Lee Valley Regional Park Authority
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To: David Gardner (Chairman)
Clive Souter (Vice Chairman)
Ken Ayling
Rosalind Doré
Mike Garnett
Miraj Patel
George Williams

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

THURSDAY, 25 SEPTEMBER 2025 AT 12:30

at which the following business will be transacted:

AGENDA

1 To receive apologies for absence

2 DECLARATION OF INTERESTS

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

3 MINUTES OF LAST MEETING

To approve the Minutes of the meeting held on 19 June 2025 (copy herewith)

4 PUBLIC SPEAKING

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

5 INTERNAL AUDIT UPDATE Paper AUD/165/25

Presented by Michael Sterry, Senior Accountant

6 RISK REGISTER 2025/26 Paper AUD/166/25

Presented by Dan Buck, Corporate Director

7 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.

8 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.)

17 September 2025

Shaun Dawson
Chief Executive

LEE VALLEY REGIONAL PARK AUTHORITY

AUDIT COMMITTEE MINUTES
19 JUNE 2025

Members Present:	David Gardner (Chairman)	Clive Souter
	John Bevan	Steven Watson
	Mike Garnett	Terry Wheeler
		Richard Thake (Deputy for Lesley Greensmyth)

Apologies Received From: Lesley Greensmyth

Officers Present:	Shaun Dawson	- Chief Executive
	Dan Buck	- Corporate Director
	Keith Kellard	- Head of Finance
	Michael Sterry	- Senior Accountant
	Julie Smith	- Head of Legal
	Simon Clark	- Head of IT & Business Support
	Victoria Yates	- Head of Human Resources
	Sandra Bertschin	- Committee & Members' Services Manager
Also present:	Kevin Bartle	- S151 Officer (London Borough of Enfield)
	Andy Waters	- Right Directions Ltd (H&S service provider)
	Claire Mellons	- Ernst & Young (external auditors) (remote)
	Robert Garnett	- Ernst & Young (external auditors) (remote)
	Sam Lowe	- Forvis Mazars (internal auditors) (remote)
	Robert Grant	- Forvis Mazars (internal auditors) (remote)

Part I

307 DECLARATIONS OF INTEREST

There were no declarations of interest.

308 MINUTES OF LAST MEETING

THAT the minutes of the meeting held on 27 February 2025 be approved and signed.

The Chairman remarked that he hoped EY representatives would be able to attend the next meeting in person as they were unable to do so today.

309 PUBLIC SPEAKING

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

310 EXTERNAL AUDIT 2024/25 – AUDIT PLAN Paper AUD/160/25

The report was introduced by the Head of Finance, including:

- the draft Financial Statements 2024/25 had not been included on the agenda. The Accounts and Audit Regulations do not require that the draft accounts be approved

by Committee, however it was required that the draft accounts be published for the "exercise of public rights" by 1 July;
- the Financial Statements 2024/25 are substantially finished with just a small number of asset valuations awaited;
- a copy of the Financial Statements 2024/25 as they currently stand has been circulated to Audit Committee outside of the meeting;
- any changes to the Financial Statements 2024/25 prior to publication are expected to be small and not material to the accounts;
- EY have recently provided a breakdown of their additional fees for the 2023/24 audit which will be discussed with them and Public Sector Audit Appointments.

Claire Mellons (EY) advised:
- apologies for not being able to attend the meeting in person;
- additional risk assessment procedures to assess the likelihood of material misstatements in the opening reserve position would be undertaken;
- a few control deficiencies had been identified last year around IFRS16;
- work continues on the 'Value for Money' assessment;
- an area of focus will be the readiness of accounts for audit as last year some information was not available;
- to aid readiness management will be advised of initial sample areas;
- valuation work will be issued to the EY Real Estate team in the summer.

In response to a Member, Claire Mellons (EY) advised that as the last 3 years accounts were subject of a disclaimed opinion and the Property, Plant & Equipment (PPE) valuation couldn't be completed, it was likely that the 2024/25 audit would result in a disclaimed or qualified opinion.

In response to Members it was advised:
- early liaison between the Authority, auditors and valuer had been undertaken to ensure timely availability of certification to complete the PPE valuation for the 2024/25 audit;
- the value of leases falling within IFRS16 was approx. £1m.

The Chairman advised that EY's additional fees would be discussed at the next meeting.

(1) the External Auditors' Audit Plan for 2024/25 attached as Appendix A to Paper AUD/160/25;

(2) the proposed annual audit fee for 2024/25 as set out in the financial implications of Paper AUD/160/25; and

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

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

The report was introduced by the Senior Accountant, highlighting that the overall audit opinion of 'Moderate' was the second highest rating.

Sam Lowe (Forvis Mazars) advised:

- the overall audit opinion of 'Moderate' was in keeping with the previous 2 years and reflected a good level of stability;
- there had been a big improvement in implementation of recommendations to 91% which was above best practice of 85%;
- thanks to the Senior Accountant and management team in closing down issues effectively and promptly.

In response to Member concerns regarding the 'Limited' assurance for cyber security, Sam Lowe (Forvis Mazars) advised that a risk based approach was adopted with regard to the areas of focus for each audit plan.

