

**ANNUAL REPORT ON THE WORK OF INTERNAL AUDIT  
2020/21 AND AUDIT PLAN 2021/22**

Presented by Corporate Director (Sport and Leisure)

**SUMMARY**

The purpose of this report is to inform Members about the work of the Internal Auditors (Mazars) during the financial year 2020/21.

The Audit Plan for 2020/21 was approved by the Audit Committee in June 2020 (Paper AUD/110/20). The audit of the Authority's functions has been in accordance with that Plan and has been found to be satisfactory and the level of assurance is noted as 'Moderate'.

The report also sets out a plan for audit during 2021/22.

**RECOMMENDATIONS**

Members Note: (1) the annual report of the Internal Auditors for 2020/21 detailed in Appendix A to this report; and

Members Approve: (2) the annual Audit Plan for 2021/22 as detailed in Appendix B to this report.

**BACKGROUND**

- 1 The Audit Plan for 2020/21 was approved at a meeting of the Audit Committee in June 2020 (Paper AUD/110/20). This report looks at the delivery of that Plan and summarises the scope of audit coverage during the last financial year.
- 2 Mazars have prepared a comprehensive report of this years' audit and the majority of the agreed Plan has been completed. 2021/22 will be the fourth year of a six year contract under a framework agreement held by the London Borough of Croydon and approved by Members of this committee (Paper AUD/85/18).

**AUDIT WORK – 2020/21**

- 3 The majority of the planned audit activity was completed in accordance with the 2020/21 Plan although, due to the Covid-19 pandemic and the closure of

sporting and other facilities for extended periods, the unannounced spot checks could not be completed.

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

#### **AUDIT FINDINGS – 2020/21**

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

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

Certain weaknesses and exceptions were highlighted by our audit work, two of which were assessed as Priority 1 within our review of Disaster Recovery & Business Continuity Plan for which we provided Limited assurance overall. We also provided Limited assurance within the Induction & Performance Management of Staff review."

- 8 The Summary of Internal Audit work for each Audit carried out in 2020/21 (page 6 in Appendix A to this report) summarises the main level of assurance for each of the seven areas evaluated. All areas audited indicated substantial assurance with two areas receiving limited assurance. The areas with limited assurance were:

- **Disaster Recovery & Business Continuity Plan**

After the transfer of the facilities returning to the Authority a new business continuity, emergency and incident management plan were produced to reflect that change in management of the facilities and create a structure to support this. At the same time the Authority was dealing with the early stages of the COVID-19 pandemic and the subsequent lock down which took place just before the transfer back of the facilities was undertaken. As a result, a specific COVID-19 risk register had been produced and the Authority is currently undertaking further reviews, training, and testing of its processes around business continuity to ensure it has a robust position. The assistance of Travellers (the Authority's insurers) has resulted in a complete update of the entire Business Continuity Process.

- **Induction & Performance Management of Staff (Authority & Trust)**

Limited assurance was provided within the Induction & Performance Management of Staff review. These matters have been discussed with management, to whom we have made several recommendations. All of

these have been, or are in the process of being addressed, as detailed in our individual reports.

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

Financial systems are reviewed on a cyclical basis by the auditors based upon the level of risk in any particular area. 2020/21 provided substantial assurances in the areas audited as has been the case in previous years.

- 9 All key findings and recommendations from all the audits in 2020/21 will be monitored by the auditors during 2021/22. Adequate follow-up time to do this has been incorporated into the Audit Plan for the year ahead.

#### **ANNUAL AUDIT PLAN - 2021/22**

- 10 Appendix B to this report sets out a summary Plan for Audit during 2021/22. The Plan takes into account the following:

- the Authority's Strategic Risk Register;
- internal audit findings from previous years' audit work;
- planned developments/changes within the Authority;
- the requirements of the Authority's external auditors; and
- specific pro-active work on a counter fraud programme.

- 11 There are 120 days to allow completion of the Audit Plan in 2021/22 reflecting a reduced emergency budget allocation as a result of the COVID-19 pandemic and the Authority needing to tightly manage cash resources whilst delivering its statutory duties; and Members are asked to approve the Plan as set out in Appendix B of this report.

