

To: Frances Button (Chairman) Claudia Webbe
John Bevan John Wyllie
Christine Hamilton (Vice Chairman) Vacancy
Simon Walsh

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

THURSDAY, 20 SEPTEMBER 2018 AT 13:00

at which the following business will be transacted:

AGENDA

1 To receive apologies for absence

2 **DECLARATION OF INTERESTS**

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

3 **MINUTES OF LAST MEETINGS**

To approve the Minutes of the meetings held on 21 June and 5 July 2018 (copy herewith)

4 **PUBLIC SPEAKING**

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

5 **RISK REGISTER 2018/19**

Paper AUD/94/18

Presented by Simon Sheldon, Director of Finance & Resources

6 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.

7 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.)

20 September 2018

Shaun Dawson
Chief Executive

LEE VALLEY REGIONAL PARK AUTHORITY

**AUDIT COMMITTEE MINUTES
21 JUNE 2018**

Members Present: Frances Button (Chairman) Simon Walsh
Christine Hamilton John Wyllie

Apologies Received From: Claudia Webbe

In Attendance: John Bevan, Mike Garnett

Officers Present: Shaun Dawson - Chief Executive
Simon Sheldon - Director of Finance & Resources
Beryl Foster - Director of Corporate Services
Dan Buck - Head of Sport & Leisure
Keith Kellard - Finance & Systems Accountant
Lindsey Johnson - Committee Services Officer

Also attending: Vanessa Bateman – Mazars (Internal Auditors)
Joe Ryan – RD Health & Safety

Part I

136 DECLARATIONS OF INTEREST

Name	Agenda Item No.	Nature of Interest	Prejudicial
John Bevan	-	Trustee of Lee Valley Leisure Trust	✓ Non-Pecuniary

137 MINUTES OF LAST MEETING

A Member asked on Minute 133 what the additional fee was. The Director of Finance & Resources replied that there was no additional fee.

THAT the minutes of the meeting held on 22 February 2018 be approved and signed.

138 PUBLIC SPEAKING

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

139 ANNUAL REPORT ON THE WORK OF INTERNAL AUDIT 2017/18 AND AUDIT PLAN 2018/19 Paper AUD/88/18

The report was introduced by the Director of Finance & Resources informing Members that we had received substantial assurance in all areas and that there was sufficient time to follow up work.

Vanessa Bateman of Mazars introduced the report of the Internal Auditors, explaining that she was the Senior Account Manager and took over the Authority contract in February. She informed

AUDIT COMMITTEE MINUTES 21 JUNE 2018

Members that they were able to provide substantial assurances in all areas. She will follow up on previous recommendations to ensure that actions are completed in a timely fashion.

A Member queried why there were 155 contracted days. The Director of Finance & Resources explained that whilst this number varied year on year it was normal for us and that without that amount we would struggle with unannounced audits. Vanessa Bateman also stated that this was likely to reduce in the future as the Trust seeks to gain its own assurances.

A Member requested that any assurances still outstanding be sent to Members in detail.

- (1) the annual report of the Internal Auditors for 2017/18 detailed in Appendix A to Paper.AUD/88/18 was noted; and**
- (2) the annual Audit Plan for 2018/19 as detailed in Appendix B to Paper AUD/88/18 was approved.**

140 ANNUAL REPORT ON HEALTH & SAFETY 2017/18 AND HEALTH & SAFETY AUDIT PLAN 2018/19 Paper AUD/89/18

The report was introduced by the Director of Finance & Resources, including:

- We have a joint corporate average score of 90.5% against the stretch target of 95%;
- Of the 7.1 million visits, accidents reduced to 2.06 to 1.83 per 10k visits.
- 3 accidents were reported under RIDDOR.
- Increased attendance of training programme.
- A Joint Water Safety Partnership has been established.
- A new process for fire risk management.
- Robust and effective systems for major events.

Joe Ryan from R & D Health & Safety introduced his annual report on Health & Safety explaining how much of their work has been devoted to event safety. They've also worked on restructuring their service; launching the Joint Water Safety Partnership; training courses; making health & safety information more easy to find on Compass; asbestos removal at Hayes Hill Farm; the Ice Centre refurbishments; monitoring e-coli at both farms; fire risk assessments; anti-terrorism; and insurance claims. He also highlighted for Members that whilst there had been an increase in accidents this was still a downward trend due to the higher footfall. Members were also informed that Vibrant Partnerships were below their stretch target due to Picketts Lock and the Waterworks and a full summary of this was on page 20 of his report.

