amendment came about as a result of the significant delays in the approval of accounts across the local government sector and introduced a phased approach over the financial years to 2027/28 in bringing back to approval backstop date, and returning to the 31 July date by 2029.

2 Alongside this, the 2024 Regulations amendment also updated the date for publication of the draft accounts, and the period for the exercise of public rights for financial years to 2027/28, to "on or before the first working day of July of the financial year immediately following the end of the financial year to which the statement relates."

The regulations do not require draft accounts to be approved, although it is good practice to do this. Whilst we were not in a position to produce the full draft accounts for 2024/25 in time for the scheduled Audit Committee in June 2025, Members have been provided with a separate Draft Financial Statements 2024/25 which sets out the provisional document and provides commentary on outstanding areas. We will, however, be in a position to publish in line with the Regulations.

ANNUAL GOVERNANCE STATEMENT 2024/25

3 The Authority has adopted a code of corporate governance, which is consistent with the principles of the CIPFA/SOLACE Framework Good Governance in Local Government. This statement explains how the Authority has complied with the Code; and also meets the requirements of Regulation 6(1)(b) of the Accounts and Audit Regulations 2015 in ensuring that there is a sound system of internal control and that this Committee approves the Annual Governance Statement.

4 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 and for it to be published with the Financial Statements.

5 Assurance derived through the monitoring of processes, including risk management, provides evidence which allows the Authority to form conclusions on the efficiency and effectiveness of operations. 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 published information is accurate and reliable; and
- human, financial and other resources are managed efficiently and effectively.

6 A draft Annual Governance Statement is attached at Appendix A to this report for approval by Members.

ENVIRONMENTAL IMPLICATIONS

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

EQUALITY IMPLICATIONS

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

FINANCIAL IMPLICATIONS

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

HUMAN RESOURCE IMPLICATIONS

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

LEGAL IMPLICATIONS

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

RISK MANAGEMENT IMPLICATIONS

12 These are dealt with within the Annual Governance Statement detailed in Appendix A to this report.

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PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/157/25	Accounting Policies & Accounts Closedown Timetable 2024/25	27 February 2025

APPENDIX ATTACHED

Appendix A	Annual Governance Statement 2024/25

ANNUAL GOVERNANCE STATEMENT 2024/25

Scope of responsibility

The Authority is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Authority does not have a duty under the Local Government Act 1999 in the same way that local authorities do to make arrangements to secure continuous improvement when exercising its functions, having regard to a combination of economy, efficiency and effectiveness; but it considers and adopts these elements as a matter of best practice.

In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs and for ensuring that there is a sound system of internal control which facilitates the effective exercise of its functions, as described in the Narrative Report included with in the final accounts, and includes arrangements for the management of risk.

The Authority has adopted a code of corporate governance, which is consistent with the principles of the CIPFA/SOLACE Framework for Good Governance in Local Government. This statement explains how the Authority has complied with the Code and also meets the requirements of Regulation 6(1)(b) of the Accounts and Audit Regulations 2015 in relation to the publication of an Annual Governance Statement.

The purpose of the governance framework

The governance framework comprises the systems and processes for the direction and control of the Authority and its activities for which it is accountable to its stakeholders and the wider community.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks likely to impair the achievement of the Authority's policies, aims and objectives; to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The governance framework has been in place at the Authority for the year ended 31 March 2025 and up to the date of approval of the statement of accounts.

The governance environment

The Lee Valley Regional Park Authority (LVRPA) is an award winning and leading leisure organisation. It has a statutory duty under the Lee Valley Regional Park Act (1966) to develop the 10,000 acre Park as a regional destination. Our Business Plan 2024-2027, approved in October 2023 (Paper A/4345/23) sets out our Vision, Mission, and Values, and sets out our strategic business objectives and targets.

These are then translated into more specific aims and objectives in the service improvement plans which are prepared annually and, where objectives are complex, included as part of the corporate risk register as part of the risk management framework. The achievement of these objectives is monitored by the Senior Management Team, and the Executive, Audit and Scrutiny committees.

The Authority does not have directly elected Members, but Members are appointed to the Authority by local councils from London, Essex, and Hertfordshire. Members are responsible for setting policies and priorities and for the efficient and effective use of resources. The behaviour of Authority Members is regulated through a Model Code of Conduct made by statutory instrument, which is adopted and regulated within their own Councils' systems and which is supported by a Members' planning code of good practice within this Authority. The Authority has an approved Conflict of Interests/Loyalties Protocol which sits as an Appendix to Standing Orders. Employees are also subject to a Code of Conduct and a number of specific policies (e.g. on whistle blowing, IT usage, bullying and harassment) which are set out in the Employee Handbook. Advice on these matters is embedded through on-going training.

The Authority is not required to have a formal constitution but has adopted a traditional local authority style committee model. Policy and decision making are facilitated by a clear framework of delegation set out in the Lee Valley Regional Park

Act 1966, the Authority's Standing Orders and Financial Regulations. This sets out, among other things, where responsibility lies for developing and delivering policy, and for taking decisions. The Standing Orders and Financial Regulations provide for some delegation to officers but within a policy framework laid down by the Authority, and with the more significant executive decisions being taken by the elected Members of the Executive Committee and the Full Authority. The Authority is also able to hold its decision making meetings in person and remotely (both fully remote and hybrid).

Compliance with established policies, procedures, laws and regulations is ensured by the requirement in the Standing Orders to give the Chief Executive, the Monitoring Officer and the Chief Finance Officer the opportunity to comment on every report submitted to a decision making body. The Monitoring Officer has a legal duty to ensure the lawfulness of decision making.

Risk management is embedded in the Authority through a Corporate Risk Management Framework (Paper AUD/126/22) which includes the requirement to identify strategic and operational risks, assess those risks for likelihood and impact, identify mitigating controls and allocate responsibility for those controls. The Authority maintains and reviews a register of its business risks, linking them to strategic business objectives and assigning ownership for each risk. Risk management awareness is an integral part of the Authority's employee/management competency framework. Risk Management is led on at director level and matters of risk for the Authority are reported directly to the Audit Committee who receive reports on risk management at each meeting and who take appropriate action to ensure that corporate business risks are up-to-date; being actively managed; and agree the soundness of the Authority's risk management arrangements. Risks that crystallise – those potential risks that become a real, tangible problem – are removed from the risk register and managed via an issues log. These issues are subject to the same level of constant review, management, and action as risk, albeit as real issues.

The Authority's programme for delivering continuous improvement in its services is set out in the annual service plan and driven by the Business Priorities. Actions for improvement are drawn from a variety of sources including internal audit; the Authority's own service reviews, health and safety audits, and external inspections such as those undertaken by Quest and Green Flag. An annual assessment of performance, detailing future performance targets, is set out in the Scrutiny Scorecard Reports agreed three times a year by the Scrutiny Committee. The Leisure Services Contract (LSC) for the management of the major sporting venues is operated by a third party, Greenwich Leisure Limited (GLL). The LSC contains a comprehensive performance framework and monitoring systems, with PIs, KPIs, and open book access to financial information, and is also presented to Scrutiny Committee.

Section 151 responsibilities are carried out through a Service Level Agreement via the London Borough of Enfield (LBE) in conjunction with the Head of Finance role in the Authority. The Executive Director of Resources (LBE) is designated as the responsible officer for the administration of the Authority's financial affairs under section 151 of the Local Government Act 1972 and section 11 (1) of the Lee Valley Regional Park Act 1966. This includes ensuring the lawfulness and financial prudence of decision making; providing advice, particularly on financial impropriety, publicity and budget issues; giving financial information; and acting as the Authority's money laundering, whistle blowing and anti-fraud, bribery & corruption reporting officer. Policies relating to whistle blowing anti-fraud, bribery & corruption were approved by the full Authority in October 2023 (Paper A/4342/23). This is supported by Authority wide awareness training for all staff and elected Members. The Authority's financial management arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2016).

The Authority has a performance management regime through which quality of service is measured through corporate performance indicators which in turn are reported through the Scrutiny Scorecard. This is monitored by the Senior Management Team and scrutinised three times a year by the Scrutiny Committee.

Review of effectiveness

The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of managers within the Authority who have responsibility for the development and maintenance of the governance environment, recommendations from the Annual Internal Auditor's report, comments and recommendations made by the external auditors and other reviews by independent agencies.

The terms of reference for the Audit Committee requires it to monitor and review the Authority's system(s) of internal financial control and authorise/approve the Annual Governance Statement; it also monitors and reviews the Authority's Health & Safety and risk management policies and programmes.

The Internal Auditor reports to the Authority's Chief Executive Officer and Head of Finance, but in order to ensure

independence has direct access to the, Monitoring Officer, the Chair of Audit Committee and the Audit Committee itself.

The Internal Auditor provides an independent opinion on the adequacy and effectiveness of the system of internal control, which is incorporated in the Annual Internal Audit Report to the Audit Committee. The Annual Internal Audit Report for 2024/25, which was presented to the Audit Committee on 19 June 2025 (Paper AUD/161/25), sets out the assurance provided on the Authority's internal control systems and provides detail on the specific audits that were conducted over the past year.

The current Risk Management Strategy was approved by the Audit Committee on 23 June 2022 (Paper AUD/126/22). The Strategic Risk Register has undergone regular review and monitoring this year by the Audit Committee and any changes to the risk register are reported on to the Executive Committee to ensure they are also aware of any new risks that are added or any other amendments that are made.

The Audit Committee also ensure a robust management framework for Health & Safety is maintained. The Authority appointed Right Directions Limited as their Health and Safety service provider for a seven year contract, commencing in October 2022. The contract is for a full and comprehensive service including proactive and reactive support, delivery of training, event support and audits with improvement recommendations. Authority operated sites achieved an 88% approval rating during the year, with those venues operated under the LSC of 87% which although still under the 95% target rate, did represent a 14% and 7% increase respectively on the 2023/24 scores. The audits followed a similar format to the previous year with a more forensic audit approach now adopted, and allows for a year-on-year comparison to measure continuous improvement. Health and Safety matters were reported separately to the Audit Committee in the Annual Health & Safety report to the Audit Committee on 19 June 2025 (Paper AUD/163/25).

Senior Managers continue to review the processes and controls they have in place to allow them to achieve their service objectives. Reporting on financial and performance management information to the Executive Committee and the Scrutiny Committee has taken place over the course of the year. Based on the information provided during the year and reviews of data quality, controls can be seen to be satisfactorily in place.