#### **ENVIRONMENTAL IMPLICATIONS**

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

#### **EQUALITY IMPLICATIONS**

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

#### **FINANCIAL IMPLICATIONS**

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

Audit	2018/19	2019/20	2020/21	2021/22 Plan
Payroll	N/A	N/A	Substantial	N/A
Debtors	N/A	N/A	N/A	N/A
Creditor	N/A	N/A	N/A	N/A
Treasury Management	Full	N/A	Substantial	N/A
Budgetary Control	Substantial	N/A	N/A	Audit
Cash & Banking	N/A			Audit
Debt Management	N/A	N/A	Substantial	N/A
Stock control Procedures	N/A	N/A	N/A	Audit
High Risk Transactions Credit Cards & Key Controls	N/A	N/A	Substantial	N/A

### HUMAN RESOURCE IMPLICATIONS

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

### LEGAL IMPLICATIONS

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

### RISK MANAGEMENT IMPLICATIONS

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

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### PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/110/20	Annual Report on the Work of Internal Audit 2019/20 & Audit Plan 2020/21	25 June 2020
Audit Committee	AUD/98/19	Annual Report on the Work of Internal Audit 2019/20 & Audit Plan 2020/21	20 June 2019
Audit Committee	AUD/88/18	Annual Report on the Work of Internal Audit 2018/19 & Audit Plan 2019/20	21 June 2018
Audit Committee	AUD/85/18	Award of Internal Contract	22 February 2018
Audit Committee	AUD/77/17	Annual Report on the Work of Internal Audit 2017/18 & Audit Plan 2018/19	22 June 2017
Audit Committee	AUD/69/16	Annual Report on the Work of Internal Audit 2016/17 & Audit Plan 2017/18	16 June 2016
Audit Committee	AUD/64/16	Award of Internal Audit Contract	25 February 2016
Audit Committee	AUD/61/15	Annual Report on the Work of Internal Audit 2014/15 &	25 June 2014

Audit Committee	AUD/51/14	Audit Plan 2015/16 Annual Report on the Work of Internal Audit 2013/14 & Audit Plan 2014/15	19 June 2014
Audit Committee	AUD/41/13	Annual Report on the Work of Internal Audit 2012/13 & Audit Plan 2013/14	20 June 2013
Audit Committee	AUD/28/12	Annual Report on the Work of Internal Audit 2011/12 & Audit Plan 2012/13	28 June 2012
Audit Committee	AUD/20/11	Annual Report on the Work of Internal Audit 2010/11 & Audit Plan 2011/12	02 June 2011
Audit Committee	AUD/07/10	Annual Report on the Work of Internal Audit 2009/10 & Audit Plan 2010/11	20 May 2010

### APPENDICES ATTACHED

Appendix A	Internal Annual Audit Report 2020/21
Appendix B	Internal Audit Plan 2021/22

### LIST OF ABBREVIATIONS

IT	Information Technology
PSIAS	Public Sector Internal Audit Standards

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Lee Valley Regional Park Authority - Internal Audit Annual Report  
For the year ended 31 March 2021  
July 2021

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## **Disclaimer**

08

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

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



## 01 Introduction

### Background

This Annual Report covers the work we have undertaken for the year ended 31 March 2021 (2020/21) and incorporates our internal audit opinion.

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

### Scope and purpose of internal audit

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

Our professional responsibilities as internal auditors for the year ended 31 March 2021 are set out within the PSIAS produced by the Internal Audit Standards Advisory Board. PSIAS includes the Core Principles for the Professional Practice of Internal Auditing and Code of Ethics. In conducting our work, we also have regard to the Committee on Standards of Public Life's Seven Principles of Public Life ('Nolan principles').

This report covers the internal audit activity for 2020/21 and summarises matters which came to our attention during the year. Such matters have been included within our detailed reports to the Audit Committee during the course of the year.

### Acknowledgements

We are grateful to the management and staff throughout the Authority for the assistance provided to us during the 2020/21 financial year.

## 02 Internal Audit work undertaken in 2020/21

Our Internal Audit Plan for 2020/21 was considered and approved by the Audit Committee at its meeting on 25 June 2020. The Plan was for a total of 107 days including 7 days Follow Up, 12 days Management and planning and 20 days contingency.

In March 2020, the Coronavirus pandemic (Covid-19) and government restrictions took effect. We were in regular contact with the Authority to ensure the Plan and timings remained appropriate to the needs of the organisation and reflected their current risks.

As a result of this the unannounced facilities spot check visits originally planned for November 2020 were deferred until a time when venues reopened. Subsequently these were postponed to 2021/22. Contract audit support around the Grounds Maintenance contract management work was also delayed to 2021/22 and so work on contract audit in the period focused on the Ice Centre Procurement.

All remaining reviews were carried out remotely. Whilst there were some practical implications around approach to testing and evidence, overall, there was minimal impact on the scope and ability to conduct the remaining work and with the exception of the above two reviews, we have completed all other reviews in the Plan. Contingency days were not utilised during 2020/21.