In response to a Member, it was advised that of the 11 HR Onboarding and Offboarding recommendations, 8 had been implemented. The recommendations had been split into central HR control and delegated responsibilities where line managers needed to actively implement procedures and policies.

(1) the annual report of the Internal Auditors for 2024/25 detailed in Appendix A to Paper AUD/161/25 was noted; and

(2) the annual Audit Plan for 2025/26 as detailed in Appendix B to Paper AUD/161/25 was approved.

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

The report was introduced by the Head of Finance.

The Chief Executive highlighted the paragraph in the Annual Governance Statement regarding the development of a longer term financial strategy to cover the next 10 to 15 years.

The Chairman endorsed the importance of a long term asset maintenance programme to maintain venues and parklands to their current high standard.

(1) the Annual Governance Statement attached at Appendix A to Paper AUD/162/25 to be included within the Accounts, subject to any comments received from Members was approved.

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

The report was introduced by the Corporate Director.

Andy Waters (Right Directions) advised that work had been undertaken in a number of specialist areas including noise and vibration risks and protection of people from risks associated with fires and explosions caused by dangerous substances in the workplace.

In response to Members it was advised:
- under the Leisure Services Contract (LSC) Greenwich Leisure Limited (GLL) were responsible for health and safety at the LSC venues and were required to inform the Authority of claims over a set level and provide an annual record;

- considerable work had already been undertaken and would continue in preparation for implementation of 'Martyn's Law';
- this new legislation would make it harder to achieve the stretch target of 95% which had been set with the aim of regaining a 5 star health & safety rating;
- any concerns raised in the staff consultation survey are notified to line managers for action to be taken. Usually none of the issues raised are serious and were more to do with individual comfort;
- the 2024/25 short term sickness absence per FTE was 2.56 days and 98% of respondents to the staff consultation survey said that they felt that Lee Valley was a safe place to work;
- defibrillator cabinets were being purchased and defibrillators registered on a national database. Defibrillators could be accessed by the public in an emergency by obtaining an access code;
- lower level security protection works had been completed at Lee Valley Hockey & Tennis Centre and Lee Valley White Water Centre to stop accidental vehicle incursions. Further security protection works would be undertaken following risk assessment by accredited consultants.

(1) the annual report of Right Directions Ltd for 2024/25 detailed in Appendix A to Paper AUD/163/25;

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

(3) the aims and objectives for 2025/26, set out in the annual report of Right Directions Ltd, Appendix A to Paper AUD/163/25; and

(4) the signing of this years' Health & Safety Policy Statement attached as Appendix B to Paper AUD/163/25 was approved.

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

The report was introduced by the Head of IT & Business Support.

The Chairman welcomed the overall downward movement of risks and remarked that it was noteworthy that the only increased risk related to the issuing of a disclaimed audit opinion on the 2024/25 Financial Statements.

In response to the Chairman it was advised that a pragmatic approach had been adopted for management of the Lee Valley Ice Centre snagging works and the administration of Buckingham Group Contracting Ltd.

(1) the Corporate Risk Register included at Appendix A to Paper AUD/164/25 was approved;

(2) the addition of three new risks (SR1.3, SR6.3 & SR6.4) to the Risk Register;

(3) the removal of four risks (SR2.9, SR4.3, SR9.1 & SR11.1) from the Risk Register;

(4) that risks SR2.9 and SR5.3 have moved to the Issues Log; and

(5) there are currently no High Risks on the Risk Register was noted.

The Chairman thanked Lesley Greensmyth and Terry Wheeler for their contributions throughout their appointments to the Authority.

_____
Chairman

_____
Date

The meeting started at 12.57pm and ended at 1.56pm

Lee Valley Regional Park Authority **LEE VALLEY REGIONAL PARK AUTHORITY** **AUDIT COMMITTEE** **25 SEPTEMBER 2025 AT 12:30**	**Agenda Item No:** 5 **Report No:** **AUD/165/25**

INTERNAL AUDIT UPDATE

Presented by Senior Accountant

EXECUTIVE SUMMARY

The purpose of this report is to update Members on the internal audit programme and related activity including any instances of fraud, corruption or whistleblowing. Since the last update report the Cash and Banking audit has been completed with an audit opinion of Moderate Assurance. Of the 48 recommendations from previous audits, 19 have now been completed, with good progress made in the areas of Business Continuity, Cyber Security and Treasury Management.

RECOMMENDATION

Members Note: (1) the report.

BACKGROUND

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

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

3 The current contract ends in March 2026. London Borough of Croydon is intending to seek tenders to re-let the framework for a new term. Officers are keeping up to date with this process and plan to procure the next contract via this framework.

2025/26 INTERNAL AUDIT PLAN

4 The Audit Plan for 2025/26 was approved by the Audit Committee in June 2025 (Paper AUD/161/25). The table below summarises the audits and their current status.

