Lee Valley Regional Park Authority
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To:

Ross Houston (Chairman)	Chris Kennedy
Heather Johnson (Vice Chairman)	Calvin Horner
Susan Barker	Gordon Nicholson
Nicholas Bennett	Paul Osborn
John Bevan	Steven Watson

A meeting of the **EXECUTIVE COMMITTEE** (Quorum – 4) will be held at **Lee Valley White Water Centre**, Station Road, Waltham Cross, Herts, EN9 1AB on:

THURSDAY, 23 OCTOBER 2025 AT 11:00

at which the following business will be transacted:

AGENDA

Part I

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 25 September 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 RISK REGISTER 2025/26 Paper E/905/25

Presented by Simon Clark, Head of IT & Business Support

6 BUSINESS CONTINUITY POLICY Paper E/904/25

Presented by Simon Clark, Head of IT & Business Support

7 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.

8 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.

AGENDA
Part II
(Exempt Items)

9 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.

15 October 2025

Shaun Dawson
Chief Executive

LEE VALLEY REGIONAL PARK AUTHORITY

EXECUTIVE COMMITTEE
25 SEPTEMBER 2025

Members Present:	Ross Houston (Chairman)	Calvin Horner
	Heather Johnson (Vice Chairman)	Chris Kennedy
	Nicholas Bennett	Gordon Nicholson
	John Bevan	Steven Watson

Apologies Received From: Susan Barker, Paul Osborn

In Attendance: David Gardner

Officers Present:	Shaun Dawson	- Chief Executive
	Beryl Foster	- Deputy Chief Executive
	Dan Buck	- Corporate Director
	Jon Carney	- Corporate Director
	Keith Kellard	- Head of Finance
	Victoria Yates	- Head of Human Resources
	Michael Sterry	- Senior Accountant
	Marigold Wilberforce	- Head of Property
	Julie Smith	- Head of Legal
	Sandra Bertschin	- Committee & Members' Services Manager

Also Present:	Kevin Bartle	- S151 Officer (London Borough of Enfield)
	Mark Whitfield	- Montagu Evans (Commercial Advisors)

Part I

416 DECLARATIONS OF INTEREST

There were no declarations of interest.

417 MINUTES OF LAST MEETING

THAT the minutes of the meeting held on 31 July 2025 be approved and signed.

418 PUBLIC SPEAKING

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

419 Q1 REVENUE BUDGET MONITORING 2025/26 Paper E/899/25

The report was introduced by the Head of Finance.

(1) the report was noted.

420 Q1 CAPITAL PROGRAMME BUDGET MONITORING 2025/26 Paper E/901/25

The report was introduced by the Head of Finance.

David Gardner joined the meeting.

Members congratulated officers on delivering the Ice Centre redevelopment project within budget and remarked that the approach adopted for financing the project had proved beneficial.

(1) the report was noted.

421 TREASURY MANAGEMENT POLICY Paper E/900/25

The report was introduced by the Head of Finance.

(1) the revised Treasury Management Policy as set out at Appendix A to Paper E/900/25; and

(2) the revised Treasury Management Strategy Statement and Procedures as set out at Appendix B to Paper E/900/25 be recommended to Authority.

422 HUMAN RESOURCES POLICY UPDATES Paper E/897/25

The report was introduced by the Head of Human Resources.

(1) the Performance and Conduct Policy attached at Appendix A to Paper E/897/25; and

(2) the Grievance and Problem Solving Policy attached at Appendix B to Paper E/897/25 be recommended to Authority.

423 ANTI-HARASSMENT, BULLYING & VICTIMISATION POLICY Paper E/898/25

The report was introduced by the Head of Human Resources.

(1) the Anti-Harassment, Bullying & Victimisation Policy attached at Appendix A to Paper E/898/25 be recommended to Authority.

424 2025/26 PAY AWARD Paper E/896/25

The report was introduced by the Head of Human Resources.

A Member commented that for the future consideration should be given to adopting a local pay scale for all staff.

(1) the 2025/26 pay award for officers on the National Joint Council scale as described in paragraphs 1 to 4 of Paper E/896/25;

(2) the 2025/26 pay award for the Chairman and Vice Chairman in line with the National Joint Council pay award as described in paragraph 15 of Paper E/896/25 was noted; and

Senior officers other than the S151 and Monitoring Officers left the meeting.

(3) the 2025/26 pay award for Senior Officers on local pay scales, in line with the National Joint Council pay award as described in paragraphs 11 to 13 of Paper E/896/25 was approved.

Senior officers rejoined the meeting.

425 ANY OTHER BUSINESS

Following a change in the Member from the London Borough of Waltham Forest, it was agreed that Terry Wheeler be appointed to the Audit and Scrutiny Committees.

