



**7 RISK REGISTER 2023/24**

**Paper AUD/132/23**

**Presented by Dan Buck, Corporate Director**

**8 URGENT BUSINESS**

**Such other business as in the opinion of the Chairman of the meeting is of sufficient urgency by reason of special circumstances to warrant consideration.**

**9 EXEMPT ITEMS**

**Consider passing a resolution based on the principles of Section 100A(4) of the Local Government Act 1972, excluding the public and press from the meeting for the items of business listed on Part II of the Agenda, on the grounds that they involve the likely disclosure of exempt information as defined in those sections of Part I of Schedule 12A of the Act specified beneath each item. (There are no items currently listed for consideration in Part II.)**

**14 June 2023**

**Shaun Dawson  
Chief Executive**

**LEE VALLEY REGIONAL PARK AUTHORITY**

**AUDIT COMMITTEE MINUTES  
23 FEBRUARY 2023**

**Members Present:** David Gardner (Chairman) Lesley Greensmyth  
Suzanne Rutland-Barsby (Vice Chairman) Terry Wheeler  
John Bevan  
Mike Garnett

**Officers Present:** Shaun Dawson - Chief Executive  
Beryl Foster - Deputy Chief Executive  
Dan Buck - Corporate Director  
Keith Kellard - Head of Finance  
Vince Donaldson - Senior Contracts & Quality Manager  
Lindsey Johnson - Committee Services Officer

**Also Present Remotely:** Debbie Hansen - External Auditor (Ernst & Young)  
Oliver Randall - External Auditor (Ernst & Young)

**Part I**

**244 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**245 MINUTES OF LAST MEETING**

**THAT the minutes of the meeting held on 22 September 2022 be approved and signed.**

**246 PUBLIC SPEAKING**

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

**247 EXTERNAL AUDIT UPDATE**

Debbie Hansen and Oliver Randall from Ernst & Young updated Members on the External Audit, key points included:

- We had hoped to have completed the External Audit by the end of October but this has not been possible despite the best efforts of both parties. This is due to the complexity of property, plant and equipment, the checking of historic records and competing priorities.
- The deadline for the checking of historic records has been extended to the end of next week. There is an Ernst & Young resource to assist with this for next week.
- There is now greater focus on property, plant and equipment which has resulted in significantly more work than 10 years ago.
- We are hoping that that we will be in a position to sign-off the accounts towards the end of March.

## **AUDIT COMMITTEE MINUTES 23 FEBRUARY 2023**

Members agreed that they were happy to have an additional Audit Committee meeting in March or April to approve the final accounts for 2020/21.

Terry Wheeler arrived during the next item.

Lesley Greensmyth left during the next item.

### **248 ACCOUNTING POLICIES AND ACCOUNTS CLOSEDOWN TIMETABLE 2022/23**

Paper AUD/130/23

The paper was introduced by the Head of Finance who informed Members that normally we would do a closedown timetable, but due to the 2020/21 accounts not being signed off, it is not practical to do so. Paragraph 11 of the report should also have stated that the Regulator has extended the deadline to 30 September until 2027/28. The unaudited accounts will be reported at the Audit Committee in June.

The Chairman asked if delays in the audited accounts cost the Authority money. The Head of Finance responded that there will be no direct costs.

The Chairman asked if amendments to IFRS16 would have any significance for the Authority. The Head of Finance responded stating that they would be insignificant in terms of materiality as we have very few pieces of leased equipment.

The Chairman asked what the term 'carrying value' meant. The Head of Finance responded stating that it was just terminology and meant the same as 'asset'.

The Chairman asked if the valuation of the Ice Centre would be reflected in this year's accounts. The Head of Finance responded stating that the build cost will be included along with reference to whether it is still under construction or operational.

Debbie Hansen and Oliver Randall left the meeting.

- (1) the Accounting Policies set out in Appendix A to Paper AUD/130/23 was approved; and**
- (2) the key judgements and assumptions set out in paragraphs 8 to 10 of Paper AUD/130/23 was noted.**

### **249 RISK REGISTER 2022/23**

Paper AUD/131/23

The paper was introduced by the Corporate Director who informed Members that paragraph 11 of the report overviews the changes that have been made to the Risk Register and items that have been removed relate to Covid.

The Chairman commented that the one outstanding 'red' risk SR2.4 was that of the stability of the contractor. The Corporate Director responded stating that this was an external influence and we have done everything we can to mitigate the risk.

A Member asked about the energy crisis and how at risk we are from further increase. The Corporate Director responded stating that we are protected until October 2023, post October it

## **AUDIT COMMITTEE MINUTES 23 FEBRUARY 2023**

is unknown what the Impact will be. We are implementing an LED lighting project and looking at solar energy in order to make ourselves more resilient. There is also contingency in the budget to mitigate and our Procurement Officers are in regular contact with our energy provider, Laser.

The Chairman asked about the negotiated management fee with the contractor if patronage fell below 90%. The Corporate Director responded stating that GLL have produced their Quarter 3 Report which states they are in a good position, so the risk is currently low. They are only able to renegotiate in year 2.

The Chairman asked about recent media reports surrounding swimming pools not being covered by the energy support scheme and asked if sporting venues were similarly affected. The Corporate Director responded stating that there is a national effort to put pressure on the government by way of a letter, which we did comment on. The Chief Executive added that there has not been much traction with the government, it does affect us, but due to being part of a bulk buying energy scheme we are in a better position than others in our sector.

The Chairman noted that there has been an improvement in the workforce situation. The Corporate Director responded stating that many of the positions such as Rangers, Riding Instructors and Leisure Centre Assistants are hard to fill at present, but we are moving in the right direction. The Chairman suggested that this might be something for Members to look into.

The Chairman thanked officers for a detailed report.

- (1) the Corporate Risk Register Included at Appendix A to Paper AUD/131/23 was approved.**

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

The meeting started at 1pm and ended at 1.33pm

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**ANNUAL REPORT ON THE WORK OF INTERNAL AUDIT  
2022/23 AND AUDIT PLAN 2023/24**

Presented by the Corporate Director

**SUMMARY**

The purpose of this report is to inform Members about the work of the Internal Auditors (Mazars) during the financial year 2022/23.

The Audit Plan for 2022/23 was approved by the Audit Committee in June 2022 (Paper AUD/127/22). 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 2023/24.

**RECOMMENDATIONS**

- Members Note: (1) the annual report of the Internal Auditors for 2022/23 detailed in Appendix A to this report; and
- Members Approve: (2) the annual Audit Plan for 2023/24 as detailed in Appendix B to this report.

**BACKGROUND**

- 1 The Audit Plan for 2022/23 was approved at a meeting of the Audit Committee in June 2022 (Paper AUD/127/22). 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. 2023/24 will be the sixth year of a six year contract under a framework agreement held by the London Borough of Croydon and approved by Members of this committee (Paper AUD/85/18 22 February 2018). According to the Framework agreement, there is an option of an extension which will be discussed at the APEX meeting to be held on 21 June 2023.

### AUDIT WORK – 2022/23

- 3 The majority of the planned audit activity was completed in accordance with the 2022/23 Plan with the majority of the reviews in the Plan being delivered in a hybrid manner and consideration of whether individual audits required on-site work. Spot checks involved on-site work and review of physical records, as did the review of Cash and Banking with other audit fieldwork being performed remotely through reference to electronic evidence, and use of video-conferencing and screen sharing. Overall, there was minimal impact on the scope and ability to conduct the work.
- 4 Mazars have prepared a comprehensive report summarising the reviews and their findings and this is attached as Appendix A to this report.
- 5 In all audits recommendations of differing priority (i.e. priority 1, 2 and 3) were made to improve the system of internal control and these recommendations were accepted. Follow-up reviews will be undertaken in the next twelve months to ensure appropriate action has been taken.

### AUDIT FINDINGS – 2022/23

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

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

In the assurance based reviews in the Plan, one (Budget Management) received Substantial, five Moderate and two Limited assurance (Estates and Facilities: Maintenance and Statutory Compliance, and Staff Training and development).

Certain weaknesses and exceptions were highlighted by our audit work, two recommendations of which were assessed as Priority 1 within our reviews of; Estates and Facilities: Maintenance and Statutory Compliance (one), and Staff Training and Development (one).

Our Follow-Up work indicated that the majority of previous recommendations raised could be closed as either implemented or superseded, though there were four (6%) which we have identified as remaining outstanding at the time of our fieldwork.

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

- 8 The Summary of Internal Audit work for each Audit carried out in 2022/23 (pages 6/7 in Appendix A to this report) summarises the main level of assurance for each of the eight areas evaluated. One Area received substantial assurance, five areas audited indicated moderate assurance with two areas receiving limited assurance. The areas with limited assurance were:



- Estates & Facilities: Maintenance and Statutory Compliance**  
 The Authority does not maintain an overall spreadsheet to schedule and monitor completion of expected estates checks / maintenance activities, for example statutory checks over gas and electrical assets. Mazars were provided with a spreadsheet (MPG Timeframes) that acts as a schedule for MPGs at five venues. They were unable to confirm the presence of a clear and consistent record for capturing all statutory checks and expected maintenance across all sites. It was also noted that the spreadsheet only covers expected regularity of checks and does not log a live position to show most recent or next scheduled completion.

Mazars selected a further sample of six statutory checks across three venues from a schedule of MPGs across five sites, however, completion certificates and/or reports were not provided so they could not provide any assurance in this area. They did note that management indicated that they expected to be complete, and that this was therefore viewed as an audit testing limitation due to limited management capacity.

Where there is no clear control for scheduling and tracking statutory checks, planned maintenance, and reactive repairs, there is a risk that essential work is not completed. This could lead to legislative requirements being missed and potential financial and reputational loss.

Where maintenance checks are not completed to their assigned frequency, there is a risk that essential repairs could be missed leading to an unsafe environment.

- Staff Training and Development**  
 Policies and procedures should be reflective of the Authority's cultural approach to training and appraisal. The Senior Leadership team should clearly define their targets and principles, and the desired level of training and appraisal. Current training and development policies and procedures are out of date (2006 and 2017 respectively), and do not describe the current processes for delivering staff appraisals, development, and training activities. There is no mention of the appraisals system, and there is no discussion about the programs in place (e.g. the e-learning platform and the Genesis platform). The Head of HR had informed Mazars that the updated schedule will be three-yearly for procedures, five-yearly for policies. The policy states that employees who do not attend mandatory training will be liable to disciplinary procedures, without defining what those procedures are. Through discussion with various managers, we found that no disciplinary procedures are available. The policy refers to meetings between Heads of Service and the management team which will discuss how to incorporate specific training needs into the program – through discussions with the site managers, Mazars found that there are limited formal support mechanisms available to site managers when considering what training is necessary. Where policies/procedures are out of date, there is a risk that these become inaccurate leading to misunderstanding and inconsistencies on the part of staff engaged in training and development/appraisal activities.

All priority 1 recommendations made in individual Audit Reports to improve the

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

Financial systems are reviewed on a cyclical basis by the auditors based upon the level of risk in any particular area. 2022/23 provided varying assurance, with Budgetary Control showing Substantial assurance and Fraud Prevention/Detection Framework showing Moderate assurance.

- 9 All key findings and recommendations from all the audits in 2022/23 will be monitored by the auditors during 2023/24. Adequate follow-up time to do this has been incorporated into the Audit Plan for the year ahead.

#### **ANNUAL AUDIT PLAN - 2023/24**

- 10 Appendix B to this report sets out a summary Plan for Audit during 2023/24. 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 77 days to allow completion of the Audit Plan in 2023/24 reflecting the focus on a risk based approach; and Members are asked to approve the Plan as set out in Appendix B of this report.

#### **ENVIRONMENTAL IMPLICATIONS**

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

#### **EQUALITY IMPLICATIONS**

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

#### **FINANCIAL IMPLICATIONS**

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

Audit	2020/21	2021/22	2022/23	2023/24 Plan
Payroll	Substantial	N/A	N/A	N/A
Debtors	N/A	N/A	N/A	N/A
Creditor	N/A	N/A	N/A	Scheduled
Treasury Management	Substantial	N/A	N/A	N/A
Budgetary Control	N/A	Deferred	Substantial	N/A
Cash & Banking	N/A	Moderate	N/A	N/A
Debt Management	Substantial	N/A	N/A	N/A
Stock Control Procedures	N/A	Moderate	N/A	N/A
High Risk Transactions Credit Cards & Key Controls	Substantial	N/A	N/A	Scheduled
Fraud prevention / detection	N/A	N/A	Limited	N/A
Campsites financial systems	N/A	N/A	Moderate	N/A
Marinas financial systems	N/A	N/A	N/A	Scheduled

### HUMAN RESOURCE IMPLICATIONS

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

### LEGAL IMPLICATIONS

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

### RISK MANAGEMENT IMPLICATIONS

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

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### PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/127/22	Annual Report on the Work of Internal Audit 2021/22 & Audit Plan 2022/23	23 June 2022
Audit Committee	AUD/121/21	Annual Report on the Work of Internal Audit 2020/21 & Audit Plan 2021/22	22 July 2021
Audit Committee	AUD/110/20	Annual Report on the Work of Internal Audit 2019/20 & Audit Plan 2020/21	25 June 2020
Audit Committee	AUD/98/19	Annual Report on the Work of Internal Audit 2019/20 & Audit Plan 2020/21	20 June 2019
Audit Committee	AUD/88/18	Annual Report on the Work of Internal Audit 2018/19 & Audit Plan 2019/20	21 June 2018
Audit Committee	AUD/85/18	Award of Internal Contract	22 February 2018
Audit Committee	AUD/77/17	Annual Report on the Work of Internal Audit 2017/18 &	22 June 2017

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

#### **APPENDICES ATTACHED**

Appendix A	Internal Annual Audit Report 2022/23
Appendix B	Internal Audit Plan 2023/24

#### **LIST OF ABBREVIATIONS**

IT	Information Technology
PSIAS	Public Sector Internal Audit Standards

Lee Valley Regional Park Authority - Internal Audit Annual Report  
For the year ended 31 March 2023  
June 2023

Final Report

**mazars**

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### *Disclaimer*

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

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

## 01 Introduction

### Background

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

This Annual Report covers the work we have undertaken for the year ended 31 March 2023 (2022/23) and incorporates our internal audit annual 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 Report including the internal audit annual opinion forms part of the framework of assurances that is received by the Authority and should be used to help inform the Annual Governance Statement. Internal Audit also has an independent and objective consultancy role to help line managers improve risk management, governance and control.

Our professional responsibilities as internal auditors for the year ended 31 March 2023 are set out within the PSIAS. This includes the Core Principles for the Professional Practice of Internal Auditing and Code of Ethics. In conducting our work, we also have regard to the Committee on Standards of Public Life's Seven Principles of Public Life ('Nolan principles').

This report covers the internal audit activity for 2022/23 and summarises matters which came to our attention during the year. Such matters have been included within our reports to the Audit Committee (AC) during the course of the year.

### Acknowledgements

We are grateful to the management and staff throughout the Authority for the assistance provided to us during the 2022/23 financial year.

## 02 Internal Audit work undertaken in 2022/23

The Internal Audit Plan for 2022/23 (Plan) was considered and approved by the AC in July 2022. The Plan was for a total of 97 days including 7 days Follow Up, 10 days Management, and 10 days of Contingency.

We were in regular contact with the Authority during the year to ensure the plan and timings remained attuned to the needs of the organisation and reflected their current risks. As part of these discussions the planned review of Data Management was deferred. This was due to concerns over capacity within the Authority team to support this review. This was discussed with the Authority's senior management team and it was agreed that alternative coverage of contract management processes should instead take place. With this exception of this change, all other reviews were delivered in line with the Plan.

A total of 4.5 contingency days were utilised during the period including but not limited to, instances where auditees were unable to provide evidence or to work with auditors during their allocated timeframes.

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

## 03 Annual opinion

### Scope of the Internal Audit Opinion

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



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

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

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

Whilst the majority of the work within 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 AC and provided updates on progress against the Plan.

#### **Internal Audit opinion**

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

In the assurance based reviews in the Plan, one (Budget Management) received Substantial, five Moderate and two Limited assurance (Estates and Facilities: Maintenance and Statutory Compliance, and Staff Training and development).

Certain weaknesses and exceptions were highlighted by our audit work, two recommendations of which were assessed as Priority 1 within our reviews of; Estates and Facilities: Maintenance and Statutory Compliance (one), and Staff Training and Development (one).

Our Follow-Up work indicated that the majority of previous recommendations raised could be closed as either implemented or superseded, though there were four (6%) which we have identified as remaining outstanding at the time of our fieldwork.

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

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

#### **Corporate Governance and Risk Management**

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

We also performed an audit of the Authority's Risk Management Framework for which we provided a Moderate opinion, with three Priority 2 recommendations.

#### **Internal control**

Of the seven other audits undertaken in the year where we provided a formal



assurance level, one was given a 'Substantial' level of assurance (Budget Management), four were given a 'Moderate' level of assurance (LSC Contract Management, Contract Management, Campsites – Financial and Booking System, Fraud Prevention/Detection Framework) (further to the Risk Management framework review as set out above, which also received a Moderate Opinion) and two a 'Limited' level of assurance (Estates and Facilities: Maintenance and Statutory Compliance, Staff Training and Development). No audits were given an 'Unsatisfactory' level of assurance.

During the year, we have made two 'Priority 1' recommendations, and these are summarised in Appendix A2 of this report. We have also made 26 recommendations categorised as 'Priority 2' and 21 which are Priority 3.

### **Follow Up**

In respect of follow up of recommendations, internal audit has an established process for tracking the implementation of recommendations raised and to report on their status. During the year, we reviewed the implementation of 73 recommendations that had reached their expected completion date and confirmed their implementation status. Of those 73, 49 (67%) had been superseded (40 of which were the recommendations which related to spot checks at venues which are no longer the jurisdiction of the Authority), 20 (27%) were classed as Implemented, 2 (3%) as In Progress and 2 (3%) as Not Implemented.

Recommendations made during the year were accepted by Management and will be followed up as part of the Plan for 2023/24.

## 04 Benchmarking

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

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



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

Overall, the assurance work completed in 2022/23 represents a negative trend from previous years, with a minor increase (one to two) in the number of Limited opinions from what had been a gradual decline over the preceding three years (one in 2021/22, HR – Leave/Absence). It should be noted however that more assurance reviews were carried out compared to 2021/22 (8 in contrast to 5) and that the number of Moderate opinions has increased, together with a first Substantial opinion.

The breakdown of Priority 1, 2, and 3 recommendations has seen an overall increase from previous years. This is driven by two Limited opinion reports, which collectively account for 17 of the 49 recommendations, including 13 of the 28 Priority 1 and 2 recommendations. While Priority 1 recommendations decreased from three to two, Priority 2 recommendations increased from 11 to 26, and Priority 3 recommendations increased from nine to 21.

## 05 Performance of Internal Audit

### Compliance with professional standards

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

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

### Performance Measures

We have completed our audit work in accordance with the agreed Plan, other than the planned review of Data Management, which was replaced by an audit of Contract Management. This was agreed with the Authority's senior management team.

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



### Conflicts of Interest

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

### Internal Audit Quality Assurance

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

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

## A1 Summary of Internal Audit work undertaken in 2022/23

The following reviews were undertaken during the 2022/23 audit year:

Auditable Area	Level of Assurance (evaluation / testing)	Days		Recommendations				Total agreed by Management
		Budget	Actual	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)	Total	
Health and Safety Contract Procurement	N/A - Advisory	5	4	-	-	-	-	-
LSC Contract Management	Moderate	10	10	-	2	3	5	5
Data Management	N/A - deferred	10	1.5***	-	-	-	-	-
Contract Management	Moderate	0	10****	-	4	2	6	6
Campsites – Financial and Booking System	Moderate	8	8	-	3	2	5	5
Budget Management	Substantial	8	8	-	1	1	2	2
Risk Management Framework	Moderate	7	7	-	3	5	8	8
Fraud Prevention/Detection Framework	Moderate	8	8	-	2	4	6	6
Estates and Facilities: maintenance and Statutory Compliance	Limited	7	10***	1	5	-	6	6
Staff Training and Development	Limited	7	7	1	6	4	11	11
Follow Up*	N/A	7	7	-	-	-	-	-

Auditable Area	Level of Assurance (evaluation / testing)	Days		Recommendations				Total agreed by Management
		Budget	Actual	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)	Total	
Management	N/A	10	10	-	*	*	-	-
Contingency	N/A	10	(4.5)***	-	*	-	-	-
<b>Totals</b>		<b>97</b>	<b>90.5</b>	<b>2</b>	<b>26</b>	<b>21</b>	<b>49</b>	<b>49</b>

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

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

\*\*\*Days used taken from contingency.

\*\*\*\*Audit added in year as a replacement. Budgeted days reassigned.