5

Audit	Notes	Audit Dates	Days	Status
Cash and Banking	Cyclical review of core financial controls Last audited in 2021/22	June 2025	10	Audit Complete Moderate Assurance

Payroll	An assurance review of LVRPA's management of staff expenditure through payroll and expenses. Last audited in 2020/21	Sept 2025	15	Audit in progress
Procurement	An assurance review over LVRPA's control framework for identifying requirements for contracts, tendering, and awarding these. To consider effectiveness, approvals, fraud risks, and commercial risks/rationale. The audit will also consider LVRPA's procurement framework in relation to the Procurement Act 2023.	Dec 2025	15	Scheduled
Data Management	This audit follows previous work in the 2023/24 and 2024/25 plans as part of a longer term cycle of assurance. This review will consider three further areas of the Authority's compliance with data protection law and the ICO's accountability framework: • Contracts and data sharing • Risks and DPIAs • Records management and security	Jan 2026	10	Scheduled
Stock Management	Cyclical review of core financial controls. Last audited in 2021/22	Jan 2026	10	Scheduled
Follow Up	Report produced for Feb Audit Committee	Dec 2025	8	Scheduled
Management	Attend meetings, Annual Report etc		10	
Contingency			10	
Total			**88**	

The findings from all of these audits will be included in the annual internal audit report and reported to Audit Committee in June 2026

6 **Cash and Banking**

The Cash and Banking audit has been completed with an audit opinion of Moderate Assurance. Four recommendations have been accepted, three of which are medium priority and one low priority. The low priority recommendation is an update to the central finance procedure, the other three recommendations relate to local procedures and practices which are being updated for consistency and to fully align with the central procedure, covering areas of cashing up, refunds and petty cash.

IMPLEMENTATION OF RECOMMENDATIONS FROM AUDITS

7 The Authority's outstanding recommendation tracker continues to be updated with new recommendations as audits are completed, and is summarised in Appendix A to this report. This now contains 48 recommendations. A number of these are not due for completion until later in the year, but as at September 2025 officers consider 19 (40%) of these recommendations to have been implemented, leaving 29 outstanding. The tracker will be formally updated annually after Forvis Mazar's annual follow-up review.

8 Of the 48 recommendations, 5 are high priority. One of these has already been implemented. The outstanding recommendations relate to:

- **Business Continuity Planning** – the policy and procedures have been reviewed and are scheduled to be presented to Members in October. This covers two separate recommendations.
- **Cyber Security** – a failover testing schedule is to be established, and this will be aligned to the business continuity testing schedule. This failover testing will be carried out by the end of December.
- **HR Onboarding** – to ensure that mandatory e-learning is completed by new starters there have been updates made to how managers and HR monitor and remedy non-compliance, escalation for sustained non-completion is to be agreed.

9 Some other key areas of progress against medium and low risk recommendations:

- **Business Continuity**: In addition to the review of the policy and procedures, training and testing is being planned to commence once the policy has been approved in October.
- **Cyber Security**: A Cyber Security strategy has been drafted. Additional Cyber Security training and awareness has been completed, and simulated phishing attacks are now being carried out to test employee responses, with targeted follow up training.
- **Treasury Management**: The policy has been reviewed and is being presented to Members at September's Executive Committee.
- **Risk Management**: A training session for Members will take place on 25 September.

FRAUD RESPONSE UPDATE

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

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

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

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

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PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/161/24	Annual Report on the Work of Internal Audit 2024/25 and Audit Plan 2025/26	19 June 2025

APPENDIX ATTACHED

Appendix A	Outstanding Recommendation Tracker

LIST OF ABBREVIATIONS

LSC	Leisure Services Contract
ICO	Information Commissioner's Office

Outstanding Recommendation Tracker

Year	Audit Name	Assurance	Low	Medium	High	Total	Implemented	Progress Update
22/23	**Contract Management**	Moderate	2	3		**5**	2	Contract Register reviewed, procurement procedures updated, contract management procedure to be updated
	Estates and Facilities	Limited		2		**2**	2	Condition Surveys completed; Repairs process implemented and documented
	LSC Contract Management	Moderate		1		**1**	1	Tracker 99% there, plan in place to close off recommendation
	Risk Management Framework	Moderate		1		**1**	0	Training for Members planned for September
23/24	**Business Continuity Planning**	Limited	2	3	2	**7**	0	BCP Group re-formed, policies & procedure reviewed, SMT/ HOS training completed, training and testing being planned
	Data Management	Substantial	2			**2**	2	KPIs agreed, compliance testing proposal agreed at Oversight group
24/25	**Cyber Security**	Limited	1	4	1	**6**	0	Strategy drafted, enhanced monitoring of training completion
	Data Management	Substantial	2			**2**	2	Procedures updated
	Debt Management	Moderate	2	2		**4**	0	Central procedures reviewed, local procedures reviewed, to be written up and training delivered
	HR Onboarding and Offboarding	Limited	4	5	2	**11**	9	Forms and Procedures have been updated and communicated to managers
	Treasury Management	Moderate		3		**3**	0	Updated policy scheduled for Authority in October, enhanced reporting planned
25/26	**Cash and Banking**	Moderate	1	3		**4**	1	Central and local procedures being reviewed
Total			**16**	**27**	**5**	**48**	**19**	

Based on the opinion of officers, 19 of these recommendations have been implemented, leaving 29 still to be implemented. The tracker will be formally updated annually after Forvis Mazar's annual follow-up review.