426 **EXEMPT ITEMS**

THAT based on the principles of Section 100A (4) of the Local Government Act 1972, the public and press be excluded from the meeting for the items of business below on the grounds that they involve the likely disclosure of exempt information again on the principles as defined in those sections of Part I of Schedule 12A of the Act indicated:

Agenda Item No	Subject	Exempt Information Section Number
13	Future Development – Surf London (Formerly The Wave London) at Lee Valley Leisure Complex, Picketts Lock	3

427 FUTURE DEVELOPMENT – SURF LONDON (FORMERLY THE WAVE LONDON) AT LEE VALLEY LEISURE COMPLEX, PICKETTS LOCK — Paper E/902/25

The report was introduced by the Chief Executive and Head of Property.

Mark Whitfield (Montagu Evans) expressed his professional opinion on the proposed development.

(1) the proposed key terms for the revised Heads of Terms and entering into a further Exclusivity Agreement as outlined in paragraphs 3 to 10 of Paper E/902/25;

(2) delegation to the Deputy Chief Executive to agree the final form of the revised Heads of Terms and the Exclusivity Agreement; and

(3) the signing and sealing as appropriate of the Exclusivity Agreement was approved.

_____
Chairman

_____
Date

The meeting started at 10.30am and ended at 11.34am

Lee Valley Regional Park Authority **LEE VALLEY REGIONAL PARK AUTHORITY** **EXECUTIVE COMMITTEE** **23 OCTOBER 2025 AT 11:00**	**Agenda Item No:** 5 **Report No:** **E/905/25**

RISK REGISTER 2025/26

Presented by the Corporate Director

EXECUTIVE 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.

The Executive Committee are requested to note the contents of the Risk Register and associated paper presented and approved at a meeting of the Audit Committee held on 25 September 2025 (Paper AUD/166/25), and an oral update will be given at the Executive Committee.

RECOMMENDATIONS

Members note:

(1) the Corporate Risk Register included at Appendix A to Paper AUD/166/25;

(2) there are no 'High' risks on the register and one risk has changed from Amber to Green; and

(3) the positive movement of three risks, with there being no negative movement.

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

in March 2022 and an invitation to attend was extended to all Members and the strategy, format and content was reviewed again and was formally approved by the Audit Committee in June 2022 (Paper AUD/126/22).

3 As part of the process it was noted that it will be the responsibility of the Audit Committee as per its terms of reference to continue to monitor and review the Authority's risk management policies and procedures which include review of the Authority Corporate Risk Register (and any sub-Risk Registers) at their programmed meetings. On completion of the meeting, the Audit Committee will approve the Corporate Risk Register and present this to the Executive Committee highlighting any changes or areas of medium to high risk that are of concern.

CORPORATE RISK REGISTER

4 The Audit Committee approved the Corporate Risk Register at a meeting on 25 September 2025 (Paper AUD/166/25) – see Annex A to this report) and an oral update will be given at the Executive Committee.

5 The number of risks on the register has not changed (total 30 risks). There are no 'High' risks on the register, seventeen amber risks (reduced by one since last report) and thirteen low risks.

6 The overall risk notional score has reduced by eight from 597 to 589.

7 There has been positive movement in terms of progress on 3 risks (SR1.2, SR3.1 & SR7.1).

8 The other risks have not moved in terms of direction staying at a status of '←→' progress static/actions or risk has not changed. Officers will continue to work on mitigating and reducing the risks so that where possible the direction of travel is positive.

9 There was no negative movement reported in terms of progress on any of the risks.

10 Any environmental, financial, human resource, legal and risk management implications are covered in Paper AUD/166/25 attached as Annex A to this report.

ENVIRONMENTAL IMPLICATIONS

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

FINANCIAL IMPLICATIONS

12 There are no financial implications arising directly out of the recommendations in this report.

HUMAN RESOURCE IMPLICATIONS

13 There are no human resource implications arising directly out of the recommendations in this report.

LEGAL IMPLICATIONS

14 There are no legal implications arising directly out of the recommendations in this report.

EQUALITIES IMPLICATIONS

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

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PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/166/25	Risk Register 2024/25	25 September 2025
Audit Committee	AUD/164/25	Risk Register 2024/25	19 June 2025
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/144/24	Risk Register 2023/24	29 February 2024
Audit Committee	AUD/138/23	Risk Register 2023/24	21 September 2023
Executive Committee	E/814/23	Risk Register 2023/24	20 July 2023
Audit Committee	AUD/132/23	Risk Register 2022/23	22 June 2023
Executive Committee	E/803/22	Risk Register 2022/23	23 March 2023
Audit Committee	AUD/131/23	Risk Register 2022/23	23 February 2023
Executive Committee	E/778/22	Risk Register 2022/23	20 October 2022
Audit Committee	AUD/129/22	Risk Register 2022/23	22 September 2022
Audit Committee	AUD/126/22	Risk Register 2021/22	23 June 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

ANNEX ATTACHED

Annex A	Paper AUD/166/25

Lee Valley Regional Park Authority **LEE VALLEY REGIONAL PARK AUTHORITY** **AUDIT COMMITTEE** **25 SEPTEMBER 2025 AT 12:30**	**Agenda Item No:** **Report No:** **AUD/166/25**

RISK REGISTER 2025/26

Presented by the Head of IT & Business Support

SUMMARY

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

At the Audit Committee in June 2025 (Paper AUD/164/25) Members approved the updated risk management strategy and corporate risk register. Three new risks were added, four risks removed from the Risk Register and two risks were added to the newly created Issues Log.