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

## A2 Priority 1 Recommendations Raised during 2022/23

Report	Recommendation	Rationale	Management Response	Responsibility and Deadline
<p>Estates &amp; Facilities Maintenance and Statutory Compliance</p> <p><b>Completion of Statutory Safety Inspections</b></p> <p>The Authority should maintain a clear schedule that captures all statutory checks, planned maintenance, and reactive repairs across all its venues. Alternatively, separate schedules may be used to differentiate between GLL and Authority-managed venues.</p> <p>The Authority should ensure that the schedule for MPGs at GLL venues is fully complete with no missing data.</p> <p>The completion and sign-off sections of MPG guidance documents should be fully completed in line with their bespoke frequency, and a record of overall completion (or any gaps/delays) maintained.</p>	<p>The Authority does not maintain an overall spreadsheet to schedule and monitor completion of expected estates checks / maintenance activities, for example statutory checks over gas and electrical assets. We were provided with a spreadsheet (MPG Timeframes) that acts as a schedule for MPGs at five venues. It was noted that the Waterworks Centre venue maintenance performance schedule did not have a prescribed frequency for Controls and BMS. We were unable to confirm the presence of a clear and consistent record for capturing all statutory checks and expected maintenance across all sites. It was also noted that the spreadsheet only covers expected regularity of checks and does not log a live position to show most recent or next scheduled completion.</p> <p>MPG guidance documents have been produced for specific activities that inform on the required inspections and how frequently they should be carried out. They also contain sign-off sections allowing venue managers to confirm the completion and date of inspections and checks in line with the prescribed frequency. We selected two MPG inspections at one GLL venue and two Authority venues to ensure that inspections were completed at the prescribed frequency. We noted the following:</p> <ul style="list-style-type: none"> <li>• The Emergency Lighting MPG at Holyfield Farm has not been completed at its required frequency. Emergency lights are supposed to be checked daily, however, there is only one date and signature for each week of the year but there are five slots for data entry. The monthly and yearly checks have been input;</li> <li>• The Gas Fired Emitters at Sewardstone Campsite are scheduled for monthly inspections; however, August and September 2022 are not filled out at all, and October and November 2022 are signed but not dated;</li> </ul>	<p>The Head of Asset Maintenance is currently undertaking a review of the inspection process to standardise all statutory inspections and ensure that MPGs are checked on random site visits. The introduction of a Computer Aided Facilities Monitoring (CAFM) system for the LSC venues will aid greatly in the monitoring process and, by cross team working, the use of the Contract and Quality Officer to carry out spot checks during his venue audits will assist until the department is fully staffed. Site managers will also be reminded of their duty to carry out the requisite checks at their sites and ensure records are correctly signed off.</p>	<p>Head of Asset Maintenance October 2023</p>	



Report	Recommendation	Rationale	Management Response	Responsibility and Deadline
		<ul style="list-style-type: none"> <li>▪ The Boilers and associated plant MPG at Sewardstone Campsite, has the yearly check dated as July 2023 with the previous check being 27/10/21. It is likely that this was an inputting error;</li> <li>▪ The previous and current yearly check data fields for the Fire Hydrants MPG at the Lee Valley Ice Centre have not been input at all; and</li> <li>▪ Two of the six samples were not provided with one of these being because the venue did not have the asset we requested. The other MPG has not been sent as evidence.</li> </ul> <p>We selected a further sample of six statutory checks across three venues from a schedule of MPGs across five sites, however. completion certificates and/or reports were not provided so we could not provide any assurance in this area. We did note that management indicated that they expected to be complete, and that this was therefore viewed as an audit testing limitation due to limited management capacity.</p> <p>Where there is no clear control for scheduling and tracking statutory checks, planned maintenance, and reactive repairs, there is a risk that essential work is not completed. This could lead to legislative requirements being missed and potential financial and reputational loss.</p> <p>Where maintenance checks are not completed to their assigned frequency, there is a risk that essential repairs could be missed leading to an unsafe environment.</p>		



Report	Recommendation	Rationale	Management Response	Responsibility and Deadline
<p>Staff Training and Development</p>	<p><b>Staff Development and Training Policy</b></p> <p>The central HR team should develop and produce updated policies and procedures which relate to <b>Staff Training</b>, Appraisal and Development, as soon as possible. These should include a cover sheet for version control and a schedule for updating. When creating the policy, there should be strategic review of what is desirable and required for the adequate training and appraisal of staff which should be agreed by the Senior Leadership team alongside the systems and requirements.</p>	<p>Policies and procedures should be reflective of the Authority's cultural approach to training and appraisal. The Senior Leadership team should clearly define their targets and principles, and the desired level of training and appraisal. Current training and development policies and procedures are out of date (2006 and 2017 respectively), and do not describe the current processes for deliver staff appraisals, development, and training activities. There is no mention of the appraisals system, and there is no discussion about the programs in place (e.g. the e-learning platform and the Genesis platform). The Head of HR has told us that the update schedule will be three-yearly for procedures, five-yearly for policies. The policy states that employees who do not attend mandatory training will be liable to disciplinary procedures, without defining what those procedures are. Through discussion with various managers, we found that no disciplinary procedures are available. The policy refers to meetings between heads of service and the management team which will discuss how to incorporate specific training needs into the program – through discussions with the site managers, we found that there are limited formal support mechanisms available to site managers when considering what training is necessary. Where policies/procedures are out of date, there is a risk that these become inaccurate leading to misunderstanding and inconsistencies on the part of staff engaged in training and development/appraisal activities.</p>	<p>The Staff Training policy development procedure is already being drafted.</p>	<p>Head of HR, 31<sup>st</sup> January 2023</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 Strategy, Operational Plan  
 2023/24 and Charter**  
 Draft for Audit Committee  
 Prepared by: Mazars LLP  
 Date: June 2023



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- 2 Operational Plan 2023/24
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## Statement of Responsibility

**Disclaimer**  
This report ("Report") was prepared by Mazars LLP at the request of the Lee Valley Regional Park Authority (LVRPA) and the 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 the 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 on the final page of this report for further information about responsibilities, limitations and confidentiality.



# 01

Section 01:  
**Introduction**

DRAFT for Audit Committee



## Introduction

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

We have developed a three-year Internal Audit Strategy (Strategy) in this paper, which informs a 2023/24 Operational Plan. The Strategy is used to direct Internal Audit resources to those aspects of the organisation that are assessed as generating the greatest risk to the achievement of its objectives. This will remain subject to review and update on at least an annual basis to ensure it meets the needs of the LVRPA, including taking account of any areas of new and emerging risk within the Risk Register.

The purpose of this document is to provide the LVRPA with the proposed 2023/24 Plan and Strategy for consideration and approval.

In considering the document, AC is asked to consider:

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

We are also seeking approval from AC for the Internal Audit Charter in Section 04. There have been no changes since the previous version of the Charter approved as part of the 2023/24 plan.

# Scope and Purpose of Internal Audit



**IA's Role**

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



**IA Plan**

Completion of the internal audits proposed in the 2023/24 Plan should be used to help inform the LVRPA's Annual Governance Statement.



**Objective**

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

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



**Charter**

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







## Preparing the Strategy and Operational Plan for 2023/24

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

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

- Initial discussion and longlisting with the Senior Contracts & Quality Manager and SMT;
- Met with the Chief Executive, Deputy Chief Executive, Senior Contracts & Quality Manager, and Head of Finance for an initial planning session 09 May 2023;
- Reviewed the outcomes of 2022/23 internal audit work;
- Considered the latest assessment of risks facing LVRPA, as detailed in the Corporate Risk Register (as of March 2023);
- Considered areas which are not necessarily high risk (such as core operational controls), but where the work of internal audit can provide a tangible input to assurance; and
- Considered the results of internal audit across our wider client base.

The proposed Plan for 2023/24 is included in Section 02. This also includes a proposed high level scope for each review and which will be revisited as part of the detailed planning for each review. Fieldwork dates for each of the audits, including presentation of finalised reports at future dates for AC meetings have been proposed for discussion and approval with the LVRPA's management.



## Preparing the Strategy Update and Operational Plan for 2023/24 (continued)

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

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

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

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

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



# 02

Section 02:  
**Operational Plan 2023/24**

# Internal Audit Operational Plan 2023/24

An overview of the Internal Audit Operational Plan 2023/24 is set out below:

Proposed Summary Operational Plan for Approval					
Audit Area	Days	LVRPA Sponsor	Other LVRPA Contacts	Target Start Date	Target AC (as applicable)
<b>Risk Based Considerations</b>					
LSC Contract Management	10	Corporate Director	Senior Contracts & Quality Manager Senior Sport, Leisure, Procurement and Project Manager	January 2024	June 2024
Data Management*	10	Deputy Chief Executive	Head of Legal Senior Accountant	October 2023	February 2024
Marinas - Financial and Booking Systems	8	Head of Finance	Site Managers: Springfield, Stanstead Abbotts	October/November 2023	February 2024
Business Continuity Planning	7	Corporate Director	Senior Contracts and Quality Manager	November/December 2023	February 2024
<b>Other Considerations</b>					
<b>Core Financial Controls</b>					
<b>Management and Reporting Activities</b>					
Follow Up	7	Corporate Director	Senior Contracts & Quality Manager	Ongoing	Ongoing
Management	10	Corporate Director	Senior Contracts & Quality Manager	Ongoing	N/A
Contingency	15			As requested	As requested
<b>Total</b>	<b>77</b>			January - March 2024	June 2024

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

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

# Internal Audit Operational Plan 2023/24 Contd.

The rationale behind the inclusion of each of the areas identified within the Internal Audit Operational Plan 2023/24 is detailed below, alongside a indicative high-level scope. Please note that the detailed scope of each audit will be discussed and agreed with the relevant LVRPA sponsor prior to the commencement of fieldwork.

## LSC Contract Management – 10 days

This review will consider the Authority's management of selected risks relating to contract management of the Leisure Services Contract (LSC) to Greenwich Leisure Limited (GLL). This could consider overall contract management and performance monitoring, or focus on selected risks relating to specific sites or elements of the contract specification that GLL are responsible for: maintenance, income, visitor experience, etc.

A review of LSC contract management was completed in the 2022/23 Plan to assess contract management activity at that stage.

This is included in the Plan in relation to Risk SR27 from the Corporate Risk Register.

## Data Management – 10 days

Data privacy management was included within our 2022/23 Plan before being deferred to this 2023/24 Plan. Outline scoping with the Authority's Deputy Chief Executive and the Head of Legal identified that data protection is an area that the Authority is looking to review and refresh. The Authority has recently updated their data protection policy to align with the ICO's accountability framework.

Initial priorities identified, subject to detailed scoping, were:

- Data privacy governance;
- Incident and data breach management;
- Policies and procedures in relation to the above topics; and
- Staff training and awareness in relation to the above topics.

This might form part of a number of phased audits across the strategy to provide wider coverage across the ICO's accountability framework.

This is included in the Plan in relation to Risks SR3.1 and 3.2 from the Corporate Risk Register.

## Marinas - Financial and Booking Systems – 8 days

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

This follows on from an audit completed in the 2022/23 Plan over systems in use at the Authority's campsites.

This is included in the Plan in relation to Risk SR3.6 from the Corporate Risk Register.



# Internal Audit Operational Plan 2023/24 Contd.

## Business Continuity Planning – 7 days

This review will consider the Authority's controls to respond to Business incidents: illness/staff unavailability, fire, flood, etc. Subject to detailed scoping, this could consider: Risk Identification and Business Impact Analysis, Development of overall/site-specific business continuity plans with recovery time/point objectives, Staff training, testing/simulations, and lessons learned/refinement form tests and live exercises. This is included in the Plan in relation to Risks SR2.6 and 7.2 from the Corporate Risk Register.

## Core Financial Controls – 10 days

This review will consider selected areas of the Authority's core financial controls. This is an area subject to cyclical coverage as part of our Plans. Areas which have been subject to recent coverage are: Fraud Prevention / Detection Framework (22/23), Cash and Banking (21/22), Stock Control (21/22), Debt Management (20/21), and Treasury Management (20/21).

Outline scoping with management identified Creditors and use of Credit Cards as initial preferred areas of coverage under this Plan.

## Follow Up – 7 days

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

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

## Management – 10 days

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

## Contingency – 15 days

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

# 03

Section 03:  
**Strategy 2023/24 – 2025/26**

# Strategy 2023/24 – 2025/26

Our updated Internal Audit Strategy 2023/24 – 2025/26 is provided below and sets out our risk based considerations, followed by other considerations and finally our management and reporting activities.

Strategic Risks		Risk Based Considerations			
Auditable Area		2023/24	2024/25	2025/26	Previous Coverage
SR1.1: Failure to comply with the 1966 Park Act and other statutory requirements.	Corporate Governance Reporting	-	✓	-	-
SR1.2: Failure to comply with Health & Safety legislation.	Health and Safety Control Framework	-	✓	-	-
SR2.1: Agreeing to accept a partners' financial terms and conditions that will place an unacceptable long term liability on the Authority.	Due Diligence and Legal Process	-	-	✓	-
SR2.2: Contractors, Governing Bodies, or Third Party Operator not delivering agreed objectives/contract.	Contract Management	-	-	-	Contract Management (22/23)
SR2.3: Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	Contract Management	-	-	-	Health and Safety Contract Procurement – Advisory (22/23) Contract Management (22/23)
SR2.4: Contractor stability affected by external influences or national/international conditions prevailing at the time.	Contract Management	-	-	-	Contract Management (22/23)
SR2.5: Insufficient contractors tendering for contracts.	Procurement	-	-	-	Procurement (21/22)
SR2.6: Major equipment or other failure at one or more venues resulting in temporary/permanent cessation of operations	Business Continuity Planning Disaster Recovery	-	-	-	Business Continuity and Disaster Recovery (19/20) Disaster Recovery and BCP (20/21)

# Strategy 2023/24 – 2025/26 Contd.

Risk Based Considerations (continued)					
Strategic Risks	Auditable Area	Previous coverage	2023/24	2024/25	2025/26
SR2.7: Failure of LSC contractor organisation or failure of LSC contractor to deliver as required by contract	Project Management / Assurance Leisure Services Contract Management / Oversight / Service Levels	LSC Contract Management (22/23)	✓	✓	✓
SR2.8: Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	Building and Facilities Management Capital Expenditure/ Estates Management	Estates and Facilities Maintenance and Statutory Compliance (22/23)	-	-	-
SR3.1: I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving I.T infrastructure.	IT Strategy, User access, IT Controls, IT Strategy	IT GIS (21/22)	-	-	-
SR3.2: Inadequate I.T. Infrastructure/ Systems/Data for new LSC.	Data / Privacy Management IT Strategy, User access, IT Controls, IT Strategy	Cyber Security (20/21) Cyber Security (19/20) IT GIS (21/22) Cyber Security (20/21) Cyber Security (19/20)	✓	✓	✓
SR3.3: Inadequate I.T. Infrastructure/ Systems/Data support due to staff shortages from Covid 19 related illness	Resource Management / Workforce Planning	-	-	-	-
SR3.4: GLL Booking System (Flow) not ready to be used at venues when contract with Omnicore ends on 31 Oct 2022. Clarity is now end of life	-	-	-	-	-
SR3.5: The Authority fails to recruit/retain staff at all levels of the appropriate calibre.	HR – Recruitment and Retention Succession Planning	HR On-Boarding and Off-Boarding (19/20)	-	-	✓
SR3.6: Insufficient Authority Resources to fully manage contract	Budget Setting and Control Debt Management Treasury Management	Campsites – Booking Systems (22/23) Debt Management (20/21) Treasury Management (20/21) Debtors (19/20) Treasury Management (18/19)	✓ Marinas - Financial and Booking Systems	-	-



## Strategy 2023/24 – 2025/26 Contd.

Risk Based Considerations (continued)					
Strategic Risks	Auditable Area	Previous coverage	2023/24	2024/25	2025/26
SR3.7: The Authority have <i>insufficient staff at all levels</i> due to impact of 'long Covid' resulting in staff being unable to perform duties or on long term sickness	Resource Management / Workforce Planning	-	-	-	-
SR4.1: Financial Risks of over/under spent budget through non-achievement of income targets or inaccurate budget forecasting. Insufficient Resources to meet objectives.	Budget Setting Budget Monitoring	Budget Management (22/23)	-	-	-
SR4.2: Financial Risks of either greatly increased insurance costs or insurers refusal to insure Authority due to increased risks brought on by prevailing conditions.	Insurance	-	✓	-	-
SR4.3: Failure of GLL to achieve 90% of income target in Year 1, resulting in renegotiation of Year 2 MF	Project Management / Assurance Leisure Services Contract Management / Oversight / Service Levels Strategy Setting and Monitoring	-	-	-	-
SR5.1: Lack of a clear corporate direction.	Corporate Governance	-	-	✓	-
SR5.2: Impact on the Authority's powers to raise the Levy and resistance from all constituent councils.	Stakeholder Engagement Income forecasting and receipt	-	-	-	-
SR6.1: Impact on Authority's reputation due to service failure, damaged stakeholder and/or contractor relationships.	Stakeholder Engagement Marketing and Communications Incident Management	Marketing and Communication (19/20)	-	✓	-
SR6.2: Impact on Authority's reputation due to service failure caused by Covid-19 or any similar pandemic or infectious disease, damaged stakeholder and/or contractor relationships.	Stakeholder Engagement Communications Strategy Incident Management	-	-	-	-
SR7.1: Inadequate business continuity implementation at any (all) sites following natural disaster, IT failure including Cyber Terrorism, Flooding, Disease Outbreak (animals/humans), Terrorism.	Business Continuity Planning Disaster Recovery	Disaster Recovery and BCP (20/21) Business Continuity and Disaster Recovery (19/20)	✓	-	-

# Strategy 2023/24 – 2025/26 Contd.

Risk Based Considerations (continued)					
Strategic Risks	Auditable Area	Previous coverage	2023/24	2024/25	2025/26
SR7.2: Inadequate pandemic or infectious disease management processes in place park wide following major pandemic outbreak/further spikes in Covid 19 or other infectious disease and more restrictions including local tier restrictions and national lockdowns.	Business Continuity Planning Covid/Pandemic	Disaster Recovery and BCP (20/21) Business Continuity and Disaster Recovery (19/20)	✓	-	-
SR8.1: Failure to manage contamination could be a risk to users, this includes land and/or water contamination (also damage to reputation from failing to manage contamination).	Environmental Management Control and Reporting	-	-	-	-
SR9.1: Ice Centre Failure in Strategic Risks 1-8 above in the development of the Ice Centre circa £30m project and Legal Challenge. Ice Centre not operational at agreed date	Project Management / Assurance	-	-	-	-
SR9.2: Picketts Lock Development Failure in Strategic Risks 1-8 above in the development of the Picketts Lock circa £40m project and Legal Challenge.	Project Management / Assurance	-	-	-	-
SR10.1: Acquisitions- Opportunity Cost of Resources, Reducing Available Resources or increasing future liabilities	Estates and Investment/Divestment Strategy	-	-	-	-
SR 10.2: Disposals - Legal challenge, Reputational Damage, reduced public access or bio diversity. Failure to deliver anticipated capital resources through land disposal due to the constraints imposed by the riparian boroughs/districts and other agencies, e.g. green belt/flood risk/contaminated land	Estates and Investment/Divestment Strategy	-	-	-	✓
SR11.1: Failure in Strategic Risks 1-10 above due to changes in the Economic and Business climate brought about by changes following the departure from the European Union	-	-	-	-	-

# Strategy 2023/24 – 2025/26 Contd.

Area		Other Considerations (continued)			
Auditable Area		2023/24	2024/25	2025/26	
Corporate Governance		Performance Management of			
Governance and Strategy	Strategic Planning				
	Performance and Reporting		✓		
Risk Management	Risk Management				
	Assurance Mapping				
Core Financial Controls	General Ledger				
	Budget Setting and Control				
	Purchasing/Procurement				
	Sundry Income/Debtors				
	Cash and Banking				
	Assets and Inventories / Stocks and Stores				
	Fraud Prevention and Detection				
	Commercial Activities (Trust) (18/19)	-			
	Risk Management (18/19)	-			
	Risk Management Framework (22/23) Fraud Prevention / Detection Framework (22/23)				
Payroll and Staff Expenses	Cash and Banking (21/22)				
	Stock Control (21/22)				
	Debt Management (20/21)				
	Treasury Management (20/21)	✓			✓
	Cash and Banking (19/20)				
	Creditors (19/20)				
	Debtors (19/20)				
	Treasury Management (18/19)				
	PCI Compliance (18/19)				
	Payroll (20/21)				
Property / Estates	Use of Credit Cards (20/21)				✓
	Estates and Facilities: Maintenance and Statutory Compliance (22/23)	-			
HR	Staff Absence/Leave (2021/22)				
	Staff Induction and Performance (2020/21)				
	HR On-Boarding and Off-Boarding (2019/20)		✓		
	Staff Training and Development (22/23)				

## Strategy 2023/24 – 2025/26 Contd.

Area		Other Considerations (continued)				
Area	Auditable Area	Previous coverage	2023/24	2024/25	2025/26	
<b>Volunteers</b>	Volunteer Strategy / (Processes)	Volunteer Management (2019/20)	-	-	-	
<b>Management and Reporting</b>						
	Auditable Area	Previous coverage	2023/24	2024/25	2025/26	
	Follow Up	✓	✓	✓	✓	
	Management	✓	✓	✓	✓	
	Contingency	✓	✓	✓	✓	
	<b>Total</b>		XX	TBC	TBC	

# 04

## Section 04: Internal Audit Charter

# Internal Audit Charter

The Internal Audit Charter sets out the terms of reference and serves as a basis for the governance of the 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 cover to each;
- An assessment of how well the significant risks are being managed; and
- Regular review 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 contains 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 those 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 integrity 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 independence, assurance to various stakeholders, Internal Audit helps identify areas within LVRPA's existing processes and procedures that can be developed to improve the extent with which risks in those areas are managed and public money is safeguarded and used economically, efficiently and effectively. In carrying out its work, Internal Audit works 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 Statement.