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

## 03 Annual opinion

### Scope of the Internal Audit Opinion

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

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

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

- The impact on the internal audit plan as a result of Covid-19;
- The results of all internal audits undertaken during 2020/21;
- The results of follow up action in respect of previous internal audits;
- Whether or not any Priority 1 or Priority 2 recommendations have not been accepted by management and the consequent risks;
- The effects of any material changes in the organisation's objectives or activities;
- Matters arising from previous reports to the Audit Committee;
- Whether or not any limitations have been placed on the scope of internal audit;
- Whether there have been any resource constraints imposed upon us which may have impinged on our ability to meet the full internal audit needs of the organisation; and
- What proportion of the organisation's internal audit needs have been covered to date.

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

During the year, we have consulted Management through regular liaison about changes to the 2020/21 Plan and internal audit reviews to take account of the impact of Covid-19 on the organisation and the changing risk landscape. The unannounced facilities spot check visits and Ground

Maintenance contract audit being the main areas impacted.

Whilst all remaining work in the Plan was conducted remotely, there was no significant impact on the scope and our ability to conduct the remaining audits.

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

### Internal Audit 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.

Certain weaknesses and exceptions were highlighted by our audit work, two of which were assessed as Priority 1 within our review of Disaster Recovery & BCP for which we provided Limited assurance overall. We also provided Limited assurance within the Induction & Performance Management of Staff review.

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

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

### Corporate Governance and Risk Management

Our opinion in this area was informed by consideration of this area through our individual assignments including where relevant reporting to Committee and the Board through (including the AC) with no significant issues arising.

### Internal control

Of the seven audits undertaken in the year where we provided a formal assurance level, five were given a 'Substantial' level of assurance (Debt Management, Payroll, Treasury Management, Use of Credit Card, Cyber

Security) and two a 'Limited' level of assurance (Induction and Performance Management of Staff, Disaster Recovery & BCP). No audits were given "No" level of assurance.

In respect of the contract audit of the ICE Centre Construction, our Contract Audit specialist review was on an advisory basis. They observed the process followed and provided feedback to the Authority as part of the observed practises.

During the year, we have made two 'Priority 1' recommendations and these are summarised in *Appendix A2* of this report. We have also made 21 recommendations categorised as 'Priority 2' and eight which are Priority 3.

#### **Follow Up**

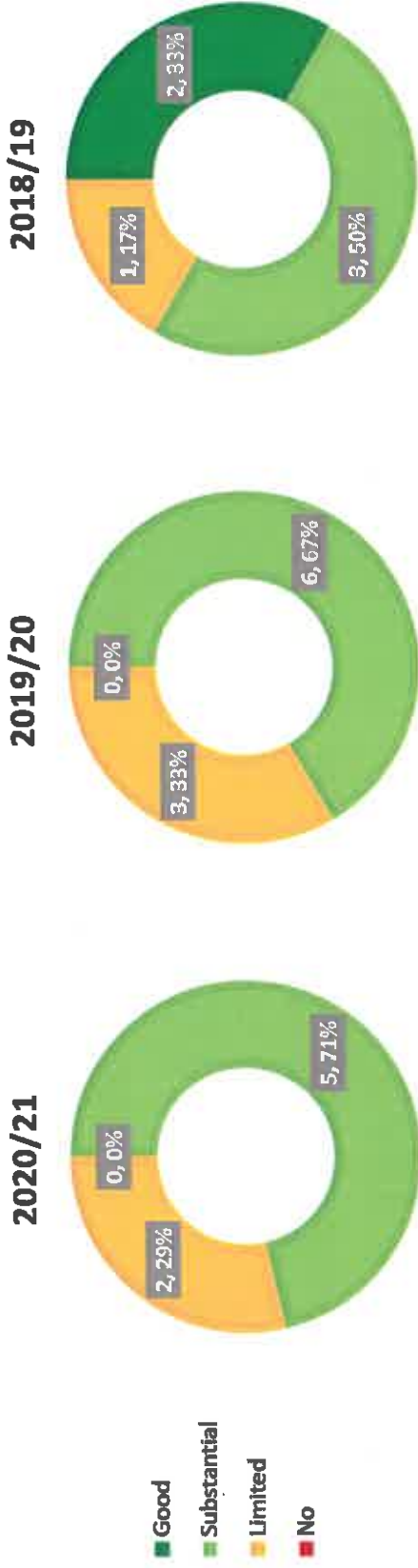
In respect of follow up of recommendations, internal audit has an established process for tracking the implementation of recommendations raised and enabling Management to report on their status to each Audit Committee meeting. During the year, we reviewed the implementation of recommendations as they fell due and confirmed their implementation status. A number of recommendations raised in previous years in relation to the Trust were deemed to be no longer applicable.