There continues to be no 'High' risks on the register and the overall risk notional score has reduced.

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 number of amber risks has reduced by one; and
	(3)	the number of High Risks on the register remains at none.

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. Members last considered the risk register at the Audit Committee in June 2025 (Paper AUD/164/25).

8. The current Strategic Risk Register is reviewed by officers and Members on an on-going basis and signed off at each Audit Committee. Appendix B provides an update on actions taken by Officers in relation to specific risks.

9. The two risks that were moved to the Issues log (SR2.9 & SR5.3) remain open and under constant review by Officers until they can be closed.

10. The number of risks on the register remain at thirty with there being no new risk identified since the last report in June 2025.

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

12.

	Residual Risks							
Risk	22 June 2023	21 Sept 2023	29 Feb 2024	20 June 2024	19 Sept 2024	27 Feb 2025	19 Jun 2025	25 Sept 2025
	1	1	1	1	1	1	0	0
	16	15	16	16	16	16	18	17
	13	12	12	14	14	14	12	13
Total Risks	30	28	29	31	31	31	30	30
Notional Score	638	596	609	595	595	595	597	589

13. The key point to note is that the number of Green risks has increased and the number of Amber risks has decreased by one. It should also be noted that there are still no High Risks on the Risk Register.

14. The notional score has reduced by eight to a new low score of 589.

15. Risk SR1.2 progress is in a positive direction (↓) as H&S audit scores continue to improve with some scores achieving the 95% target.

16. Risk SR3.1 progress continues in a positive direction (↓) as the upgrade of the finance system is now complete.

17. As a result of the Finance system upgrade, the residual risk score for SR3.1 has reduced from 24 to 16 taking it from an Amber risk to a Green risk.

18. Risk SR7.1 progress is in a positive direction (↓) as the Business Continuity Policy and Management plans are due to go to SMT for approval and then to Members in October for approval. Simulated Phishing email campaigns are being run monthly by IT department as part of ongoing training and prevention.

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

ENVIRONMENTAL IMPLICATIONS

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

EQUALITY IMPLICATIONS

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

FINANCIAL IMPLICATIONS

22. 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.

23. 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.

24. 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

25. 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

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

RISK MANAGEMENT IMPLICATIONS

27. 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

PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/164/25	Risk Register 2024/25	19 June 2025
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 staff.	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	H&S Audits Reports to SMT H&S Contract	On-going
SR1.3	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.	"Initial high level review of vulnerabilities carried out across LSC venues Undertaken some physical works at LSC Venues to install physical measures to stop unauthorised vehicles including hostile vehicle mitigation at one venue and non-rated bollards at other venues Working group and project group established and working through actions Regular dialogue with Counter Terrorism Security Advisors Meetings with GLL GLL reviewing their procedures Non-LSC venues reviewing their procedures"	SMT Weekly Meeting RD/SMT 1/4ly Reports M H&S Year Report	9	9	81		7	5	35		←→	Treat	High level review of required additional security measures at non-LSC and LSC venues required Review and excersising/testing of procedures across non-LSC and LSC venues required Further physical works to install physical security measures where identified 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		←→	Tolerate	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		←→	Tolerate	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		←→	Tolerate	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		←→	Tolerate	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		←→	Tolerate	Ongoing Monitoring Implement pre 2020 condition survey work	Annual/ Monthly Inspections & Review.
SR2.9	0	0	**Risk Removed from Register**	**Risk Removed from Register**													

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	2	16		↓	Treat	Continual provision of budget for investment in IT infrastructure	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 2025/26 complete Medium Term Financial Plan £3-4m Minimum Reserves Policy Statutory Power to Levy	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	M Working group meetings	6	4	24		3	2	6		↔	Tolerate	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	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	SMT Events Team Meetings	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	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	01/12/2025

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 continued improvement to scores for both services and venues. Focused work continues to move the Authority towards 5*.
SR1.3	Failure to comply with the requirements of the Terrorism (Protection of Premises) Act 2025 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 and has carried out a lot of benchmarking looking at what other Organisations are doing 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 by Authority Officers and external auditors 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. Increased Financial and operational stability checks to be implemented on all major contracts.
SR2.5	Insufficient contractors tendering for contracts	Procurement process has been finalised and documentation is close to being signed off. Process will be rolled out and staff training sessions organised. The Authority is now working to 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. Inventory checks have been increased across all venues (LSC and Non-LSC). Maintenance and Servicing information is to be put into Asset Tiger to aid with monitoring.
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. Performance Failure Process is being followed and LSC Contractor is also Required to self-report failures.
SR3.1	I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving I.T infrastructure	Finance system (eFin) now upgraded meaning the likelihood score has now been reduced as there is now no longer outdated software being used and there are new servers with the latest operating system.
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	Employee handbook has been updated. Training panel held and funding agreed. 2025/26 pay award agreed by NJC.