The review of the effectiveness of the system of internal control is informed by:

The work of managers within the Authority;
The work of the Internal Auditor;
The work of the Health & Safety contractor;
The work of Corporate Risk Management;
Performance Management Information; and
The External Auditors in their Annual Audit Results report.

The results of the review of the Authority's system of internal control have concluded that it is satisfactory and effective.

Significant Governance Issues

The Authority received significant assets as a result of the London 2012 Olympics. The London Legacy Development Corporation completed the legacy transformation works at the Lee Valley VeloPark, and Lee Valley Hockey & Tennis between April 2013 and May 2014. These assets were transferred to the Authority and are recognised in the accounts. These additional asset transfers are valued in excess of £120m, and with that comes a responsibility to manage and operate these as economically and efficiently as possible and in line with the Lottery Funding Agreements with Sport England that the Authority has entered into.

Due to significant delays in approval of accounts across the local government sector, the Department for Levelling Up, Housing & Communities (DLUHC) led consultations on the proposals for clearing the audit backlog ran in early 2024 with the proposed first phase of this involving a reset to clear the backlog of historical audit opinions up to and including financial year 2022/23. Following the calling of the General Election in July 2024, The Accounts and Audit (Amendment) Regulations 2024 was laid before parliament and came into force on 30 September 2024, and provided a set of backstop dates by which audits need to be complete, or a disclaimed or modified opinion issued, up to the 2027/28 financial year. The auditor issued the completion report for 2021/22 and 2022/23 accounts on 11 December 2024 (Paper AUD/155/24) and set out the work conducted on those audits which resulted in a disclaimed opinion. The opinion on the 2023/24 accounts was also disclaimed, with the auditors results report issued on the 28 February 2025 (Paper AUD/158/25.)

The Authority's existing governance structure was put in place in 2009. It was reviewed in July 2010 and 2015 to ensure

management and decision making processes remained robust, relevant and fit for purpose. Members continue to review the committee structures on an annual basis at the AGM – the most recent review in July 2024 (Paper A/4352/24) although this will be reviewed again shortly at the next AGM in July 2025. In support of the Full Authority there are Executive, Audit, Scrutiny and Regeneration and Planning committees covering all areas of the Regional Park. Relevant Member working groups are established annually and cover Park wide strategic initiatives as well as specific major projects and initiatives.

Members agreed to the establishment of an Independent Remuneration Panel (IRP) to carry out a review of the remuneration of the roles of Chairman and Vice Chairman at full Authority in July 2022 (Paper A/4320/22). The IRP was established met on 21 July 2023 to carry out their review and provide a recommendation on the level of remuneration for the Chairman and Vice Chairman. This was reported to Authority in October 2023 (A/4343/23) and approved by Members.

Accounting policies, estimates and assumptions are reviewed each year by the Head of Finance and approved by the Audit Committee (Paper AUD/157/25), to ensure they are relevant and up-to-date and that they accord with best practice.

The Authority set its budget and levy for 2024/25 in January 2024 (Paper A/4346/24 Authority Meeting 18 January 2024), and reflected the continued high energy prices, and inflation that whilst had fallen from the high point of 11.1% in the previous year, still stood at 3.9%

Our general unallocated reserve was expected to be at £4.4m at the start of the 2024/25 financial year, but this was subsequently revised upwards to £5.0m following the 2023/24 outturn. This included the £1.8m refund we received from HMRC in respect of overpaid VAT with regards to treating local authority sporting income as non-business for VAT.

Following the saving exercise conducted to mitigate the rising costs in 2023/24, we need to re-incorporate contribution to some earmarked reserves, as well as allowing for rises in contract costs, audit fees, as well as employee pay rises. The base management fee payable in respect of the Leisure Services Contract (LSC) with Greenwich Leisure Limited (GLL) resulted in a payment to the Authority, but as part of the shared risk position for utilities, we incorporated a payment back to GLL as our price risk provision.

After allowances for base, and one-off, budget growth and savings, Authority members took the decision to increase the levy for 2024/25 by 3%, which allowed us to set a balanced budget. However, with a number of one-off items of additional income and savings, we achieved an overall net surplus of £0.6m in 2023/24, which has allowed our unallocated general fund to increase to £5.6m

Furthermore, the Authority continues to invest in our venues and open spaces, which along with the redevelopment of the twin-pad Ice Centre, which opened in July 2023, has or will see, investment into all the other sporting venues with replacement of lighting systems, as well as upgrades to sporting facilities. Open spaces have a major investment programme too, which currently includes works at Middlesex Filter Beds, footpath improvements at St Pauls Field, and major renovation and desilting works at East India Dock Basin, which will require external funding assistance to fully deliver.

The Authority sets the annual budget in the context of the business priorities. The assumptions behind this forecast are reviewed annually; the medium term financial forecast is restated and then approved by Members. The Authority is conscious of the financial pressures faced by the levied authorities and the spending assessments that impact upon them. Officers and Members are committed to providing on-going savings and efficiencies to achieve economy and efficiency through the best use of public funds whilst delivering its own core objectives set out in the draft medium term business plan and statutory role. Consideration of the levy in future years will be subject to inflation, business risks and other economic factors prevailing at the time.

The Authority's approved medium term business priorities ensures it continues to meet existing and new corporate objectives that are emerging and this has fed into the medium term financial planning of the Authority. Having established the operational model for its 6 sporting venues, the Authority will, as part of the new business plan priorities, continue a rolling review of service areas including its in-house operational venues with the aim of determining the most cost efficient and effective delivery mechanisms.

The Authority has now started work on a longer term financial strategy, to cover the next 10-15 years, which factors in a number of significant areas. The LSC is for an initial 10 year period, which concludes at the end of 2031/32, and whilst there is provision within the contract for a further 5 year extension, the financial implications of this would still need to be negotiated. Additionally, conscious that the Authority has a number of major assets that are over 15 years old, a full condition survey of all built assets, residential properties, and Park infrastructure was undertaken from late 2024 to summer 2025.

These surveys have identified a range of maintenance requirements over the next 25 years to keep these assets in full operational order, as well as highlighting the need to make provision for future investment into built assets. These costs may not be insignificant, and we need to ensure that the Authority continues on its robust financial management strategy that has led to the strong position it is currently in.

Reporting on the Authority's use of Public Funds demonstrates to stakeholders and Council Tax payers how their money is spent. Closing the accounts in a timely manner and receiving an unqualified Audit opinion provide information and evidence to those stakeholders about how the Authority works. Even in years where the audit opinion is disclaimed due to the recovery of audit assurance as a result of the audit reset, the Authority, via the auditors annual assessments, can still demonstrate value for money.

Shaun Dawson
Chief Executive
June 2025

Paul Osborn
Chairman
June 2025

Lee Valley Regional Park Authority **LEE VALLEY REGIONAL PARK AUTHORITY** **AUDIT COMMITTEE** **19 JUNE 2025 AT 12:45**	**Agenda Item No:** 8 **Report No:** **AUD/163/25**

ANNUAL REPORT ON HEALTH & SAFETY 2024/25 AND HEALTH & SAFETY AUDIT PLAN 2025/26

Presented by the Corporate Director

SUMMARY

This report sets out the work provided by Right Directions Limited, the Authority's Health & Safety service provider, during the financial year 2024/25. The report covers all aspects of Health & Safety work carried out within the Authority including the six Leisure Service Contract venues that are managed by Greenwich Leisure Limited.

The main areas for Members to note are:

- an average score of 88% on non-Leisure Service Contract Health & Safety audits was achieved against a target of 95%, an increase of 14% on the previous year;
- an average score of 87% on Leisure Service Contract Health & Safety audits was achieved against a target of 95%, which was an increase of 7% on the previous year;
- an average score of 92% on departmental audits was recorded; which was an increase of 15% on the previous year;
- the overall average audit score is 88%; which is an increase of 10.79% on the previous year;
- of the 5.8million visits, accidents were up from 0.64 per 10,000 visits in 2023/24 to 0.80 per 10,000 visits in 2024/25;
- Three RIDDOR reports were submitted to the Health & Safety Executive during 2024/25, which is an increase of 2 from the previous year;
- completion of a comprehensive training programme;
- forthcoming changes in legislation in relation to new UK law (The Terrorism (Protection of Premises) Act 2025) also known as 'Martyn's Law'; and
- the continued assistance of the Health & Safety team at major events.

RECOMMENDATIONS

Members Note:

(1) the annual report of Right Directions Ltd for 2024/25 detailed in Appendix A to this report;

(2) the forthcoming 'Protect Duty' legislation known as 'Martyn's Law';

Members Approve:

(3) the aims and objectives for 2025/26, set out in Appendix A in the annual report of Right Directions Ltd; and

(4) 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 re-procured during 2022 and a contract awarded to Right Directions to provide a full and comprehensive H&S service to the Authority. The contract was tendered for 7 years (with the option for extending up to 3 years) from October 2022 and Right Directions Ltd (Right Directions) were appointed as the approved provider. This report looks at the delivery of the H&S service during 2024/25 and summarises the scope of audit coverage during the last financial year.

2. Right Directions are now in year 3 of their seven-year contract. The audits conducted by Right Directions are more forensic than in previous contracts, focusing on evidence and outputs to ensure robustness and high-level performance in the long term.

HEALTH & SAFETY WORK – 2024/25

3. All planned H&S activity was completed in accordance with the 2024/25 plan along with increased support for Events and a more forensic approach to H&S audits.

4. Right Directions have prepared a comprehensive report summarising the reviews and their findings and this is attached as Appendix A to this report.

5. In all H&S audits, recommendations were made to improve the system of managing H&S and these recommendations have been accepted by officers. Follow-up reviews will be undertaken in the next twelve months to ensure appropriate action has been taken.

6. In monitoring Right Directions performance each site/area that is audited is requested to confidentially feedback on the service that they received from the contractor. There has been positive feedback and managers felt the overall service met or exceeded expectations, with the high level of site support provided.

AUDIT FINDINGS – 2024/25

7. The full Right Directions report is attached at Appendix A to this report for information.

8. As expected, the overall average scores have improved since last year but are still below target which is due to the more forensic approach to the Audits and is not due to a decline in standards. The next years score will give a better comparison on the H&S performance and standards of the non-Leisure Services Contract (LSC) and LSC venues.

9. The key message from Right Directions is embodied in their opinion shown on page 3 of Appendix A to this report, which sets out the assurance for the Authority, it states:

Assurance

- Right Directions are able to provide Members of the Authority assurance that a high level of health and safety work has been undertaken during 2024/25, with the inclusion of monthly support days provided to Authority venues, a quarterly audit assurance programme across all venues, support to head office departments, as well as event support ahead and during major sporting events at Greenwich Leisure Ltd (GLL) managed venues.