All recommendations made during the year were accepted by Management and will be followed up as part of the 2021/22 Internal Audit Plan.

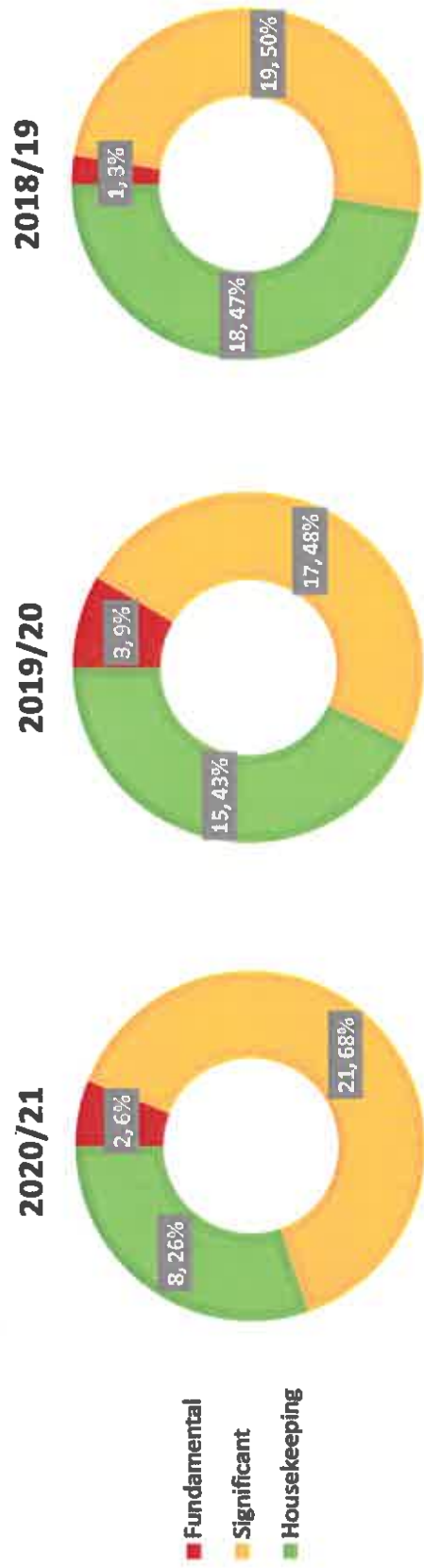
## 04 Benchmarking

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

### Comparison of Assurance Levels (where given)



### Comparison of Recommendations by categorisation



## 05 Performance of Internal Audit

### 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;
- The use of satisfaction surveys for each completed assignment;
- Annual appraisal of audit staff and the development of personal development and training plans;
- Sector specific training for staff involved in the sector;
- Regular meetings of our Sector Strategy Groups, which issues technical guidance to inform staff and provide instruction with regard to technical issues; and
- The maintenance of the firm's Internal Audit Manual.

### Independence and objectivity

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

### Performance Measures

13

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

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

### Compliance with professional standards

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

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

## A1 Summary of Internal Audit work undertaken in 2020/21

The following reviews were undertaken during the 2020/21 audit year:

Auditable Area	Level of Assurance (evaluation / testing)	Days		Recommendations				Total agreed by Management
		Budget	Actual	Priority 1 (Fundamental)	Priority 2 (Significant)	Priority 3 (Housekeeping)	Total	
Debt Management	Substantial	5	5	-	2	4	6	6
Payroll	Substantial	5	5	-	2	-	2	2
Treasury Management	Substantial	5	5	-	1	1	2	2
Use of Credit Card	Substantial	5	5	-	4	2	6	6
Cyber Security	Substantial	5	5	-	2	1	3	3
Induction & Performance Management of Staff	Limited	8	8	-	8	-	8	8
Disaster Recovery & BCP	Limited	5	5	2	2	-	4	4
ICE Centre Construction	N/A - Advisory	11	11	-	-	-	-	-
<b>Totals</b>		<b>49</b>	<b>49</b>	<b>2</b>	<b>21</b>	<b>8</b>	<b>31</b>	<b>31</b>
<b>%</b>				<b>6%</b>	<b>68%</b>	<b>26%</b>	<b>-</b>	<b>100%</b>