		Flexible working policy in place. 10 year business strategy to provide direction.
SR4.1	Financial Risks of over/under spent budget through non-achievement of income targets or inaccurate budget forecasting. Insufficient Resources to meet objectives	Q1 Outturn report to September Executive Expectation of forecast for 2025/26 small surplus against budget Cashflow forecast positive for year
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 renewal 1 October Meeting with broker mid-September to discuss policy premiums No change of cover, but increase in premium payable
SR4.4	Failing of and health management of ageing tree stock	Working with GIS to create tree map, looked at external system to map historic data for a full history but cost prohibitive. Arb officer being recruited and part of role will be to push this forward as a project.
SR5.3	Failure of 2024/25 accounts to gain full audit assurance	Audit of accounts 2024/25 scheduled for October/November 2025 Auditor plan to present Report in December Backstop date for sign-off - February 2026
SR6.1	Regular meetings with Authority business owners and GLL marketing team to plan and coordinate activity	18/08/2025 - Formal monthly minuted meetings with GLL alongside near daily contact to monitor / approve a range of contract activities and actions. New refocusing of corporate comms work.
SR6.2	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.	18/08/2025 - monitoring carried out by H and S contractor of potential threats
SR6.3	Incident at a Major event that affects the reputation of the Authority and/or venue and could result in loss of major event bookings	Added the GLL meetings to the existing control measures, a few more meetings to the assurance and added engagement with local police units to further actions.
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 Policy and Management plans are in process of being updated. Officers plan to bring updated Policy to Members in October for approval. Simulated Phishing email campaigns are being run monthly by IT dept as part of on-going training and prevention.

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	
↓	Progress in a positive direction and risk has reduced.
↑	Progress is negative and risk has increased.
←→	Progress static subject to actions or risk has not changed.

Lee Valley Regional Park Authority **LEE VALLEY REGIONAL PARK AUTHORITY** **EXECUTIVE COMMITTEE** **23 OCTOBER 2025 AT 11:00**	**Agenda Item No:** 6 **Report No:** **E/904/25**

BUSINESS CONTINUITY POLICY

Presented by Head of IT & Business Support

EXECUTIVE SUMMARY

The purpose of this report is to seek Member approval for the draft Business Continuity Policy and recommendation to the Authority for its adoption. The Policy has been reviewed and updated by officers including Senior Management Team, in line with review timelines to ensure it is current and relevant.

RECOMMENDATION

Members Approve: (1) the draft Business Continuity Policy attached as Appendix A to this report to the Authority for adoption.

BACKGROUND

1 The Authority has a register of Policies that ensure the organisation works efficiently and consistently towards delivering its Business Strategy. As required, new policies are introduced to safeguard the Authority and make sure that all staff are conforming within current legislation and best practice.

2 Business Continuity Management arrangements have been developed for implementation in a safe, prioritised and structured manner with the commitment of the Senior Management Team (SMT) for the services and sites within the Authority's control.

3 As part of a review of all processes involved with the management of risk and business continuity, the Business Continuity Policy has been reviewed and updated to be current and relevant.

BUSINESS CONTINUITY POLICY

4 A draft of the Business Continuity Policy is attached at Appendix A to this report for Members consideration and approval.

5 The Business Continuity Policy sets out the principles and practices that the Authority will adopt to meet its legal obligations and its commitment to ensure the safety of both customers and staff when within the Authority's facilities or

outside spaces and to ensure that, in the event of any business continuity incident, the initial response to a threat to the Authority's normal business is appropriate, robust and as coherent and effective as possible in the circumstances.

6 The policy seeks to ensure that the Authority complies with relevant legislation and that any associated procedures safeguard both customers and staff at all times, with a business impact and disaster recovery process to be followed in the event of any incident.

7 The updates to the Policy include job title changes, terminology updates, renaming group titles; for example the Business Continuity Steering Group has been renamed to Business Continuity Working Group and some cosmetic changes (front cover has been updated).

8 A key new addition to the report is the adoption of the C3 framework and the Gold-Silver-Bronze or 'GSB' command structure as a clear hierarchical framework and operational clarity for the command of major incidents or disasters.

9 The Policy is and has always been for the Authority. For the Leisure Services contract (LSC) venues, the operator (GLL) is required to have their own Business Continuity and Major Incident policies. This is covered in the Leisure Services Contract (under section 3.20). The Business Continuity Co-ordinator is responsible for ensuring that the LSC Contractor provides a copy or their Corporate and Facility Incident Management Plans to the Authority.