Lee Valley Regional Park Authority **LEE VALLEY REGIONAL PARK AUTHORITY** **AUDIT COMMITTEE** **25 SEPTEMBER 2025 AT 12:30**	**Agenda Item No:** 6 **Report No:** **AUD/166/25**

RISK REGISTER 2025/26

Presented by the Head of IT & Business Support

SUMMARY

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

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

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

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

RECOMMENDATIONS

Members Approve	(1)	the Corporate Risk Register included at Appendix A to this report;
Members Note	(2)	the number of amber risks has reduced by one; and
	(3)	the number of High Risks on the register remains at none.

BACKGROUND

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

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

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

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

In this context "relevant authority" includes the Lee Valley Regional Park Authority.

3. Each financial year the relevant authority must:

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

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

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

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

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

REVIEW OF THE STRATEGIC RISK REGISTER

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

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

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

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

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

12.

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

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

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

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

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

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

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

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

ENVIRONMENTAL IMPLICATIONS

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

EQUALITY IMPLICATIONS

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

FINANCIAL IMPLICATIONS

22. Revision of the Strategic Risk Register is a key element of this Authority's system of internal control that contributes to safeguarding the assets of the Authority and its reputation for sound financial management of public funds. This is reflected in the Authority's Annual Governance Statement published within the annual accounts and approved by this Committee.

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

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

HUMAN RESOURCE IMPLICATIONS

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

LEGAL IMPLICATIONS

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

RISK MANAGEMENT IMPLICATIONS

27. These are dealt with through the main body of the report and through the revised register. Continuing mitigation against these identified risks is demonstrated by the proposed actions in the Strategic Risk Register as set out in Appendix A to this report.

Author: Simon Clark, 03000 030 633, sclark@leevalleypark.org.uk

BACKGROUND REPORTS

Lee Valley Regional Park Authority Risk Management Strategy	June 2018

APPENDICES ATTACHED

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

ABBREVIATIONS

BGCL	Buckingham Group Contracting Ltd
LSC	Leisure Services Contract

PREVIOUS COMMITTEE REPORTS

Audit Committee	AUD/164/25	Risk Register 2024/25	19 June 2025
Audit Committee	AUD/159/25	Risk Register 2024/25	27 February 2025
Audit Committee	AUD/153/24	Risk Register 2023/24	19 September 2024
Audit Committee	AUD/149/24	Risk Register 2023/24	20 June 2024
Audit Committee	AUD/144/24	Risk Register 2023/24	29 February 2024
Audit Committee	AUD/138/23	Risk Register 2023/24	21 September 2023
Audit Committee	AUD/132/23	Risk Register 2023/24	23 June 2023
Audit Committee	AUD/131/23	Risk Register 2022/23	23 February 2023
Audit Committee	AUD/129/22	Risk Register 2022/23	22 September 2022
Audit Committee	AUD/126/22	Risk Register 2021/22	23 June 2022
Risk Management Workshop			24 March 2022
Audit Committee	AUD/124/22	Risk Register 2021/22	24 February 2022
Audit Committee	AUD/123/21	Risk Register 2021/22	23 September 2021
Audit Committee	AUD/118/21	Risk Register 2020/21	24 June 2021
Audit Committee	AUD/116/21	Risk Register 2020/21	25 February 2021
Audit Committee	AUD/113/20	Risk Register 2020/21	22 October 2020
Audit Committee	AUD/111/20	Risk Register 2020/21	25 June 2020
Executive Committee	E/674/20	Emergency Budget 2020/21	21 May 2020
Audit Committee	AUD/106/20	Risk Register 2019/20	27 February 2020
Audit Committee	AUD/104/19	Risk Register 2019/20	19 September 2019
Audit Committee	AUD/101/19	Risk Register 2019/20	20 June 2019
Audit Committee	AUD/97/19	Risk Register 2018/19	14 February 2019
Audit Risk Workshop			07 June 2018