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

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

Assurance Level	Evaluation and Testing Conclusion
<p><b>Full Assurance</b></p>	There is a sound system of internal control designed to achieve the Authority's objectives. The control processes tested are being consistently applied.
<p><b>Substantial Assurance</b></p>	While there is a basically sound system of internal control, there are weaknesses, which put some of the Authority's objectives at risk. There is evidence that the level of non-compliance with some of the control processes may put some of the Authority's objectives at risk.
<p><b>Limited Assurance</b></p>	Weaknesses in the system of internal controls are such as to put the Authority's objectives at risk. The level of non-compliance puts the Authority/Trust's objectives at risk.
<p><b>Nil Assurance</b></p>	Control processes are generally weak leaving the processes/systems open to significant error or abuse. Significant non-compliance with basic control processes leaves the processes/systems open to error or abuse.

Recommendation Grading	Definition
<p><b>Priority 1 (High)</b></p>	Major issues for the attention of senior management and the Audit Committee
<p><b>Priority 2 (Medium)</b></p>	Important issues to be addressed by management in their areas of responsibility.
<p><b>Priority 3 (Low)</b></p>	Minor issues resolved on site through discussions with local management.

## A2 Priority 1 Recommendations Raised during 2020/21

Report	Recommendation	Rationale	Management Response	Update Position
<p>Disaster Recovery and BCP January 2021</p>	<p>The Authority should complete the update of its BCP and DRP documentation, ensuring that all key elements are included.</p> <p>The timescales in the Business Continuity Programme Schedule should be updated to reflect revised/expected completion dates:</p> <p>Once completed, the plan should be formally approved and disseminated to all relevant staff to ensure that they are aware of their responsibilities.</p> <p>The BCPO and DRP should then be reviewed and re-approved annually based on lessons learned from testing of the plan.</p>	<p>The only existing Disaster Recovery Plan (DRP) was completed and approved in 2016 by Vibrant Partnerships, which is now considered out of date and as Vibrant is no longer involved, it is no longer relevant to the current environment.</p> <p>Since the end of the relationship with Vibrant, the Authority has taken on the responsibility for Business Continuity and Disaster Recovery. To date we noted that whilst the organisation has designed a framework, including a revised risk assessment process including for IT and a new Disaster Recovery plan template for each service, the actual content has not been completed. This framework, developed with assistance from the Authority's insurers, is expected to be approved at a Senior Management Team meeting on the 9th December 2020. The Business Continuity programme schedule included as part of this new framework establishes a clear timescale to completion but has fallen slightly behind, (by only a month at this stage) and should be updated.</p> <p>As part of the Business Continuity process each facility/service will generate a Disaster Recovery Plan which will be monitored by the Business Continuity Planning Team. There are special requirements with regards to ICT which covers all arrangements for recovery from an incident including the recovery of data and individual servers at Myddleton House and</p>	<p>The updated Business Continuity Plan process has been agreed by the Senior Management Team and is currently being rolled out throughout the Authority. Due to the impact of Covid-19, many of the staff required to complete the initial documentation have been furloughed, delaying the first stage (service/facility Risk Registers) These are to be completed by mid-February 2021. This stage will be followed by the implementation of the Business Impact Analysis (BIA) and Disaster Recovery Plan (DRP) for each service/facility. This stage is expected to be completed by end March 2021, but will be dependent on further impacts of Covid-19 restrictions.</p> <p><b>Senior Contracts and Quality Manager</b> <b>31 March 2021</b></p>	<p>The first stage (service/facility Risk Registers) is due to be completed by end March 21 and is complete with one minor exception</p> <p>Implementation of the Business Impact Analysis (BIA) and Disaster Recovery Plan (DRP) for each service/facility is expected to be completed by end July 2021, but is still dependent on further impacts of Covid-19 restrictions.</p> <p><b>Senior Contracts and Quality Manager</b> <b>08 July 2021</b></p>