## Authority and Access to Records, Assets and Personnel

Internal Audit has unrestricted right of access to all LVRPA records and information, both financial 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 others on the scope of Internal Audit's activities will be reported to the AC.

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

## 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, operational or control processes.



## Internal Audit Charter continued

- Carry out investigative and consulting activities across all aspects of LVFPA's business based on a risk-based approach carried with the AC.
- Provide the Board with reasonable, but not absolute, assurances as to the adequacy and effectiveness of the key controls associated with the management of risk to the risks being audited.
- Issue periodic reports to the AC and the Senior/Executive Team summarising results of ongoing activities.
- Promote an anti-fraud, anti-bribery and anti-corruption culture within LVFPA to aid the prevention and detection of fraud.
- Agree on the investigation of allegations of fraud, bribery and corruption within LVFPA and notify management and the AC of the results.
- Assess the adequacy of internal controls to address significant risk areas, control issues reported to the AC, (particularly for financial risk) in response to audit findings raised with management.

The team members improve in my system of internal control and audit areas or irregularities that occur that not be detected by Internal Audit's work.

When carrying out its work, Internal Audit will provide less management with comments and report back to the Senior/Executive Team or management of internal control systems together with recommendations for remedial action. However, Internal Audit cannot dissolve the management of responsibility for internal control.

Internal Audit will support into management's determining measures to remedy deficiencies to risk management, control and governance processes and compliance to LVFPA's policies and standards and will continue to help with the delivery are implemented on a timely basis.

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

### Scope of Activities

As indicated 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

LVFPA's governance, risk management and control processes using a systematic and disciplined approach by:

- Assessing and making appropriate recommendations for improving the governance processes, promoting appropriate ethics and values, and ensuring effective performance management and accountability;
- Evaluating the effectiveness and contributing to the improvement of risk management processes and
- Assisting LVFPA 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 LVFPA'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 its impact on the organisation's Terms of Reference, with a summary to the Senior/Executive Team and the AC. The UK ESAS 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 LVFPA'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 (usually for comment and approval)
- The Internal Audit budget is reported to the AC for approval annually as part of the overall budget
- The adequacy, or otherwise, of the level of internal audit resources (as determined by the Head of Internal Audit) and the independence of internal audit will be reported annually to the AC.

## Internal Audit Charter continued

- Performance against the annual risk-based plan and any significant risk exposures and breaches, 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 unrestricted access to the following:

- The Corporate Director and Chief Executive of 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 protected as their annual appraisal is not disproportionately 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 Internal My Compliance Responsibilities portal which includes personal details for:

- Annual Returns in respect of obligations regarding independence, if 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 firm for a period of at least 12 months.

### External Auditors

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

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

### Due Professional Care

The Internal Audit function is bound by the following standards:

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

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

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

### Performance Measures

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

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

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

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

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvement 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 purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk.

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**ANNUAL REPORT ON HEALTH & SAFETY 2022/23  
AND HEALTH & SAFETY AUDIT PLAN 2023/24**

Presented by the Corporate Director

**SUMMARY**

This report sets out the work provided by RDHS Safety Consultancy Limited (April to September 2022) and Right Directions Limited (October 2022 to March 2023), both companies acting as the Authority's Health & Safety service provider during the financial year 2022/23 with the new contract with Right Directions commencing on 1 October 2022. The report covers all aspects of Health & Safety work carried out within the Authority including the six Leisure Service Contract venues that are managed by Greenwich Leisure Limited.

The main areas for Members to note are:

- an average score of 88.3% on non-Leisure Service Contract Health & Safety audits was achieved against a target of 95%, a decrease of 4.2% on the previous year;
- an average score of 94.2% on Leisure Service Contract Health & Safety audits was achieved against a target of 95%, which was a decrease of 3.37% on the previous year;
- of the 8.05 million visits, accidents reduced from 0.53 per 10,000 visits in 2021/22 to 0.4 per 10,000 visits in 2022/23;
- 4 accidents (1 in 2021/22) were reported to the Health & Safety Executive (under RIDDOR);
- completion of a comprehensive training programme; and
- the assistance of the Health and Safety team at major events including FIH Pro-League, Eastern Electrics - Maiden Voyage (Showground event) and minor events such as the KMPG Marie Curie Walk and ATW - Run Fest.

**RECOMMENDATIONS**

Members Note: (1) the annual report of Right Directions Ltd for 2022/23 detailed in Appendix A to this report;

Members Approve: (2) the aims and objectives for 2023/24, set out in Appendix A in the annual report of Right Directions Ltd; and

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

## **BACKGROUND**

- 1 The Health & Safety (H&S) service was re-procured during 2022 and a contract awarded to Right Directions to provide a full and comprehensive H&S service to the Authority. The contract was tendered for 7 years (with the option for extending up to 3 years) from October 2022 and Right Directions Ltd were appointed as the approved provider. This report looks at the delivery of the H&S service during 2022/23 and summarises the scope of audit coverage during the last financial year.

## **HEALTH & SAFETY WORK – 2022/23**

- 2 All planned H&S activity was completed in accordance with the 2022/23 plan along with increased support for Events and, after the commencement of the new contract in October 2022, a more forensic approach to H&S audits.
- 3 Right Directions have prepared a comprehensive report summarising the reviews and their findings and this is attached as Appendix A to this report.
- 4 In all H&S audits, recommendations were made to improve the system of managing H&S and these recommendations have been accepted by officers. Follow-up reviews will be undertaken in the next twelve months to ensure appropriate action has been taken.
- 5 In monitoring the contractor's (Right Directions Ltd) performance each site/area that is audited is requested to confidentially feedback on the service that they received from the contractor. There has been 100% positive feedback and managers felt the overall service met or exceeded expectations, with the high level of site support provided.

## **AUDIT FINDINGS – 2022/23**

- 6 The full Right Directions Ltd report is attached at Appendix A to this report for information.
- 7 The key message from Right Directions Ltd is embodied in their opinion shown on page 3 of Appendix A to this report, which sets out the assurance for the Authority, it states:

### **Assurance**

- Right Directions Ltd is unable to provide a level of assurance covering all aspects of H&S work in 2022/23 as they are not in a position to assure the work conducted by the previous contractor. Since the commencement of the new H&S contract in October 2022, the Authority has increased its level of support to the sites and more day to day head office management support to the venues to return to the pre-COVID levels of high assurance.
- Based on the H&S audit results achieved during the H&S Assurance Programme, covering the period 1 April 2022 to 31 March 2023, the very high target set for both Authority operated venues and Greenwich Leisure Ltd (GLL) managed venues was not met. However the scores are increasing and the



average scores obtained are still of a very respectable standard based upon the audit criteria and the contractors other clients.

### **KEY HIGHLIGHTS - 2022/23**

8 The key work delivered from the H&S team during 2022/23 is detailed in Appendix A to this report. In summary, the key highlights are:

- achieving a corporate average score of 91.25%;
- delivery of training and e-learning;
- all venues have been appointed a dedicated member of the H&S Team as their main point of contact; and
- support for FIH Pro-league, Eastern Electrics - Maiden Voyage (Showground event) and minor events such as the KMPG Marie Curie Walk and ATW - Run Fest.

9 The Authority venues, which consist of the non-Leisure Service Contract (LSC) facilities (four campsites and two marinas, Lee Valley WaterWorks Centre, Holyfield Hall Farm, Rangers, Myddelton House, Myddelton House Gardens, Golf and Learning & Engagement) had an average score of 88.31% against a 95% target set for 2022/23, which was not met due to the more forensic approach to audits during this year. Previous years (under the old contractor) had a single annual audit; from 1 April 2022, quarterly audits were introduced to allow a more in depth review of H&S standards. This hands on approach has showed that some of the venues standards have dropped; this is mainly down to a lack of staff and numerous vacancies that the Authority are struggling to fill. As such that means that some of the paperwork element of H&S hasn't been satisfactorily completed, therefore we have designated support both internally and from Right Directions Ltd to bring the evidence (paperwork) in line with what's actually happening at the relevant sites.

The LSC facilities managed by GLL (Lee Valley VeloPark, Lee Valley Hockey and Tennis Centre, Lee Valley Riding Centre, Lee Valley Athletics Centre, Lee Valley White Water Centre) had an average score of 94.18% against a 95% target set for 2022/23, again due to the more forensic approach to audits during this year, with the previous year's score at 97.55%.

The achievement of a 91.25% average score although lower than last year is an significant achievement based on the more in-depth process used for the audits this year. The target for the LSC facilities is proposed at 95%, with non-LSC sites also set at 95% for 2023-2024 to ensure all sites strive to maintain the highest level of H&S standards that has been achieved in recent years.

10 Having achieved a 91.25% combined score, Right Directions Ltd believe the Authority was not necessarily exposed to increased risk as the fall in the number of accidents per 10,000 visits indicates, although additional work will be required to ensure focus remains on the risk profile of the Authority and the new LSC contractor (contract commenced on 1 April 2022), towards overall compliance and the effective delivery of the H&S Management System.

11 The Right Directions Ltd report also includes a summary of RIDDOR incidents, 4 during the year (1 in 2021/22), and provides detail of the position with regard to insurance claims up to 31 March 2023.

Numbers of accidents and incidents are low and in percentage terms generally

consistent across years - this is a positive indicator considering the number of visitors (8.05 million 2022/23 down from 8.80 million in 2021/22). Accidents reduced from 0.53 per 10,000 visits in 2021/22 to 0.4 per 10,000 visits in 2022/23.

#### **ANNUAL HEALTH & SAFETY OBJECTIVES 2023/24**

12 The report by Right Directions Ltd sets out a summary of objectives for 2023/24 and takes into account the following:

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

13 There are 416 contracted days to allow completion of the H&S Plan in 2023/24 and Members are asked to approve the aims and objectives as set out in Appendix A of this report. Appendix D to this report shows the long term Strategic Plan which includes the objectives for 2023/24.

#### **ENVIRONMENTAL IMPLICATIONS**

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

#### **EQUALITY IMPLICATIONS**

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

#### **FINANCIAL IMPLICATIONS**

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

#### **HUMAN RESOURCE IMPLICATIONS**

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

#### **LEGAL IMPLICATIONS**

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

#### **RISK MANAGEMENT IMPLICATIONS**

19 There are no risk management implications arising directly from the recommendations in this report. The percentage of accidents to usage has decreased to 0.4 per 10,000 visits, and with the fall in the overall audit score to 91.25%, Members, Senior Management and Officers will need to continue to be vigilant in their application of H&S management systems, processes and procedures to enable the targets of 95% (non-LSC sites) and 95% (LSC sites) to be achieved. Figures continue to be monitored monthly and reported quarterly to the Authority's Senior Management Team so any emerging trends can be managed accordingly.

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### PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/128/22	Annual Report on Health & Safety 2021/22 & Annual Audit Plan 2022/23	23 June 2022
Audit Committee	AUD/119/21	Annual Report on Health & Safety 2020/21 & Annual Audit Plan 2021/22	24 June 2021
Audit Committee	AUD/109/20	Annual Report on Health & Safety 2019/20 & Annual Audit Plan 2020/21	25 June 2020
Audit Committee	AUD/102/19	Annual Report on Health & Safety 2018/19 & Annual Audit Plan 2019/20	20 June 2019
Audit Committee	AUD/89/18	Annual Report on Health & Safety 2017/18 & Annual Audit Plan 2018/19	21 June 2018
Audit Committee	AUD/78/17	Annual Report on Health & Safety 2016/17 & Annual Audit Plan 2017/18	22 June 2017
Audit Committee	AUD/68/16	Annual Report on Health & Safety 2015/16 & Annual Audit Plan 2016/17	16 June 2016
Audit Committee	AUD/60/15	Annual Report on Health & Safety 2014/15 & Annual Audit Plan 2015/16	25 June 2015
Audit Committee	AUD/52/14	Annual Report on Health & Safety 2013/14 & Annual Audit Plan 2014/15	19 June 2014

### APPENDICES ATTACHED

Appendix A	Health & Safety Annual Performance Review April 2022 to March 2023
Appendix B	H&S Policy Statement
Appendix C	Current insurance claims to 31 March 2023
Appendix D	Health and Safety Strategic Plan 2023-26

### LIST OF ABBREVIATIONS

HSE	Health & Safety Executive
H&S	Health & Safety
LVWWC	Lee Valley White Water Centre
BSC	British Safety Council
RDHS	RD Health & Safety Consultancy Limited
LSC	Leisure Service Contract
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
GLL	Greenwich Leisure Ltd

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**Right Directions**

Quality Support in Safe Hands



# Annual Health & Safety Audit Committee Report

April 2022 – March 2023



Quality Support in Safe Hands

# Annual Health & Safety Annual Performance Review April 2022 – March 2023

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# Annual Health & Safety Annual Performance Review April 2022 – March 2023

## Introduction

- Right Directions were appointed as the approved contractor for delivering the Health and Safety contract to the Lee Valley Regional Park Authority, with the new contract commencing on the 1<sup>st</sup> of October 2022. This report predominately covers a performance review of health and safety across the Authority for the first six months of the new contract, as Right Directions are unable to comment on the workings of the previous service contractor but can report on details and data already provided by the previous contractor in existing internal reports.
- This report will also detail key aims and objectives for the year ahead in 2023/24.

## Assurance

- With Right Directions still mobilising the contract as the new approved supplier in our view, as mentioned above, we are unable to provide the elected Members of the Authority a level of assurance covering all of the health and safety work carried out during 2022/3, as we are not in a position to assure the work conducted by the previous approved contractor.
- Based on the audit results achieved during the Health & Safety Assurance Programme, covering the period, 1 April 2022 to 31 March 2023, the very high target set for both Authority operated venues and GLL managed venues was not met, however the average scores obtained are very still of a very respectable standard based upon the audit criteria set by the previous contractor.

## Delivery of the Health and Safety Contract

- Within the first month of the new contract the Health and Safety Team visited the venues to introduce themselves to all Venue Managers and venue teams. All venues have been appointed a dedicated member of the Health and Safety Team as their main point of contact. Monthly support day visits have been completed at each venue and will continue to take place at least once a month, with weekly contact being made with Managers by their dedicated team member. Support days include a tour/safety inspection of the premises, a check/review of the fire and legionella logbooks, accident and incident reports, risk assessments, risk reduction plans, health and safety training records and training requirements, with the previous visit's actions discussed and signed off where completed. Support day notes/reports are provided to Venue Managers following each visit with actions identified for both the venue and Health and Safety Team.
- A contract mobilisation plan was developed when the contract was awarded to Right Directions. This was used to log and track all items which required some form of action or implementation as part of the new contract against the contract specification. This document is continually reviewed with its implementation reported to senior management and will be continually reviewed moving into 2023/24.
- Two new Right Directions online platforms have been introduced since October 2022, which are;
  - 'STITCH' – An accident and incident reporting system which replaced the previous 'AIR' system, this new system went live in January 2023. This platform also has the capability to complete digital risk assessments, work has been undertaken to upload all current venue risk assessments onto this platform. The overall aim will be for all venues to store and review their complete suite of risk assessments on this platform, going live in early 2023/4.
  - 'StaffMIS' – This bespoke platform will be the new home of the authority's health and safety management system and much more and is named 'LVQMS'. Since the start

# Annual Health & Safety Annual Performance Review April 2022 – March 2023

of the contract the current QMS (Quality Management System) has been uploaded. Future developments underway include in-house safety checks being completed via the platform, staff being able to access training allocated by HR and Managers, rotas, storing of statutory inspection records, and also a communication mechanism to staff.

## Health & Safety Policy Statement

- The previous LVRPA Policy Statement was signed and issued in July 2022 (and a new Policy Statement is attached to this report for approval, which is to be issued in July 2023).
- Once approved, the Policy Statement will be circulated to all venues to be displayed.

## Health & Safety Resourcing

- The Health and Safety Team remained available throughout 2022-23 to deliver support services across all venues, services and departments.
- The new Health and Safety Team in place for Right Directions is made up of four very competent and experienced members of staff;
  - Andy Waters (Contract Manager)
  - Jack Bernard (Health, Safety and Quality Support Manager)
  - Christine Coppack (Health, Safety and Quality Support Manager)
  - Clare Cardy (Health, Safety and Quality Support Manager)
- The wider Right Directions team are also available upon request to provide support on any queries relating to health and safety and food safety, the two online platforms and undertake health and safety audits.
- 24/7 remote telephone emergency support is in place, with management, Non-LSC and LSC venues being provided with the contact details and arrangements.

## Safety Leadership Team and Coordination

- Monthly Health and Safety Strategic Team meetings were held to discuss key topics in the health and safety strategic plan alongside discussing any reactive issues. The group included the following key staff;
  - Dan Buck, Corporate Director
  - Jon Carney, Corporate Director
  - Vince Donaldson, Senior Contracts & Quality Manager
  - Justin Baker, Senior Sport, Leisure & Projects Manager
  - Simon Clarke, Head of IT, currently supporting the Marinas.
  - Andy Waters (Right Directions), Contract Manager.
- The monthly Health and Safety Forum has continued to take place with a different topic being covered each month. The following topics have been delivered by a member of the Right Directions team since the start of the new contract;
  - November (Accidents, Incidents and Personal Injury Claims Management)
  - December (Ladder Safety)
  - January (Internal Facility Inspections)
  - February (Managing Contractors)
  - March (Managing Legionella & Biological Hazards)
- The quarterly Safety Coordinators Group has been reinstated with the last meeting taking place in February 2023. The focus of this group remains to bring the key members of staff together from across the Authority to share best practice, be provided with health and safety updates, as well as cover specific health and safety subject matter including key issues and hot topics.

# Annual Health & Safety Annual Performance Review April 2022 – March 2023

## Workforce and Contractor Engagement

- The Staff Health and Safety Survey was sent out to all staff to complete via a Microsoft Teams link in June 2022. Following an initial low response rate, the survey was re-issued to all staff in July 2022. Staff had the option of remaining anonymous, which the majority of staff did.
- Of the 120 contracted staff currently employed by the Authority, 79 members of staff responded to the survey, giving a response rate of 68%. Line Managers were also asked to send the survey onto casual members of staff which in total was an additional 70 members of staff, however it is unclear how many of these it reached.
- The full report was submitted to the SMT in August 2022 and is available separately on request.
- Actions were identified from the responses which are being worked through by Officers and Right Directions. Staff have been provided with an update on the progress of the actions identified.

## Staff Competency Learning and Development

- Class based sessions have decreased from levels previously recorded in 2021/22, with 10 sessions being delivered with 108 staff attendances recorded. Training included Fire Marshall, Legionella Awareness and Manual Handling. The decrease in training numbers is mainly due to staff at the LSC venues now being trained by Greenwich Leisure Limited (GLL).
- Right Directions have been working closely with the Head of HR to support her on several training issues identified since the start of the new contract. Work included a review of corporate and venue specific induction procedures to ensure all venues are covering the necessary health and safety information and training. We also progressed an action from a previous health and safety survey by sourcing a training provider to provide a 'train the trainer' course on workshop equipment / power tools, empowering Marina staff as competent trainers to train others on the safe use of workshop equipment.
- As identified in the staff consultation survey we sourced a trainer on behalf of the Authority to deliver conflict resolution, lone working and personal safety training. This was a key area raised by staff within the Health and Safety survey in which they felt they needed additional training to deal with certain situations across the venues. Overall, 23 members of staff attended this training, with more sessions planned during 2023/24.

## Training Provision / Staff Competency 2022-23

Class Based Sessions			
Course Name	Number of Course Completions		
	Date	No. Delegates Attended	No. Delegates Achieved Certification
IOSH Working Safely	9th Aug	13	13
Fire Marshall Training	20th Sep	13	13
Claims 'Defensibility' Workshop	27th Sep	16	16

# Annual Health & Safety Annual Performance Review April 2022 – March 2023

IOSH Working Safely	9th Nov	9	9
First Aid at Work (Requalification)	17th/18th Jan	3	3
Conflict Resolution, Lone Working and Personal Safety training	24th Jan	12	12
Conflict Resolution, Lone Working and Personal Safety training	9th Feb	11	11
Manual Handling Training - Half Day	21st Feb	13	13
Legionella Training - Half Day	21st Feb	12	12
Workshop Equipment 'Train the Trainer'	6 sessions over a 3-week period in February	6	6
<b>Totals</b>		<b>108</b>	<b>108</b>

## Do

### Health & Safety Management System (HSMS)

- The Lee Valley Health and Safety Management System (HSMS) was last updated by the previous health and safety contractor in April 2022.
- Right Directions are currently in the process of completing a gap analysis exercise on the current Health and Safety Management System against the Right Directions procedures. Once completed management system procedures will be shared with relevant Officers for their input before being signed off and going live. Training sessions will be factored in upon the launch of the new management system.

### Specific Health and Safety Support

- **AED Recall** - The team escalated a manufacturer recall on the brand of AED's (defibrillators) installed at all venues, including the GLL venues. Information was received that the particular model held by each venue required an update from the manufacturer, which lead to a loan system being implemented within LVRPA due to the manufacturer being unable to meet the demand for loan equipment.
- **Energy Saving** - Work was completed with the Head of APMD to investigate energy saving schemes across the venues. All campsites and marinas have been visited and assessed to establish if there any safety related issues raised by plans to reduce lighting in certain areas at night.
- **Food Safety** - The Head of Food Safety at Right Directions completed a food safety audit at Myddelton House Café. Overall, the team achieved a score of 63% with actions being implemented with a follow up audit programmed in for November 2023. Gap analysis work was completed on the current LVRPA food management system against the Right Directions system.
- **Gritting Procedures** - Venue gritting procedures were reviewed, updated and circulated. This included each venue being provided with an updated risk assessment template and venue specific gritting map, to help tighten procedures during the winter months. Checks



were completed as part of the audit process to ensure the documents had been made site specific.