The Director of Finance & Resources assured Members that whilst there had been a drop in Vibrant Partnerships target, we were confident that this will not be a downward trend and it will be turned around quickly.

A Member queried four staff accidents in May and asked if there had been an incident. Joe Ryan replied that there had not been an incident and these were all individual accidents.

A Member queried why the occupancy rates on courses were sometimes very low and asked if staff were not turning up. Joe Ryan replied that 'occupancy' meant the number of places on the course, he will change the way this is worded in the report in future.

AUDIT COMMITTEE MINUTES 21 JUNE 2018

Joe Ryan informed Members that they work with national anti-terror organisations to look at what is happening and consider recommendations or specific advice that may be necessary to take. This information is also fed into safety meetings with the Authority.

- (1) the annual report of RD Health & Safety for 2017/18 detailed in Appendix A to Paper AUD/88/18 was noted;
- (2) the aims and objectives for 2018/19 also set out in Appendix A to Paper AUD/88/18; and
- (3) the signing of this year's Health & Safety Policy Statement included within Appendix A to Paper AUD/88/18 was approved.

141 RISK REGISTER 2018/19 Paper AUD/90/18

The Trust's Risk Register was tabled.

The report was introduced by the Director of Finance & Resources stating that this revised Risk Register had come from the workshop held in June.

The Chairman informed Members how helpful she had found the workshop in June, especially being able to hear from officers from different areas of the Park who manage the risks. She was pleased to see that officers are not frightened by risks and able to recognise them and manage them effectively.

- (1) the Risk Management Strategy and Corporate Risk Register included at Appendices A and B of Paper AUD/90/18 was approved.

142 ANNUAL GOVERNANCE STATEMENT 2017/18 Paper AUD/91/18

The report was introduced by the Director of Finance & Resources, stating that a special Audit Committee meeting will need to be held on 5 July 2018 to approve the detailed accounts.

The Chairman asked for assurance that we were up to date with the accounts and that they would be ready on time. The Director of Finance & Resources responded stating that they were on time and he is having a meeting tomorrow with the auditors and will email the Chairman if there are any issues.

- (1) the Annual Governance Statement attached as Appendix A to Paper AUD/91/18 to be included within the Accounts subject to any comments received from Members was approved.

Chairman

Date

The meeting started at 1pm and ended at 1.45pm.

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LEE VALLEY REGIONAL PARK AUTHORITY

AUDIT COMMITTEE MINUTES

5 JULY 2018

Members Present: Frances Button (Chairman) Claudia Webbe
John Bevan John Wyllie
Simon Walsh

Apologies Received From: Christine Hamilton

Also Present: Debbie Hanson and Pamela Hillie - Ernst & Young (External Auditors)

Officers Present: Simon Sheldon - Director of Finance & Resources
Beryl Foster - Director of Corporate Services
Keith Kellard - Finance & Systems Accountant
Lindsey Johnson - Committee Services Officer

Part I

143 DECLARATIONS OF INTEREST

There were no declarations of interest.

144 PUBLIC SPEAKING

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

**145 EXTERNAL AUDITORS' AUDIT RESULTS REPORT -
2017/18 ACCOUNTS**

Paper AUD/93/18

A letter of representation from Debbie Hansen of Ernst & Young was tabled.

The report was introduced by the Director of Finance & Resources.

Debbie Hansen from Ernst & Young introduced her report informing Members that she is satisfied and able to give unqualified assurance for the accounts.

The Chairman thanked both officers and Ernst & Young for completing the accounts in such as short timescale.

A Member asked if the audit fee will remain as predicted. Debbie Hansen replied that it would be as expected.

A Member asked how long Debbie Hansen had worked with the Authority and whether she was beginning to become too close. The Director of Finance & Business Resources responded stating that we have signed a public sector audit appointment, Ernst & Young have worked with us for 5 years and there would be a new phase from next year and that auditors are rotated. Debbie Hansen also stated that there is an audit review for each partner.