ENVIRONMENTAL IMPLICATIONS

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

FINANCIAL IMPLICATIONS

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

HUMAN RESOURCE IMPLICATIONS

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

LEGAL IMPLICATIONS

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

RISK MANAGEMENT IMPLICATIONS

14 Failure to have an up to date policy could impact the score of risks SR6.2 and SR6.3 of the Risk Register.

EQUALITIES IMPLICATIONS

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

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PREVIOUS COMMITTEE REPORTS

Executive Committee	E/773/22	Business Continuity Policy	22 September 2022

APPENDIX ATTACHED

Appendix A	Business Continuity Policy

LIST OF ABBREVIATIONS

C3	Command, Control, and Communication Event Command Structure
GSB	Gold, Silver, Bronze hierarchy
the Authority	Lee Valley Regional Park Authority
GLL	Greenwich Leisure Limited
LSC	Leisure Services Contract
SMT	Senior Management Team
SR6.2	Impact on Authority's reputation due to service failure caused by pandemic or infectious disease, damaged stakeholder and/or contractor relationships.
SR6.3	Incident at a Major event that affects the reputation of the Authority and/or venue and could result in loss of major event bookings

Lee Valley Regional Park Authority

Appendix A to Paper E/904/25

Business Continuity Policy

September 2025

Reference: [Version 0.6]

This document is controlled by Lee Valley Regional Park Authority.

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

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Title: Business Continuity Policy

Status: Draft

Current Version: v0.6 (September 2026)

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Consultation:	Corporate Directors H&S Contractor Heads of Service Facility Managers Business Continuity Working Group Policy and Procedure Review Group
Approved	**Approved by:** Xxxxxxx **Approval Date:** 00 Xxxxxxx 202X **Review Frequency:** Every Five Years **Next Review:** September 2030

Version History		
Version	**Date**	**Description**
0.1	22 July 2020	Initial draft, circulated to SMT, RDHS
0.2	3 September 2020	Revision after circulation to SMT, RDHS
0.3	1 September 2022	Further revision after commencement of Leisure Service Contract
0.4	20 October 2022	Policy approved by Authority A/4323/22
0.5	12 February 2024	Review and update
0.6	14 August 2025	Review and update circulated to SMT and Right Directions
0.6	23 October 2025	Policy approved by Authority

Contents

Definition of Business Continuity Management

According to the Business Continuity Institute, business continuity management is “an holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities”.

LVRPA Business Continuity Policy

This policy ensures that the Authority’s Business Continuity Management arrangements are developed and implemented in a safe, prioritised and structured manner with the commitment of the senior management team.

The objectives of the Authority’s business continuity policy are to ensure as far as practicable that the Authority:

- maintains a strategy for reacting to, and recovering from, adverse situations which is in line with an agreed level of acceptable risk
- takes action to prevent the occurrence or recurrence of an adverse situation through adopting appropriate risk controls
- maintains a programme of activity and services which ensures the Authority has the ability to react appropriately to, and recover from, adverse situations in line with predefined business continuity objectives
- maintains appropriate corporate and facility response and recovery plans underpinned by a clear escalation process
- minimises financial loss and that in the event of a business failure there is minimal financial burden
- rehearses response and recovery plans at least annually
- maintains a level of resilience to operational failure in line with the risks faced
- maintains employee awareness of the Authority’s expectations of them during an emergency or business continuity threatening situation
- takes account of changing business needs and ensure that the response plans and business continuity strategies are revised where necessary *(Business continuity working group)*
- remains aligned with good industry practice in business continuity management
- responds to an initial threat to the Authority’s normal business in a manner that is appropriate, robust and as coherent and effective as possible in the circumstances;
- keeps the impacts of the threat within acceptable levels as pre-defined by the relevant Senior Management Team (SMT) on initial threat analysis;
- ensures that in recovery towards business as normal, priority is given to maintaining or restoring activities or services that are regarded as business critical in the circumstances; and
- provides training, advice and support to relevant staff within the Authority in order to achieve the above, in cooperation with others as appropriate; the process is not centrally directed.

It is not an objective of business continuity planning within the Authority to ensure that, in the worst cases such as prolonged loss of use of an entire facility or service, full recovery to business as normal can be achieved quickly, or indeed in any particular timeframe. To guarantee any such recovery to any pre-determined specific deadline would be unrealistic and require prohibitively expensive resilience measures.

Leisure Services Contract (LSC) Business Continuity

The Leisure Services contract sets out the required outcome in relation to Business Continuity and Major Incident reporting (Section 3.20). The Business Continuity Co-ordinator is responsible for ensuring that the LSC Contractor provides a copy or their Corporate and Facility Incident Management Plans to the Authority.