SR1 Legal

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR1.1	Deputy Chief Executive	Deputy Chief Executive	Failure to comply with the 1966 Park Act, data protection law and other statutory requirements.	Provision of Legal Services Member scrutiny through Authority & Committee meetings Annual Governance statement Park Act Awareness covered by inductions for new staff.	EA -Annual Audit Letter IA Audit Plan SMT Weekly Meeting Minutes M Exec Monthly	8	7	56		6	1	6		←→	Tolerate	Continue Induction Process and monitoring of statutory changes. Review of data protection procedures and arrangements against ICO Accountability Framework to ensure alignment with ICO expectations.	Quarterly
SR1.2	Corporate Director	Corporate Director (S&L)	Failure to comply with Health & Safety legislation	Health and Safety management H&S manual (procedures) regularly reviewed by RDHS who monitor up and coming legislation. H&S Policy Updated annually Risk Reduction Plan complete. External H&S Assessment 5* Annual Report to Audit Committee	RD/SMT 1/4ly Reports BSC 3 yr. ext. review RD Annual Audits M H&S Yearly Report	9	6	54		7	2	14		↓	Tolerate	H&S Audits Reports to SMT H&S Contract	On-going
SR1.3	Corporate Director	Corporate Director (S&L)	Failure to comply with the requirements of the Terrorism (Protection of Premises) Act 2025 when it's brought into force.	"Initial high level review of vulnerabilities carried out across LSC venues Undertaken some physical works at LSC Venues to install physical measures to stop unauthorised vehicles including hostile vehicle mitigation at one venue and non-rated bollards at other venues Working group and project group established and working through actions Regular dialogue with Counter Terrorism Security Advisors Meetings with GLL GLL reviewing their procedures Non-LSC venues reviewing their procedures"	SMT Weekly Meeting RD/SMT 1/4ly Reports M H&S Year Report	9	9	81		7	5	35		←→	Treat	High level review of required additional security measures at non-LSC and LSC venues required Review and excersising/testing of procedures across non-LSC and LSC venues required Further physical works to install physical security measures where identified Review the guidance once available and identify any gaps in work already undertaken Further consider impact on qualifying events within the park	Prior to legislation coming into force

SR2 Contractual

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR2.1	Head of Finance	Deputy Chief Executive / Head of Finance	Agreeing to accept a partners' financial terms and conditions that will place an unacceptable long term liability on the Authority	Reports to SMT and Members Financial/Legal/Risk Implications fully appraised. Financial Appraisal of schemes in accordance with prudential code.	M Exec Monthly LA agreement	9	4	36		8	2	16		←→	Tolerate	Ongoing resources review for specific projects	Quarterly
SR2.2	Corporate Director	Corporate Director (S&L)	Contractors, Governing Bodies, or Third Party Operator not delivering agreed objectives/contract	All contracts reviewed prior to commencement by a responsible officer. Delivery monitored by Director/Head of Service and performance monitoring team Quarterly Performance Reports to Executive & Scrutiny Committees	M Exec Monthly M Scrutiny 1/4ly	7	5	35		6	2	12		←→	Tolerate	Quarterly Contract monitoring.	Executive Quarterly Monitoring
SR2.3	Corporate Director	Head of APMD	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	Advice and support APMD plus external contractors. Quality contactors employed for maintenance through procurement (Price Quality ratio applied)	APMD Annual Inspections	9	4	36		7	1	7		←→	Tolerate	Ongoing Monitoring	Annual Inspections & Review. MPG Work complete by 31/03/26
SR2.4	Corporate Director / Head of Finance	Corporate Director (S&L)	Contractor stability affected by external influences or national/international conditions prevailing at the time	Reports to SMT and Members. Financial/Legal/Risk Implications fully appraised. Financial Appraisal of schemes in accordance with prudential code.	M Exec Monthly M Scrutiny 1/4ly	9	8	72		8	4	32		←→	Tolerate	Quarterly Contract monitoring.	Executive Quarterly Monitoring
SR2.5	Corporate Director	Corporate Director	Insufficient contractors tendering for contracts	Reports to SMT Financial/Legal/Risk Implications fully appraised. Appraisal of procurement process.	SMT Monthly & 1/4ly Reports M Exec 1/4ly M Authority Annual Budget IA Audit Plan	4	5	20		5	3	15		←→	Tolerate	Review of Procurement process Tender Evaluation Award of Contract	31/03/2026
SR2.6	Corporate Director	Corporate Director	Major equipment or other failure at one or more venues resulting in temporary/permanent cessation of operations	Reports to SMT Financial/Legal/Risk Implications fully appraised. Application of Business Continuity protocols.	SMT Monthly & 1/4ly Reports M Exec 1/4ly M Authority Annual Budget IA Audit Plan	9	6	54		7	3	21		←→	Tolerate	Ongoing Monitoring	On-going
SR2.7	Corporate Director	Corporate Director	Failure of LSC contractor organisation or failure of LSC contractor to deliver as required by contract	Reports to SMT Financial/Legal/Risk Implications fully appraised. Application of Business Continuity protocols.	SMT Monthly & 1/4ly Reports M Exec 1/4ly M Authority Annual Budget IA Audit Plan	9	8	72		5	4	20		←→	Tolerate	Ongoing Monitoring by Authority Continual review of LSC contractor's financial position	On-going
SR2.8	Deputy Chief Executive	Head of Active communities	Management of Facilities Contracts & failure to maintain assets to a good H&S and operational standard	Advice and support APMD plus external contractors. Quality contactors employed for maintenance through procurement (Price Quality ratio applied). Performance department regular inspections carried out	APMD Annual Inspections PR Monthly inspections M Exec Monthly M Scrutiny 1/4ly	9	4	36		5	3	15		←→	Tolerate	Ongoing Monitoring Implement pre 2020 condition survey work	Annual/ Monthly Inspections & Review.
SR2.9	0	0	**Risk Removed from Register**	**Risk Removed from Register**													