- (1) the 2017/18 External Auditors' Audit Results Report for the Authority as set out in Appendix A to Paper AUD/93/18 was noted.**

146 DRAFT UNAUDITED FINAL ACCOUNTS 2017/18

Paper AUD/92/18

The report was introduced by the Director of Finance & Resources stating that the Authority and Ernst & Young are happy with the accounts and we will sign them off today, he also thanked Keith Kellard for his hard work in getting them completed

A Member asked why there is such a short timescale to get the accounts done and asked if it cost us additional money. The Director of Finance & Resources responded stating that the reason for the short timescale is that it is part of the audit regulations which we have to comply with just like other local government organisations and the shorter timescale does not cost us any additional money.

- (1) that any Member comments/amendments can be considered and approved by the Director of Finance & Resources in conjunction with the Chair of the Audit Committee and incorporated into the final Draft Accounts was approved; and**
- (2) that the Statement of Accounts for 2017/18 summarised in this report (and available electronically as Appendix A to Paper AUD/92/18) will be signed off by the Director of Finance & Resources by 31 July 2018, subject to any comments/amendments received from Members was noted.**

Chairman

Date

The meeting started at 3.20pm and ended at 3.35pm

 <p>LEE VALLEY REGIONAL PARK AUTHORITY</p> <p>AUDIT COMMITTEE</p> <p>20 SEPTEMBER 2018 AT 13:00</p>	<p><u>Agenda Item No:</u></p> <p>5</p> <p><u>Report No:</u></p> <p>AUD/94/18</p>
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RISK REGISTER 2018/19

Presented by the Director of Finance & Resources

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 previous Audit Committee in June 2018 (Paper AUD/90/18) Members approved the updated risk management strategy and corporate risk register following the Risk Management Workshop held on 7 June 2018. This Workshop analysed and reviewed the risk management strategy and corporate risk register in detail to ensure that this Committee could proactively input into, manage and monitor the register going forward with up to date risks identified that are relevant to the Authority's business over the coming years.

The review of the risk management strategy and corporate risk register also assisted Members in their consideration and approval of the Annual Governance Statement as a key part of the financial statements for 2017/18. 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 Appendices A and B of this report.

BACKGROUND

- 1 Risk management is one of the key internal controls for an organisation. Members need to ensure that a sound system of internal control is maintained and an annual review of the effectiveness of the system of internal control is conducted to provide sufficient, relevant and reliable assurance to enable them to authorise the signing of the Authority's Annual Governance Statement (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 -
- (a) facilitates the effective exercise of its functions and the achievement of its aims and objectives;
 - (b) ensures that the financial and operational management of the authority is effective; and
 - (c) 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 –
- (a) conduct a review of the effectiveness of the system of internal control required by regulation 3; and
 - (b) 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 are accurate and reliable; and
 - human, financial and other resources are managed efficiently and effectively.
- 6 The Authority approved a Risk Management Framework in April 2005 (Paper A/3798/05). The Risk Management Framework and more specifically, the Risk Register was developed by Members and senior officers under the guidance of the internal auditors through a number of workshops and meetings. Members have regularly reviewed the register at each Audit Committee, adding in their own comments and improvements.
- 7 Since this time Members have consistently (and in depth) reviewed the Corporate Risk Register and revised the strategy, format, and content. The strategy has been revised and updated twice since 2005 at the Audit Committee (May 2010, Paper AUD/06/10 and June 2012 Paper AUD/30/12). The strategy has been reviewed again by officers and Members as part of the Risk

Management Workshop and was formally approved by the Audit Committee in June 2018 (Paper AUD/90/18).

REVIEW OF THE STRATEGIC RISK REGISTER

- 8 The current Strategic Risk Register is usually reviewed by officers and Members on an on-going basis and signed off at each Audit Committee.
- 9 At the previous Audit Committee in June 2018 (Paper AUD/90/18) Members approved the risk management strategy and corporate risk register so that the Committee could proactively input into, manage and monitor the register going forward - with risks identified that are now up to date and relevant to the Authority's business.
- 10 Since the June Committee officers have incorporated approved Member revisions, reviewed the register, considered potential new risks and 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	Inherent Risk Pre Workshop 7 June 2018	Inherent Risk Post Workshop 21 June 2018	Notional Residual Risks 21 September 2017	Notional Residual Risks 22 February 2017	Notional Residual Risks 21 June 2018	Notional Residual Risks 20 September 2018
	11	4	2	4	4	4
	13	7	8	9	7	7
	0	7	14	13	7	7
Total Risks	24	18	24	26	18	18
Notional Score	1320	1017	470	609	596	461

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 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.
- 15 Where actions require additional resources these will be identified and approved through the normal budget setting/service planning and management processes in accordance with Financial Regulations.