- Based on the audit results achieved during the Health and Safety Assurance Programme, covering the period of 1 April 2024 to 31 March 2025, the high target set for both Authority operated venues and GLL managed venues combined with the forensic approach taken by the (Right Directions) auditors which is a contractual requirement, the audit target was not met by either the Authority's own venues or those managed on behalf of the Authority by GLL; although they didn't meet the 95% target, the average scores have increased from last year by 14% and 7%, respectively. In 35 individual quarterly audits, a score of 95% or above was achieved, broken down into 15 non-LSC audits, 8 LSC audits and 12 departmental audits.

- It has been encouraging that head office departments audited have delivered similar results to the Authority venues. It should be noted that the year-end average scores achieved are of a respectable standard.

KEY HIGHLIGHTS - 2024/25

10. The key work delivered from the H&S team during 2024/25 is detailed in Appendix A to this report. In summary, the key highlights are:

- training course attendance continues to improve with 110 attendees across 13 sessions and 593 online health and safety training courses being undertaken;
- head office departments achieved 100% scores in quarter 2, 3, and 4
- insurers and underwriters reported that there were no concerns following the recent site visits and meetings with officers;
- Environmental Health officers visited Myddelton House Visitors Centre during Q2 to conduct a review of the 'scores on the doors' food hygiene rating scheme. A score of 5/5 was awarded, with five minor actions recorded, which were completed; and
- Fire & Rescue service reported no actions required.

11. **Non-LSC Venues**

The Authority venues, which consist of the non-LSC facilities (four campsites and two marinas, Lee Valley WaterWorks Centre, Holyfield Hall Farm, Rangers, Myddelton House, Myddelton House Gardens, Golf and Learning & Engagement) had an average score of 88% against a 95% target set for 2023/24. This is an increase of 14% on last year which can be attributed to appointment of the Business Support Officer last year as a dedicated resource across the non-LSC venues to help improve the scores.

12. **LSC Venues**

The LSC facilities managed by GLL (Lee Valley VeloPark, Lee Valley Hockey and Tennis Centre, Lee Valley Riding Centre, Lee Valley Athletics Centre, Lee Valley

White Water Centre, Lee Valley Ice Centre) had an average score of 87% against a 95% target set for 2023/24, This is an increase of 7% on last year.

The Authority increased the frequency of the monitoring visits last year at some of the LSC venues, will continue to do so and are working with GLL to continue to help improve the scores and reach the 95% target.

The target for the LSC facilities is proposed at 95%, with non-LSC sites also set at 95% for 2025-2026 to ensure all sites strive to maintain the highest level of H&S standards that has been achieved in recent years. The industry average score (according to Right Directions based on 805 audits carried out last year) is 80%.

13. The Right Directions report also includes a summary of RIDDOR incidents; which there were 3 recorded 3 in 2024/25 (up 2 from 2023/24), and provides detail of the position with regard to insurance claims up to 31 March 2025.

    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. Accidents increased from 0.64 per 10,000 visits in 2023/24 to 0.80 per 10,000 visits in 2024/25.

ANNUAL HEALTH & SAFETY OBJECTIVES 2025/26

14. The report by Right Directions sets out a summary of objectives for 2025/26 and takes into account the following:

    - the Authority's Strategic Risk Registers;
    - targets of 95% for non-LSC sites, 95% for LSC sites and 95% for Departments;
    - findings from previous years' H&S work; and
    - planned developments within the Authority.

15. There are 416 contracted days to allow completion of the H&S Plan in 2025/26 and Members are asked to approve the aims and objectives as set out in Appendix A of this report. Appendix D to that report shows the long-term Strategic Plan which includes the objectives for 2025/26.

ENVIRONMENTAL IMPLICATIONS

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

EQUALITY IMPLICATIONS

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

FINANCIAL IMPLICATIONS

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

HUMAN RESOURCE IMPLICATIONS

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

LEGAL IMPLICATIONS

20. There are no legal implications arising directly from the recommendations in this report; however there will potentially be future implications in relation to the new UK law (The Terrorism (Protection of Premises) Act 2025) also known as 'Martyn's Law'. The Act will require venues within the scope of the legislation to take necessary but proportionate steps according to their capacity to mitigate the impact of a terrorist attack and reduce harm.

RISK MANAGEMENT IMPLICATIONS

21. There are no risk management implications arising directly from the recommendations in this report. The percentage of accidents to usage has increased to 0.80 per 10,000 visits, but the overall audit scores has increased across all areas. Members, Senior Management and Officers should continue to be vigilant in their application of H&S management systems, processes and procedures to enable the targets of 95% (non-LSC sites) and 95% (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/148/24	Annual Report on Health & Safety 2023/24 & Annual Audit Plan 2025/26	20 June 2024
Audit Committee	AUD/134/23	Annual Report on Health & Safety 2022/23 & Annual Audit Plan 2024/25	22 June 2023
Audit Committee	AUD/128/22	Annual Report on Health & Safety 2021/22 & Annual Audit Plan 2022/23	23 June 2022
Audit Committee	AUD/119/21	Annual Report on Health & Safety 2020/21 & Annual Audit Plan 2021/22	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 2024 to March 2025
Appendix B	H&S Policy Statement

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
GLL	Greenwich Leisure Ltd

Right Directions

Quality Support in Safe Hands

Annual Health & Safety Audit Committee Report

April 2024 – March 2025

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Introduction

- This report covers a performance review of health and safety across the Authority for the financial year of 2024/25, providing an overview of the second full year of the contract for Right Directions.
- This report will also detail key aims and objectives for the year ahead in 2025/26.

Assurance

- Right Directions can provide Members of the Authority assurance that a high level of health and safety work has been undertaken during 2024/25 by Right Directions, with the inclusion of monthly support visits provided to Authority venues, a forensic quarterly audit assurance programme across all venues, and support to head office departments.
- Based on the audit results achieved during the Health and Safety Assurance Programme covering the period of 1 April 2024 to 31 March 2025, there is a marked improvement all round compared to 2023/4. The annual average audit target of 95% was met by Holyfield Farm, Myddelton House, the VeloPark and the White Water Centre, as well as the following departments: events, human resources and sport and activation recreation.
- It has been very encouraging to see that almost all of the head office departments achieved 100% scores in quarter 2, 3, and 4, with the year end average score up by 15% on last year.
- It should be noted that the year-end average scores achieved by both the Authority and GLL venues are of a very respectable standard. Although they didn't meet the 95% target, the average scores have increased from last year by 14% and 7%, respectively. In 35 individual quarterly audits, a score of 95% or above was achieved, broken down into 15 non-LSC audits, 8 LSC audits and 12 departmental audits.
- Work has taken place on reducing risks associated with noise, vibration, and explosive and flammable substances, with employee training to follow in these areas.
- The health surveillance programme has been enhanced to include noise and vibration testing for both existing employees and prospective employees.
- A number of health and safety training sessions took place in 2024/5, with the Head of Human Resources providing additional training sessions to meet employee needs, with 110 attendees completing face to face training sessions, and 593 online health and safety training courses being undertaken.

Health & Safety Policy Statement

- The previous LVRPA Policy Statement was signed and issued in July 2024. A new Policy Statement is attached to this report for approval, which is to be issued in July 2025.
- There are no amendments to the content of the Policy Statement as no legislative changes have been made to prompt any changes.
- Once approved and signed, the Policy Statement will be circulated to all venues to be displayed as well as posted on the LVQMS health and safety management system.

Health & Safety Resourcing

- The Health and Safety Team have delivered support services across venues, services, and departments. Right Directions has continued to provide a minimum of 60 hours of direct support per week to the Authority's officers and venues.
- In September 2024, the Authority distributed a survey to venue managers and heads of service asking how they rated the Right Directions health and safety teams' performance. A rating of 8.53 out of 10 was achieved.

- At the last health and safety contract review meeting in March 2025, Authority senior officers stated that they were satisfied with the delivery of the contract and services provided by Right Directions.

Safety Leadership Team and Coordination

- The quarterly Safety Coordinators meetings continue to focus on bringing key members of staff together from across the Authority to share best practice, be provided with health and safety updates, and cover specific health and safety subject matters, including key issues and hot topics. Subjects covered in 2024/5 included: enforcement officer visits, health and safety responsibilities, lone working, managing lithium-ion batteries, ladder safety and near misses. The importance of reporting near misses was supported by an Authority- wide campaign with the subject being covered at team meetings and with posters designed and placed on all staff noticeboards.
- The Health and Safety Strategic and Oversight Meeting team meets to discuss key topics in the health and safety strategic plan, contract mobilisation plan and delivery, as well as addressing any key issues that arise.
- The Senior Management Team (SMT) continued to be provided with quarterly health and safety reports, with Andy Waters presenting the report in person following quarters 2 and 4.
- An end of week a 'health and safety update' email is provided to the SMT and Heads of Service to keep the Authority's higher tier management levels up to speed on insurance claims, accidents, incidents and near misses, work undertaken by the health and safety team, as well as any burning issues raised that require addressing by the Authority. The end-of-week email is an agenda item at the Monday morning Directors and Heads of Service meeting.

Workforce and Contractor Engagement

The Staff Health, Safety, and Wellbeing survey questions were issued in quarter 2 (July-September 2024). The questions were produced and agreed with the Health and Safety Strategic and Oversight team.

Staff Consultation Survey results:

- 52% of the 188 staff (including permanent, fixed term, and casuals) completed the survey
- 98% of respondents said they felt that Lee Valley is a safe place to work, and that the Authority genuinely prioritises health and safety
- 81% said they received the right level of health and safety training to do their job safely, 13% somewhat agreed, and 4% not fully
- 91% thought the Authority communicated well on H&S matters
- 7% of staff said they had H&S issues they wished to raise
- 82% were aware of the 'keeping safe in the Park' feature on Compass and the Viva Engage app
- 52% said they strongly agreed that they felt safe in the workplace, 42% agreed, and 4% neither agreed nor disagreed
- 22% said that there are health, safety and/or wellbeing improvements that can be made in their workplace for both staff and customers.

Upon completion, the health and safety team reviewed all responses and used this information to identify areas for improvement.