SR3 Resources

						Inherent Risk Score				Residual Risk Score						
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR3.1	Head of IT & Business Support	Corporate Director / Head of IT & Business Support	I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving I.T infrastructure	Reports to Members Financial/Legal/Risk Implications fully appraised. Financial Appraisal of schemes in accordance with prudential code. IT Infrastructure upgrade comes from Capital budget	SMT Weekly Meeting Minutes IA Audit Plan EA - Annual Audit Letter	9	4	36		8	2	16		↓	Treat	Continual provision of budget for investment in IT infrastructure	31/07/2025
SR3.2	Head of IT & Business Support	Corporate Director / Head of IT & Business Support	Inadequate I.T Infrastructure/ Systems/Data to operate.	Reports to Exec. Financial/Legal/Risk Implications fully appraised. Financial Appraisal of relocation/updating of Authority IT assets. Usage Counters. Existing IT Infrastructure Budget	SMT Weekly Meeting Minutes IA Audit Plan EC - LSC Specification	7	5	35		5	1	5		↔	Tolerate	Ongoing Monitoring through regular meetings with GLL	On-going
SR3.3	Chief Executive	Chief Executive / Head of HR	The Authority fails to recruit/retain staff at all levels of the appropriate calibre	Reward & Recognition. Training & development framework. Management Away Days. Staff presentations. Internal/External communications. Up to date staff handbook. Up to date policies. Training Panel funding	M Annual Sickness Report M - Policy Reports SMT Annual Training panel	8	8	64		6	6	36		↔	Treat	Ongoing Monitoring	On-going

SR4 Financial Management

						Inherent Risk Score				Residual Risk Score						
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR4.1	Head of Finance	Head of Finance	Financial Risks of over/under spent budget through non-achievement of income targets or inaccurate budget forecasting. Insufficient Resources to meet objectives	Quarterly Budget monitoring reports Weekly review against Centre Business Plan targets Medium Term Financial Plan updated £3-4m Minimum Reserves Policy reviewed Statutory Power to Levy	M Exec 1/4ly M Authority Annual Budget SMT Monthly & 1/4ly Reports	9	7	63		8	4	32		↔	Tolerate	Ongoing budget monitoring & review MTFP in September	Executive Quarterly Monitoring
SR4.2	Head of Finance	Head of Finance	Financial Risks of either greatly increased insurance costs or insurers refusal to insure Authority due to increased risks brought on by prevailing conditions	Budget monitoring reports Authority/LSC Contractor (at contract commencement) monitoring meetings Budget Review 2025/26 complete Medium Term Financial Plan £3-4m Minimum Reserves Policy Statutory Power to Levy	M Exec 1/4ly M Authority Annual Budget SMT Monthly & 1/4ly Reports	9	7	63		8	3	24		↔	Tolerate	Liaison with Insurance brokers re level of cover	Executive Quarterly Monitoring
SR4.3			**Risk Removed from Register**	**Risk Removed from Register**													
SR4.4	Head of Open Space	Ranger Senior Managers	Failing of and health management of ageing tree stock	Annual Tree Audits	M Working group meetings	6	4	24		3	2	6		↔	Tolerate	Potential external Tree Health audit with associated 5-10 yr plan	

SR5 Governance & Leadership

						Inherent Risk Score				Residual Risk Score						
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR5.1	Chief Executive	Chief Executive	Lack of a clear corporate direction	Authority meetings SMT BP 2024-27 MTFP 2024-27 CD and HoS meetings Levy Strategy Land & Property Strategy Vision 2010-2020	M 1/4ly Full Authority Meetings M Exec Committee x 12 M Working Groups SMT Weekly Meeting Minutes	9	7	63		9	2	18		↔	Tolerate	A 10 year business strategy is currently being developed and will be completed in 2025/26.	On-going
SR5.2	Chief Executive	Chief Executive	Impact on the Authority's powers to raise the Levy with resistance from many constituent councils.	Stakeholder engagement Clear Budget/Levy Direction Funded Financial Plan Statutory Levy Raising Powers Monitoring of Legislation	SMT Weekly Meeting Minutes LA as needed	9	7	63		9	1	9		↔	Tolerate	a 10 year business strategy is currently being developed and will be completed in 2025/26.	Quarterly Monitoring 31/03/2026
SR5.3	Head of Finance	Head of Finance	Failure of 2024/25 accounts to gain full audit assurance	External Audit Regulations & Legislation	SMT M Audit Committee E External Auditors	5	9	45		3	9	27		↔	Treat	Completion of outstanding accounts Publication of draft accounts Engagement with External Auditors	27/02/2026