HUMAN RESOURCE IMPLICATIONS

- 16 There are no additional human resource implications arising directly from the recommendations in this report. Actions have been set so that they can be met from existing employee resources.

LEGAL IMPLICATIONS

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

RISK MANAGEMENT IMPLICATIONS

- 18 These are dealt with through the main body of the report and through the revised register. The Ice Centre; the Picketts Lock development; the Leisure Services Contract retender projects; and the implementation of the Land & Property Strategy are now recognised as potentially the highest corporate risks facing the organisation. Continuing mitigation against these identified risks is demonstrated by the proposed actions in the strategic register as set out in Appendix B to this report and primarily through implementing and delivering the approved Business Plan.

Author: Simon Sheldon, 01992 709 859, ssheldon@leevalleypark.org.uk

BACKGROUND REPORTS

Lee Valley Regional Park Authority Risk Management Strategy June 2018

PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/79/17	Risk Register 2017/18	22 June 2017
Audit Committee	AUD/82/17	Risk Register 2017/18	21 September 2017
Audit Committee	AUD/86/18	Risk Register 2017/18	22 February 2018
Audit Risk Workshop			07 June 2018
Audit Committee	AUD/90/18	Risk Register 2018/19	21 June 2018

APPENDICES ATTACHED

Appendix A	2018/19 Corporate Risk Register – Authority
Appendix B	Risk Scoring Criteria (extract from risk management strategy)

STRATEGIC RISK REGISTER AS AT 20 SEPTEMBER 2018

Risk ID	Risk Name	Inherent Risk Score				Residual Risk Score				Total Score	Likelihood	Impact	Source of Assurance	Existing Controls	Tolerate/Transfer/Treat/Terminate (if Treat, further actions needed)	Further Actions Needed to reduce Risk	Deadline for Completion of Actions	Officer(s) Responsible	Comments
		Lead	Impact	Likelihood	Total Score	Lead	Impact	Likelihood	Total Score										
SR1	Legal Failure to comply with the 1966 Park Act and other statutory requirements.	DCS	8	7	56	6	1	6	6	1	6	EA -Annual Audit Letter IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly	Provision of Legal Services Member scrutiny through Authority & Committee meetings Annual Governance statement Park Act Awareness covered by inductions for new staff.	↕	Continue Induction Process and monitoring of statutory changes	Quarterly	DCS	Ongoing	
	Failure to comply with Health & Safety legislation	DFR	9	6	54	7	2	14	7	2	14	RD/SMT 1/4ly Reports BSC 3 yr ext review RD Annual Audits M Year Report	Health and Safety management H&S manual (procedures) regularly reviewed by RDHS who monitor up and coming legislation. Policy Updated annually Risk Reduction Plan complete. External H&S Assessment 5* Annual Report to Audit Committee	↕	Annual Internal Audit & H&S Audit Plans delivered.	21/06/2018	DFR	Completed and approved at Audit Cttee 21/06/2018	
SR2	Contractual Agreeing to accept a partners' financial terms and conditions that will place an unacceptable long term liability on the Authority	DFR	9	4	36	8	2	16	8	2	16	M Exec Monthly LA agreement	Reports to SMT and Members Financial/Legal/Risk Implications fully appraised. Appraisal of schemes in accordance with prudential code.	↕	Ongoing resources review for specific projects	Quarterly	DCS/ DFR	Ongoing	
	Contractors, Governing Bodies, or Trust not delivering agreed objectives/contract	DFR	7	6	42	6	2	12	6	2	12	M Exec Monthly M Scrutiny 1/4ly	All contracts reviewed prior to commencement by a responsible officer. Delivery monitored by Director/Head of Service and performance monitoring team Quarterly Performance Reports to Executive & Scrutiny Committees	↕	Quarterly Contract monitoring.	Executive Quarterly Monitoring	HSL	Contracts in general are working well with very few issues. The Trusts performance in relation to the LSC are detailed within the September Members paper.	
	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	DCS	9	4	36	7	3	21	7	3	21	APMD Annual Inspections	Advice and support APMD plus Quality contractors employed for maintenance through procurement (Price Quality ratio applied)	↕	Ongoing Monitoring	Annual Inspections & Review.	APMD	Annual inspections are ongoing and will be completed by 31.12.2018	






