Staff Competency Learning and Development Summary

- Face-to-face training sessions recorded 110 attendances across 13 sessions.
- Throughout 2024/25, the Authority continued to deliver conflict resolution, lone working, and personal safety training, which were areas highlighted in the previous staff consultation survey.
- To provide managers with the necessary skills for developing risk assessments and the general management of health and safety, 22 managers undertook IOSH (Institute of Occupational Safety & Health) Managing Safely training and requalification courses provided by Right Directions.
- Further courses provided by Right Directions included manual handling training and first aid training, with 27 employees taking part in manual handling courses, and another 39 taking part in first aid qualification courses.
- Right Directions provides the Authority with a number of free online training course credits each year as part of the contract delivery, with the Authority's Head of Human Resources allocating the training to relevant employees to complete. In 2024/5 593 online health and safety training courses were completed by employees.
- The management of hot tubs has greatly improved, with water quality readings within the parameters, fewer retests, and fewer closed hot tubs. A new cleaning product was introduced during quarter 2, and staff have been retrained on the process with deeper and thorough cleaning of the hot tubs taking place. Better controls are also in place to reduce the risk of water contamination during refilling hot tubs. Processes and water quality test results continue to be monitored on support day visits with any positive samples reported to the Head of APMD, Corporate Director and health and safety team. The number of positive microbiological test samples declined over the year in 2024/5.
- In April 2024, the National Counter Terrorism Security Office (NaCTSO) launched 'ACT in a BOX': an interactive product that enables businesses to rehearse and explore their response to terrorist incidents. Having consulted with the Senior Management Team on the training courses available, all non-LSC staff were required to complete the training.
- The team continued to work with the Head of HR to provide information on training providers for face fit respirator training, and noise and vibration training, as areas for improvement identified through the audit process.

Training Provision / Staff Certified Competency 2024-25

Face-to-Face Courses	Number of Course Completions		
	Date	No. Delegates Attended	No. Delegates Achieved Certification
IOSH Managing Safely	9/16/23 May 24	9	9
Conflict Resolution, Lone Working, and Personal Safety training	02 May 24	10	10
Manual Handling	14 May 24	6	6
Conflict Resolution, Lone Working, and Personal Safety training	04 July 24	12	12
Emergency First Aid (1 day)	23 July 24	8	8
First Aid at Work (3 Day Course)	13-15 July	8	8
First Aid at Work (Requalification)	9-10 Oct 24	11	11

IOSH Refresher Course	15 Oct 24	4	4
First Aid at Work (3 Day Course)	21-23 Jan	8	8
IOSH Managing Safely	04 Feb 25	9	9
Manual Handling	06 Feb 25	11	11
Manual Handling	26 Feb 25	10	10
First Aid at Work (Requalification)	5-6 Mar 25	4	4
Totals		**110**	**110**

- Noise and vibration awareness training is currently being sourced to ensure that relevant staff members have the required knowledge on these topics following the completion of noise and vibration testing at all venues.

Health & Safety Management System (HSMS)

- The existing Lee Valley Health and Safety Management System (HSMS) procedures were reviewed by the Right Directions team following a gap analysis project being undertaken against Right Directions' own health and safety management system procedures.
- Work has continued with the relevant officers reviewing and signing off on several procedures
- Procedures continue to be converted to the LV QMS procedure format and are scheduled to be uploaded to 'Compass' ahead of the new HSMS launch in July 2025.
- A review meeting is taking place in quarter 1, 2025/6, with a training presentation written as a means of introducing staff to the management system prepared ahead of the launch.

Specific Health and Safety Support Projects

- **Noise & Vibration Risks** - The audit process identified that noise and vibration risk assessments were required to protect employees from noise and vibration risks. Noise and vibration risk assessments were conducted at the non-LSC venues with testing of workshop equipment, hand tools, greenkeeping and farm machinery, and grounds maintenance equipment. Exposure levels were calculated, with maximum equipment user times defined within the risk assessment reports. Venue managers were provided with additional wall charts produced by the health and safety team as a secondary and simple reference point for employees to be displayed in equipment storage areas and workshops. The charts detail the equipment, the maximum user times for equipment and, where necessary, what level of PPE is required to be worn. Employee noise and vibration surveillance was commissioned by Human Resources with staff attending testing sessions with the occupational health provider. Following conversations in August with the Head of Human Resources, a further testing regime was implemented as part of the recruitment process to determine if any new employees have existing health conditions caused by their exposure to noise and vibration in previous employment. This enables the Authority to establish the necessary controls and provide the appropriate Personal Protective Equipment (PPE) to the employee as needed.

- **Legionella** - Work was completed in conjunction with the Head of APMD to aid managers in the delivery of legionella controls at the venue level by providing additional training, information, and instruction. The Head of APMD commissioned a number of legionella risk assessment reviews this year, along with providing schematic diagrams of water systems and mapping of water system assets. Relevant Managers and staff who deliver legionella controls are allocated online legionella training to aid the management and delivery of

legionella controls. The delivery of controls is also checked on monthly support visits by the health and safety team.

- **Fire Safety** - Fire Risk Assessments were completed by the health and safety team's qualified fire risk assessors at Myddelton House Gardens, Springfield Marina, Stanstead Marina, The WaterWorks, Edmonton Golf yard, Holyfield Hall Farm, and a specific fire risk assessment undertaken at Dobbs Weir Caravan Park following the installation of electric vehicle (EV) charging points in the main car park and rental unit car parking spaces. Emergency Action Plans (EAP's) have been updated at Dobbs Weir Caravan Park, Springfield Marina, and the North Ranger base to include action to take in the event of an EV vehicle fire, with staff trained in the processes. Manual break glass call points have been installed at the Wildlife Discovery Centre to aid in raising the alarm in the event of a fire. Works are underway to enhance the fire detection and alarm system at Stanstead Marina. Andy Waters, the Right Directions contract lead achieved a level 7 FireQual qualification in fire risk assessment in high-risk premises in January 2025.

- **DSEAR Assessments** – Right Directions fire risk assessment reports identified the need for the Authority to comply with the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) that aim to protect people from risks associated with fires and explosions caused by dangerous substances in the workplace. The health and safety team sourced quotes from specialist contractors to deliver DSEAR risk assessments at Authority venues. Upon receiving the quotations, the health and safety team analysed them in terms of complying with the regulations. Upon liaising with the authority's insurance company, which advised that zone mapping was required, one additional quote was needed to ensure a suitable comparison. This was sourced, and a second comparison was undertaken and presented to officers. The officer's chosen contractor was then discussed with the Authority's insurers risk manager who approved the contractor selected. Authority officers are to seek SMT approval for the expenditure to enable risk assessments to take place in 2025/6.

- **Display Screen Equipment (DSE) Assessments** – The annual self-assessment process took place in quarter 4 with staff working with visual display equipment, as well as those working remotely, or at home, for periods of the working week completing the self-assessment form. The actions from the assessments are currently being reviewed and addressed by Authority Officers.

- **'StaffMIS' / 'LVQMS'**– Right Directions' system currently hosts the Authorities' quality management system and existing health and safety management system. The systems 'tasks and checks' went live at the campsites and caravan parks in March 2025, with the venues completing daily, weekly, monthly, quarterly checks using the electronic system via mobile devices. Work is currently underway to add all statutory servicing and inspections which are currently recorded in paper form in the 'Maintenance Performance Guides (MPG's) to the LVQMS system, as well as the Human Resources team adding training records.

- **Adverse Weather** – Processes have been improved with the health and safety team monitoring Met Office weather alerts and informing the adverse weather team of pending adverse weather, with the now expanded team then communicating relevant action needed to employees, such as closures and warning the public. Icy/cold weather conditions guidance, including safe driving guidance was again sent out to employees via the communications team during periods of inclement weather.

Event Safety Support

- Support was provided to the Events Team on an ad hoc basis as and when requested, mainly on minor issues.

- The quarter 3 LSC venue audits contained a module on event safety, which, through regular meetings with the venues, are picking up the actions identified in the audit process.

Proactive Monitoring

LVRPA Accident / Incident Figures 2024-25

LVRPA (non-LSC)									
Quarter	Accidents Reported			Incidents/ Near Misses Reported			RIDDOR Reports		
	2024-25	2023-24	Direction of Travel	2024-25	2023-24	Direction of Travel	2024-25	2023-24	Direction of Travel
Q1	20	8	+12	111	75	+36	1	1	0
Q2	15	9	+6	114	148	34	0	0	0
Q3	7	9	2	80	107	27	1	0	+1
Q4	6	10	4	75	101	26	1	0	+1
Totals	48	36	12	380	431	51	3	1	+2

Summary of Accidents, Incidents, and Near Miss Reports

- Overall numbers of accidents reported are similar to 2023-24, with a slight increase of 12 accidents.
- Quarter 1 saw an increased number of incidents being recorded compared to 2023-24. This was due to Parkguard's reporting processes, which balanced out in Q2, with a downward trend for the rest of the year.
- Incident types remain varied, but the most frequently reported incident types include rough sleepers and homeless persons, environmental incidents (fly tipping), illegal gatherings and antisocial behaviour, groups of youths riding motorised/electric scooters and motorbikes, and illegal swimming. Historical data shows that these types of incidents continue to be reported by the Ranger and Parkguard teams each year.
- 18 near misses were reported in 2024/5. Up 16 on those reported in 2023/4. This is likely due to better reporting following enhanced awareness of the importance of collating data delivered by Right Directions:
    - 14 Stray golf balls at Edmonston Campsite
    - 1 Craning incident
    - 2 Driving incidents
    - 1 Uncontrolled dog at Edmonton Campsite.
- Unfortunately, there was one recorded fatality this year at Stanstead Marina in January 2025. A body was found in the River Lea near Hoddesdon (not on Authority land) by a dog walker, which transpired to be that of a male berth holder at Stanstead Marina. The death was investigated by the Police and has not been deemed suspicious. The male's phone along with other possessions such as keys and wallet were still in his boat and were handed to the police. Senior management attend site to check on the welfare of staff, who were also offered support through the employee assistance programme.

LVRPA Staff / Volunteer and Contractor Accident Figures 2024/25

- 2024/25 – 17 staff and volunteers reported accidents. All accidents reported were minor injuries.
    - Comparison to 2023/24 figures – **plus 4** accidents on the previous year.
- 2024/25 – 0 contractor accidents reported.
    - Comparison to 2023/24 figures – **minus 1**.

RIDDOR Reportable Accidents

Three RIDDOR reports were submitted to the HSE during 2024/25, which is an increase of 2 from the previous year. Following reporting all RIDDOR reportable accidents to the HSE, no communications were received from either the HSE or the local EHO departments on the matter.