- **Legionella** - Guidance was provided to Stanstead Marina in December following a positive Legionella sample within their water system. The system was put out of use, chlorinated and then retested by a contractor and was quickly put back in use. Work has been progressed with the Head of APMD on producing a legionella written scheme of control. Site visits have also taken place with the Head of APMD to assist Managers in understanding how legionella controls are to be correctly delivered.
- **Fire Risk Assessments** - Fire Risk Assessments have been completed by one of Right Directions' qualified fire risk assessors at Springfield Marina, Stansted Marina, Holyfield Hall Farm, the Wildlife Discovery Centre, the Waterworks Centre, and the recently refurbished rental property at Sewardstone Campsite. All other venues which require Fire Risk Assessment reviews during 2023 have received dates for the review to take place.
- **Asbestos** - The team provided support to Springfield Marina who had minor structural damage to the workshop roof which contains asbestos cement. The venue was visited, and feedback given to the Head of APMD who arranged for specialist contractors to attend to conduct air sampling. The results concluded that there was not a risk to staff, and repairs to the roof have taken place.
- **Adverse Weather** - The adverse weather procedure was completed and sent to Heads of Service for review and comments. The final version was added to 'Compass' in March. As part of the process the health and safety team monitors Met Office weather alerts and feed into an 'emergency team' WhatsApp group which has been set up by the Communications department to assist in improving communications during occurrences of adverse weather. The process will also be used to provide timely seasonal and weather warning communications to staff and the public through various medias.
- **Risk Reduction Plans** - A new 'Safety and Quality Improvement Plan' was drafted after varying types of action plans were sampled during venue visits. This amalgamated each site's Risk Reduction Plan and Service Improvement plan into one document. A template for all to use is being implemented to maintain consistency. A work instruction to support this was also developed, so all members of staff responsible for the plan at their Venue fully understand how it works.
- **Water Safety** - The Water Safety Report was drafted and sent onto the relevant officers for comment. This piece of work has been challenging due to all of the information being collected by the previous health and safety contractor approximately 3 years ago. It has been our recommendation that this project is revisited.

## Event Safety

- **FIH Pro League - May 2022**
  - This was the largest event at the HTC since the global pandemic. Overall, 12 International matches over 6 event days (an additional 4 fixtures over 2 days were overseen by GLL). The health and safety team were present for the majority of fixtures, however roles for this were slightly different due to GLL now providing a safety officer.
  - The Health and Safety Team worked with the Events Team, GLL Venue Team and England Hockey to ensure all safety measures were in place prior to spectators being allowed in
  - The Health and Safety Team reviewed key documents including the Event Management Plan, and the Crowd Management Plan & Contingency Plans to ensure all were up to date and correct.
- The C3 Event Command Structure was reviewed with the aim of streamlining the document to provide concise details on responsibilities, actions and the escalation process should an incident take place. Discussions had been held with the Events Team as part of the review process. Once the procedure has been signed off by SMT further training sessions will be

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provided to ensure relevant Officers are updated on the command structure procedure and escalation process.

- Work continued alongside the Events Team to establish what actions are likely to be required from the pending new 'Protect Duty' legislation or 'Martyn's Law' following the findings from the Manchester Arena Inquiry. A Home Office update webinar was attended by both members of the Health and Safety and Events teams in March 2023. The legislation was still very much in the draft stage. However, a draft Bill has since been produced in May 2023, which the Health and Safety Team and Lee Valley Officers are reviewing. Both the Events and Health and Safety Teams will continue to monitor Government updates and review actions plans accordingly.

## Check

### Proactive Monitoring

#### LVRPA Accident / Incident Figures 2022-23 (including 2021-22 comparator)

LVRPA (Non - LSC)									
Month	Accidents reported			Incidents reported			RIDDOR Reports		
	2022-23	2021-22	Direction of Travel	2022-23	2021-22	Direction of Travel	2022-23	2021-22	Direction of Travel
Apr	1	8	-7.00	20	32	-12	0	0	0
May	0	6	-6	14	25	-11	0	0	0
Jun	5	10	-5	15	21	-6	0	0	0
<b>Q1 Totals</b>	<b>6</b>	<b>24</b>	<b>-18</b>	<b>49</b>	<b>78</b>	<b>-29</b>	<b>0</b>	<b>0</b>	<b>0</b>
Jul	4	23	-19	54	21	33	0	0	0
Aug	5	35	-30	87	27	60	1	0	1
Sept	2	29	-27	16	25	-9	0	0	0
<b>Q2 Totals</b>	<b>11</b>	<b>87</b>	<b>-76</b>	<b>157</b>	<b>73</b>	<b>84</b>	<b>1</b>	<b>0</b>	<b>1</b>
Oct	3	24	-21	12	38	-26	1	1	0
Nov	3	15	-12	12	9	3	0	0	0
Dec	2	10	-8	8	12	-4	0	0	0
<b>Q3 Totals</b>	<b>8</b>	<b>49</b>	<b>-41</b>	<b>32</b>	<b>59</b>	<b>-27</b>	<b>1</b>	<b>0</b>	<b>0</b>
Jan	2	16	-14	23	17	6	1	0	1
Feb	1	23	-22	19	10	9	0	0	0
Mar	1	16	-15	17	14	3	2	0	2



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<b>Q4 Totals</b>	<b>4</b>	<b>55</b>	<b>-51</b>	<b>59</b>	<b>41</b>	<b>18</b>	<b>3</b>	<b>0</b>	<b>3</b>
<b>Totals</b>	<b>29</b>	<b>215</b>	<b>-186</b>	<b>297</b>	<b>251</b>	<b>46</b>	<b>5</b>	<b>1</b>	<b>4</b>

## LVRPA Staff / Volunteer and Contractor Accident Figures 2022-23

LVRPA						
	Staff / Volunteer Accidents			Contractor / Agency Accidents		
	2022-23	2021-22	Direction of Travel	2022-23	2021-22	Direction of Travel
<b>Apr</b>	0	2	-2	0	0	0
<b>May</b>	0	1	-1	0	0	0
<b>Jun</b>	4	2	+2	0	0	0
<b>Jul</b>	0	0	0	0	0	0
<b>Aug</b>	3	10	-7	0	0	0
<b>Sept</b>	0	4	-4	0	0	0
<b>Oct</b>	1	1	0	0	0	0
<b>Nov</b>	2	0	+2	0	0	0
<b>Dec</b>	2	2	0	0	0	0
<b>Jan</b>	2	3	-1	0	0	0
<b>Feb</b>	0	2	-1	0	0	0
<b>Mar</b>	2	1	0	0	0	0
<b>Annual Totals</b>	<b>16</b>	<b>28</b>	<b>-12</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Quarterly Usage Rates v Number of Accidents & Incidents 2022-23

LVRPA (Non - LSC)							
Quarter	Total A&I Reported		Visitor Figures		Accidents & Incidents per 10,000 visits		
	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	Direction of Travel
<b>Q1</b>	55	102	2,516,621	2,888,543	0.22	0.35	-0.135
<b>Q2</b>	168	160	2,244,604	2,144,514	0.75	0.75	0.0024
<b>Q3</b>	40	108	1,577,384	1,695,230	0.25	0.64	-0.383
<b>Q4</b>	63	96	1,715,983	2,077,416	0.37	0.46	-0.09
<b>Cumulative Totals</b>	<b>326</b>	<b>466</b>	<b>8,054,592</b>	<b>8,805,703</b>	<b>0.40</b>	<b>0.53</b>	<b>-0.12</b>

\* Figures across all Venues and departments, and include contractors reported accidents & incidents

### **Summary of Accidents, Incidents and Near Miss Reports –**

- Overall numbers for accidents are significantly down. This is due to the LSC sites accounting for the majority of accidents reported in the figures given for 2021-22. A more accurate reflection year on year should be available moving forwards.
- The numbers for incidents increased. A large proportion of the increase can be seen in quarter two, specifically in July and August. Due to increased spells of hot weather across England, the Ranger Team had to deal with a vast number of incidents across the open spaces. This mainly included unauthorised swimming and groups using BBQs in the park, which are prohibited.
- Fly tipping, illegal gatherings and antisocial behaviour remain among the higher reported incident types which continue to be an issue for the Ranger and Parkguard teams.
- RIDDOR reportable incidents have increased on the previous year. No trends could be identified for this with each report being investigated. Additional information can be found below.

### **RIDDOR Reportable Accidents**

- Four RIDDOR reports were submitted during 2022/23.
- The first RIDDOR was reported during quarter two. This tragically involved the death of a 14-year-old male at North Met Pits. It is reported the individual was part of a group who attended the location during the hot weather to swim in the pit. The full circumstances are being investigated but it is believed he got into trouble in the deep water and could not be saved. This was tragically one of several deaths across the UK during the heatwave over the summer months in 2022.
- The second report involved a member of the visitor centre café team slipping on the courtyard slope during the icy conditions whilst opening the building. No serious injuries have been reported however, the staff member was signed off work for over 7 days to recover from bruising, therefore this was deemed a RIDDOR reportable accident. The opening up procedure was discussed with the Myddelton House Facilities team to ensure gritting takes place, ideally the evening before when icy conditions are forecast, if not, then before any other staff arrive on site in the morning. The gritting procedure was reviewed as part of the process.
- The third report involved a member of the visitor centre café team suffering an asthma attack on inhaling chemical/cleaning product fumes from the dishwasher. Staff were using coffee machine cleaner diluted with water in a sink to soak coffee/tea pots in order to remove coffee/tea stains. The process was to soak them, rinse them off and then put them through the dish washer for two cycles. After this process, the staff member opened the dish washer, and the 'fumes/vapour' caused her to have an asthma attack. Right Directions investigated and the process was halted immediately. The employee is now back to work and no long-term injuries are believed to have been sustained, however due to being signed off for over 7 days this was deemed RIDDOR reportable.
- The final accident reported during 2022/23 involved a member of staff slipping outside on a grass area at Springfield Marina which resulted in him suffering quite substantial injuries including a broken fibula and ankle, first aid was delivered by the site team and the member of staff was taken directly to hospital. At the time of the accident, it was noted that ice and snow from the previous night was still lying on the ground. Due to the severity of the injuries and the time needed to recover this accident was reported under RIDDOR.

\* One RIDDOR report has been submitted early in 2023/24 which involved a guest staying at Sewardstone Campsite who tripped on a pathway near her lodge, which she has reported to be the cause of a fracture and torn ligaments to her right ankle. Due to the injured person being taken directly to hospital it meant this accident was reportable under RIDDOR. A full investigation has been completed with further details included in this report.

## Personal Injury Insurance Claims Management

- See Appendix B for the full Insurance Claims Summary.

## New Personal Injury Claims Received During 2022/23

- **Ref:391 (White Water Centre) - Date of accident 23 August 2020.**
  - Notification received in August 2022 relating to a child who had sustained injuries whilst falling off her scooter at the White Water Centre. It is claimed she hit her head on a faulty piece of cable trunking which runs along the bottom of the fence line.
  - Investigation started and during August 2022 a Liability Adjuster attended site to investigate. There was no CCTV footage available, and the venue management were aware of the fault with the cable trunking, they had tried to make in-house fixes to this however they had failed to suitably complete the remedial works. The record keeping behind their actions was poor, so the Liability Adjuster advised the Authority to accept liability to keep costs down.
  - An offer of £3,000 was made by Travelers. Reserve set at £.8k damages & £1,640 costs. **Open and Active.**
  
- **Ref:392 (Spring Hill Sports Ground, close to bridge leading to Springfield Marina) – Date of accident 15 January 2020.**
  - An individual claims to have sustained injuries on the cycle path outside Spring Hill Sports Ground. It is claimed they suffered soft tissue injuries, bruising and lacerations to their elbow.
  - The lease in place with Hackney Council stipulates that the tenant will indemnify the Authority against all actions, claims or demands arising from third party or public liability claims.
  - Denial agreed by Travelers and notification received in March 2023 that the case had been closed however correspondence received in May 2023 showed that the case had been reopened by the Claimant who had requested a without prejudice offer. Information passed onto Travelers. **Open and Active.**
  
- **Ref:393 (Coppermill Bridge) – Date of accident 04 September 2021.**
  - An individual claims to have sustained injuries at the Coppermill Bridge on Coppermill Lane. It is claimed they suffered head injuries including a closed skull fracture, facial injuries and psychological injuries.
  - Early in 2023 Travelers passed this case over to a solicitor to investigate, due to the nature of the injuries which are alleged to have been sustained.
  - Relevant officers provided Solicitors information they had requested.
  - Feedback was received from Travelers in April 2023 that they are maintaining the reservation of all rights under the policy, pending the outcome of their enquiries. This is due to a member of the Lee Valley Ranger team arriving at the accident shortly after it happened, but not correctly reporting it as per organisations procedures.
  - No further update at this stage. **Open and Active.**

### **New notification of potential personal injury claims during 2022/23**

This section of information relates to accidents or incidents which the Authority's insurers have been notified of. No official personal injury claims have yet been received, but could potentially be received in the future:

- **Ref: 394 (Fishers Green) – Date of incident 10 February 2023.**
  - This relates to an oil spill which impacted on part of the Fishers Green Lake, which was caused by work being completed by British Pipelines who were working adjacent to the area.
  - The contaminated water was quickly contained, tested and removed from site to a waste facility. Any contaminated excavated spoil was segregated for testing and subsequent removal from the site. There were remaining excavations taking place however there are in uncontaminated locations.
  - The Environment Agency were made aware of the situation and worked closely with the relevant officers. No further information received. **Open and Active.**
  
- **Ref: 395 (Sewardstone Campsite) – Date of incident 24 April 2023.**
  - A guest staying at Sewardstone Campsite alleges that they tripped on a pathway near their lodge, which was reported to be the cause of a fracture and torn ligaments to her right ankle.
  - Investigations completed by Right Directions found issues with first aid cover, in-house site check sheets and risk assessments. All information from the investigation was reported back to Venue Manager and senior management team.
  - All documents collected and filed; no personal injury claim received. **Notification only.**
  
- **Ref: 396 (Bowyers Water) – Date of incident 1 January 2023.**
  - A member of the public alleges to have sustained a broken elbow from a trip on a pathway near Bowyer's water.
  - It would appear from early findings that the ground where the injury person tripped was unsettled by tankers which were brought in by an external company to clear another oil spill.
  - The Lee Valley Ranger Team were aware of the uneven area of ground and attempts had been made to close the walking route nearby; however, signage had frequently been removed and ignored by members of the public as it's a popular route for many visitors.
  - The injured person did not go directly to hospital from the scene therefore it was not RIDDOR reportable.
  - All documents collected and filed; no personal injury claim received. **Notification only.**

### **Ongoing Live Personal Injury Claims 2022/23**

- **Ref:388 (Dobbs Weir Caravan Park) - Date of accident 18 October 2023.**
  - An accident involving a member of staff driving a golf buggy and two injured parties.
  - Investigation completed by the previous health and safety contractor (RDHS) and sent onto the insurers. It would appear this one will be difficult to defend, and Lee Valley may have to accept liability.
  - Early in January 2023 an update was received from Gallagher Bassett (LVRPA's motor insurers) who confirmed that the golf buggy would be covered under the Authority's motor insurance policy. Some additional questions were raised around the female claimant who alleges she was also hit by the buggy, as well as the male. It is believed this may be potentially false after a witness came forward. This has been

communicated back to the insurance company, alongside an independent witness statement from the new witness. **Claim open and active.**

## Closed Personal Injury Claims During 2022/23

- **Ref:372 (Old Mill & Meadow Carpark) - Date of accident 29 December 2017.**
  - This case had been ongoing since December 2017 and had originally closed, however litigated in April 2021.
  - To avoid incurring further costs the insurers and solicitors advised not to defend and negotiate a settlement. A part 36 offer of £6k was made on the 18 March 2022.
  - Notification was received in May 2022 which confirmed the case had been settled to the sum of £6,000.
  
- **Ref:387 (Sewardstone Campsite) - Dates of accident(s) June 2021.**
  - Notification received on the 14 October 2021 relating to ex staff member at Sewardstone Campsite, who claims to have suffered injuries whilst at work.
  - Investigation started and during November 2021 a Liability adjuster attended site to investigate.
  - Limited training records and RAMS were in place for equipment involved, therefore liability was accepted.
  - After accepting liability, the previous Health and Safety contractor (RDHS) were provided with training records 2 months after the investigation by the venue management. By this stage it was very difficult to change the plea therefore the discovery of these records could not be used.
  - All 3 separate claims have now been closed to the value of approximately £10,000. **Liability accepted; claim closed.**
  - Since these accidents took place Right Directions had been proactively working closer with the Campsite Venue Management team to review training records and risk assessments to eliminate the risk of any recurrence.
  
- **Ref:389 (Sewardstone Campsite) - Date of accident 26 December 2021.**
  - The injured person had fallen down a set of steps to a neighbour's static home, which were installed by on-site staff.
  - An investigation has been completed and it found the Authority liable for the accident. Damages of £3,000 and claimants' solicitor's fees of £1,770 were awarded, totalling £4,770. The policy deductible is £10,000; therefore, the Authority were required to pay these costs. **Liability accepted; claim closed.**
  
- **Ref:390 (Dobbs Weir Caravan Park) - Date of accident 29 November 2021.**
  - An individual slipping on ice in the car park at Dobbs Weir campsite.
  - Investigation completed which found faults with the injured persons claims. This included reviewing weather reports from the night of the alleged slip which found temperatures to be well above where water would normally freeze.
  - Investigation report sent onto Travellers who agreed there was good ground to deny this.
  - Notification received from Travelers that this case had been closed due to inactivity. **Liability denied; claim closed.**

## Insurance Issues / Risk Surveys / Thorough Examinations

- Right Directions organised and hosted a visit from LVRPA insurance provider, Travelers. A report from the visit was received on the 13 December 2022 which detailed the actions required from the visit in November, with most being for Dobbs Weir Campsite. After working closely with the venues throughout the quarter, we were able to inform Travelers on 16 March 2023 that all actions had been completed within the deadlines set out.



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- Right Directions and the Head of Legal will continue to meet with Travelers on a bi-annual basis.

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

- No visits to report.

## Act

### Health and Safety Audits

Right Directions were tasked with continuing the quarterly audit programme which had been started by the previous health and safety contractor. This involved reviewing what modules had been audited already and planning for the Quarter 3 and Quarter 4 audits. Additional questions were included in the remaining quarterly audit modules in order to delve further into documentation and ask further questions of management and staff. To ensure the audits are consistent and unbiased, Right Directions used an experienced member of the wider team who does not work on the Lee Valley contract to act as an independent auditor.

Quarter 3 audits were completed during December and January, with Quarter 4 audits completed in February and March. The table below highlights how each Venue performed, with the latter column showing a total score of all audits during 2022-23. The more forensic approach used in the last two quarters showed a drop in the average scores from Quarter 1 and 2, with the overall scores down on the set target of 95%. Non LSC venues were down 6.69% on the target, and LSC venues slightly down by 0.82%.

### Non - LSC Venues Audit Performance 2022-23

Venue	Quarter 1 (%)	Quarter 2 (%)	Quarter 3 (%)	Quarter 4 (%)	Total (%)
Holyfield Farm	94.97	95.68	92.95	93.71	94.33
Stanstead Marina	94.00	95.99	86.60	85.10	90.42
*Waterworks	93.61	96.44	N/A	N/A	95.03
Rangers Service	92.85	95.24	91.40	94.90	93.60
Myddelton House	89.95	100.00	73.36	86.49	87.45
Myddelton House Gardens	82.69	N/A	89.25	83.20	85.05
Sewardstone Campsite	80.68	94.43	90.95	89.71	88.94
Edmonton Campsite	79.84	94.43	88.75	93.28	89.08
Dobbs Weir Caravan Park	70.00	90.52	88.13	89.59	84.56
Springfield Marina	69.60	88.97	84.88	83.51	81.74
**Learning & Engagement Team	N/A	N/A	N/A	(95.99)	95.99



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Edmonton Golf	58.98	77.00	83.96	74.35	73.57
<b>Average Score</b>	<b>82.47</b>	<b>92.87</b>	<b>87.02</b>	<b>87.38</b>	<b>88.31</b>

\* The Waterworks Centre is to be included in the South Rangers audit in the schedule for 2023-24, as the facility is only being used by the South Ranger Team.

\*\* The Annual Learning & Engagement Team audit was completed on 21 February 2023. The overall Health & Safety arrangements in place were very good, which resulted in them scoring 95.99%.