Report	Recommendation	Rationale	Management Response	Update Position
<p>Disaster Recovery and BCP January 2021</p>	<p>A plan for Disaster Recovery tests should be established and testing completed, based on the risk appetite of the Authority.</p> <p>This should be a dynamic process and will require consideration of scenarios being based on key emerging threats and associated consequences.</p> <p>The following five testing methods are common methods of DRP testing:</p> <ul style="list-style-type: none"> <li>• Walkthrough Testing - Groups walk through</li> </ul>	<p>VeloPark, which may not be available in the longer term with alternative locations currently being considered. This includes replicating the VeloPark facility as an alternative emergency location should Myddelton House be put out of action for an extended period.</p> <p>We have reviewed the framework and consider that it noted the framework provides a sensible way forward but obviously is reliant on timely completion and collation of the documentation in each service area and as well as subsequent testing. Whilst the framework is being established the Authority, as in the previous review, lacks a completed Business Continuity and Disaster Recovery plan including for IT.</p> <p>The previous DRP and revised framework states that there will be testing completed on an annual basis at each site and any improvements identified submitted for discussion at the SMT.</p> <p>It also states that the IT manager maintains a rolling programme of testing which covers all essential systems. This is also the intention in the new framework.</p> <p>We noted that a rolling programme of testing does not exist, and other than the testing of server boot-ups, no disaster recovery testing has taken place. We also noted that none has taken place since our previous review.</p>	<p>The Business Continuity Plan process implementation has been delayed by restrictions imposed by Covid-19 including the loss of large numbers of staff to the furlough scheme. Once the various stages have been completed (Risk Register update, BIA and DRP) for all services/facilities, there will need to be a range of testing processes programmed in from desktop scenarios to full park wide business testing. Delay in implementation of the original process has set back the testing programme and this will now commence later in the year (May/June). An initial trial of the process will take place using Myddelton House as a reference point to review BCP and any concerns arising from the test. This will</p>	<p><b>Not yet due for implementation</b></p> <p>The initial trial of the process using Myddelton House as a reference point to review BCP and any concerns arising from the test has been scheduled for end of July 2021 and, Covid dependent, will take place face to face.</p> <p><b>Senior Contracts and Quality Manager</b></p>

Report	Recommendation	Rationale	Management Response	Update Position
	<p>plans to identify issues and changes:</p> <ul style="list-style-type: none"> <li>Simulation Testing - Groups go through a simulated disaster to identify whether emergency response plans are adequate;</li> <li>Checklist Testing - Individuals read and annotate recovery plans;</li> <li>Full Interruption Testing - Recovery systems are built/set up to assume the full production workload. Primary systems are disconnected in this scenario; and</li> <li>Parallel Testing - Recovery systems are built/set up and tested to see if they can perform actual business transactions to support key processes. Primary systems still carry the full production workload in this scenario.</li> </ul>		<p>be scheduled for mid to late March (Covid dependent).</p> <p><b>Senior Contracts and Quality Manager</b></p> <p><b>30 June 2021</b></p>	<p><b>08 July 2021</b></p>

## A3 Statement of Responsibility

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

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

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

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

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

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Lee Valley Regional Park Authority  
Internal Audit Plan 2021/22  
July 2021

**mazars**

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The Report was prepared solely for the use and benefit of LVRPA and to the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility in Appendix A2 of this report for further information about responsibilities, limitations and confidentiality.

## 01 Introduction

Mazars LLP was appointed as internal auditors to the Lee Valley Regional Park Authority (LVRPA) from 1 April 2018 through the London Borough of Croydon (APEX) framework.

The purpose of this document is to provide the Audit Committee (AC) with the proposed 2021/22 Plan for consideration and approval.

In considering the document, AC is asked to consider:

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

In accordance with UK Public Sector Internal Audit Standards (PSIAS) we are also seeking approval from AC for the Internal Audit Charter in Appendix A1.

## 02 Scope and Purpose of Internal Audit

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

Completion of the internal audits proposed in the 2021/22 Plan should be used to help inform the LVRPA's Annual Governance Statement.

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

We have included our Internal Audit Charter in Appendix A1. The Charter sets out terms of reference and serves as a basis for the governance of

LVRPA's IA function, establishing our purpose, authority, responsibility, independence and scope, in accordance PSIAS.

## 03 Preparing the Internal Audit Plan for 2021/22

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

In preparing the Plan we have undertaken the following:

- Provided previous plans and support to management prior to the LVRPA Senior Management Team's (SMT) discussion draft plan on 30 June 2021;
- Met with the Corporate Director, Head of Finance, and Senior Contracts & Quality Manager on 05 July 2021;
- Reviewed the outcomes of previous internal audit work;
- Considered the latest assessment of risks facing LVRPA, as detailed in the Authority's Strategic Risk Register (24 June 2021);
- Considered areas which are not necessarily high risk (such as core operational controls), but where the work of internal audit can provide a tangible input to assurance; and
- Considered the results of internal audit across our wider client base.

The proposed 2021/22 Plan is included in Section 04. This also includes a proposed high-level scope for each review and which will be revisited as part of the detailed planning for each review.