- Quarter 1: An angler fractured his right ankle while attending to his fishing rods. The Rangers team checked the condition of the area, which was seen to be in good condition. The angler went straight to the hospital from the site.

- Quarter 3: A member of staff at Edmonton Golf was cleaning at a high level with a damp cloth on a chair and came into contact with an electrical junction box, which gave her a shock. She fell from the chair and fractured her wrist whilst trying to break her fall. Following the accident, the electrical box was tested by a certified electrical contractor, and no faults were found. The accident was reported under RIDDOR on 11 October 2024 by the Venue Manager. A detailed accident and incident investigation was completed by Right Directions on 21 October 2024, with several areas for improvement identified to avoid a recurrence. The Accommodation and Golf Manager has since confirmed that the risk assessment and cleaning processes have been reviewed. Staff no longer clean at a high level or use chairs to stand on, and a contractor was employed to undertake cleaning.

- Quarter 4: A casual worker sustained minor injuries to his lip following an accident whilst pruning brambles at Myddelton House Gardens. Unfortunately, the cut became infected, and the worker was absent from work for over 7 days. An accident investigation was completed, which found the worker had cut the branch correctly, but as it was still under tension, it sprung back and hit him in the face. At the time of the accident the casual worker was wearing PPE including safety glasses.

- NOTE: A RIDDOR report was submitted by GLL for the events around the UCI Track Champions League at the Lee Valley Velodrome on 07 December 2024 (further details are provided below under the personal injury claims other notifications heading)

Quarterly Usage Rates v Number of Accidents & Incidents 2024-25

LVRPA (non-LSC)							
Quarter	Total A, NM's & I's Reported		Visitor Figures		Accidents & Incidents per 10,000 visits		
	2024-25	2023-24	2024-25	2022-23	2024-25	2023-24	Direction of Travel
Q1	138	84	2,111,050	2,054,701	0.65	0.41	+0.24
Q2	138	157	1,742,515	1,856,285	0.79	0.85	-0.06
Q3	88	116	927,511	1,225,601	0.95	0.95	0.00
Q4	82	112	1,071,718	1,394,918	0.77	0.80	-0.03
Cumulative Totals	**446**	**469**	**5,852,794**	**6,531,505**	**0.80**	**0.64**	**+0.15**

* Figures across all non-LSC venues and Authority departments, and include contractors' reported accidents, incidents, and near misses.

Personal Injury Insurance Claims Management 2024/25

New Personal Injury Claims Received During 2024/25

- Ref: 401 Dobbs Weir Campsite – Alleged infection – 06 August 2024
- Ref: 402 Three Mills – Play equipment injury – 23 June 2024
- Ref: 403 Turners Hill Marsh – Minor head injury – 23 August 2024.

Live Personal Injury Claims - Year End 2024/25

- **Ref: 388 Dobbs Weir Caravan Park – Persons Struck by Golf Buggy - 18 October 2021.**
  - One significant update received during quarter two: Upon receiving reports and witness statements obtained via the claim investigators, the insurers issued a rejection to the female claimant's claim that the golf buggy also struck her.
  - During the third quarter of the year liability was admitted for the male's injuries but denied for those of the female. The denial has not been accepted to date, but the insurers have statements from three people in attendance either at the time of the accident or immediately after. They will be maintaining the denial based on the content of those statements.
  - In relation to the male, the insurers await medical evidence to make further progress. **The claim is open and active.**

- **Ref: 393 Coppermill Bridge – Cyclist Struck Bridge – 04 September 2021**
  - Liability has been denied. Travelers concluded 'If any common law or statutory duty is established, it has been stated that the accident was entirely caused or contributed to by the claimant. The hazard of the low bridge was an obvious risk of which the claimant was (or should have been) aware and the claimant should have taken greater care; he failed to look where he was going; he failed to slow down, and he failed to stop and dismount from his bike as he approached the bridge'. **The claim is open and active until the claimant's 21st birthday in 2026.**

Closed Personal Injury Claims During 2024/25

- **Ref: 391 White Water Centre – Scooter/ Defect Incident - 22 August 2020**
  - Confirmation was received from the claim's handler in March 2025 that the case had been settled to the total sum of £28,466. The Authority have a policy deductible sum of £10,000, which was paid. **Claim closed and settled.**

- **Ref: 396 Bowyers Water – Trip/Fall – 01 January 2023**
  - Correspondence received in April the claims handler. The case has now been settled to the sum of £18,498 with all costs included. The Authority have a policy deductible sum of £10,000, which was paid. **Claim closed and settled.**

- **Ref: 398 Lea Bridge Road Underpass to Friends Bridge – Fall from Bike/ Pothole - 9 July 2023**
  - A claim had been submitted through Admiral Law however; confirmation was received from Travelers that the claimant had withdrawn instructions to Admiral Law in January 2025.
  - In February 2025, confirmation was received from Travelers that the case had been closed. **Claim closed and no payments made.**

- **Ref: 399 Waltham Abbey Gardens – Uneven Path - 29 March 2024**
  - The claim was settled due to it being difficult to demonstrate that a defect constituting a trip hazard was not present at the time of the Rangers monthly inspection immediately prior to the accident date.
  - The total settlement cost of £4,169 was paid. **Claim closed and settled.**

- **Ref: 401 Dobbs Weir Campsite – Alleged Infection – 06 August 2024)**
  - Communication from the insurers regarding the employee who claimed to have been in contact with human faeces whilst emptying the bins at Dobbs. The claims handler
  - commented 'Given that the injured party did not attend Hospital or his GP, there is clearly no proof of how he has been exposed or contracted any symptoms. If a formal claim is presented here, we will immediately look to deny liability.' No personal injury claim has been received, and the insurers closed their file. **Claim closed and no payments were made.**

- **Ref: 402 Three Mills – Play Equipment Injury – 23 June 2024**
  - Following a lengthy investigation and Travelers' request to settle the claim on the best terms to avoid official proceedings, confirmation was received that Travelers had agreed on a settlement figure with the injured person's solicitors. The total settlement costs were £10,825, with the policy deductible sum of £10,000 payable by the Authority.
  - Further correspondence was received in early December 2024, which confirmed payment had been received and the case had been closed. **Payment made and claim closed.**

- **Ref: 403 Turners Hill Marsh – Minor Head Injury/ Tree Sculpture – 23 August 2024**
  - Early in April 2025, confirmation was received from the claims handler that no further correspondence had been received from the claimant's solicitor; therefore, the file was closed. **Claim denied and closed.**

Other Notifications

- **December 2024**
  - Travelers were notified of the accident which took place during the UCI Track Champions League at the Lee Valley Velodrome on 07 December 2024.
  - The event was cancelled on the evening following the accident in agreement with all parties, GLL, Lee Valley, and British Cycling.
  - Accident reports were received from GLL and were provided to Travelers who appointed loss adjusters to undertake an investigation. Newham's Environmental Health team investigated the incident and closed their investigation with no action taken. A personal injury claim has since been submitted to GLL from spectators. **To date no claim has been submitted to the Authority.**

- **March 2025**
  - Travelers were notified of the road circuit incident at the VeloPark where unfortunately a rider passed away after a crash on the circuit. Loss adjusters were appointed by the insurers to investigate the incident. Officers have obtained documentation from the venue and event organisers. Initially, the loss adjuster does not see the incident as a concern for the authority's insurers. **To date no claim has been submitted to the Authority.**

Insurance Issues / Risk Surveys / Thorough Examinations

- Andy Waters and the Head of Legal continued to meet online with the insurers and underwriters as part of the quarterly personal injury claims reviews. At the November review meeting, the insurer's Risk Manager stated that he was happy with the Authority's risk controls, having concluded his fact-finding exercise over recent months.

- The insurer's Risk Manager sought confirmation that the fire suppression system in the LVIC kitchen is fully integrated with the fire alarm system, which is designed to isolate the kitchen electrical equipment when the alarm sounds. A service report was received from the team at LVIC which indicates that an alarm activation isolates the equipment. This information was passed on to the insurer's Risk Manager.

- Right Directions continued to monitor and review all Allianz thorough examination reports for work equipment, pressure systems and lifting equipment at non-LSC venues. All reports were passed on to venues to ensure they had a copy, plus any actions highlighted were tracked through to completion.

Visits by Statutory Bodies, e.g., HSE, EHO, Fire & Rescue Service

Two visits were recorded during 2024/25 from statutory bodies:

- Essex County Fire and Rescue Service fire officers visited Holyfield Hall Farm on 12 December 2024. The Farm Manager advised them that ammonium nitrate is no longer stored on the farm (there is a requirement to notify the local Fire Service if this product is stored on farms due to the fire and explosion risk, being a powerful oxidizer). The Fire Service updated its records following the visit. The Farm Manager also provided copies of the current fire risk assessment and emergency action plan.

- Environmental Health officers visited Myddelton House Visitors Centre during Q2 to conduct a review of the 'scores on the doors' food hygiene rating scheme. A score of 5/5 was awarded, with five minor actions recorded, which were completed.

Health and Safety Audits

March 2025 saw the conclusion of Right Direction's second year of audits using its audit process, which adopts a forensic approach. The audits followed a similar format to the previous year, allowing for a year-on-year comparison to measure continuous improvement. A new additional module was introduced this year at the request of the Authority. The module contained just the one question asking whether 'major' and 'high' rated actions from the previous audit had been completed, meaning that a score of 100% or 0% would be awarded. This module was applied to all audits, and if scored 'no' had a significant impact on the overall audit score. Although this process was soft launched in the latter 2023/24 audits there was still a marked improvement on last year's year-end average scores. As the table below demonstrates the year end average score over the four quarters has increased for all health and safety audits in 2024/5.

Year-End Average Score Comparisons 2023/4 to 2024/5

Audits	Annual Average Score 2023/4	Annual Average Score 2024/5	Difference +/-
Non-LSC	**74**	**88**	**+14%**
LSC	**80**	**87**	**+ 7%**
Departments	**77**	**92**	**+15%**

The tables below highlight how each Venue performed, with the latter column showing a total year-end score of all audits during 2024-25. Overall scores did fall just short of the 95% target. Non-LSC venues achieved an average of 88%, which is 7% below target and LSC venues scored slightly lower at an average of 87%,8% below target. Departmental audit scores achieved an overall average of 92%.