## Summary

- On the whole scores for quarter 3 and 4 were lower than quarter 1 and 2.
- No imminent risks were identified.
- Vibration hazards was an area highlighted at a number of venues which was inconsistent within the risk assessments sampled, this also included a lack of monitoring for how long staff were potentially exposed to risks associated with vibration (such as Hand Arm Vibration HAV).
- Venue Managers were unable to evidence health and safety objectives and KPIs. These should be set by senior LVRPA management and monitored throughout the year.
  - It is recommended that the SMT consider providing health and safety objectives/KPI's to venues such as:
    - 100% target score in the new 2023/4 audit 'statutory compliance' module of H&S audits for both LSC and Non - LSC venues
    - 100% first aid cover at all times at Non – LSC venues
    - 100% of all mandatory health and safety training is completed at Non – LSC venues.
- Results were mixed for venues having a robust proactive monitoring processes in place. In most cases in-house safety checks were taking place, however there was nothing, or very little documented to evidence this.

## LSC Venues Audit Performance 2022-23

Venue	Quarter 1 (%)	Quarter 2 (%)	Quarter 3 (%)	Quarter 4 (%)	Total (%)
LV VeloPark	99.38	100.00	93.73	96.73	97.46
LV Riding Centre	98.19	100.00	95.75	92.29	96.55
LV WWC	95.68	98.81	89.50	91.61	93.90
LV HTC	95.25	94.76	93.83	96.05	94.97
LVAC	91.07	85.34	90.83	84.92	88.04
<b>Average Score</b>	<b>95.91</b>	<b>95.78</b>	<b>92.64</b>	<b>92.32</b>	<b>94.18</b>

## Summary

- At the LSC venues good health and safety measures appeared to have been retained so far through the transition period from the Authority to GLL.
- No imminent risks were identified.

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- Several sites were unable to provide a procedure for 'Young Workers'. Venues should liaise with the central support team at GLL to establish what corporate procedures are already in place for this.
- Venue management was very organised with documentation, and evidence was easily accessible.
- Venue staff met during the audits had a good general understanding of the health and safety requirements for their venue's operation.

The Quarter 1 2023/24 audits are scheduled in for May and June 2023.

## Audit Performance Comparison

Venue	2022-23 Score	2021-22 Score	Year on Year Variance
LV Athletics Centre	88.0	93.2	-5.2
LV Hockey & Tennis Centre	95.0	98.5	-3.5
LV Riding Centre	96.6	99.0	-2.4
LV VeloPark	97.5	99.1	-1.6
LV White Water Centre	93.9	97.9	-4.0
<b>LSC Average</b>	<b>94.18</b>	<b>97.55</b>	<b>-3.37</b>
Dobbs Weir Campsite	84.6	87.2	-2.6
Sewardstone Campsite	88.9	93.4	-4.5
Edmonton Campsite	89.1	91.9	-2.8
Edmonton Golf	73.6	80.9	-7.3
Springfield Marina	81.7	93.0	-11.3
Stanstead Marina	90.4	95.7	-5.3
Holyfield Hall Farm	94.3	97.2	-2.9
Rangers North & South	93.6	95.7	-2.1
Myddelton House	87.5	94.4	-6.9
Myddelton House Gardens	85.1	91.3	-6.2
Waterworks	95.0	97.3	-2.3
<b>Non LSC Average</b>	<b>88.31</b>	<b>92.55</b>	<b>-4.24</b>
<b>Combined Average</b>	<b>91.25</b>	<b>95.05</b>	<b>-3.81</b>

## Changes in Legislation

- As highlighted above we are closely monitoring the forthcoming legislation on 'Martyn's Law' and 'Protect Duty'. Work will continue on this alongside the Events Team over the course of 2023/24.

## Aims & Objectives for 2023-24

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

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

### General Objectives 2023/24

- The team will continue to build rapport with Venue teams through on-going training, forums and support visits.
- Our contract mobilisation plan will be continually reviewed to ensure any tasks planned throughout 2023/4 are on track. At the end of March 2023, 58 actions had been completed, 30 were in progress/ongoing, and 11 had not been started, mainly due to target dates set in the future.
- Training sessions for the implementation of StaffMIS platform (known as LVQMS) will take place prior to each module's implementation, with all functions 'live' by the end of quarter 4.
- Work planning the launch of the 'STITCH' risk assessment module will continue. This will involve planning training sessions to coincide with the launch, and further support through the monthly support days.
- Monitoring will continue on how well the 'STITCH' accident and incident reporting process is being used by venues.
- A new health and safety audit process will be introduced during Quarter 1, which will be delivered at all Venues. Departmental audits will also be introduced for the Events team, HR, Volunteers, Sport & Active Recreation Team and Working from Home Process (H.R. and I.T.).
- The launch of the new 'Safety & Quality Improvement Plan' (SQIP) will help us track and monitor venue managers progress on health and safety actions, which we will be reporting to the Strategic Health and Safety Group.

### Appendices

- Appendix A: LVRPA Health and Safety Policy Statement 2023-24
- Appendix B: Personal Injury Insurance Claims Summary

**Right Directions**

Quality Support In Safe Hands



**Lee Valley  
Regional Park Authority**  
Community focused, commercially driven



Quality Support in Safe Hands

The Stables, Whitehouse Business Centre,  
Gaddesden Row, HP2 6HG  
t 01582 840 098 e info@rightdirections.co.uk  
w www.rightdirections.co.uk

**Right Directions**  
Quality Support In Safe Hands



# Health & Safety Policy Statement

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

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

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

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

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

The Chief Executive Officer (CEO) has overall accountability for health and safety. The Corporate Director (Sport & Leisure) has responsibility for the delivery of health and safety. The Senior Management Team will review this policy statement at least annually and any revisions will be made accessible to all members of staff.

## Signatories:

Shaun Dawson - Chief Executive

Paul Osborn – Chairman

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## Open Personal Injury Insurance Claims Summary

Lee Valley Regional Park Authority - Policy number: UCPOP3141584

Last Updated: 23/05/23

Claim Ref	Trust Authority	Travelers Ref	Date of Incident	Date Used	Location	Current Reserve	Payments Made	Open/Closed	Active/Non-Active	Status
388	Authority	938370	18/10/2021	26/01/2022	Drabble Weir Campsite	£1.00	£0.00	Open	Active	<p>17/01/21 - Notification letter received from Finance team relating to a claim where two claimants have suffered injuries following a collision with a golf buggy being driven by a member of staff</p> <p>31/01/21 - Investigation report completed by Jack Bernard and sent onto our insurers. It would appear this one will be difficult to defend and Lee Valley may have to accept liability</p> <p>07/03/22 - Loss adjuster from Questigate attended site on 02/03/22. Formal statements taken from key witnesses, awaiting further update</p> <p>09/08/22 - Case being internally reviewed at Travelers due to EU VMAUK ruling complicating this, awaiting further instructions</p> <p>18/08/22 - Travelers will not cover under PL insurance. Currently liaising with Motor insurers to clarify if they will cover following a collision made by RDHS to Gallagher Bassett informing them of claim. Response received and a claims specialist allocated to the case. All details have been passed over and we await further instruction</p> <p>13/10/22 - Email received 09/10/22 from claimants solicitors requesting details of LVRPA motor insurers. Julie Smith (Head of Legal) has responded</p> <p>17/01/23 - Email received from motor insurers confirming the golf buggy will be covered under their insurance. They have asked some additional questions which have been responded too. Awaiting update.</p>
391	Authority	945136	23/08/2020	09/08/2022	White Water Centre	£10,070.00	£580.00	Open	Active	<p>09/03/22 - Email received from Travelers regarding new CNF received for an accident at WWKC. Investigation started by RDHS</p> <p>09/06/22 - Questigate visited site on 25/08 to complete investigation. Awaiting update from Travelers but denying liability looking unlikely</p> <p>01/11/22 - Partial settlement pack received by Travelers and offer of 3k made, although they were looking for 4k. Reserve set at 4.8k damages &amp; £1,940 costs.</p> <p>23/05/23 - Still awaiting further medical information.</p>
392	Authority	950571	16/01/2020	17/01/2023	Spring Hill Sports Ground (by knowledge to Springfield Marina)	£0.00	£0.00	Open	Active	<p>17/01/23 - Email received from LV finance team with new claim. Passed onto Travelers for further guidance, but land is not believed to be LVRPA property, due to being on a 50 year lease to Hackney Council.</p> <p>01/02/23 - Details agreed and issued by Travelers</p> <p>02/03/23 - No further correspondence so Travelers have closed the case</p> <p>23/05/23 - Correspondence received that the case had been reopened by the claimant who had requested a without prejudice offer. Information passed onto Travelers who have passed this onto their solicitors.</p>
393	Authority	950603	04/08/2021	17/01/2023	Coppermill Bridge	£98,558.00	£0.00	Open	Active	<p>17/01/23 - Email received from LV Legal team with new claim. Passed onto Travelers for further guidance, but land is not believed to be LVRPA property.</p> <p>09/02/23 - Travelers have appointed a solicitor from Kennedy's to investigate due to the seriousness of the alleged injuries. Further questions have been received and passed onto Gas Hoddinott and Rejen Ministry due to their expertise in these areas. Full response sent back.</p> <p>23/05/23 - Liability has been denied. If any common law or statutory duty is established, it has been stated that the accident was entirely caused or contributed to by the Claimant. The hazard of the low bridge was an obvious risk of which the Claimant was (or should have been) aware and the Claimant should have taken greater care; he failed to look where he was going; he failed to slow down; and he failed to stop and dismount from his bike as he approached the bridge.</p>




**Notification - Personal Injury Insurance Claims Summary**

Lee Valley Regional Park Authority - Policy number: UCPOP3344584

Last Updated: 23/05/23

Our Ref	Travelers Ref	Date of Incident	Date Listed	Location	Status
394	951606	10/02/2023	13/02/2023	Fishers Green	13/02/23 - Email received from Julia Smith regarding Oil leak at Fishers Green. No official claim yet but notification given to insurers.
394	951606	10/02/2023	22/02/2023	Fishers Green	22/02/2023 - There has been a discovery of oil at an area of LV land at Fishers Green, at a site that is currently occupied by United Kingdom Oil Pipelines. The incident has been reported to the Environment Agency. We don't have any more information at this stage and will advise as and when we know more.
395	954118	23/04/2023	26/04/2023	Sewardstone Campsite	26/04/23 - Email from Sewardstone Campsite referring to an accident to a guest who had tripped on a path. Investigation to be completed. 09/05/23 - Investigation completed by CC who found issues with first aid cover, check sheets and risk assessment. All documents collected and filed, no PI claim received yet.
396	954403	01/01/2023	05/05/2023	Bowyers Water	05/05/23 - Email from Legal Team regarding accident to member of the public dating back to January. Appears to have sustained broken elbow from a trip near Bowyers water. JB has started an investigation, no PI received yet.

 <b>Lee Valley Regional Park Authority</b>		<b>Closed Personal Injury Insurance Claims Summary</b>									
		<b>Lee Valley Regional Park Authority - Policy number: UCPOP33445/4</b>									
		<b>Lee Valley Leisure Trust Limited - Policy number: UCPOP3981842</b>									
		<b>Last Updated: 23/05/23</b>									
Our ref	Trust / Authority	Travelers Ref	Date of incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Closed	Status	
221	Authority	798818	02/10/2011	03/07/2013	LV WWWC (Severe injuries when fell out of raft whilst in the water)	£96,000	£926,643	Closed	Closed	Closed	Proceedings served with court hearing to take place 7th August. Claimants solicitors have valued the claim at a potential £900,000 inc costs. The insurers believe this is highly over inflated but have liaised with the Authority with view to meeting the claimants solicitors to discuss a 'without prejudice' settlement. Settlement totalled: Damages: £400,000.00, DSS: £38,640.40, Claimant's Solicitor Costs: £145,000.00, Our Defence Costs: £38,324.26, TOTAL OUTLAY: £526642.94
227	Authority	815813	11/10/2012	22-Oct-12	Pickett's Lock Campsite (Fall from step)	£8,500	£5,000	Closed	Closed	Closed	Liability was admitted. (10/01/13). Offer of £9,500 made and accepted. Total costs £19,750 with policy deductible amount of £5,000 to be paid (August 2015).
229	Authority	818143	29/04/2012	07/01/2013	Pickett's Lock Campsite (Alleged infection caused from animal faeces in plant room)	£10,000	£0	Closed	Closed	Closed	Limitation date has passed with no claim being submitted. The Insurers have closed their file.
330	Authority	823185	10/02/2013	03/07/2013	LVRC (Horse 'spooked' and threw rider causing a spinal injury)	£55,500	£96,609	Closed	Closed	Closed	The Insurers currently value, on a full liability basis, damages at £65,600 plus costs. An offer to settle damages in the sum of £7,500 is to be made without admission of liability. Proceedings have been issued (Dec 2015). The claimants valuation of the case increased significantly in February 2016 following the service of proceedings, and they valued their clients claim at £98,000, broken down as follows: £30,000 - General Damages £20,000 - Past Losses £24,000 - Smith and Manchester award (Disadvantage on the open labour market) £10,000 - Future DVYCare (£500 per annum) £10,000 - Future Loss of earnings (Roughly based on £923 per annum until retirement) £1,000 - Interest £3,000 - repayment of sick pay to employer Total: £98,608.46
334	Authority	838851	18/01/2013	23/02/2014	Sewardstone Campsite (Fall due to path not being gritted)	£28,238	£35,630	Closed	Closed	Closed	Claim reopened 7th May 2015. Unfortunately our continued defence of this claim appears vulnerable so our insurers intention is to look to settle this claim on the best terms we can negotiate. The current reserve is £28,238, but the solicitors expect to pay damages of approximately £12,000, no more than £17,000. Agreed by Simon Sheldon and Beryl Foster. Confirmation - has been settled at £35,628.74. Closed on 14th November.
336	Authority	844984	21/06/2014	01/10/2014	LVWWWC (Raft Capsize)	£19,138	£0	Closed	Closed	Closed	Insurers investigated the claim and information provided to them with liability to be denied. No further information or communication since Aug 2015. Insurers have now closed file.
337	Authority	845876	30/07/2014	20/08/2014	Hayes Hill Farm (Fall on dip in pathway - Claimant was wearing flip flops)	£13,500	£0	Closed	Closed	Closed	Insurers investigated the claim and liability has been denied. Reserve has increased and further information provided to the claimants solicitors. Closed Oct 2015 - no payments made



**Closed Personal Injury Insurance Claims Summary**  
 Lee Valley Regional Park Authority - Policy number: UCPPOP3344584  
 Lee Valley Leisure Trust Limited - Policy number: UCPPOP3981642  
 Last Updated: 23/05/23


Our Ref	Trust / Authority	Travelers Ref	Date of Incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Closed	Status
338	Authority	846044	16/04/2014	17-Oct-14	Three Mills (fall in natural play area)	£5,000	£0	Closed	Closed	Liability has been successfully denied by the insurers. Claim closed 5th June 2015 with no payments made.
342	Authority	848908	29/03/2014	17/10/2014	Hayes Hill Farm (Sat on low level rail (Garden) which collapsed under childrens weight))	£5,000	£0	Closed	Closed	Investigated by insurers and liability denied. No further information. Closed July 2015 - no payments made
344	Authority	850053	04/09/2014	13/01/2015	Chesman's Lane, Nazeing (Fall into pot hole on lane)	£9,200	£0	Closed	Closed	Investigated by insurers and liability denied. Closed July 2015 - no payments made
345	Authority	852235	29/12/2014	05/03/2015	LVC (Fall on top pad due to sweat matting on top)	TBC	£0	Closed	Closed	Investigated by insurers and liability denied. Closed Dec 2015 - no payments made
347	Authority	852894	24/10/2014	05/03/2015	Public Highway - Nazeing (rind on road from farm vehicles caused driver to slide and crash vehicle)	TBC	£0	Closed	Closed	Liability has been successfully denied by the insurers. Claim closed 18th June 2015 with no payments made.
348	Authority	854808	30/03/2015	29/04/2015	LVAC (Gym Equipment - bag press seat tall leading to injury whilst fitting weights)	TBC	£0	Closed	Closed	Investigated by insurers and liability denied. Closed Sept 2015 - no payments made
350	Trust	856782	15/05/2015	28/06/2015	VallePark (Spn, trip, fall plaza area near phindred tree)	TBC	£0	Closed	Closed	Investigated by insurers and liability denied. Closed Oct 2015 - no payments made
351	Trust	880005	30/09/2015	31-Jul-15	Athletes Centre (received burns from slaters gun)	£18,500	£18,522	Closed	Closed	Liability has been admitted to keep this claim in the portal and insurers are awaiting the Stage 2 settlement pack. Settling March 2016. Insurers have at last agreed to provide a full indemnity in this matter. All clothing recovered from slaters insurers.
352	Authority	899943	11/04/2014	24/09/2015	VallePark	TBC	£0	Closed	Closed	Closed by insurers - no formal claim, enough to deny liability and redirect any future claim
353	Trust	883890	17/09/2015	30-Nov-15	Riding Centre	£5,000	£4,596	Closed	Closed	£5-employee who suffer a shoulder injury while walking horses - horse jerked the head back, pulling on the reins. Reviewed by insurers and liability to be denied. Closed: 24/9/16. No payments made.

Lee Valley Regional Park Authority		Closed Personal Injury Insurance Claims Summary									
Lee Valley Regional Park Authority - Policy number: UCPOP3344584		Lee Valley Leisure Trust Limited - Policy number: UCPOP3881842									
Trust / Authority		Last Updated: 23/05/23									
Curref	Travelers Ref	Date of Incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Non-Active / closed	Status		
354	865118	06/02/2016	23/02/2016	VeloPark	£2,471	£0	Closed	Closed	Customer suffered damage to his car from gravel thrown up by wind. No P.I. insurers have investigated, our latest reserve informant: Damages £2471.32. This is reserved on a 50% basis. Your excess payable on this claim is £5000. Closed by Travelers - no payments made.		
354	863634	24/10/2013	11/01/2016	Ice Centre - Spectator Seating	£25,000.00	£18,164.63	Closed	Closed	Court proceedings have been issued via Reach Piffis Solicitors. Claim not exceeding £10,000. Insurers are proceeding on the basis that primary liability will rest against us but with substantial contributory negligence and we propose making a Part 36 offer of £2500 in an attempt to conclude settlement. Last correspondence has been from DWF - The Court has now directed that we are to serve a list of all documents relevant to the case. Awaiting medical evidence. Payment made to DWF. 8.11 - The claim has been settled for £4,634.67. The damages have been paid but costs are still to be agreed. 18/12 - Final settlement of costs brings total to £18,164.63 - split £4,634 (damages), £8,108 (claimant solicitor costs), £5,223 (Our solicitor costs) - £5,000 excess to be paid		
356	869773	12/03/2016	21/07/2016	VeloPark	£10,320.00	£0.00	Closed	Closed	Claimant suffered fracture to left elbow and shoulder, cuts and bruises. Accident reports states: "Riding down a hill (on the road circuit), chain press brakes, got nervous and fell to left side. Investigated by our insurers. Denial issued. Will close in one month if nothing more heard.		
357	862334	08/11/2015	26-Nov-15	VeloPark	£0	£0	Closed	Closed	Casualty broke collar bone following a touch of wheels and was looking to claim off of a fellow rider. Travelers originally notified due to potential Date Protection issues. Casually now indicating they are going to attempt claim from us. Investigated by our insurers. Denial issued. closed by Travelers on 14th November. No Payments made.		
358	869768	25/07/2016	05/08/2016	WWC	£8,600.00	£7,639.34	Closed	Closed	Customer accidentally had a cup of hot tea spill on his forearm, which resulted in pronounced scalding. Had been closed as no claim received, but now reopened following notification from claimant's solicitors. Insurers view is that we will not be able to dispute liability. We have accepted liability and now await submission of the claimant's settlement pack to enable us to progress matters. Our reserve is £8600, split £5000 damages, £1500 costs. Insurers currently waiting for settlement pack. Request for payment of £7,639.34.		
359	874926	04/11/2016	04/01/2017	WWC	£5,680.00	£7,177.00	Closed	Closed	Claimant suffered injury following a fall outside on the decked area. Cause is yet TBC, but Prime report states that decking was unsuitable. Liability has been accepted. 8/12/17 - Insurers still awaiting receipt of settlement pack. 28/2/18 - Insurers have made offer to claimant and made reference to medical records and historic claims made 30/4/18 - Damages have been settled at £5300.00 plus £865.00 NHS charges and fixed costs settled at £1212.00 - Total £7177		
360	874387	10/05/2011	13/12/2016	Hayes Hill Farm	£5,000	£0	Closed	Closed	Claimant states they suffered kidney failure following contraction of E.coli. Documentation has been collated and forwarded onto our insurers. Due to the amount of information, no further info at this time. Current position is to deny. Nothing heard from claimant for six months, closed on 17/10/17.		
361	875208	11/12/2016	18/01/2017	LV Ice Centre	£2,500.00	£0.00	Closed	Closed	Slipped on the ice - claiming a defect with the ice surface. Successfully denied liability, with no payments made.		