## 04 Internal Audit Plan 2021/22

### Summary by Input Type

Input Type	2021/22 Days
Financial Systems	19
General Audit	59
IT Audit	10
Contract Audit	15
Follow-Up	7
Management and Consultation	10
<b>Total</b>	<b>120</b>

### Detail by Input Type

Audit	Planned Days	Proposed Coverage	Lead Contact(s)	Provisional Fieldwork Date	Target AC
Financial Systems Key Financial Systems (Cash and Banking, Budgetary Control)	15	As part of the 2014/15 internal audit plan, it was agreed with management and external audit that coverage of the key financial systems move to being cyclical-as opposed to each system being audited annually to reduce duplication and the impact of our work on the Finance Team. There is scope to embrace data analytics tools (such as IDEA testing) in the approach to these audits. Coverage in the last five years has been as follows: <ul style="list-style-type: none"> <li>• 2020/21 - Debt Management, Treasury Management Payroll, and Use of Credit Cards</li> <li>• 2019/20 - Cash and Bank (Trust), Creditors (Authority), Creditors (Trust), Debtors (Trust)</li> <li>• 2018/19 - Treasury Management and Budgetary Control</li> </ul>	Keith Kellard - Head of Finance	Cash/Bank - Oct-Dec 2021	Feb 2022
				Budgetary Control - TBC	June 2022



Audit	Planned Days	Proposed Coverage	Lead Contact(s)	Provisional Fieldwork Date	Target AC
Stock control	4	<ul style="list-style-type: none"> <li>• 2017/18 - Debt Management, Payroll, and Use of Credit Cards</li> <li>• 2016/17 - Creditors, Debtors, Cash and Banking</li> </ul> Review of the Authority's sales stock control procedures and use of external stocktaking providers to include review of: <ul style="list-style-type: none"> <li>▪ Stock take process</li> <li>▪ Analysis of stock take results</li> <li>▪ Frequency of stock takes relative to best practice in other clients</li> </ul>	Keith Kellard – Head of Finance	Oct – Dec 2021	Feb 2022
<b>General Audit</b>					
Annual leave and expenses processes.	8	Review of controls in respect of key HR processes. Specific area of focus to be agreed but could include one of the following areas: <ul style="list-style-type: none"> <li>▪ Annual leave (Genesis) – management and controls</li> <li>▪ Expenses (Web expenses) – management and controls</li> <li>▪ Staff training programme – internal and external suppliers of training</li> <li>▪ Staff development – internal promotion and job vacancies</li> </ul>	Victoria Yates – Head of HR	Sept/Oct 2021	June 2022
Staff training and development.	6	In line with previous years, Internal Audit to complete spot checks across venues to assess the venue's compliance with policies and procedures relating to invoicing, income & cash handling, purchases, stock management and vouchers & discounts. Reviews in 2020/21 were not able to proceed due to the impact of Covid-19.	Dan Buck – Corporate Director	Oct – Dec 2021	June 2022
Facilities - Unannounced Spot Check, White Water Centre	6			Oct – Dec 2021	June 2022
Facilities - Unannounced Spot Check, Athletics Centre	6			Oct – Dec 2021	June 2022
Facilities - Unannounced Spot Check, VeloPark	6			Oct – Dec 2021	June 2022
Facilities - Unannounced Spot Check, Hockey and Tennis centre	6			Oct – Dec 2021	June 2022

Audit	Planned Days	Proposed Coverage	Lead Contact(s)	Provisional Fieldwork Date	Target AC
Procurement	7	<p>Internal audit review of the end to end procurement process/controls with a view to providing assurance around LVPRA compliance with changes to regulations on exit from Europe (removal of OJEU process). Potential coverage to include:</p> <ul style="list-style-type: none"> <li>▪ Tendering process – Find a Tender Service;</li> <li>▪ Use of frameworks;</li> <li>▪ Management of approved supplier list; and</li> <li>▪ Allocation of works.</li> </ul>	Justin Baker - Senior Sport, Leisure, Procurement and Project Manager	Jan 2022	June 2022
Contingency (Specific audits to be determined)	20	<p>Contingency resources to be used in the event of emerging risk areas and/or extended testing i.e. to be aligned to Covid-19 / emerging risks and the current situation with regard to Leisure Services Contract delay in implementation. Current suggestion is for two audits to be covered, one 10 days, one 5 days. However, this should remain flexible and days should be utilised as seen fit (and based on risk).</p> <p>Other potential areas for consideration could be further risk-based coverage against other areas of the Authority's Strategic Risk Register not covered within current proposals could include:</p> <ul style="list-style-type: none"> <li>▪ Management of insurance</li> <li>▪ Corporate governance, strategy, and decision-making</li> <li>▪ Marketing, communications, and stakeholder engagement, or</li> <li>▪ Any other additional risks or areas of concern identified by the AC in-year.</li> </ul>	Authority Senior Management Team	TBC – as required	June 2022
<b>IT Audit</b>					
IT Strategy and Policy Geographic Information System	10*	<p>Specific scope to be agreed, but current thinking is for this is to consider the control framework around the current IT strategy and policy for provision of IT; and review of GIS system, training, access and procedures.</p> <p>*Due to specialist nature of input for IT audits, the suggested input of 10 days will need to be discussed and clarified at the point the specific audit coverage is agreed.</p>	Simon Clark – Head of IT	Dec 2021 – Jan 2022	June 2022
<b>Contract Audit</b>					