Non-LSC Venues Audit Performance 2024-25

Venue	Quarter 1 (%)	Quarter 2 (%)	Quarter 3 (%)	Quarter 4 (%)	Total (%)
Holyfield Farm	**98**	**98**	**95**	**98**	**97**
Stanstead Marina	**65**	**91**	**91**	**85**	**85**
Rangers Service	**47**	**95**	**92**	**98**	**83**
Myddelton House & Visitors Centre	**94**	**94**	**94**	**96**	**95**
Myddelton House Gardens	**70**	**89**	**80**	**81**	**80**
Lee Valley Campsite, Sewardstone	**60**	**93**	**97**	**94**	**86**
Lee Valley Camping and Caravan Park, Edmonton	**79**	**93**	**95**	**97**	**91**
Lee Valley Caravan Park, Dobbs Weir	**58**	**94**	**94**	**98**	**86**
Springfield Marina	**78**	**97**	**95**	**98**	**92**
Edmonton Golf	**57**	**91**	**74**	**84**	**77**
Almost Wild Campsite	**89**	**N/A**	**N/A**	**97**	**93**
Average Score	**72**	**94**	**91**	**93**	**88**

Summary

- The lowest quarterly average score was in quarter one at 72%, with the highest being achieved in quarter two at 94%.
- All but one non-LSC venues (Edmonton Golf) achieved over 80% at the end of the year, which was an improvement on the previous year, with Holyfield Farm and Myddelton House & Visitor Centre achieving 98% and 95%, respectively.
- The quarter one audit score was impacted following the decision by the Authority to penalise venues and departments for failing to address the major and high-risk actions identified in the previous quarter's audits.

LSC Venues Audit Performance 2024-25

Venue	Quarter 1 (%)	Quarter 2 (%)	Quarter 3 (%)	Quarter 4 (%)	Total (%)
LV VeloPark	**98**	**96**	**96**	**91**	**95**
LV Riding Centre	**70**	**64**	**91**	**93**	**78**
LV White Water Centre	**96**	**98**	**97**	**93**	**96**
LV Hockey & Tennis Centre	**96**	**94**	**93**	**86**	**92**
LV Ice Centre	**61**	**92**	**84**	**87**	**81**
LV Athletics Centre	**65**	**98**	**75**	**88**	**82**
Average Score	**81**	**90**	**89**	**90**	**87**

Summary

- The VeloPark and the White Water Centre both achieved the 95% target with impressive year-end scores of 95% and 96%, respectively.
- All venues but the Riding Centre, which scored 78%, exceeded the 80% grade.

Departmental Audit Performance 2024-25

Venue	Quarter 1 (%)	Quarter 2 (%)	Quarter 3 (%)	Quarter 4 (%)	Total (%)
Working from Home	**95**	**N/A**	**N/A**	**N/A**	**95**
Events	**80**	**100**	**100**	**100**	**95**
HR	**86**	**100**	**100**	**100**	**97**
Sport & Active Recreation	**96**	**100**	**100**	**100**	**99**
Volunteers	**82**	**80**	**87**	**93**	**86**
Learning & Engagement	**80**	**80**	**73**	**95**	**80**
Average Score	**87**	**92**	**92**	**98**	**92**

Summary

- The majority of the Departments achieved the 95% target, with many achieving an impressive 100% for quarters two, three, and four.
- A couple of actions, such as missing evidence to show all volunteers had signed and acknowledged necessary risk assessments in quarter 3 and the lack of person-specific risk assessments for volunteers with additional needs in quarter 4, were the only reasons the Volunteers did not also achieve 100% in these quarters too.

Food Safety Audits

The first food safety audits for LSC venues were undertaken in quarter 3, along with the Myddelton House Visitors Centre undertaking its second audit. Each audit consisted of 17 modules ranging from the supply chain to the control of allergens. The scores awarded are as follows:

- LV Ice Centre – 96% (re-audit on 11 February 2025 undertaken in quarter 4, up 27% from the original audit)
- LV VeloPark – 93%
- LV White Water Centre - 94%
- LV Hockey & Tennis Centre – 90%
- Myddelton House Visitors Centre – 86% (up 22% on its first audit conducted in November 2022).

2025/6 Health & Safety Audit Schedule

Audit dates were issued in quarter 4 2024/5 ahead of quarter 1's audit for 2025/6. The Health & Safety Strategic and Oversight Meeting team agreed that three years of benchmarking would provide a good base to work with. If scores remain continuously high, formats should be altered in the future to further challenge venues and departments.

Changes in Legislation

The Authority and the health and safety team continue to closely monitor the progress of the forthcoming 'Protect Duty' legislation known as 'Martyn's Law.' The Act will require venues within the scope of the legislation to take necessary but proportionate steps according to their capacity to mitigate the impact of a terrorist attack and reduce harm. The duties that the premises will have to take will depend on the size of the venue. Premises and events with a capacity of 800 or above will be in the enhanced tier, while premises with a capacity of 200 to 799 will be in the standard tier.

The Act progressed in 2024/5 through Public Bill Committee readings and the House of Lords before finally receiving royal assent on 3 April 2025. The Act is not yet in force and organisations do not yet have to meet its requirements. Guidance on how to comply with the law is still being drawn up. The government has stated that any guidance written will be simple to understand and action without businesses needing the assistance of third-party advisors or experts. There is a 24-month lead-in time before the Act is brought into force, and organisations must comply with its requirements during this timeframe.

In quarter 1, a working group is to commence monthly meetings to start planning and preparing appropriately to mitigate the impact of a terrorist attack and reduce harm before the legislation is enforced.

Aims & Objectives for 2025-26

General Objectives 2025/26

- Continue to support non-LSC venues with monthly support visits and work with the new Business Support Officer on health and safety standards and risk assessments at the venues.
- Assist the Authority and support the non-LSC venues in improving controls for legionella, noise, and vibration hazards.
- DSEAR risk assessments are to be undertaken at LSC venues, with further staff training being undertaken.
- Purchase defibrillator cabinets for campsites, the marinas, and the Wildlife Discovery Centre, making the defibrillators publicly accessible.
- Embedding the 'tasks and checks' via the StaffMIS platform (known as LVQMS) at the caravan parks/campsites, with planned future rollout to other non-LSC venues.
- Installing the MPG statutory checks on to the LVQMS platform and monitoring the completion of them.
- Relaunch the Right Directions 'STITCH' accident/incident and risk assessment platform, which is currently being enhanced with the developers.
- Deliver the quarterly health and safety audit process, following up each quarter on the progress of the previous quarter's actions via a scored and weighted module.
- Launch the new Health and Safety Management System (HSMS) across the Authority.

Appendices

- Appendix A: LVRPA Health and Safety Policy Statement 2025-26.

Right Directions

Quality Support in Safe Hands

The Stables, Whitehouse Business Centre,
Gaddesden Row, HP2 6HG
[t] 01582 840 098 **[e]** info@rightdirections.co.uk
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Right Directions

Quality Support in Safe Hands

Health & Safety Policy Statement

The Lee Valley Regional Park Authority aims to promote the health, safety, and welfare of all staff, customers, volunteers, and visitors through a commitment to the development of a positive health and safety culture within all offices, facilities, and departments operated under their management.

To achieve the highest possible standards, The Lee Valley Regional Park Authority aims to, so far as is reasonably practicable:

- Implement and develop a health and safety management strategy around the Health and Safety Executive (HSE) principles of Plan, Do, Check, and Act
- Identify the risk to health and safety through comprehensive risk assessments, ensuring actions arising are implemented and the risks are reduced to the lowest practicable level
- Provide defined standards, which will include safe methods of working for all staff
- Provide and maintain plant, equipment, and machinery and ensure safe storage/use of substances
- Seek to prevent accidents, incidents, and near misses, and cases of work-related ill health
- Implement emergency procedures
- Increase the number of near-miss reports
- Ensure the timely completion of investigations to prevent incident reoccurrence
- Ensure mechanisms are in place to report hazards and identify faults for rectification
- Provide a safe and healthy working environment for all members of staff, visitors, members of the public and contractors
- Award contracts for goods and services to persons or organisations able to demonstrate compliance with health and safety legislation and best practice.

The Lee Valley Regional Park Authority is committed to staff development and involvement and aims to ensure the following provisions are met:

- Establish an effective management structure, with key health and safety responsibilities identified and communicated
- Create a proactive and sustainable health and safety culture, that encourages the involvement of all members of staff
- Consult and engage with our staff on matters affecting their health and safety, including day-to-day health and safety conditions
- Ensure suitable welfare arrangements are in place for all staff
- Raise the standard of internal health and safety knowledge by providing suitable and sufficient training, which is appropriate to the business needs of the organisation
- Provide staff with appropriate information, instruction and supervision to ensure staff are competent
- Ensure staff are given necessary health and safety induction and provided with appropriate training and personal protective equipment where required

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. The Senior Management Team will review this policy statement at least annually.

Signatories:

Shaun Dawson - Chief Executive

Paul Osborn – Chairman

Date: July 2025

Lee Valley Regional Park Authority **LEE VALLEY REGIONAL PARK AUTHORITY** **AUDIT COMMITTEE** **19 JUNE 2025 AT 12:45**	**Agenda Item No:** 9 **Report No:** **AUD/164/25**

RISK REGISTER 2025/26

Presented by the Corporate Director

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 February 2025 (Paper AUD/159/25) Members approved the updated risk management strategy and corporate risk register.

Three new risks have been added, four risks have been removed from the Risk Register and two risks have been added to a newly created Issues Log.

Officers have focused on change in the direction of travel of each risk following Member comment that for the majority of risks there had been very little change in the direction of travel.

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 to this report;
Members Note:	(2)	the addition of three new risks (SR1.3, SR6.3 & SR6.4) to the Risk Register;
	(3)	the removal of four Risks (SR2.9, SR4.3, SR9.1 SR11.1) from the Risk Register;
	(4)	that Risks SR2.9 and SR5.3 have moved to the Issues Log; and
	(5)	there are currently no High Risks on the register.

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" includes 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 Forvis 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.

REVIEW OF THE STRATEGIC RISK REGISTER

7. The current Strategic Risk Register is reviewed by officers and Members on an on-going basis and signed off at each Audit Committee.

8. Members last considered the risk register at the Audit Committee in February 2025 (Paper AUD/159/25).

9. An Issues Log has been created and two risks (SR2.9 & SR5.3) have been moved to the log. One of the risks (SR5.3) appears on both the Risk Register and the Issues Log. This is because it relates to failure of accounts to gain full audit assurance, which has occurred in respect of the 2021/22, 2022/23 and 2023/24 accounts and is a risk in respect of the 2024/25 accounts.