**Closed Personal Injury Insurance Claims Summary**  
 Lee Valley Regional Park Authority - Policy number: UCP0P3344584  
 Lee Valley Leisure Trust Limited - Policy number: UCP0P3981842  
 Last Updated: 23/05/23

Client / Trust / Authority	Travelers Ref	Date of Incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Inactive / Closed	Status
382	Trust 878165	16/10/2016	03/02/2017	ValdePark	No reserve	£0.00	Closed	Closed	Child alleged to of hurt themselves while sitting down at front not on the outside steps. Child had just finished a BMX session and had not been met by their parent immediately following. Not reported at the time, but we were contacted by the father at a later date and the incident was investigated as a S87(1)(a) issue. 12/1/17 - We have interviewed our parent and she now waiting to see if proceedings are issued. No payments have been made to date. 20/2/18 - Still no trial closure, awaiting further update in 3 months. 23/1/18 - File now closed as no further activity.
383	Trust 878982	09/01/2017	09/03/2017	Picklea Lock	£1,074.00	£1,374.00	Closed	Closed	Not a PI Claim - property damage Claimant struck a post after being directed to park in a overflow bay. Vehicle became stuck due to wet weather and slid into the post causing damage to his carport van. Damaged. Attempt to tactically deny has not been successful, recommend settle the third party claim on best terms. The policy deductible is £10,000.00 and, therefore, the current balance due is £1074.00
384	Trust 878999	02/04/2017	21/04/2017	L.V Ice Centre	£3,000.00	£0.00	Closed	Closed	The claimant suffered a fractured wrist after another skater bumped into them whilst skating backwards during a public session. 9/11/17 -We have denied the one and not had any response to this so has been closed by insurer.



 <b>Lee Valley Regional Park Authority</b>		<b>Closed Personal Injury Insurance Claims Summary</b> Lee Valley Regional Park Authority - Policy number: UCPOP3344584 Lee Valley Leisure Trust Limited - Policy number: UCPOP3981842 Last Updated: 23/05/23									
Our ref	Trust / Authority	Travelers Ref	Date of incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Non-Active / closed	Stipula	
365	Trust	873384	04/02/2016	24/05/2017	VeloPark	No reserve	£0.00	Closed	Closed	Claimant suffered cuts, grazes, shoulder pain, jaw pain and damage to their teeth after they appeared to be struck by a wheel on the road circuit. This was on the road circuit. Claimant alleges that the travel agent is liable. Liability has been denied. No further updates so far closed on Jan 16.	
366	Trust	881676	01/08/2017	08/08/2017	VeloPark	No reserve	£0.00	Closed	Closed	Claimant suffered multiple injuries (which required 5 stitches) after their chain came off their bike, whilst on the road circuit. 7/12/17 - has been rejected by insurers based on evidence provided 22/2/18 - Closed by Insurers	
367	Authority	883157	09/07/2017	08/08/2017	Three Mills	£4,787.56	£5,037.56	Closed	Closed	Claimant tripped on rubber matting surrounding the sunken trampoline, which was raised. Reserve now set at £4330.00. 13/2/18-Reserve now set at £4787 (The amount has been agreed in principle but as the claimant is a child, the settlement amount needs to be agreed by the Court) 16/4/18 - Litigation papers have been sent directly to LV for resolution 8/7/18 - Court papers received however incurred defendant recorded - request made to insurers that should be LVRPA and not Trust 15/8/18 - Court Order received confirming settlement made however still incorrect defendant - insurers notified 16/10/18 - Updated documents from Court confirming that defendant name changed to LVRPA. Invoice received from insurers and passed onto LV finance for total outlay of £5037	
368	Authority	882555	19/01/2016	29/08/2017	Three Mill Lane	No reserve	£0.00	Closed	Closed	Claimant states that they slipped on ice formed due to water that leaked through the pavement, due to our failure to maintain the condition of the highway (pavement). 30/11/17- info provided by LV property (N.Powell) confirming that location not within LV boundary. 7/12/17- Insurers have advised to reject claim, no reserve held, will update in 3 months	
369	Trust	884476	19/10/2017	24/10/2017	Waterworks Centre	£2,200.00	£1,808.67	Closed	Closed	Claimant states their vehicle was struck by a gate being held open by a member of staff from the Centre during an event. Statement provided by staff member that they did accidentally let go of the gate and that it did strike the claimants car. 18/12/17 - Insurers have received quotes for repairs, LV confirm accept liability. Awaiting update. 28/4/18 - Reserve set at 2,200, awaiting final bill from garage 21/5/18 - This claim has now been settled as follows: 1673.67 TRPD, 35.00 Mtr Engineers Fee. Total paid 1908.67	
370	Trust	885183	09/07/2017	15/11/2017	Dobbs Weir Caravan Park	£7,353	£0	Closed	Active	Claimant was staying in a 'Wigwam' surrounded by raised decking. Claimant fell on the decking and it gave way causing the Claimant to fall off the decking onto the floor. 18/12/17-Report complete and submitted to insurers, awaiting further guidance. 8/1/18-liability admitted and reserve set, awaiting update. 1/5/20 - Still open with insurers as this is a minor and will need to go through courts - being handled by Insurers 10/12/20 - Still open and waiting for the courts to set a date, once the hearing has taken place a settlement will be reached 02/02/21 - Still open and awaiting courts to set date 15/06/21 - Inlet Approval Hearing now set for 10th September 2021. Once the Court has approved the value of the claim it should be a simple process of making the payment and then entering cost negotiations to settle the claim. 07/01/22 - Notification from insurers that claim was settled during December, total payments made were £7,352.50	

Current Authority	Trust / Travelers Ref	Date of Incident	Date Listed	Location	Current reserves	Payments made	Open / Closed	Active / Suspended / Closed	Notes
371	Trust 886391	02/12/2017	18/12/2017	LV Ice Centre	No reserve	£0	Closed	Non-Active	<p>Claimant suffered pain and bruising to leg following training session. Surgery they have been in pain and off work for over 5 days.</p> <p>18/02/18 - Report and docs sent to insurers, awaiting update.</p> <p>30/04/19 - Closed initially as no correspondence for over a year.</p> <p>Claimant stopped on ice within car park as they got out of their car. CCTV checked and no record at time, seeking further detail from claimant.</p> <p>23/02/18 - CCTV footage sent to insurers to challenge claimant</p> <p>4/7/18 - Closed by insurers as no contact for 3 months</p> <p>4/8/18 - Re-opened as updated CNF received stating that incident occurred at Meadows Car Park in Broadbourn, not at Hydekellon House. CNF provided to insurers and request for docs from AJ and Rangers team (RA, Proctor, status of food in car park)</p> <p>16/10/18 - Investigation complete and sent to insurers</p> <p>24/10/18 - Insurers advise they have denied liability based on info provided in report</p> <p>18/1/19 - No response following denial so insurers have closed</p> <p>12/4/19 - File re-opened as claimant solicitors have challenged our denial. Insurers maintain denial however BLM nominated to accept services should they consider it reasonable to litigate</p> <p>18/7/19 - No response for 3 months so has been closed by insurers</p> <p>26/04/21 - Correspondence received from BLM. Claimant's solicitors have litigated meaning the case has re-opened. Waiting further advice from BLM &amp; Travelers</p> <p>13/05/21 - Informed by BLM proceedings have been served, therefore BLM will prepare our defence. Additional information provided to BLM to complete the</p> <p>04/08/21 - Defence papers issued and reviewed by LV Legal team, a number of small amendments have been made and defence served by BLM</p> <p>22/11/21 - Further information from BLM informing us a court date of the 28th March has been set for this. 'List of Documents' required to be signed of by LV legal team. Further questions asked from BLM.</p> <p>07/03/22 - Witness statements issued by 8th Feb. Awaiting decision from the insurers if to settle or continue to defend</p> <p>11/04/22 - Solicitors advised not to defend and negotiate settlement. A part 36 offer of £k was made on the 18th March, awaiting decision from IP</p> <p>15/05/22 - Notification from BLM that case has been settled to the figure of £k</p>
372	Authority 886344	29/12/2017	08/01/2018	Old Mill & Meadows	No reserve	£9,000	Closed	Closed	

**Closed Personal Injury Insurance Claims Summary**  
 Lee Valley Regional Park Authority - Policy number: UCPOP3344584  
 Lee Valley Leisure Trust Limited - Policy number: UCPOP3981842  
 Last Updated: 23/05/23

Our ref	Trust / Authority	Travelers Ref	Date of incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Non-Active / Closed	Status
373	Trust	887259	22/07/2017	19/01/2018	WWC	£98,755	£98,755	Closed	Active	<p>Claimant was helping to put away large bouncy castle in the rain and slipped over. Suffered a high leg break and claims they were wearing inappropriate footwear for the task (taken shoes off and wearing socks). RIDDOR report submitted.</p> <p>23/1/18 - RA's and checklists received from venue, requesting further detail on manufacturer guidance and specific set up/down NOP. Insurer contacting claimant - no excess</p> <p>5/4/18 - Accident Investigation Report and supporting documents submitted to insurers</p> <p>22/5/18 - Insurers believe this should be referred to Atrique based on evidence provided</p> <p>5/6/18 - Insurers have updated their position and recommend we accept liability - reserve increased</p> <p>8/8/18 - Liability accepted by Trust - awaiting further update</p> <p>24/9/18 - Employee loss of earnings info sent to insurers - awaiting update</p> <p>1/11/19 - Reserved currently at £30k</p> <p>1/5/20 - S118 open and latest report from insurers confirms reserve has risen to £50k+</p> <p>12/11/20 - Remains open with latest fig paid updated - no record of increase to reserve</p> <p>11/12/20 - Matter is ongoing and claimant has not recovered from their injuries, due to COVID-19 is has made rehab difficult which has prolonged the process</p> <p>15/06/21 - Claim now settled at a total sum of £ 88,754.50. File was closed 12th April 2021.</p>
374	Authority	882557	14/03/2018	20/06/2018	Waterworks Nature Reserve	£15,798	£9,098	Closed	Non-Active	<p>20/6/18 - CNF states claimant tripped on uneven paving slabs on footpath in Nature Reserve suffering various bumps and bruises resulting in hospital visit. CNF sent onto insurer and acknowledged receipt of CNF with Solicitor. Investigation started</p> <p>15/8/18 - Loss Adjuster visited site with HC and their report recommends liability be accepted on basis that surface not maintained and no warning signs installed. Will attach under Occupiers Act. Confirm that liability accepted by authority</p> <p>20/8/19 - Payment made by insurers to value of £9,088.20 - less than reserve. Payment info sent to LV Finance for settlement and insurers informed - Now closed</p>



**Closed Personal Injury Insurance Claims Summary**

Lee Valley Regional Park Authority - Policy number: UCPOP3144584

Lee Valley Leisure Trust Limited - Policy number: UCPOP3981842

Last Updated: 23/05/23

Cur ref	Trust / Authority	Travelers Ref	Date of Incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Non-Active / Closed	Details
375	Trust	883353	10/06/2018	11/07/2018	LV Athletics Centre	£7,000	£10,588	Closed	Non-Active	<p>11/7/18 - CNF advice claimant topped on white bars next to seat which identified with track time. No record of accident reported on Petre. CNF sent to insurers and investigation started</p> <p>17/7/18 - Site visit completed - confirmed that inner track barrier was in place for the event and is only taken up when vehicles present.</p> <p>4/8/18 - Report and supporting docs submitted to insurers - Initial internal investigation indicates that venue do not remove heading for these events and did not place signage up (could be assumed as creating an avoidable trip hazard). Venue also were aware of people tripping on the previously (with no previous reported injuries).</p> <p>18/8/18 - Further internal investigation to be undertaken to review proximity of edging to concrete kerb and whether this minimises the impact of trip hazard</p> <p>18/10/18 - Further images sent to insurers which confirm that the kerb is flush with the track and the edging is raised approx. 50mm above track surface. Liability admitted and reserve set at £7,000</p> <p>4/9/18 - Confirmed settlement accepted - payment made for £10557.75 and policy deductible is £10k so this is due</p>
376	Trust	894228	09/02/2018	09/09/2018	WWC	No reserve	£0	Closed	Non-Active	<p>8/8/18 - Claimant states they suffered back injury through poor working practices when they worked as care employee. They state insufficient staff, no testing and poor supervision. Investigation started and info requested from venue and HR</p> <p>6/9/18 - Investigation Report and supporting evidence sent to insurers for review from that no contribution should be made. Evidence supports the fact that poor working practices were in place.</p> <p>15/9/18 - Claimant solicitor alleges they came off their bike on the path as result of poorly maintained surface. Not CNF received yet as not confirmed with Authority land. Awaiting confirmation from Parrish Dept.</p> <p>21/9/18 - CNF received stating they fell due to poorly maintained surface - Internal investigation started and information sent to insurers. Initial intention is to defend this</p> <p>18/9/18 - Investigation complete with information provided from Velo. Confirmed this is Trust land and has been inspected periodically with appropriate RA in place. Confirmed that this parking design meets with standards. Report sent to insurers and awaiting responses</p> <p>16/11/18 - Insurers have rejected claim based on LV report and will update in 3 months unless hear back from solicitors</p> <p>14/1/19 - Solicitor has come back with request for further information and challenging initial denial. More detail to be provided</p> <p>5/2/19 - Claim from Solicitor that incorrect Tackle Paving installed and poses additional hazard to cyclists. Also claimed that headlight checking and maintenance regime in place by Velo which allowed debris to build up on the section of footpath adding to fall. Further investigation required with Venue on maintenance and Authority/LLDC to establish design space</p> <p>15/1/20 - No response from claimants solicitors so non-active</p> <p>7/2/20 - Notification from LLDC that claim has been made against them - HAS to respond with updates</p> <p>12/6/20 - Further responses from claimant Solicitor regarding when path handed over and when changed to stoned path</p> <p>3/8/20 - Follow up questions relating to when path handed over to LV and who from have been asked</p> <p>8/11/20 - Insurers have notified denial of our claim and put 4 month period to await response from claimant</p> <p>10/12/20 - Position remains unchanged and maintained denial of liability. Case to close if no further contact is made by March 2021</p> <p>20/04/21 - Update from insurers, claimant has until 10th July 2021 to appeal. If nothing is received case will be fully closed</p> <p>15/08/21 - Denied liability maintained. Litigation has now stopped but deadline for service of limitation proceedings outstanding. If no proceedings served by 10th July 2021 we will close our file</p> <p>29/07/21 - Confirmation received from Travelers that this case has now been closed</p>
377	Trust	894873	10/03/2018	16/08/2018	Sudwens Tunnel (or HTCMTB Trail)	No reserve	£0	Closed	Active	

**Closed Personal Injury Insurance Claims Summary**

Lee Valley Regional Park Authority - Policy number: UCPOP3344594

Lee Valley Leisure Trust Limited - Policy number: UCPOP3981842

Last Updated: 23/05/23

Our ref	Trust / Authority	Travelers Ref	Date of incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Non-Active / Closed	Status
380	Trust	900558	24/09/2018	01/02/2019	Dobbs Weir Caravan Park	No reserve	£0.00	Closed	Non-Active	12/19 - Customer hit height barrier when leaving premises causing damage to vehicle and bicycle on roof. Claimed that insufficient signage and lighting warning of this. Investigation commenced with Venue 15/1/20 - No response from claimant solicitors so non-active
382	Trust	902473	04/09/2019	18/09/2019	Hayes Hill Farm	No reserve	£0.00	Closed	Non-Active	18/9/19 - Notification only - Child collided with Raven (Coda Owned) and suffered injury - parent claiming that child attacked and inadequate response from bird handler. Claiming that child has suffered psychological damage as result and seeking compensation 31/10/19 - Recommended from insurer that liability be denied and passed onto Coda Insurers for their own assessment. Insurers will contact claimant 07/02/20 - Closed as denied liability and deferred to Coda for response. 12/11/20 - Remains open on insurers report so moved back to this section 03/02/21 - Notification from insurers that case is closed

**Closed Personal Injury Insurance Claims Summary**

Lee Valley Regional Park Authority - Policy number: UCPOP344584  
Lee Valley Leisure Trust Limited - Policy number: UCPOP3981842

Last Updated: 23/05/23

Our ref	Trust / Authority	Travelers Ref	Date of Incident	Date Listed	Location	Current Reserve	Payments made	Open / Closed	Active / Suspended	Status
383	Trust	814887	31/12/2018	07/02/2020	LVMC	£0.00	£0.00	Closed	Active	7/2/20 - New claim notification received from Solicitor. Claimant advised fractured wrist in two places following fall on Ice Pad. Stated that pod was overcrowded and they were hit by slider going opposite way. Also stated low number of marshals to manage session. 8/3/20 - Investigation completed by H&S Team including CCTV footage. Sufficient staff in place at the time and CCTV shows person fell on their own not as per their claim. Liability denied 27/7/20 - Follow up from claimant solicitor sending further questions to confirm person in CCTV was claimant - JB has followed up with LVMC team to confirm some details 21/8/20 - Witness statement from LVMC staff submitted to insurers as confirmation that person in Aug-20 - Notified by venue of potential claim from a contract caterer working in kitchen who hurt their back. Claim that they informed HTC staff but no record this incident at all and unknown incident until informed by claimant solicitor 3/9/20 - Informed Travelers of this and requested that they contact claimant solicitor and Loss Adjuster. Awaiting updates from insurers 05/07/2021 - Confirmed by Travelers that claim does not need to be formally reported, however details have been logged in case anything is received in the future
384	Trust	TBC	12/01/2020	09/09/2020	HTC	£0.00	£0.00	Closed	Active	18/12/2020 - Notified by letter received by finance team which contained limited detail. From further investigation it relates to an incident at Volo where an individual has fallen during a track session and suffered a splinter injury from the collision. Travelers have been informed and more information will be provided 02/02/2021 - Investigation completed by Jack and submitted to insurers, liability denied and reserve set at 4k 05/05/2021 - No further correspondence received and case closed by insurers
385	Trust	825178	07/02/2020	15/12/2020	Volo	£1.00	£0.00	Closed	Active	09/03/2021 - Claimant alleges to have broken her thumb and fractured her wrist after falling off a SUP board during a flat water session at the WWC. Investigation started and documents being gathered from site 07/04/2021 - Loss adjuster set by insurers due to conflicting statements on version of events 21/04/2021 - Reserve set by insurers at 5k. Informed Questagen will be contacting us to investigate 08/05/2021 - Loss adjuster attended site on 13/05/2021 to review events around the claim. Email from Travelers dated 24/05/2021 who have now denied the claim based on the loss adjusters report. Awaiting response from claimants solicitors. If no response is received it will close in August 2021 10/08/2021 - Email received from insurers stating the IP solicitors had challenged where the injury took place. Pictures submitted with help from WWC management team 31/08/2021 - Additional pictures and information provided to insurers around location of incident, awaiting update 07/01/2022 - Denied has been issued to the claimant solicitors. Currently with Travelers to see if challenge comes. 11/04/2022 - No challenge received therefore case has been closed by Travelers, always a chance the claim mitigates in the future but closed for now.
386	Authority	827739	13/09/2020	09/03/2021	WWMC	£5,070.00	£0.00	Closed	Active	



Lee Valley Regional Park Authority		Travelers Ref		Date of incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Non-Active / closed	Status	
Our ref	Trust / Authority	Travelers Ref	Date of incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Non-Active / closed	Status		Last Updated: 23/05/23
<b>Closed Personal Injury Insurance Claims Summary</b>												
Lee Valley Regional Park Authority - Policy number: UCPOP3344584												
Lee Valley Leisure Trust Limited - Policy number: UCPOP3981842												
387	Authority	935-403 935-475 935-476	05/04/2021 17/08/2021 25/09/2021	14/10/2021	Sewardstone Campsite	£0.00	£0.00	Open	Active	14/10/2021 - Notification letter received from Colusa Carter, relating to ex-staff member Lee Richard, who claims to have suffered injuries whilst at work. Notification letter sent onto Trajullius and investigation started 11/11/2021 - Liability adjuster attended site with Gary Milne (RDHS) to investigate. Limited training records and RAMS in place for equipment involved, therefore claims looking difficult to defend against 07/12/21 - Email from Insurers asking for more detail on IP salary information 07/03/22 - Requested update from Insurers, awaiting response 11/04/22 - Email received from James Harrington on 11/03/2022, they have now located 'misfiled' training records for IP, these have been sent to Insurers. Following this part 36 offer withdrawn and a Without Prejudice offer £5,500 (inclusive of costs) was issued on all 3 claims, awaiting response from IP 22/04/22 - Insurers have instructed BLM solicitors to act on our behalf 07/08/22 - Non fault offers made on two claims, awaiting update on third 28/08/22 - All 3 claims closed with approximately 10k in fees		23/05/23
389	Authority	940446	28/12/2021	17/03/2021	Sewardstone Campsite	£1.00	£4,770.00	Closed	Non-Active	16/03/22 - Email received from Regan (Legal Team) regarding letter received from JF Law requesting details of our insurers. Appears to be relating to accident from 26/12/21 at Sewardstone Campsite. Details passed onto Travelers and awaiting further update on next steps 04/07/22 - Investigation completed internally to find major faults within the way the venue management dealt with this customer. Full findings submitted to SMT for consideration. Liability accepted following visit from Loss Adjuster 14/11/22 - Information received from Travelers informing us that the case has been settled and closed. Damages of £3k and claimants solicitors fees of £1770, total outlay £4770. The policy deductible is £10,000 therefore LV are unable to pay these costs		
390	Authority	941542	29/11/2021	28/04/2022	Dobbs Weir Campsite	£0.00	£0.00	Open	Active	28/04/22 - Original correspondence from IP seeking compensation dated 02/12/21. Official CNF received 28/04/22. Investigation completed and denial submitted, awaiting further update from Insurers 08/09/22 - Correspondence from Travelers requesting additional pictures of campsite car parking lighting, have requested from Venue Manager 24/10/22 - Additional pictures requested and supplied by Travelers of the car park lighting during darkness 18/04/22 - Email received from Travelers confirming cases had been closed for now		
Notification only	Trust	870885	15/08/2018	31/08/2018	VeloPark	N/A	£0	Closed	N/A	Rider on rider claim. To whom it may concern letters have been received from Leigh Day with a request for us to forward onto the cyclists. Letters sent on 23rd Sept. Additional requests for letters to be sent out and information in regards to other riders involved in the incident. To date, all have been refused on Data Protection grounds.		
Notification only	Trust	881425	10/10/2015	08-Nov-15	WWC (hit head on block or bottom of the course following falling from raft)	N/A	£0	Closed	Closed	Incident investigated. Response sent to Mr Campbell (father) following a letter from him. This has received positive feedback. Nothing further received as of July 16. Closed on 3rd November 2016. Costs for investigation: £4596.40		
Notification only	Authority	883872	25/05/2017	22/08/2018	LV Country Park	N/A	0	Closed	N/A	Notification only - Travelers had not been made aware of death so information provided for their records - N/A		
Notification only	Trust	803619	23/04/2019	30/04/2019	VeloPark	No reserve	£0.00	Closed	Non-Active	30/4/19 - Notification only - expect a claim attempt however no evidence to suggest fault with bike and CCTV shows accident		

**Closed Personal Injury Insurance Claims Summary**  
 Lee Valley Regional Park Authority - Policy number: UCP0P3344594  
 Lee Valley Leisure Trust Limited - Policy number: UCP0P3981842  
 Last Updated: 23/05/23

Our ref	Trust / Authority	Travelers Ref	Date of Incident	Date Listed	Location	Current reserve	Payments made	Open / Closed	Active / Non-Active / Rese-	Status
Notification only	Trust	909877	22/04/2019	22/05/2019	LV Ice Centre	No reserve	£0.00	Closed	Non-Active	22/5/19 - Notification only - Claimed that building and blider suffered as result of using carate skates 29/6/19 - Insurers notified and HES Team in contact with claimant 31/7/19 - Insurers have denied liability however would like further information from LVIC to back up denial - HC to follow up with SS
Notification only	Trust	TBC	08/02/2019	22/05/2019	LV Ice Centre	No reserve	£0.00	Closed	Non-Active	22/5/19 - Notification only - Claimed that child fell over on ice and injured wrists - requested from Solicitor for CCTV footage
Notification only	Trust	TBC	10/05/2019	22/05/2019	LVRG	No reserve	£0.00	Closed	Non-Active	22/5/19 - Notification only - email received claiming that fall from horse during instructor led session where injuries sustained and individual states that instructor did not secure saddle correctly causing the fall
Notification only	Trust	TBC	04/06/2019	18/06/2019	Hogson Hill Farm	No reserve	£0.00	Closed	Non-Active	18/6/19 - Notification only - Child collided with Raven (Coda Owned) and suffered injury - parent claiming that child abducted and inadequate response from bird handler. Claiming that child has suffered psychological damage as result and seeking compensation 31/10/19 - Recommended from insurer that liability be denied and passed onto Coda Insurers for their own assessment. Insurers will contact claimant 07/02/20 - Closed as denied liability and deferred to Coda for response.