Definitions of Severity of incidents

When assessing the severity of an incident will be profiled as either a Minor, Medium or Major incident.

Minor incident:
These are incidents not meeting the definition of a medium incident or a major incident. The majority of these will be dealt with as part of the normal day to day operations of the organisation. These might include minor illnesses or injuries which are treated on site.

Medium incident:
When the response, although expected to be relatively short lived, cannot be contained within the resources on-site/within the service.

Major incident:
It is likely that these incidents could cause or threaten death or injury to people and/or have a major impact on the operation of a venue. It will also include something that may have serious legal or reputational ramifications for the Authority.
These t include anything which puts members of staff or anyone taking part in an activity or event in danger such as:

- Serious and or multiple injuries, illnesses or fatalities
- Hospital treatment for any activity/event participants for serious injuries
- Physical attack of the facility/activity/event participant, volunteer or staff member
- Public demonstration at any location/event.
- Outbreak of food poisoning
- Outbreak of zoonotic disease i.e. E. Coli 0157
- Outbreak of animal disease i.e. Foot & Mouth, BSE
- Pandemic, viral or infectious diseases

Risk Categories

The risk categories cover any situation resulting in an incident, which has or potentially will have significant ramifications for the Authority. These are:

- People,
- Environment,
- Financial
- Reputation,
- Operation or
- Legal Liability

Management of Business Continuity

The following are the main processes and procedures through which the Authority implements its business continuity policy:

- Emergency Action Plans this is the first stage in the emergency response/business continuity process
  FIMP for all facilities/services within the Authority, submitted for review yearly and tested regularly the Facility Incident Management Plans (FIMP) this is the next stage in the emergency response/business continuity process
- the Corporate Incident Management Plan (CIMP); this uses a command structure in line with that used by the emergency services following a Gold/Silver/Bronze hierarchy. Separate C3 Event Command Structure will be specifically used during all events and link in with the CIMP.
- Annual Business Impact Analyses to help define recovery priorities for the Authority
- Authority-wide training and support facilitated by RDHS Right Directions and HR (Authority Responsible Officer)
- Application of the standard management method Plan, Do, Check, Act (PDCA) used by organisations such as HSE.

- Adoption of the C3 framework and the Gold-Silver-Bronze or 'GSB' command structure as a clear hierarchical framework and operational clarity for the command of major incidents or disasters.

Business Continuity Risk Assessment

Threats to the Authority business are constantly monitored and reported through the Business Continuity Risk Assessment process by the Heads of Service who will update the Senior Management team on a quarterly basis or in the event of an immediate concern. This is then used to update the Corporate Risk Register. Should the level of risk or nature of the threat change significantly at any time, the Corporate Risk Register will be updated, and mitigating action discussed with facilities/services and the Senior Management Team as appropriate.

Facility/service risks will be monitored using the Business Continuity Risk Assessment Template by the Business Continuity Co-Ordinator supported by the Business Continuity working group. These will be reviewed annually and re-assessed every two years by the Business Continuity Co-Ordinator supported by the Business Continuity working group and the Internal Audit programme.

The purpose of this assessment is to identify those events that have a higher likelihood (higher grade) of adversely impacting operations, to help prioritise the prevention and mitigation strategies.

Disaster Recovery Plans

As part of the Business Continuity process each facility/service will generate a Disaster Recovery Plan which will be monitored by the Business Continuity working group.

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. This includes having a robust backup process and an alternative emergency location should Myddelton House be put out of action for an extended period. It will be the responsibility of the relevant Corporate Director(s) to initiate the DRP for the facility/service in question.

Facility/service managers will build an action plan to resume operations in the event of a business interruption and to set planning priorities based on how important these functions are to their operations based on their Business Impact Analysis.

Business Impact Analysis (BIA) - this will decide how quickly the function must be resumed before the facility/service is significantly impacted in terms of products, services, reputation and customer base.

Business Continuity Working Group

In order to protect the ability to deliver the Authority's objectives a Business Continuity Working Group will be established. This team is composed of officers across the organisation who will be responsible for creating and supporting an on-going process to evaluate the impact of events that may adversely affect LVRPA, customers, assets or employees.

The focus of the team is to assist Facility/Service managers develop and maintain a plan designed to ensure that our organisation as a whole and their facilities/service, can restore critical functions, and meet responsibilities to our customers and other stakeholders in a manner consistent with our recovery goals.

The Business Continuity Working Group is responsible for the following:

- Organising regular and appropriate staff training and exercises at regular intervals both internally and with other organisations
- Establishing a work schedule and programme deadlines. Timelines can be modified as priorities become defined.