10. Three new risks have been identified and added to the Risk Register. These fall under the headings of Legal (SR1.3) and Reputation (SR6.3 & SR6.4). Full details of these risks can be found in Appendices A and B to this report.

11. Four risks have been removed from the Risk Register: SR2.9 (which has been moved to the Issues Log (see Paragraph 9 above)); SR4.3 (as previously approved by Members as it related to the failure of Greenwich Leisure Limited (GLL) to achieve 90% of income target in Year 1, resulting in renegotiation of Year 2 Management Fee and we are now in Year 3); SR9.1 (as previously approved by Members as it related to the redevelopment of Lee Valley Ice Centre circa £30m project and Legal Challenge); and SR11.1 (as it related to changes in the economic and business climate brought about by changes following the departure from the European Union and therefore deemed no longer relevant).

12. One of the new risks, SR1.3, relates to the Terrorism (Protection of Premises) Act 2025, which has recently been passed. The Act has not yet been brought into force and organisations are not currently required to comply with it. The Government has indicated that there will be a two-year implementation period to allow organisations to get ready to meet its requirements and that statutory guidance will be issued during this period to clarify and add detail to the Act's requirements. The Authority has already carried out significant work to prepare for the Act. There is, however, more work that is required and some of this work cannot be completed until the statutory guidance is made available. A working group has been established to progress this work and regular meetings are being held with GLL. It is anticipated that this risk score will reduce over the next two years as further preparations are undertaken.

13. Decisions taken to mitigate these risks will be approved by full Authority and monitoring of these risks is taking place at Executive Committee, along with the Senior Management Team and Heads of Service level.

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

15.

	Residual Risks							
Risk	23 Feb 2023	22 June 2023	21 Sept 2023	29 Feb 2024	20 June 2024	19 Sept 2024	27 Feb 2025	19 Jun 2025
	1	1	1	1	1	1	1	0
	17	16	15	16	16	16	16	18
	12	13	12	12	14	14	14	12
Total Risks	30	30	28	29	31	31	31	30
Notional Score	665	638	596	609	595	595	595	597

16. The key point to note since the last review of the Authority's Strategic Risk Register is that there are now no High Risks. The previous High Risk (Risk 2.9, which relates to the continuing issue with Buckingham Group Contracting Ltd insolvency) has now been moved to the Issue Log.

17. The total number of risks on the Risk Register has decreased by one overall and the Notional Score has increased by two overall.

18. The net effect from the addition and removal of risks from the register is that the number of Amber risks has increased by two and the number of Green risks has decreased by two.

19. Risk SR5.3, progress remains as a negative direction (↑) as the Auditor has already indicated in their Audit Planning Report (Paper AUD/160/25) that they expect to again issue a disclaimer of opinion in 2024/25.

20. Risk SR2.4, progress has changed to a positive direction (↓) as there is now a higher level of contractor scrutiny during tender process for contracts.

21. Risk SR3.1, progress has changed to a positive direction (↓) as the upgrade of the finance system is almost complete.

22. Risk SR7.1, progress has changed to a positive direction (↓) as officers have recently undergone training in Cyber Security, specifically around Ransomware following the recent attacks on Marks & Spencer, CO-OP and Harrods.

23. Any recommendations made by Forvis Mazars following their Risk Management audit will form part of the annual review produced by the internal auditors.

ENVIRONMENTAL IMPLICATIONS

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

EQUALITY IMPLICATIONS

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

FINANCIAL IMPLICATIONS

26. 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.

27. 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.

28. Utility costs are a significant risk that will have a material impact on the Authority's revenue outturn position. Officers will continue to monitor the tariff forecasts from Laser.

HUMAN RESOURCE IMPLICATIONS

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

LEGAL IMPLICATIONS

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

RISK MANAGEMENT IMPLICATIONS

31. These are dealt with through the main body of the report and through the revised register. 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.

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BACKGROUND REPORTS

Lee Valley Regional Park Authority Risk Management Strategy	June 2018

APPENDICES ATTACHED

Appendix A	2024/25 Corporate Risk Register – Authority
Appendix B	Risk Register updates
Appendix C	Risk Scoring Criteria (extract from the approved risk management strategy (June 2022))

ABBREVIATIONS

BGCL	Buckingham Group Contracting Ltd
LSC	Leisure Services Contract
GLL	Greenwich Leisure Limited

PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/159/25	Risk Register 2024/25	27 February 2025
Audit Committee	AUD/153/24	Risk Register 2023/24	19 September 2024
Audit Committee	AUD/149/24	Risk Register 2023/24	20 June 2024
Audit Committee	AUD/144/24	Risk Register 2023/24	29 February 2024
Audit Committee	AUD/138/23	Risk Register 2023/24	21 September 2023
Audit Committee	AUD/132/23	Risk Register 2023/24	23 June 2023
Audit Committee	AUD/131/23	Risk Register 2022/23	23 February 2023
Audit Committee	AUD/129/22	Risk Register 2022/23	22 September 2022
Audit Committee	AUD/126/22	Risk Register 2021/22	23 June 2022
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

SR1 Legal

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR1.1	Deputy Chief Executive	Deputy Chief Executive	Failure to comply with the 1966 Park Act, data protection law and other statutory requirements.	Provision of Legal Services Member scrutiny through Authority & Committee meetings Annual Governance statement Park Act Awareness covered by inductions for new	EA -Annual Audit Letter IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly	8	7	56		6	1	6		←→	Tolerate	Continue Induction Process and monitoring of statutory changes. Review of data protection procedures and arrangements against ICO Accountability Framework to ensure alignment with ICO expectations.	Quarterly
SR1.2	Corporate Director	Corporate Director (S&L)	Failure to comply with Health & Safety legislation	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 H&S Yearly Report	9	6	54		7	2	14		←→	Tolerate	Annual Internal Audit & H&S Audit Plans delivered. with improvement to scores for boths ervices and venues.	On-going
SR1.3 NEW	Corporate Director	Corporate Director (S&L)	Failure to comply with the requirements of the Terrorism (Protection of Premises) Act 2025 when it's brought into force.	Vulnerability reports carried out across LSC Venues High level review of CCTV Undertaken some physical works at LSC Venues to install hostile vehicle mitigation and barriers to unauthorised vehicle (as appropriate) Meetings with GLL GLL reviewing their procedures	SMT Weekly Meeting RD/SMT 1/4ly Reports M H&S Year Report	9	9	81		7	5	35		**N/A**	Treat	Detailed review of CCTV Further physical works to install hostile vehicle mitigation and barriers to unauthorised vehicle (as appropriate) Review the guidance once available and identify any gaps in work already undertaken Further consider impact on qualifying events within the park	Prior to legislation coming into force

SR2 Contractual

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR2.1	Head of Finance	Deputy Chief Executive / Head of Finance	Agreeing to accept a partners' financial terms and conditions that will place an unacceptable long term liability on the Authority	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	9	4	36		8	2	16		←→	Tolerate	Ongoing resources review for specific projects	Quarterly
SR2.2	Corporate Director	Corporate Director (S&L)	Contractors, Governing Bodies, or Third Party Operator not delivering agreed objectives/contract	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	7	5	35		6	2	12		←→	Tolerate	Quarterly Contract monitoring.	Executive Quarterly Monitoring
SR2.3	Corporate Director	Head of APMD	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	Advice and support APMD plus external contractors. Quality contactors employed for maintenance through procurement (Price Quality ratio applied)	APMD Annual Inspections	9	4	36		7	1	7		←→	Treat	Ongoing Monitoring	Annual Inspections & Review. MPG Work complete by 31/03/26
SR2.4	Corporate Director / Head of Finance	Corporate Director (S&L)	Contractor stability affected by external influences or national/international conditions prevailing at the time	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	9	8	72		8	4	32		↓	Tolerate	Quarterly Contract monitoring.	Executive Quarterly Monitoring
SR2.5	Corporate Director	Corporate Director	Insufficient contractors tendering for contracts	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	4	5	20		5	3	15		←→	Treat	Review of Procurement process Tender Evaluation Award of Contract	31/03/2026
SR2.6	Corporate Director	Corporate Director	Major equipment or other failure at one or more venues resulting in temporary/permanent cessation of operations	Reports to SMT Financial/Legal/Risk Implications fully appraised. Application of Business Continuity protocols.	SMT Monthly & 1/4ly Reports M Exec 1/4ly M Authority Annual Budget IA Audit Plan	9	6	54		7	3	21		←→	Treat	Ongoing Monitoring	On-going
SR2.7	Corporate Director	Corporate Director	Failure of LSC contractor organisation or failure of LSC contractor to deliver as required by contract	Reports to SMT Financial/Legal/Risk Implications fully appraised. Application of Business Continuity protocols.	SMT Monthly & 1/4ly Reports M Exec 1/4ly M Authority Annual Budget IA Audit Plan	9	8	72		5	4	20		←→	Treat	Ongoing Monitoring by Authority Continual review of LSC contractor's financial position	On-going
SR2.8	Deputy Chief Executive	Head of Active communities	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	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	9	4	36		5	3	15		←→	Treat	Ongoing Monitoring Implement pre 2020 condition survey work	Annual/ Monthly Inspections & Review.
SR2.9			**Risk Removed from Register**	**Risk Removed from Register**												Removed from Risk Regsiter and moved to Issues Log as approved at Audit committee on 27 Feb 2025 AUD/159/24	

SR3 Resources

						Inherent Risk Score				Residual Risk Score						
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR3.1	Head of IT & Business Support	Corporate Director / Head of IT & Business Support	I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving I.T infrastructure	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	9	4	36		8	3	24		↓	Treat	Procurement for upgrade Finance system. Adopt strategy of moving to hosted systems.	31/07/2025
SR3.2	Head of IT & Business Support	Corporate Director / Head of IT & Business Support	Inadequate I.T Infrastructure/ Systems/Data to operate.	Reports to Exec. Financial/Legal/Risk Implications fully appraised. Financial Appraisal of relocation/updating of Authority IT assets. Usage Counters. Existing IT Infrastructure Budget	SMT Weekly Meeting Minutes IA Audit Plan EC - LSC Specification	7	5	35		5	1	5		←→	Tolerate	Ongoing Monitoring through regular meetings with GLL	On-going
SR3.3	Chief Executive	Chief Executive / Head of HR	The Authority fails to recruit/retain staff at all levels of the appropriate calibre	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	8	8	64		6	6	36		←→	Treat	Ongoing Monitoring	On-going