Audit	Planned Days	Proposed Coverage	Lead Contact(s)	Provisional Fieldwork Date	Target AC
Contract Management	15 **	<p>Specific scope to be agreed once a sample of contracts have been selected. However, potential areas will include monitoring of contractor's performance, escalation process, remedies and renewal/extension process. Suggested contracts include Grounds Maintenance Contract, Visitor Tracking Contract.</p> <p>**Contract audit requires specialist input. Depending on the nature of the work requested, there may be a need to adjust the number of days spent in this area to ensure suitable time and resource can be allocated. It may be possible to move some time out of the Contingency allocation shown above, without impacting total budget.</p>	Dan Buckle – Corporate Director	July – Dec 2021	Feb 2022
<b>Follow-Up, Management and Consultation, and Contingency</b>					
Follow-Up	7	Completion of follow-up work on recommendations raised and agreed as part of the 2020/21 Internal Audits. The follow-up work is of key importance in terms of ensuring that previously raised and agreed recommendations have been implemented by management. If this is not the case, the risk exposure is not lowered in respect of the weaknesses originally identified, and hence the value of the internal audit work undertaken is reduced.	N/A	Ongoing	Each AC
Management and Consultation	10	To cover attendance by Internal Audit management at relevant AC meetings and production of required reports for these. Also to cover attendance at progress meetings and any other meetings not specifically related to individual audits (e.g. plan production, update, contract management etc.). In addition, to cover Mazars managements' non-audit specific liaison and communication with officers across the Authority and with the Authority external auditors.	N/A	Ongoing	N/A
<b>Total</b>	<b>120</b>				

# A1 Internal Audit Charter

The Internal Audit Charter sets out the terms of reference and serves as a basis for the governance of the LVRPA Internal Audit function. It sets out the purpose, authority and responsibility of the function in accordance with the UK Public Sector Internal Audit Standards (PSIAS).

The Charter will be reviewed and updated annually by the Engagement Lead for Internal Audit for the LVRPA ('Head of Internal Audit').

## Nature and Purpose

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

- Identification of the significant risks in LVRPA's programme of activity 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 LVRPA's effective operation in the pursuit of its objectives. The risk management, control and governance processes enable 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 LVRPA's business. There are also many assurance providers. 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' International Professional Practices Framework (IPPF) as 'an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes'.

Internal Audit carries out assurance and consulting activities across all aspects of 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 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 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 LVRPA 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.

#### **Responsibility**

The Head of Internal Audit is required to provide an annual opinion to LVRPA, through the AC, on the adequacy and the effectiveness of 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 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 LVRPA's business based on a risk-based plan agreed with the AC.
- 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 AC and the Senior/Executive Team summarising results of assurance activities.
- Promote an anti-fraud, anti-bribery and anti-corruption culture within LVRPA to aid the prevention and detection of fraud;
- Assist in the investigation of allegations of fraud, bribery and corruption within LVRPA and notifying management and the AC of the results.
- Assess the adequacy of remedial action to address significant risk and control issues reported to the AC. Responsibility for remedial action 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 LVRPA's policies and standards and will monitor whether such measures are implemented on a timely basis.

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

### Scope of Activities

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

### 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 PS/IAS 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:

- Corporate Director 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 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.

## Due Professional Care

The Internal Audit function is bound by the following standards:

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

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

A programme of Continuing Professional Development (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 acknowledge it is essential that we agree measures by which Internal Audit should demonstrate both that it is meeting the LVRPA's requirements and that it is improving on an annual basis. We will work to agree appropriate measures with LVRPA.



## A2 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.

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Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services\*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

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