STRATEGIC RISK REGISTER AS AT 20 SEPTEMBER 2018

Risk ID	Risk Name	Inherent Risk Score			Existing Controls	Residual Risk Score	Likelihood	Impact	Total Score			Tolerate/Transfer/Treat/Eliminate (if Treat, further actions needed)	Further Actions Needed to reduce Risk	Deadline for Completion Actions	Officer(s) Responsible	Comments		
		Lead	Impact	Likelihood														
SR 3	Resources																	
	I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving I.T infrastructure	DFR	9	4	36		<p>Reports to Members Financial/Legal/Risk Implications fully appraised.</p> <p>Appraisal of schemes in accordance with prudential code. Existing IT Infrastructure budget £100K pa</p>	<p>SMT Weekly Meeting Minutes</p> <p>IA Audit Plan</p> <p>EA -Annual Audit Letter</p>	8	3	24		↑	Treat	Support Services Review for new Contract post 2020	30/09/2018	DFR	Report to LSC working group 20/09/2018
	The Authority fails to recruit/retain staff at all levels of the appropriate calibre	CEO	8	8	64		<p>Reward & Recognition</p> <p>Training & development framework</p> <p>Management Away Days</p> <p>Staff presentations</p> <p>Internal/External communications</p> <p>Up to date staff handbook</p> <p>Up to date policies</p>	<p>M Annual Sickness Report</p> <p>M -Policy Reports</p> <p>SMT Annual Training panel</p>	4	4	16		↑	Treat	Ongoing Monitoring	On-going	CEO/ DFR	See Comment above
SR 4	Financial Management																	
	Financial Risks of over/under spent budget through non-achievement of income targets or inaccurate budget forecasting. Insufficient Resources to meet objectives	DFR	9	9	81		<p>Budget monitoring reports</p> <p>Authority/Trust monitoring Meetings</p> <p>Joint Chairs Meeting</p> <p>Review 2017/18 complete Medium Term Financial Plan £4m</p> <p>Minimum Reserves Policy Statutory Power to Levy</p>	<p>M Exec 1/4ly</p> <p>M Authority Annual Budget</p> <p>SMT Monthly & 1/4ly Reports</p>	7	2	14		↑	Treat	Budget Review 2018/19	24/01/2019	DFR	Quarter 1 Revenue & Capital Monitoring to Executive 26/07/2018
SR5	Governance & Leadership																	
	Lack of a clear corporate direction	CEO	9	9	81		<p>Authority meetings</p> <p>SMT</p> <p>Business Plan 2016-19</p> <p>MTFP to 2020</p> <p>Levy Strategy</p> <p>Land & Property Strategy</p> <p>Vision 2010-2020</p>	<p>M 1/4ly Authority Meetings</p> <p>M Working Groups</p> <p>SMT Weekly Meeting Minutes</p>	9	3	27		↑	Tolerate	Set out 2020-2030 Vision	24/01/2019	CEO	LSC retender in progress Service Reviews in progress
	Challenge to Authority's powers to raise the Levy on all constituent councils	CEO	9	9	81		<p>Stakeholder engagement</p> <p>Clear Budget/Levy Direction</p> <p>Funded Financial Plan</p> <p>Statutory Levy Raising Powers</p> <p>Monitoring of Legislation</p>	<p>SMT Weekly Meeting Minutes</p> <p>LA as needed</p>	9	1	9		↔	Tolerate	Set out 2020-2030 Vision	Quarterly Monitoring 24/01/2019	CEO	Ongoing