SR4 Financial Management

						Inherent Risk Score				Residual Risk Score						
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR4.1	Head of Finance	Head of Finance	Financial Risks of over/under spent budget through non-achievement of income targets or inaccurate budget forecasting. Insufficient Resources to meet objectives	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	7	63		8	4	32		←→	Tolerate	Ongoing budget monitoring & review MTFP in September	Executive Quarterly Monitoring
SR4.2	Head of Finance	Head of Finance	Financial Risks of either greatly increased insurance costs or insurers refusal to insure Authority due to increased risks brought on by prevailing conditions	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	7	63		8	3	24		←→	Tolerate	Liaison with Insurance brokers re level of cover	Executive Quarterly Monitoring
SR4.3			**Risk Removed from Register**	**Risk Removed from Register**													
SR4.4	Head of Open Space	Ranger Senior Managers	Failing of and health management of ageing tree stock	Annual Tree Audits		6	4	24		3	2	6				Potential external Tree Health audit with associated 5-10 yr plan	

SR5 Governance & Leadership

						Inherent Risk Score				Residual Risk Score						
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR5.1	Chief Executive	Chief Executive	Lack of a clear corporate direction	Authority meetings SMT BP 2024-27 MTFP 2024-27 CD and HoS meetings 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	7	63		9	2	18		←→	Tolerate	A 10 year business strategy is currently being developed and will be completed in 2025/26.	On-going
SR5.2	Chief Executive	Chief Executive	Impact on the Authority's powers to raise the Levy with resistance from many constituent councils.	Stakeholder engagement Clear Budget/Levy Direction Funded Financial Plan Statutory Levy Raising Powers Monitoring of Legislation	SMT Weekly Meeting Minutes LA as needed	9	7	63		9	1	9		←→	Tolerate	a 10 year business strategy is currently being developed and will be completed in 2025/26.	Quarterly Monitoring 31/03/2026
SR5.3	Head of Finance	Head of Finance	Failure of 2024/25 accounts to gain full audit assurance	External Audit Regulations & Legislation	SMT M Audit Committee E External Auditors	5	9	45		3	9	27		↑	Treat	Completion of outstanding accounts Publication of draft accounts Engagement with External Auditors	27/02/2026

SR6 Reputation/Communication

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR6.1	Head of Comms	Head of Comms	Impact on Authority's reputation due to service failure, damaged stakeholder and/or contractor relationships.	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	7	5	35		6	3	18		←→	Treat	Regular meetings with Authority business owners and GLL marketing team to plan and coordinate activity	Quarterly Monitoring Report
SR6.2	Head of Comms	Head of Comms	Impact on Authority's reputation due to service failure caused by pandemic or infectious disease, damaged stakeholder and/or contractor relationships.	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	8	5	40		6	3	18		←→	Treat	Social media, digital communications, web updates and media relations proactively explaining our position as a result of any Government announcements on Covid19 or other communicative infectious disease 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
SR6.3 NEW	Director	Senior Events and Projects Manager	Incident at a Major event that affects the reputation of the Authority and/or venue and could result in loss of major event bookings	Robust C3 Command procedure in place with a rota of on call SMT members to lead in the event of a crisis as well as a Comms lead to proactively manage media relations on call and available for each major event Crisis Management Plans in place for each major event jointly written by LVRPA and the National Governing Body Number of events is usually a maximum of 2 / 3 per year so not a regular occurrence	0	8	5	40		8	4	32		←→	Tolerate	Work with each NGB in advance of a major event to ensure the Crisis Management Plans are robust and include the Authority as an integral part of the plan	Before each major event
SR6.4 NEW	Head of IT & Business Support	0	Inappropiate use of AI with insufficient controls and guidance	Restricted use of AI within the Authority	SMT E External Auditors	6	4	24		6	4	24		←→	Treat	AI Policy and strategy to be created	00/01/1900

SR7 Business Continuity

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Deadline for Completion Actions	Further Actions Needed to reduce Risk
SR7.1	Chief Executive	Corporate Director	Inadequate business continuity implementation at any (all) sites following natural disaster, IT failure including Cyber Terrorism, Flooding, Disease Outbreak (animals/humans), Terrorism.	Emergency Action Planning IT Disaster Recovery Plan Business Interruption Insurance Adequate Cover arrangements exist for Senior Management Site DRP & Management Plans Joint LSC Contractor/Authority Training Insurance Policies/Funds General Reserves H&S Audits Working with EA/CRT and other Local Authorities	EA -Annual Audit Letter IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly	6	5	30		5	4	20		↓	Treat/ Transfer	Quarterly Monitoring	Audit Recommendations implemented Further training and testing. LSC Contractor Risk Register - alignment re risk and continuity
SR7.2	Chief Executive	Chief Executive / Corporate Director	Inadequate pandemic or infectious disease management processes in place park wide following major pandemic outbreak/further spikes in infectious disease and more restrictions including local tier restrictions and national lockdowns	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	9	7	63		6	6	36		←→	Treat	Executive Quarterly Monitoring	H & S Recommendations, implemented Training and reviews of financial, legal, leadership protocols Update of communication processes Review of staffing structure to continue business

SR8 Environmental Management

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR8.1	Deputy Chief Executive	Deputy Chief Executive	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)	Site investigations carried out prior to developments & land remediated. Site investigations carried out on some other sites. Some sites monitored. Sites closed to pubic 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	9	7	63		7	2	14		←→	Tolerate	Ongoing monitoring	Ongoing Monitoring plus analysis when land sold/purchased or developed

SR9 Major Business Developments

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR9.1			**Risk Removed from Register**	**Risk Removed from Register**													
SR9.2	Chief Executive	Deputy Chief Executive	Picketts Lock Development. Failure in Strategic Risks 1-8 above in the development of the Picketts Lock circa £40m project and Legal Challenge	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	8	64		7	5	35		←→	Treat	Planning Approval Business Plan Design Team Engagement stakeholders, users and local community	31/09/2025

SR10 Implications of Implementing Land & Property Strategy

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR10.1	Deputy Chief Executive	Head of Property	Acquisitions- Opportunity Cost of Resources, Reducing Available Resources or increasing future liabilities	Legal Advice - Park Act Park Act L&P Strategy Land Contamination Strategy Medium Term Financial Plan Land & Property Working Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	8	6	48		4	2	8		←→	Tolerate	Seek External Advice incl. Planning Context. Identify Resources. Members Decision. Ongoing Monitoring. Consultation	31/03/2026
SR10.2	Deputy Chief Executive	Head of Property	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	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	8	7	56		6	3	18		←→	Treat	Seek External Advice where necessary incl. Planning Context. Members Decision. Consultation	31/03/2026

SR11 Impact of Brexit on Authority

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR11.1			**Removed from Risk Register**	**Removed from Risk Register**													

Risk Register Updates

Risk ID	Risk Description	Updates
SR1.2	Failure to comply with Health & Safety legislation	Annual Internal Audit & H&S Audit Plans delivered with improvement to scores for both services and venues.
SR1.3 **NEW**	Failure to comply with the requirements of the Terrorism (Protection of Premises) Bill when it's brought into force.	The Act has not yet been brought into force and organisations are not currently required to comply with it. The Authority has already carried out significant work to prepare for the Act. There is, however, more work that is required and some of this work cannot be completed until the statutory guidance is made available. A working group has been established to progress this work and regular meetings are being held with GLL.
SR2.2	Contractors, Governing Bodies, or Third Party Operator not delivering agreed objectives/contract	Draft contracts go out with tender pack for all procurement exercises. Increased focus on KPI and contract review data and meetings on all major contracts. Monitoring increased where possible.
SR2.4	Contractor stability affected by external influences or national/international conditions prevailing at the time	Higher level of contractor scrutiny during tender process for contracts. Monitoring of contracts during life of contract where possible.
SR2.5	Insufficient contractors tendering for contracts	Procurement process is mid review and sits with external law firm for comment. Tender documentation has been reviewed and finalised in line with the new Procurement Act.
SR2.6	Major equipment or other failure at one or more venues resulting in temporary/permanent cessation of operations	Ongoing monitoring of equipment, servicing and maintenance logs. Increased pressure on Venues to input all actions into monitoring process.
SR2.7	Failure of LSC contractor organisation or failure of LSC contractor to deliver as required by contract	Ongoing monitoring with greater focus on H&S, standards and staffing. Review of contract compliance is ongoing.
SR2.8	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	Refreshed Condition Surveys are in progress. Monitoring has continued and improved link between Performance Team and APMD has enabled a greater sharing of information and support.
SR3.1	I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving I.T infrastructure	Significant progress has been made on the upgrade of Finance system which will be completed in June 2025. Once completed the likelihood score will be reduced.
SR3.2	Inadequate I.T Infrastructure/ Systems/Data to operate.	The Authority continues to invest in IT Infrastructure
SR3.3	The Authority fails to recruit/retain staff at all levels of the appropriate calibre	A 10 year business strategy is currently being developed. This long term direction will provide clarity and confidence for existing staff and assist in the recruitment of new staff
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	Meeting with broker early June to discuss policy renewals, increases/decreases in risk, insurable risk profile, and subsequent premium.
SR5.3	Failure of 2024/25 accounts to gain full audit assurance	Following completion of the 2023/24 accounts, the auditor issued a disclaimed opinion on the basis of

		gaining assurance over certain opening/closing Balance Sheet balances. However, as a result of the audit reset, the auditor has again stated that "…they lack assurance over some in-year movements and some closing balances for 2024/25. Although work continues towards rebuilding assurance ahead of the 2024/25 backstop date [of 27/02/2026], it will not be possible to obtain sufficient evidence to have reasonable assurance over all closing balances." As a result, they expect to again issue a disclaimer of opinion in 2024/25.
SR6.1	Impact on Authority's reputation due to service failure, damaged stakeholder and/or contractor relationships.	19/05/2025 - We continue to work closely with our LSC contractor to oversee marketing outputs of the contract, signing off material and regular monthly meetings. In addition we are working with LLDC on reinvigorating the QEOP-wide sporting offer
SR6.4 **NEW**	Inappropriate use of AI with insufficient controls and guidance	AI Strategy is in draft and will be sent to SMT for review and comment. Where possible the use of AI has been controlled and advice has been issued on its use at training session on 15 May
SR7.1	Inadequate business continuity implementation at any (all) sites following natural disaster, IT failure including Cyber Terrorism, Flooding, Disease Outbreak (animals/humans), Terrorism.	Audit Recommendations implemented Further training and testing. LSC Contractor Risk Register - alignment re risk and continuity

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

Progress	
↓	Risk has reduced.
↑	Risk has increased.
←→	Progress or Risk has not changed.