- Considering any specific budget requirements for research, documents, seminars, consulting services and other expenses that may be considered necessary during the plan development process.
- Meeting to review any incidents after the emergency plan has been activated and completed within a maximum of a week after the incident. Review the types of incidents being reported
- Reviewing the Emergency Action Plan (EAP) template and the Facility & Corporate IMP's (incident Management Plan's) with any amendments to the organisation structure, contact details or new legislation.
- Reviewing the Disaster Recovery Plan
- Maintaining a "Test and Exercise Log" containing the details of actual tests including dates and summary of what took place and programme exercises so that all facilities are tested over a period of time,
- Reviewing the Business Continuity Policy and Management Procedures on a yearly basis

The Business Continuity Working Group will meet quarterly to ensure that all processes required for Business Continuity are monitored to ensure they are updated as and when required.

See Appendix A for the Business Continuity Working Group members.

Roles and Responsibilities

The overall responsibility sits with the Chief Executive but the day to day 'operational responsibility' has been delegated to the level of Corporate Director. This responsibility is in turn cascaded through the Authority's management structure and assured and overseen by the Business Continuity Working Group.

Responsibility for localised business continuity matters and planning lies with the Heads of Service group incorporating heads of departments, the heads of divisions/service areas and this will feed into facility/service managers. The Facility/Service managers are accountable for the undertaking and implementation of business continuity measures in their areas.

As a minimum the Authority expects each facility/service to have its own, fit for purpose, Facility Incident Management plan (FIMP) and for that plan to be reviewed and updated at least annually with sign off by the by the Business Continuity Working Group.

Each FIMP must be submitted by the relevant Facility / Service manager to the Business Continuity Co-ordinator annually for ratification by the Business Continuity Working Group. Failure to comply at this level will be noted in the Authority's operational risk register.

The Strategic Roles and Responsibilities are defined within this document (See Appendix B) and will be revised annually to ensure that they fit the strategic objectives of the Authority.

Supply Chain

It is important that the Authority has a list of suppliers that can be called on to provide goods and services in the event of an emergency or crisis. This will be populated by officers for the relevant departments and be maintained by the Business Continuity Co-ordinator and will be managed by the Business Continuity Co-ordinator.

The spending limit on credit cards will be increased so there are funds available during a major incident, and the finance team will support with direct bank transfers where required.

Implementation, testing and exercises

Implementation, testing and exercises will be carried out to ensure that the recovery plan is effective. After an event, periodic review coupled with testing is required. There are many types of tests that can be conducted to help ensure that the plan is adequate, these are listed below.

Training and education - with the assistance of the Business Continuity working group, a training/education programme will be introduced ensuring a comprehensive and holistic approach for all staff to the Business Continuity process.

Testing and Exercises - The Authority will test the Business Continuity plans by means of tests (desktop) and exercises (real time) to ensure the plans are robust and have been updated, where necessary, to reduce risk, mitigate any further impacts on the business and confirm the disaster recovery process is fit for use.

Tests will be conducted in conjunction with external advisors, such as the Authority's Health and Safety support contractor or insurers and should include testing responses of any supply chain providers.

Exercising and Testing

Walkthroughs: Key staff get together and discuss whether the BCP has everything it needs
Desktop scenario: key staff members discuss plan but this time they take a deeper look at specific risks, circumstances or business areas
Time pressured scenario: rehearse a major business incident scenario using timed pressure (e.g. 2 hours) as feed in fresh pieces of information (injects)
Active test in real time: time processed scenario but normal business operations suspended in part or full

Maintenance & Continual Improvement

In order to comply with the Business Continuity Framework, it is essential that both the Policy and any Business Continuity Management Procedures are reviewed annually or after a major incident as defined in the Business Continuity Management Procedure.

Maintenance

Business continuity plans will go through a formal review at least once annually. All facilities and services will be responsible for regularly updating their FIMP's between reviews
All contact details held in the plans will be updated no less than once quarterly or on change of staff by the facility or service manager. *Contact details stored by departments for Business Continuity purposes must comply with data protection.*

Continual Improvement

To ensure continual improvement the Business Continuity Co-ordinator will:

- Ensure the business continuity programme achieves its intended outcomes, directing and supporting individuals as necessary.
- Ensure the resources needed are available (with support from the SMT where necessary).
- Follow-up recommendations from lessons learnt from exercises to ensure they are implemented.
- Ensure internal audits of the programme are conducted and the improvements identified are implemented.

A summary of incidents will be collated by the Business Continuity Co-ordinator and provided to the Audit Committee so they are aware of any actions taken to improve resilience and reduce Corporate Risk.