SR6 Reputation/Communication

						Inherent Risk Score				Residual Risk Score						
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR6.1	Head of Comms	Head of Comms	Impact on Authority's reputation due to service failure, damaged stakeholder and/or contractor relationships.	Venue and service communication plans. Proactive marketing, media relations, speaker engagement and stakeholder engagement	SMT Weekly Meeting M 1/4ly Authority Meetings M Exec Monthly Stakeholder Perception KPI	7	5	35		6	3	18		←→	Treat	Regular meetings with Authority business owners and GLL marketing team to plan and coordinate activity	Quarterly Monitoring Report
SR6.2	Head of Comms	Head of Comms	Impact on Authority's reputation due to service failure caused by pandemic or infectious disease, damaged stakeholder and/or contractor relationships.	Managed via social media, web and digital updates, Media relations, Internal communications, Utilisation of new technologies, Venue communications	SMT Weekly Meeting Venues re-opening group Weekly Meetings M 1/4ly Authority Meetings M Exec Monthly	8	5	40		6	3	18		←→	Treat	Social media, digital communications, web updates and media relations proactively explaining our position as a result of any Government announcements on Covid19 or other communicative infectious disease and our key business activities such as staged reopening of venues. Ensuring all aspects of customer, partner, club and NGB communications are carried out Strong liaison with venues, open spaces and other parts of the Authority affected by Coronavirus to ensure comms work aligns with key business objectives Regular and extensive internal comms utilising technologies such as video conferencing, group chats to keep all staff, furloughed and working engaged and involved.	Quarterly Monitoring Report
SR6.3	Director	Senior Events and Projects Manager	Incident at a Major event that affects the reputation of the Authority and/or venue and could result in loss of major event bookings	Robust C3 Command procedure in place with a rota of on call SMT members to lead in the event of a crisis as well as a Comms lead to proactively manage media relations on call and available for each major event Crisis Management Plans in place for each major event jointly written by LVRPA and the National Governing Body Number of events is usually a maximum of 2 / 3 per year so not a regular occurrence	SMT Events Team Meetings	8	5	40		8	4	32		←→	Tolerate	Work with each NGB in advance of a major event to ensure the Crisis Management Plans are robust and include the Authority as an integral part of the plan	Before each major event
SR6.4	Head of IT & Business Support	0	Inappropiate use of AI with insufficient controls and guidance	Restricted use of AI within the Authority	SMT E External Auditors	6	4	24		6	4	24		←→	Treat	AI Policy and strategy to be created	01/12/2025

SR7 Business Continuity

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

SR8 Environmental Management

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR8.1	Deputy Chief Executive	Deputy Chief Executive	Failure to manage contamination could be a risk to users, this includes land and/or water contamination (also damage to reputation from failing to manage contamination)	Site investigations carried out prior to developments & land remediated. Site investigations carried out on some other sites. Some sites monitored. Sites closed to pubic access where contamination is significant. Contaminated Land Policy Member Task & Finish group Completion of Contaminated Land Strategy & Policy Consultant Site Investigations work completed.	M 1/4ly Authority Meetings M Working Groups M Exec Monthly SMT Weekly Meeting Minutes	9	7	63		7	2	14		←→	Tolerate	Ongoing monitoring	Ongoing Monitoring plus analysis when land sold/purchased or developed

SR9 Major Business Developments

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR9.1			**Risk Removed from Register**	**Risk Removed from Register**													
SR9.2	Chief Executive	Deputy Chief Executive	Picketts Lock Development. Failure in Strategic Risks 1-8 above in the development of the Picketts Lock circa £40m project and Legal Challenge	Legal Advice Prudential Code Feasibility Studies Existing PR/Comms Feasibility budget Working with LB Enfield Planning Advice Land & Property Member Group	EC Reports , SMT Weekly Meeting Minutes, M Exec Monthly, M 1/4ly Authority Meetings, M Working Groups, IA Audit Plan, EA Annual Audit Letter	8	8	64		7	5	35		←→	Treat	Planning Approval Business Plan Design Team Engagement stakeholders, users and local community	31/09/2025

SR10 Implications of Implementing Land & Property Strategy

						Inherent Risk Score				Residual Risk Score							
Risk ID	Lead	Officer(s) Responsible	Risk Description	Existing Controls	Source of Assurance	Impact	Likelihood	Total Score	RAG	Impact	Likelihood	Total Score	RAG	Progress	Action	Further Actions Needed to reduce Risk	Deadline for Completion Actions
SR10.1	Deputy Chief Executive	Head of Property	Acquisitions- Opportunity Cost of Resources, Reducing Available Resources or increasing future liabilities	Legal Advice - Park Act Park Act L&P Strategy Land Contamination Strategy Medium Term Financial Plan Land & Property Working Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	8	6	48		4	2	8		←→	Tolerate	Seek External Advice incl. Planning Context. Identify Resources. Members Decision. Ongoing Monitoring. Consultation	31/03/2026
SR10.2	Deputy Chief Executive	Head of Property	Disposals - Legal challenge, Reputational Damage, reduced public access or bio diversity. Failure to deliver anticipated capital resources through land disposal due to the constraints imposed by the riparian boroughs/districts and other agencies, e.g. green belt/flood risk/contaminated land	Legal Advice - Park Act Park Act L&P Strategy Medium Term Financial Plan Land & Property Working Group	EC Reports SMT Weekly Meeting Minutes M Exec Monthly M 1/4ly Authority Meetings M Working Groups IA Audit Plan EA - Annual Audit Letter	8	7	56		6	3	18		←→	Treat	Seek External Advice where necessary incl. Planning Context. Members Decision. Consultation	31/03/2026