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## Plan

### Scope

The development of the strategic health and safety plan describes how we will put the vision for health and safety into effect to help us achieve our aims for the safety of Lee Valley Regional Park Authority's future activities and projects. It sets out how we will plan for safe projects, events, venues and environments, the management arrangements we will develop, how we will monitor the success of the arrangements and learn lessons from what goes well and where there is the need for improvement.

### Planning for Safe Operations

To plan for safety, we need to understand the significant risks that may affect staff, volunteers, contractors, key clients and customers. To do this we will introduce a method of assessing risks for management and the Authority operations, so we understand how best to design them out or suitably and sufficiently manage them.

Where we cannot design out significant risks, we will be prescriptive about how they must be managed, and the procedures people must follow to avoid being harmed or harming others.

### Creating a Positive Health & Safety Culture

As well as insisting that people do things a certain way where the risks to them are significant, we also need to encourage everyone to think about the risks they face to better help them look after themselves and their colleagues. We want them to know that their health and safety is important to the Authority and tell them about the significant risks relevant to them. We will do this by communicating and consulting with staff on health and safety matters.

The Chief Executive and the SMT are key to creating a positive health and safety culture and therefore, are required to embrace a positive culture so it stems from the top of the organisation and is cascaded down to all employees and volunteers.

### Accountability and Responsibility

Health and safety law places duties on organisations and employers, and members can be personally liable when these duties are breached: the Senior Management Team (SMT) have both collective and individual responsibility for health and safety within the Lee Valley Regional Park Authority.

The SMT and the Chief Executive are accountable for the Health and Safety Management Plan. It is the responsibility of the SMT to agree and sign off the plan.

The Corporate Director of Sport & Leisure is responsible for the effective implementation of the Health and Safety Strategic Plan and will present the management plan to the Senior Management Team in the first quarter of the year for approval.

## Essential Principles

- **Strong and active leadership from the top:**
  - Visible, active commitment from the SMT
  - Establishing effective two way communication systems and management structures
  - Integration of good health and safety management within business decisions
- **Team involvement: Engaging the workforce in the promotion and achievement of safe and healthy conditions and a positive health and safety culture, whilst considering the mental health and wellbeing of all staff, through**
  - Effective communication and consultation
  - Providing high-quality workforce training and development
- **Assessment and review:**
  - Identifying and managing health and safety risks
  - Accessing (and following) competent advice
  - Monitoring, reporting and reviewing performance.

## Resourcing & Skills

The organisations Head of HR is to oversee the delivery of the health and safety training and development plan.

The Authority has procured the services of Right Directions (Management) Ltd. as their health and safety support from October 2022 until October 2029. As part of this support function, a dedicated on site health and safety team will deliver a health and safety audit and support programme over the 3-year term for this strategic plan.

The audit process will focus on statutory compliance, site hazards and key risks, knowledge of team members, training and competency, and safety culture.

The Right Directions Health and Safety Team will provide day to day resources through direct support to the SMT, Heads of Service, venues and head office departments. The team will oversee the coordination of our health and safety work, provide advice, direct support and formalise consistent ways of working safely where it is important to achieving our vision to do so.

Right Directions are responsible for ensuring that day to day resources, 365 days a year are provided to the Authority, with additional out of hours support provided in the event of an emergency. To deliver the support function, Right Directions provide three Health and Safety Managers who are responsible for health and safety support, together with the additional support of the Contract Lead, with the wider Right Directions management and team on hand to assist the Health and Safety Team.

The team will support the Authorities officers on all health and safety, event safety, fire safety, legionella safety, staff training and competency, as well as staff, volunteer, contractor and public safety.

The Health and Safety Team will provide attendance on-site during an emergency situation within 1 hour of receiving notification of an emergency in progress or having recently taken place.

## Communication

### Health & Safety Structure

- Health & Safety Management Reporting Structure within Lee Valley Regional Park Authority consists of:
  - Local Authority Members
  - Chief Executive
  - Senior Management Team
  - Corporate Directors
  - Heads of Service
  - Health and Safety Strategic Team
  - Section / Department / Venue Managers
  - Safety Coordinators
  - Section / Department / Venue Teams
  - Right Directors (Health and Safety Team).

### Health and Safety Strategic Team Meetings

The Right Directions Contract lead and team members will meet with the LVRPA Lead Officers for health and safety. The meeting will coordinate the development and implementation of our plans, policies and procedures.

This group will meet monthly to discuss and progress on health and safety matters and will ensure that best practice is shared and focus of both organisations is on key risks relevant at each phase of activity.

The agenda for the Health and Safety Strategic Team meetings is as follows;

- Monthly review of health and safety programme
- Training and development
- Workforce engagement
- Review of the risk management strategy and key risks to the business
- Health and Safety Management System review
- Statutory compliance and visits by enforcing officers
- Monthly accident and incident trend analysis
- Monthly review of the current personal injury insurance claims
- Review of the assurance programme
- Legislation and industry updates.

### Health and Safety Forum Meetings

The Right Directions Health and Safety Team will meet with the Authority's Venue Managers and Safety Coordinators on a monthly basis to discuss and progress health and safety matters and will ensure that best practice is shared, with a focus on key risks. Toolbox training sessions will also take place on a regular basis covering key issues and hot health and safety topics.

### Authority Safety Coordination Meetings

The Health and Safety Team will lead the Safety Coordination Team meetings. The purpose of this group is to coordinate the delivery of our health and safety arrangements across the Authority to allow us to agree appropriate standards, share best practice, make best use of our resources, and



communicate and consult on health and safety matters. The membership of the Safety Coordination Group will be the venue and department health and safety competent persons, who lead on safety or champion for it. This group meets on a quarterly basis.

## Venue & Department Meetings

Health & Safety is to be an agenda item at all department meetings.

The following items will be discussed, where relevant:

- Minutes from the health and safety meetings
- STITCH headlines
- Health & Safety issues
- Risk assessment review
- Internal workplace inspection results
- Monthly monitoring returns
- Audit results
- Changes in legislation and best practice
- Procedure's review and update
- Team information, instruction, training, competency and mental health/wellbeing.

## **Training and Competency**

Lee Valley Regional Park Authority will encourage a commitment from across the organisation to the delivery of the Health & Safety Policy. This will include involvement and engagement from all stakeholders. Lee Valley Regional Park Authority will continue to ensure each post holder understands their role and the execution of their responsibilities.

An emphasis is placed on competency so the SMT, Heads of Service, Line Managers, Venue Managers, Competent Persons and the workforce ensuring all are able to determine what is reasonably practicable in terms of health and safety management.

The training programme embeds the basic understanding of risk so that it is a life skill making sure that those joining the organisation are more aware of risk.

A review of the health and safety training programme will be carried out by the Head of HR in conjunction with the Health and Safety Team.

Lee Valley Regional Park Authority will deliver a health and safety training programme for all team members, including volunteers at venues and within all departments. The training plan will include the following elements:

- Corporate health and safety induction
- Job specific health and safety induction
- Job specific induction & training
- Secondary training
- Refresher training

Training will be based on a training needs analysis, a training matrix and the annual appraisal performance review process.

It is important that the organisation can demonstrate the competency of the team at all levels and, as such, a competency assessment framework is to be implemented. The Head of HR reviews the team training plan and competency assessment framework on an annual basis.

LVRPA are responsible for ensuring that each venue and department has a health and safety competent person trained to minimum of IOSH Managing Safely, or equivalent.

Venue Management will act as the venue-specific health and safety competent person to coordinate and assist in the delivery of the health and safety arrangements, within each venue. Head office department managers are to either be that person or are to allocate and ensure that a suitable team member is trained as a health and safety competent person.

### Health & Safety Induction programme

The Health and Safety Team will work with HR to develop an online health and safety induction programme. All Personnel coming to work for LVRPA must receive and successfully complete the health & safety induction prior to working.

### **Worker Engagement**

Staff consultation is to be coordinated using Microsoft Forms software. The consultation programme is to be completed annually. Staff are to be provided with a summary of the responses, and actions are to be taken by the Authority based upon the findings. Management will provide staff with updates on the progress and completion of the actions.

## **Do**

### **Management Arrangements/Health and Safety Management System**

The Health and Safety Team will maintain and continually develop the Health and Safety Management System (HSMS) for the Authority.

The HSMS will be reviewed quarterly by Right Directions and the Health and Safety Team or if changes to legislation require, with any changes in legislation being monitored and template procedures updated by Right Directions, with the Health and Safety Team updating the Authority specific procedures. All amendments made to the HSMS procedures will be presented to the Strategic Health & Safety Team, with approval for sign off sought from the SMT.

The HSMS will be located along with the associated forms and information documents on the LVQMS portal.

### **Risk Management**

#### Development of Risk Assessments

The Health and Safety Team will coordinate the programme of the development for template risk assessments on the 'STITCH' system with the risk assessment module to be launched for use by venues. The Health and Safety Team will implement a phased quarterly approach to reviewing risk assessments which venue management are to follow, enabling them to have sufficient time to thoroughly review risk assessments. The content and completion of risk assessments will be examined as part of the audit assurance process to ensure that risk assessments follow the HSE's 5 steps to risk assessment.

Head office departments will assess the hazards to which their teams will be exposed and where they cannot be designed out will provide suitable controls to minimise risks. Departments will be

required to work with the Health and Safety Team who have specialist knowledge of managing the types of risk relevant to their services.

## Fire Risk Assessment

Right Directions and the Health and Safety Team will conduct fire risk assessments for the venues. Reports and action plans will be provided following each assessment, with the follow up of actions reviewed during monthly support days and the audit process.

## Check

### Health & Safety Objectives 2023-26

- Achieve 95% audit score across all venues (Non-LSC 95% and LSC 95%)
- Provide training sessions for the implementation of StaffMIS platform (known as LVQMS) prior to each module's implementation
- Launch of the 'STITCH' risk assessment module
- Develop a risk assessment review schedule and monitor the completion of risk assessments, ensuring they meet the HSE's 5 step approach to risk assessment
- Monitor how well the 'STITCH' accident and incident reporting process is being used by venues
- Complete all Audits quarterly for both Non-LSC and LSC venues, Green Flag open spaces, and departments identified in the service contract
- Delve in further into venue operations as part of the health and safety audits
- 100% compliant in the statutory compliance module of the health and safety audits
- 100% first aid cover at all times at Non – LSC venues
- 100% of all mandatory health and safety training is completed at Non – LSC venues
- Implement additional departmental audits for those others not required as part of the service contracts so all departments are audited
- Monitor the progress on the implementation of 'Martyn's Law' by the UK government, and implement actions required by legislation once the legislation and guidance has been published, ensuring that all actions are completed within the lead in time to the legislation coming into force
- Investigate how leased out venues and services are monitored in terms of health and safety, and make improvements to monitoring where required
- Review and set further health and safety objectives and key performance indicators
- Seek to renew the Authority's 5\* rating in terms of health and safety
- Proactively support the Events team and the events programme, maintaining competencies (Level 4) in Event Safety & Spectator Safety
- Supply of monthly accident and Incident statistics
- Complete quarterly health and safety reports to the SMT
- Ensure all head office departments have a designated health and safety competent person
- Undertake a new water safety survey for water bodies within the open spaces
- Complete an annual report for the Audit Committee and plan for the year ahead
- The Health and Safety team will hold membership with the Institute of Occupational Safety and Health (IOSH) being a 'technician' member level as a minimum
- Performance Monitoring Team are to assist with undertaking basic health and safety checks during site visits, with the formulation of quarterly league tables.

## Health & Safety Key Performance Indicators

- Number of reported accidents – corporate (Public, Employee and Contractor)
- Number of reported accidents by venue / department (Public, Employee and Contractor)
- Number of RIDDOR reports submitted (Public, Employee and Contractor)
- Insurance claims: number of claims and values of claims
- Number of improvement notices issued
- Number of prohibition notices issued
- Number of prosecutions and cost of fines
- Staff health and safety survey responses.

## Assurance Programme

### Internal Health and Safety Audit Programme

Right Directions will carry out quarterly audits. The Health and Safety Team will coordinate the annual programme of audits, with each team member completing one set of quarterly audits each year. Right Directions Head of Operations will mentor all auditors each year to ensure standards are being met by auditors and there is a consistent approach to auditing.

The internal health and safety audit programme will include the following for both Non-LSC and LSC venues;

- A site-specific audit report, which includes prioritised actions in terms of liability, will be written for each Venue
- The process will continue to be 'announced' audits
- The audits will focus on statutory compliance, key risks, safety processes, knowledge of staff on site, staff competency, safety culture and other selected relevant safety criteria.

### Departmental Audits

Right Directions will carry out quarterly audits of certain head office departments, with particular subjects covered such as corporate health and safety training, event safety, the working from home process, occupational health arrangements, and specific departmental health and safety arrangements for hazards faced such as lone working and work related driving. The process will also evaluate staff competency.

The Health and Safety Team will review all accidents, incidents recorded on STITCH, and investigate accidents where required, as well as investigate accidents and incidents reportable under RIDDOR, and make recommendations as part of investigations for risk reduction and raise areas of specific concern to the Strategic Health and Safety Team and the SMT.

The Health and Safety Team will review any visits carried out by Environmental Health Officers, the Health and Safety Executive or other relevant body, making recommendations to the Authority of action to be taken, and assist Officers in the implementation of any recommendations.

## Performance Monitoring

Monthly performance monitoring will be carried out by the Contracts and Quality Officer. The Officer will assist with undertaking basic health and safety checks during site visits and report their findings

to the Health and Safety Team who will formulate and communicate the results in the form of quarterly league tables which are to be published and communicated.

### **Risk Surveys**

Officers and the Health and Safety Team will work closely with the Insurers 'Travelers'. Travelers Senior Risk Control Consultant will carry out periodic accident investigations, risk surveys and property risk overviews as required.

The Health and Safety Team will review reports submitted and actions identified to assist the authority to reduce risk.

The Health and Safety Team with the Head of Legal will meet with Travelers representatives twice a year.

### **Health and Safety Management Reporting**

The Health and Safety Team will coordinate the development of the health and safety management quarterly and annual reporting programme.

The strategic health and safety plan will be reviewed during Q4 each year, which will result in the production of the annual health and safety management report. This report will provide information of performance for the year and set objectives / key performance indicators (KPI) for the forthcoming financial year.

The Health and Safety team will prepare the annual Health and Safety Report for the Audit Committee, which is to be submitted to the Corporate Director.

## **Act**

### **Performance Review and Annual Benchmarking**

The Health and Safety Team will coordinate a review of performance following the completion of the assurance programme through evaluating key risks and issues identified as part of the audit process. The 'RD Dashboard' provides that evaluation mechanism, where reports and charts can be produced. The system also provides each venues audit performance against other Authority Venues as well as audits undertaken by Right Directions' other clients, both in terms of scoring and positioning in a national league table.

A performance review will be prepared following the internal health and safety audits. The report will be documented in the quarterly SMT reports and annual health and safety report. The performance review details will also include local and national benchmarking statistics.

### **Review**

This health and safety strategic plan will be reviewed annually, as a minimum unless changes in legislation occur.

## Sources of Information

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- [Health and Safety Executive](#)
- LVRPA HSMS
- Health & Safety Policy Statement
- Health & Safety Management System
- Health & Safety Performance Reviews
- Health & Safety Audit Reports
- Health & Safety Returns
- Internal Workplace Inspections
- Health & Safety Agendas
- Audit Committee Annual Health & Safety Report
- Corporate Training Programme
- Corporate Training Matrix.



**RISK REGISTER 2023/24**

Presented by the Corporate Director (S&L)

**SUMMARY**

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

At the Audit Committee in June 2022 (Paper AUD/126/22) Members approved the updated risk management strategy and corporate risk register following the Risk Management Workshop held on 22 March 2022. This workshop analysed and reviewed the risk management strategy and corporate risk register in detail to ensure that this committee could proactively input into, manage and monitor the register going forward, with up to date risks identified that are relevant to the Authority's business over the coming years. This included some minor changes which were made to ensure that the Authority Chair and Executive Committee are part of the approval process.

The risk management strategy and corporate risk register assists Members in their consideration and approval of the Annual Governance Statement as a key part of the financial statements. A robust risk management framework and register is one key element of the Annual Governance Statement and a source of assurance for Members in approving this statement year on year as part of the published accounts.

**RECOMMENDATION**

Members Approve (1) the Corporate Risk Register included at Appendix A to this report.

**BACKGROUND**

1 Risk management is one of the key internal controls for an organisation. Members need to ensure that a sound system of internal control is maintained and an annual review of the effectiveness of the system of internal control is conducted to provide sufficient, relevant and reliable assurance to enable them to authorise the signing of the Authority's Annual Governance Statement (which is published with the financial statements).

2 Regulation 3 of the Accounts and Audit Regulations 2015 requires that:

**"A relevant authority must ensure that it has a sound system of internal control which:**

- **facilitates the effective exercise of its functions and the achievement of its aims and objectives;**
- **ensures that the financial and operational management of the authority is effective; and**
- **includes effective arrangements for the management of risk."**

In this context "relevant authority" is referring to Lee Valley Regional Park Authority.

**3 Each financial year the relevant authority must:**

- **conduct a review of the effectiveness of the system of internal control required by regulation 3; and**
- **prepare an Annual Governance Statement - this statement must be published together with the statement of accounts and the narrative statement in accordance with regulation 10.**

**4 Assurance of the Authority's internal control system is derived through the work of the internal audit function (undertaken by Mazars for the Authority); and also through the monitoring of processes put in place by management and other external bodies including those around risk management and health & safety. This provides evidence which allows the Authority to form conclusions on the adequacy and effectiveness of the systems of internal control and also on the efficiency of operations.**

**5 Risk management is not solely a focus on the finances of the Authority. The scope of internal control spans the whole range of the Authority's activities and includes those controls designed to ensure:**

- **the Authority's policies are put into practice;**
- **the organisation's values are met;**
- **laws and regulations are complied with;**
- **required processes are adhered to;**
- **financial statements and other published information is accurate and reliable; and**
- **human, financial and other resources are managed efficiently and effectively.**

**6 The Authority approved a Risk Management Framework in April 2005 (Paper A/3798/05). The Risk Management Framework and more specifically, the Risk Register was developed by Members and senior officers under the guidance of the internal auditors through a number of workshops and meetings. Members have regularly reviewed the register at each Audit Committee, adding in their own comments and improvements.**

**7 Since this time Members have consistently (and in depth) reviewed the Corporate Risk Register and revised the strategy, format, and content. The strategy has been revised and updated twice since 2005 at the Audit Committee (May 2010, Paper AUD/06/10 and June 2012 Paper AUD/30/12). The strategy was reviewed by officers and Members as part of a Risk Management Workshop and was formally approved by the Audit Committee in June 2018 (Paper AUD/90/18). Subsequent to this workshop, a further workshop was held in March 2022 and an invitation to attend was extended to all Members and the**

strategy, format and content was reviewed again and was formally approved by the Audit Committee in June 2022 (Paper AUD/126/22).