STRATEGIC RISK REGISTER AS AT 20 SEPTEMBER 2018

Risk ID	Risk Name	Inherent Risk Score			Residual Risk Score			Total Score	Treat/Transfer/Terminate (if Treat, further actions needed)	Further Actions Needed to reduce Risk	Deadline for Completion Actions	Officers(s) Responsible	Comments 20/09/2018
		Lead	Impact	Likelihood	Impact	Likelihood	Score						
SR6	Reputation/Communication Impact on Authority's reputation due to service failure, damaged stakeholder and/or contractor relationships.	HC	7	5	6	3	18	↑	Treat	Regular client meetings	Quarterly Monitoring Report	HC	Continued engagement with stakeholders (including major events), media relations and joint promotional work with the Trust
SR7	Business Continuity Inadequate business continuity implementation at any (all) sites following natural disaster, IT failure including Cyber Terrorism, Flooding, Disease Outbreak (animals/humans), Terrorism.	CEO	6	5	5	3	15	↑	Treat/Transfer	Audit Recommendations implemented Further training and testing. Trust Risk Register - alignment re risk and continuity	Quarterly Monitoring	HSL	Officers have reviewed processes to best manage this area between now and the new LSC starting in 2020. Event planning is conducted on an event by event basis.
SR8	Environmental Management 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)	DCS	9	9	7	2	14	↕	Tolerate	Ongoing monitoring	Ongoing Monitoring plus analysis when land sold/purchased or developed	DCS	Ongoing monitoring in line with Land Contamination Strategy & Policy

STRATEGIC RISK REGISTER AS AT 20 SEPTEMBER 2018

Risk ID	Risk Name	Inherent Risk Score			Residual Risk Score			Total Score	Tolerate/Transfer/Treat/Terminate (if Treat, further actions needed)	Further Actions Needed to reduce Risk	Deadline for Completion Actions	Officer(s) Responsible	Comments 20/09/2018
		Lead	Impact	Likelihood	Impact	Likelihood	Total Score						
SR9	Major Business Developments Ice Centre Failure in Strategic Risks 1-8 above in the development of the Ice Centre circa £38m project and Legal Challenge	CEO	9	8	72	 Existing Controls 	 Total Score 	 Treat	 Further Actions Needed to reduce Risk 	30/09/2018	HSL	Executive report - Twin pad alternative approach 26/07/2018. Report back in early 2019.	
	Picketts Lock Development Failure in Strategic Risks 1-8 above in the development of the Picketts Lock, circa £40m project and Legal Challenge	CEO	8	8	64	 Existing Controls 	 Total Score 	 Treat	 Further Actions Needed to reduce Risk 	31/03/2019	DCS	Project in initial phases report to Executive 20/09/2018	
	Leisure Services Contract Retender Failure in Strategic Risks 1-8 above in the retender of the Leisure Services Contract circa £20m and potential Legal Challenge	CEO	8	8	64	 Existing Controls 	 Total Score 	 Treat	 Further Actions Needed to reduce Risk 	30/11/2018	CEO	Market engagement returns received. OJEU notice to be published in November. Tender exercise on target	

STRATEGIC RISK REGISTER AS AT 20 SEPTEMBER 2018

Risk ID	Risk Name	Inherent Risk Score				Residual Risk Score				Further Actions Needed to reduce Risk	Deadline for Completion Actions	Officer(s) Responsible	Comments 20/09/2018					
		Lead	Impact	Likelihood	Total Score	Impact	Likelihood	Total Score	Tolerate/Transfer/Treat/Terminate (if Treat, further actions needed)									
SR10	Implications of implementing Land & Property Strategy Purchases- Opportunity Cost of Resources, Reducing Available Resources or increasing future liabilities	DCS	8	6	48		Existing Controls Legal Advice -Park Act Park Act L&P Strategy Land Contamination Strategy Medium Term Financial Plan Land & Property Working Group	Source of Assurance EA Ext Audit IA Int Audit SMT Sr Mgmt Team RD H&S M Members BSC H&S LA Legal Advice APMD Asset Mgmt Team EC Ext Consult	8	4	32			Treat	Seek External Advice incl. Planning Context. Identify Resources Members Decision. Ongoing Monitoring. Consultation	31/03/2019	HoP	Considering any areas of land identified by the Land & Property Working Group that are offered for purchase. Reporting to Executive as matters progress.
		DCS	8	7	56		Legal Advice -Park Act Park Act L&P Strategy Term Financial Plan Property Working Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA -Annual Audit Letter	8	7	56			Treat	Seek External Advice incl. Planning Context. Members Decision. Consultation	31/03/2019	HoP	Progressing land disposals identified by the Land & Property Working Group. Reporting to Executive as matters progress.

1017



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

Progress in a positive direction ie reducing the risk
 Progress is negative and risk is getting worse.
 Progress static subject to actions or as risk is "tolerated"

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Risk Appetite

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

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

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

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

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

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

Scoring Criteria

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

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