SR11 Impact of Brexit on Authority

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

Risk Register updates

Risk ID	Risk Description	Updates
SR1.2	Failure to comply with Health & Safety legislation	Annual Internal Audit & H&S Audit Plans delivered with continued improvement to scores for both services and venues. Focused work continues to move the Authority towards 5*.
SR1.3	Failure to comply with the requirements of the Terrorism (Protection of Premises) Act 2025 when it's brought into force.	The Act has not yet been brought into force and organisations are not currently required to comply with it. The Authority has already carried out significant work to prepare for the Act and has carried out a lot of benchmarking looking at what other Organisations are doing to prepare for the Act. There is, however, more work that is required and some of this work cannot be completed until the statutory guidance is made available. A working group has been established to progress this work and regular meetings are being held with GLL.
SR2.2	Contractors, Governing Bodies, or Third Party Operator not delivering agreed objectives/contract	Draft contracts go out with tender pack for all procurement exercises. Increased focus on KPI and contract review data and meetings on all major contracts. Monitoring by Authority Officers and external auditors increased where possible.
SR2.4	Contractor stability affected by external influences or national/international conditions prevailing at the time	Higher level of contractor scrutiny during tender process for contracts. Monitoring of contracts during life of contract where possible. Increased Financial and operational stability checks to be implemented on all major contracts.
SR2.5	Insufficient contractors tendering for contracts	Procurement process has been finalised and documentation is close to being signed off. Process will be rolled out and staff training sessions organised. The Authority is now working to the new Procurement Act.
SR2.6	Major equipment or other failure at one or more venues resulting in temporary/permanent cessation of operations	Ongoing monitoring of equipment, servicing and maintenance logs. Increased pressure on Venues to input all actions into monitoring process. Inventory checks have been increased across all venues (LSC and Non-LSC). Maintenance and Servicing information is to be put into Asset Tiger to aid with monitoring.
SR2.7	Failure of LSC contractor organisation or failure of LSC contractor to deliver as required by contract	Ongoing monitoring with greater focus on H&S, standards and staffing. Review of contract compliance is ongoing. Performance Failure Process is being followed and LSC Contractor is also Required to self-report failures.
SR3.1	I.T. infrastructure does not meet future business need requirements. Authority requires funding for updating or improving I.T infrastructure	Finance system (eFin) now upgraded meaning the likelihood score has now been reduced as there is now no longer outdated software being used and there are new servers with the latest operating system.
SR3.2	Inadequate I.T Infrastructure/ Systems/Data to operate.	The Authority continues to invest in IT Infrastructure
SR3.3	The Authority fails to recruit/retain staff at all levels of the appropriate calibre	Employee handbook has been updated. Training panel held and funding agreed. 2025/26 pay award agreed by NJC.

		Flexible working policy in place. 10 year business strategy to provide direction.
SR4.1	Financial Risks of over/under spent budget through non-achievement of income targets or inaccurate budget forecasting. Insufficient Resources to meet objectives	Q1 Outturn report to September Executive Expectation of forecast for 2025/26 small surplus against budget Cashflow forecast positive for year
SR4.2	Financial Risks of either greatly increased insurance costs or insurers refusal to insure Authority due to increased risks brought on by prevailing conditions	Insurance renewal 1 October Meeting with broker mid-September to discuss policy premiums No change of cover, but increase in premium payable
SR4.4	Failing of and health management of ageing tree stock	Working with GIS to create tree map, looked at external system to map historic data for a full history but cost prohibitive. Arb officer being recruited and part of role will be to push this forward as a project.
SR5.3	Failure of 2024/25 accounts to gain full audit assurance	Audit of accounts 2024/25 scheduled for October/November 2025 Auditor plan to present Report in December Backstop date for sign-off - February 2026
SR6.1	Regular meetings with Authority business owners and GLL marketing team to plan and coordinate activity	18/08/2025 - Formal monthly minuted meetings with GLL alongside near daily contact to monitor / approve a range of contract activities and actions. New refocusing of corporate comms work.
SR6.2	Social media, digital communications, web updates and media relations proactively explaining our position as a result of any Government announcements on Covid19 or other communicative infectious disease and our key business activities such as staged reopening of venues. Ensuring all aspects of customer, partner, club and NGB communications are carried out Strong liaison with venues, open spaces and other parts of the Authority affected by Coronavirus to ensure comms work aligns with key business objectives Regular and extensive internal comms utilising technologies such as video conferencing, group chats to keep all staff, furloughed and working engaged and involved.	18/08/2025 - monitoring carried out by H and S contractor of potential threats
SR6.3	Incident at a Major event that affects the reputation of the Authority and/or venue and could result in loss of major event bookings	Added the GLL meetings to the existing control measures, a few more meetings to the assurance and added engagement with local police units to further actions.
SR7.1	Inadequate business continuity implementation at any (all) sites following natural disaster, IT failure including Cyber Terrorism, Flooding, Disease Outbreak (animals/humans), Terrorism.	Business Continuity Policy and Management plans are in process of being updated. Officers plan to bring updated Policy to Members in October for approval. Simulated Phishing email campaigns are being run monthly by IT dept as part of on-going training and prevention.

Risk Appetite

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

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

Likelihood

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

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

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

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

Scoring Criteria

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

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

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