## REVIEW OF THE STRATEGIC RISK REGISTER

- 8 The current Strategic Risk Register is reviewed by officers and Members on an ongoing basis and signed off at each Audit Committee.
- 9 Members last considered the risk register at the Audit Committee in February 2023 (Paper AUD/131/23).
- 10 Since the February Committee officers have incorporated approved Member revisions, reviewed the register, considered and added potential new risks and updated the scoring.

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

Risk	Residual Risks 23 September 2021	Residual Risks 24 February 2022	Residual Risks 24 June 2022	Residual Risks 22 September 2022	Residual Risks 23 February 2023	Residual Risks 22 June 2023
	2	0	0	1	1	1
	12	15	18	21	17	16
	9	8	8	10	12	13
<b>Total Risks</b>	<b>23</b>	<b>23</b>	<b>26</b>	<b>32</b>	<b>30</b>	<b>30</b>
<b>Notional Score</b>	<b>547</b>	<b>512</b>	<b>591</b>	<b>759</b>	<b>665</b>	<b>638</b>

- 11
- 12 The key point to note since the last review of the Authority Strategic Risk Register is the overall decrease in the corporate risk register residual notional score. This is due to the improvement in the residual risks for some items such as Lee Valley Ice Centre delivery. Several of the original inherent risks have also shown a reduction in the residual score and additional risks that had been added to the risk register as a result of the Covid-19 situation including the possible effect of 'long-Covid' have been removed. There are currently two items that are for consideration for removal from the Risk Register; SR3.3 and SR3.4. Both items are no longer considered a risk to the Authority.
- 13 Energy prices continue to be of concern, increasing risk around utility costs and considering the effect of the removal of the Energy Bills Discount Scheme. The Authority's two year fixed price agreement with Laser (public bodies energy procurement consortium) ended in October 2022, and like all organisations we have seen exceptional increases in the price of electricity (+100%) and gas (+400%). Laser have secured medium term prices on purchase of energy which have allowed them to guarantee us fixed prices for electricity and gas until October 2023, at levels at or below the Government's Energy Price Cap. This has reduced our exposure to price increases until the second half of 2023. The Authority has supported GLL in obtaining the same basket prices as us, however their prices from October 2022 have been confirmed at a higher rate. GLL have been unable to negotiate better rates with Laser. The 2023/24 budget has been built based on current consumption levels, the known prices for both the Authority and GLL up to September, and anticipated price increases from October based on Laser's forecasts. There is also a general contingency

budget which is partly intended to cover any additional utility price increases. Based on our current understanding of consumption and pricing, and the reduction to consumption as a result of the LED projects at the venues. We are anticipating there will be sufficient coverage within the budget.

- 14 Decisions taken to mitigate these risks will be approved by full Authority and monitoring of these risks is taking place at each Executive Committee, along with the Senior Management Team and Heads of Service level.
- 15 The Risk Management audit carried out by Mazars has some recommendations which will be completed over the coming months, with input from the Authority's Senior Management Team. The result of the audit will form part of the annual review produced by Mazars.
- 16 A verbal update will be presented at the meeting to advise Members regarding the changes to the register which are in red font to indicate changes since the last Audit Committee risk register paper.

#### **ENVIRONMENTAL IMPLICATIONS**

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

#### **EQUALITY IMPLICATIONS**

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

#### **FINANCIAL IMPLICATIONS**

- 19 Revision of the Strategic Risk Register is a key element of this Authority's system of internal control that contributes to safeguarding the assets of the Authority and its reputation for sound financial management of public funds. This is reflected in the Authority's Annual Governance Statement published within the annual accounts and approved by this Committee.
- 20 Where actions require additional resources these will be identified and approved through the normal budget setting/service planning and management processes in accordance with Financial Regulations.
- 21 Utility costs are a significant risk that will have a material impact on the Authority's revenue outturn position. Officers will report the anticipated impact to Members in the Q3 revenue monitoring report by which time the new unit rates from Laser, as noted in paragraph 13, and any further updates on government support should have been announced.

#### **HUMAN RESOURCE IMPLICATIONS**

- 22 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**

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

## RISK MANAGEMENT IMPLICATIONS

- 24 These are dealt with through the main body of the report and through the revised register. The Lee Valley Ice Centre redevelopment; the Picketts Lock development; the Leisure Services Contract; and the Land & Property Strategy are recognised as the highest corporate risks still facing the organisation at present. Continuing mitigation against these identified risks is demonstrated by the proposed actions in the Strategic Risk Register as set out in Appendix A to this report and primarily through implementing and delivering a Corporate Work Programme for 2023/24 followed by a revised approved Business Plan and Business Plan Objective list. In addition, the Authority will review the current version of the National Risk Register (2020) to consider any relevant implications that could impact on the business of the Authority as a whole.

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## BACKGROUND REPORTS

Lee Valley Regional Park Authority Risk Management Strategy      June 2018

## PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/131/22	Risk Register 2022/23	23 February 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
Risk Management Workshop			24 March 2022
Audit Committee	AUD/124/22	Risk Register 2021/22	24 February 2022
Audit Committee	AUD/123/21	Risk Register 2021/22	23 September 2021
Audit Committee	AUD/118/21	Risk Register 2020/21	24 June 2021
Audit Committee	AUD/116/21	Risk Register 2020/21	25 February 2021
Audit Committee	AUD/113/20	Risk Register 2020/21	22 October 2020
Audit Committee	AUD/111/20	Risk Register 2020/21	25 June 2020
Executive Committee	E/674/20	Emergency Budget 2020/21	21 May 2020
Audit Committee	AUD/106/20	Risk Register 2019/20	27 February 2020
Audit Committee	AUD/104/19	Risk Register 2019/20	19 September 2019
Audit Committee	AUD/101/19	Risk Register 2019/20	20 June 2019
Audit Committee	AUD/97/19	Risk Register 2018/19	14 February 2019
Audit Risk Workshop			07 June 2018

## APPENDICES ATTACHED

Appendix A	2023/24 Corporate Risk Register – Authority
Appendix B	Risk Scoring Criteria (extract from the approved risk management strategy (June 2022))

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Item ID	Risk Description	Impact	Probability	Current Rating	Control Measures	Residual Risk	Priority	Responsible Party	Review Date	Notes
SR1.1	Failure to comply with the 2016 Part A Act and other statutory requirements.	6	7	56	<p>Provision of legal services</p> <p>Monthly meeting with the Audit Plan</p> <p>Monthly Meeting</p> <p>Monthly Meeting</p>	6	1	6	21/02/2023	<p>On-going. This meeting will continue to monitor compliance with the Part A Act in all areas of the Authority's business. The meeting will be held on a regular basis to ensure compliance with the Part A Act and the Authority will ensure that any outstanding issues are resolved as soon as possible.</p>
SR1.2	Failure to comply with health & safety legislation	9	6	54	<p>Health and safety management</p> <p>HSE (Health and Safety Executive) reports</p> <p>Monthly meeting with the Audit Plan</p> <p>Monthly Meeting</p>	7	2	54	21/02/2023	<p>HSE (Health and Safety Executive) reports will continue to be reviewed on a regular basis. The meeting will be held on a regular basis to ensure compliance with the Part A Act and the Authority will ensure that any outstanding issues are resolved as soon as possible.</p>
SR1.3	Agreement to accept a partner financial terms and conditions that will place an unacceptable long term liability on the Authority	9	4	36	<p>Reports to SMT and Members</p> <p>Financial Approval of contracts fully approved.</p> <p>Financial Approval of contracts to be reviewed with</p>	8	2	36	21/02/2023	<p>On-going. Individual projects should be reviewed (in line with financial requirements) if they differ from Authority standard.</p>
SR1.4	Contractors, governing bodies, or Third Party Operator not adhering to agreed obligations/contract	7	5	35	<p>All contracts reviewed prior to commencement by a responsible officer. Delivery monitored for timeliness of services and performance monitoring team Quarterly Performance Reports to Executive &amp; Scrutiny Committee</p>	6	2	32	21/02/2023	<p>The LSC contract continues to operate with the terms of the original contract. The contract will be reviewed on a regular basis to ensure compliance with the Part A Act and the Authority will ensure that any outstanding issues are resolved as soon as possible.</p>
SR1.5	Management of Facilities Contracts & failure to maintain assets to a good HSE and operational standard	5	8	36	<p>Facilities and support APMD plan external contractors. Quality contractors employed for maintenance through procurement (Price Quality ratio applied)</p>	7	1	7	21/02/2023	<p>Monthly PM meetings in place and ongoing. Contract review in place and the information provided is being reviewed at monthly meetings. Year 2 expenditure is being reviewed against the budget.</p>
SR1.6	Contractor ability affected by external influences or external/contractual conditions prevailing at the time	5	8	72	<p>Reports to SMT and Members</p> <p>Financial Approval of contracts fully approved.</p> <p>Financial Approval of contracts to be reviewed with</p>	8	1	64	21/02/2023	<p>On-going review of major projects, in particular the LSC contract. The contract will be reviewed on a regular basis to ensure compliance with the Part A Act and the Authority will ensure that any outstanding issues are resolved as soon as possible.</p>
SR1.7	Inefficient contractors tendering for contracts	4	5	20	<p>Reports to SMT</p> <p>Financial Approval of contracts fully approved.</p> <p>Financial Approval of contracts to be reviewed with</p>	5	3	35	21/02/2023	<p>The Procurement Department will continue to review the LSC contract and ensure that it is competitive. The contract will be reviewed on a regular basis to ensure compliance with the Part A Act and the Authority will ensure that any outstanding issues are resolved as soon as possible.</p>
SR1.8	Major equipment or other failure at one or more times resulting in temporary/permanent cessation of operations	9	6	54	<p>Reports to SMT</p> <p>Financial Approval of contracts fully approved.</p> <p>Financial Approval of contracts to be reviewed with</p>	6	1	23	21/02/2023	<p>On-going. This meeting will continue to monitor compliance with the Part A Act in all areas of the Authority's business. The meeting will be held on a regular basis to ensure compliance with the Part A Act and the Authority will ensure that any outstanding issues are resolved as soon as possible.</p>
SR1.9	Failure of LSC contractor organization or failure of LSC contractor to deliver as required by contract	9	8	72	<p>Reports to SMT</p> <p>Financial Approval of contracts fully approved.</p> <p>Financial Approval of contracts to be reviewed with</p>	5	4	20	21/02/2023	<p>On-going. This meeting will continue to monitor compliance with the Part A Act in all areas of the Authority's business. The meeting will be held on a regular basis to ensure compliance with the Part A Act and the Authority will ensure that any outstanding issues are resolved as soon as possible.</p>
SR1.9	Management of Facilities Contracts & failure to maintain assets to a good HSE and operational standard	9	4	36	<p>Facilities and support APMD plan external contractors. Quality contractors employed for maintenance through procurement (Price Quality ratio applied).</p> <p>Performance department regular inspections carried out</p>	5	3	15	21/02/2023	<p>On-going. This meeting will continue to monitor compliance with the Part A Act in all areas of the Authority's business. The meeting will be held on a regular basis to ensure compliance with the Part A Act and the Authority will ensure that any outstanding issues are resolved as soon as possible.</p>

STRATEGIC RISK REGISTER AS AT 22 JUNE 2023

ID	Category	Description	Impact	Priority	Current Status	Responsible	Due Date	Frequency	Score	Trend	Notes
2023.1	Operational	IT systems are not fully updated to support new data sources. This may impact the accuracy of reporting and analysis.	Medium	High	At Risk	IT Management	30/06/2023	Monthly	35	↘	Review system update progress. Ensure data sources are fully integrated. Update system architecture to support new data sources. Review system performance and user feedback. Update system documentation.
2023.2	Operational	Financial reporting systems are not fully updated to support new data sources. This may impact the accuracy of financial reporting and analysis.	Medium	High	At Risk	Finance Management	30/06/2023	Monthly	35	↘	Review system update progress. Ensure data sources are fully integrated. Update system architecture to support new data sources. Review system performance and user feedback. Update system documentation.
2023.3	Operational	Human resources systems are not fully updated to support new data sources. This may impact the accuracy of HR reporting and analysis.	Medium	High	At Risk	HR Management	30/06/2023	Monthly	35	↘	Review system update progress. Ensure data sources are fully integrated. Update system architecture to support new data sources. Review system performance and user feedback. Update system documentation.
2023.4	Operational	Business systems (CRM) not fully updated to support new data sources. This may impact the accuracy of CRM reporting and analysis.	Medium	High	At Risk	Business Systems	30/06/2023	Monthly	35	↘	Review system update progress. Ensure data sources are fully integrated. Update system architecture to support new data sources. Review system performance and user feedback. Update system documentation.
2023.5	Operational	The company's IT infrastructure is not fully updated to support new data sources. This may impact the accuracy of IT reporting and analysis.	Medium	High	At Risk	IT Management	30/06/2023	Monthly	35	↘	Review system update progress. Ensure data sources are fully integrated. Update system architecture to support new data sources. Review system performance and user feedback. Update system documentation.
2023.6	Operational	Financial reporting systems are not fully updated to support new data sources. This may impact the accuracy of financial reporting and analysis.	Medium	High	At Risk	Finance Management	30/06/2023	Monthly	35	↘	Review system update progress. Ensure data sources are fully integrated. Update system architecture to support new data sources. Review system performance and user feedback. Update system documentation.
2023.7	Operational	Human resources systems are not fully updated to support new data sources. This may impact the accuracy of HR reporting and analysis.	Medium	High	At Risk	HR Management	30/06/2023	Monthly	35	↘	Review system update progress. Ensure data sources are fully integrated. Update system architecture to support new data sources. Review system performance and user feedback. Update system documentation.
2023.8	Operational	Business systems (CRM) not fully updated to support new data sources. This may impact the accuracy of CRM reporting and analysis.	Medium	High	At Risk	Business Systems	30/06/2023	Monthly	35	↘	Review system update progress. Ensure data sources are fully integrated. Update system architecture to support new data sources. Review system performance and user feedback. Update system documentation.
2023.9	Operational	The company's IT infrastructure is not fully updated to support new data sources. This may impact the accuracy of IT reporting and analysis.	Medium	High	At Risk	IT Management	30/06/2023	Monthly	35	↘	Review system update progress. Ensure data sources are fully integrated. Update system architecture to support new data sources. Review system performance and user feedback. Update system documentation.
2023.10	Operational	Financial reporting systems are not fully updated to support new data sources. This may impact the accuracy of financial reporting and analysis.	Medium	High	At Risk	Finance Management	30/06/2023	Monthly	35	↘	Review system update progress. Ensure data sources are fully integrated. Update system architecture to support new data sources. Review system performance and user feedback. Update system documentation.

Strategic Risk	Impact	Category	Frequency	Current Risk Rating	Residual Risk Rating	Control Measures	Responsible Party	Review Date	Notes
<b>SR2</b>	Impact on the Authority's progress to raise the levy with confidence from every constituent council.	CEO	9	5	9	Subordinate engagement. Elevated financial performance monitoring of expenditure. Quarterly meeting with levy payers.	CEO	31/03/2023	Review of the Authority's progress to raise the levy with confidence from every constituent council.
<b>SR3</b>	Impact on the Authority's reputation due to the levy following a disruption to the contractor relationship.	CEO	7	5	9	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.	CEO	31/03/2023	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.
<b>SR4</b>	Impact on the Authority's reputation due to the levy following a disruption to the contractor relationship.	CEO	6	5	9	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.	CEO	31/03/2023	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.
<b>SR5</b>	Impact on the Authority's reputation due to the levy following a disruption to the contractor relationship.	CEO	5	5	9	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.	CEO	31/03/2023	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.
<b>SR6</b>	Impact on the Authority's reputation due to the levy following a disruption to the contractor relationship.	CEO	4	5	9	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.	CEO	31/03/2023	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.
<b>SR7</b>	Impact on the Authority's reputation due to the levy following a disruption to the contractor relationship.	CEO	3	5	9	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.	CEO	31/03/2023	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.
<b>SR8</b>	Impact on the Authority's reputation due to the levy following a disruption to the contractor relationship.	CEO	2	5	9	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.	CEO	31/03/2023	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.
<b>SR9</b>	Impact on the Authority's reputation due to the levy following a disruption to the contractor relationship.	CEO	1	5	9	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.	CEO	31/03/2023	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.
<b>SR10</b>	Impact on the Authority's reputation due to the levy following a disruption to the contractor relationship.	CEO	0	5	9	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.	CEO	31/03/2023	Regular meetings with Authority levy payers to discuss any issues. Quarterly meeting with levy payers to discuss any issues.

STRATEGIC RISK REGISTER AS AT 22 JUNE 2023

Item ID	Risk Description	Strategic Area	Impact	Probability	Exposure	Control	Current Rating	Target Rating	Responsible Party	Timeline	Update Frequency	Notes
SR1.1	Failure to meet development milestones for the 2023-24 financial year, leading to a loss of funding and potential reputational damage.	Programme	High	Medium	High	7	6	6	7	10/2023	Quarterly	When asked about the delay in funding for the 2023-24 financial year, the Mayor stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year.
SR1.2	Failure to meet development milestones for the 2023-24 financial year, leading to a loss of funding and potential reputational damage.	Programme	High	Medium	High	7	6	6	7	10/2023	Quarterly	When asked about the delay in funding for the 2023-24 financial year, the Mayor stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year.
SR1.3	Failure to meet development milestones for the 2023-24 financial year, leading to a loss of funding and potential reputational damage.	Programme	High	Medium	High	7	6	6	7	10/2023	Quarterly	When asked about the delay in funding for the 2023-24 financial year, the Mayor stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year.
SR1.4	Failure to meet development milestones for the 2023-24 financial year, leading to a loss of funding and potential reputational damage.	Programme	High	Medium	High	7	6	6	7	10/2023	Quarterly	When asked about the delay in funding for the 2023-24 financial year, the Mayor stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year. The Mayor also stated that the funding was not confirmed until late in the year.



## Risk Appetite

Risks are currently assessed using a 1-9 scale for both impact and likelihood. The Authority's risk appetite is then defined using the scoring matrix below.

Impact	9	9	18	27	36	45	54	63	72	81
	8	8	16	24	32	40	48	56	64	72
	7	7	14	21	28	35	42	49	56	63
	6	6	12	18	24	30	36	42	48	54
	5	5	10	15	20	25	30	35	40	45
	4	4	8	12	16	20	24	28	32	36
	3	3	6	9	12	15	18	21	24	27
	2	2	4	6	8	10	12	14	16	18
	1	1	2	3	4	5	6	7	8	9
		1	2	3	4	5	6	7	8	9
		Likelihood								

Those risks with a residual score in the green zone are generally considered to be managed to an acceptable level and hence limited or no further actions would be expected.

For those risks with a residual score in the amber zone, the exposure is considered to be partially acceptable. Further actions would be needed to lower this into the green zone, although a decision has to be made as to whether this is cost effective, given that resources are constrained.

Those risks with a residual score in the red zone are considered to have an exposure that is at an unacceptable level and hence further actions are needed to lower this.

On some occasions a decision may be made to accept a higher level of residual risk, although this will be subject to ongoing review and consideration at both Senior Management Team and Member level.

## Scoring Criteria

Each risk is scored on the basis of the following criteria for impact and likelihood, both for inherent and residual risk. Whilst the assessment remains subjective, these criteria serve as a guide and are used to help ensure consistency in scoring across each of the risks identified.

	<b>Impact</b>	<b>Likelihood</b>
<b>1</b>	No impact	<1% likely to occur in next 12 months
<b>2</b>	Financial loss up to £1,000 or no impact outside single objective or no adverse publicity	1%-5% likely to occur in next 12 months
<b>3</b>	Financial loss between £1,000 and £10,000 or no impact outside single objective or no adverse publicity	5%-10% likely to occur in next 12 months
<b>4</b>	Financial loss between £10,000 and £25,000 or minor regulatory consequence or some impact on other objectives	10%-20% likely to occur in next 12 months
<b>5</b>	Financial loss between £25,000 and £50,000 or impact on other objectives or local adverse publicity or strong regulatory criticism	20%-30% likely to occur in next 12 months
<b>6</b>	Financial loss between £50,000 to £250,000 or impact on many other processes or local adverse publicity or regulatory sanctions (such as intervention, public interest reports)	30%-40% likely to occur in next 12 months
<b>7</b>	Financial loss between £250,000 to 500,000 or impact on strategic level objectives or national adverse publicity or strong regulatory sanctions	40%-60% likely to occur in next 12 months
<b>8</b>	Financial loss between £500,000 to £1 million or impact at strategic level or national adverse publicity or Central Government take over administration	60%-80% likely to occur in next 12 months
<b>9</b>	Financial loss above £1 million or major impact at strategic level or closure/transfer of business	>80% likely to occur in next 12 months