Supporting Document Index

Document	Location	Version	Author
Emergency Action Plan Template	QMS System	9.0	Facility
Facility Incident Management Plan	QMS System	9.0	Facility
Facility Incident Response Flowchart	QMS System	9.0	H&S
Corporate Incident Management Plan	QMS System	7.0	H&S
Corporate Incident Response Reporting Flow Chart	QMS System	7.0	H&S
GLL and LVRPA Critical Incident Media Protocol	QMS System	1.0	H&S
Business Continuity Management	QMS System	2.0	Activation
Business Continuity Plan	QMS System	2.0	Activation
Business Continuity Risk Assessment	QMS System	2.0	Activation
Risk Register Procedure	QMS System	3.0	Activation

Appendix A – Business Continuity Working Group members

Role	Responsible Officer	Officer Name	Phone	Email
Working Group Chair	Corporate Director	Dan Buck	07956 898619	dbuck@leevalleypark.org.uk
Co-ordination of open spaces and non-LSC requirements and group deputy	Corporate Director	Jon Carney	07715 449325	jcarney@leevalleypark.org.uk
Business Continuity Co-ordinator	Senior Business Support Manager	Justin Baker	07909 000302	jbaker@leevalleypark.org.uk
Co-ordination of IT requirements	Head of IT & Business Support	Simon Clark	07734 021746	sclark@leevalleypark.org.uk
Co-ordination of APMD requirements	Head of Asset Maintenance	Mike Stevens	07909 000320	mstevens@leevalleypark.org.uk
Co-ordination of Property requirements	Head of Property	Marigold Wilberforce	07920 495390	mwilberforce@leevalleypark.org.uk
Co-ordination of H & S requirements	H & S Contractor – Lead Officer	Andy Waters	07496 640143	andy.waters@rightdirections.co.uk
Co-ordination of HR Training requirements	Head of HR	Victoria Yates	07739 852235	vyates@leevalleypark.org.uk
Co-ordination of Communication requirements	Head of Communications	Stephen Bromberg	07793 773540	sbromberg@leevalleypark.org.uk
Co-ordination of Financial requirements	Head of Finance	Keith Kellard	01992 709864	kkellard@leevalleypark.org.uk
Co-ordination of documentation	Business Support Officer	John Holtum	07920 495390	jholtum@leevalleypark.org.uk
Co-ordination of Events	Senior Events and Projects Manager	Sophie Stone	07770 315973	sstone@leevalleypark.org.uk

Appendix B – Strategic Roles and Responsibilities

Role	Strategic responsibility
Authority Members	• Understand and support awareness of business continuity; • Discuss within Audit Committee meetings and act on any issues identified, as required.
Chief Executive	• The overall responsibility sits with the Chief Executive but the day to day 'operational responsibility' has been delegated to the Corporate Director. This responsibility is in turn cascaded through the Authority's management structure and assured and overseen by the Business Continuity Working Group. • Support Authority staff with business continuity roles, within areas of responsibility, to demonstrate leadership and commitment; • Ensure Corporate Directors and Heads of Service meet the business continuity targets; • Provide reports for Audit Committee meetings (3 times per year) and act on any issues identified, as required.
Corporate Directors	• If the department has experienced significant disruption due to a recent incident, discuss operational risk and business continuity in the Senior Management Team/HoS meetings to identify controls and plans to mitigate disruption. • Agree a primary and alternate business continuity co-ordinator, responsible for business continuity within their department as outlined in the Business Continuity Management Procedure. • Ensure venue/service Managers complete their actions (Operational risk assessment, Business Impact Analysis, Business Continuity Plan development, exercises); • Ensure the department has robust business continuity plan(s) which are signed-off; • Ensure all members of the Senior Management Team are aware of their responsibilities in each department's business continuity plan; • Monitor results of plan reviews and exercises.
Venue/Service Managers	• Under the guidance of the Business Continuity Co-Ordinator (through provision of templates and assistance with completion), the venue/service managers will over the course of the year complete and maintain the facility or service; • Bringing department situation reports to Business Continuity Working Group meetings and implementing, communicating and coordinating updates to the facility or service FIMP. • Attend quarterly Business Continuity Meetings • Generally raise awareness of business continuity in the department, including the department FIMP and staff roles and responsibilities in the plan. • Be responsible for the BCP, the BC Risk Assessment, Business Impact analysis and Disaster Recovery Plan. This person will be accountable for undertaking, implementing and ongoing training of staff in relation to Business Continuity measures.
Venue/Service staff	• Be aware of and understand the importance of business continuity in the venue/service, including the FIMP.
Health & Safety Contractor	• Provide professional advice and guidance on all Business continuity processes and documentation. • Be actively involved in the Business Continuity process.
Business Continuity Co-ordinator	• Establish and maintain a business continuity management framework and agree Business Continuity Co-ordinator for each department; • Schedule quarterly meeting with the Business Continuity Working Group

	• Ensure the business continuity programme aligns with standards and best practice; • Provide reports to the Corporate Director (Sport and Leisure) and the Audit Committee as necessary. • Ensure the facility/service follows the Business Continuity process and that an incident Management Plan, Emergency Action Plan (EAP) is reviewed and updated.
Head of Communications	• Advising Chief Executive in relation to Media Liaison and Communications • Have a suite of comms statements • Ensure staff are trained on press interviews • Have a list of recorded messages ready to be used in the event of an emergency