



Walsall Council

Internal Audit Strategy Update, Operational Plan 2024/25 and Charter

Draft

Prepared by: Mazars LLP

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Statement of Responsibility

Disclaimer

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

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

01

Section 01: **Introduction**



Introduction

Following a procurement exercise, Mazars LLP were re-appointed as internal auditors to Walsall Council for two years from 1 April 2024. This annual Internal Audit Operational Plan (Plan) is in line with the Internal Audit Strategy and operational plan presented in our tender documentation.

The Strategy is used to direct Internal Audit resources to those aspects of the organisation that are assessed as generating the greatest risk to the achievement of its objectives. This is subject to review and update on at least an annual basis to ensure it meets the needs of Walsall Council, including taking account of any areas of new and emerging risk within the Risk Register.

The purpose of this document is to provide the AC with the proposed Operational Plan for 2024/25 alongside an update of the three-year Strategy for consideration and approval. In considering the document, AC is asked to consider:

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

We are also seeking approval from AC for the Internal Audit Charter in Section 04, which we request on an annual basis. There are no changes from the Charter presented for approval last year.

Scope and Purpose of Internal Audit



IA's Role

The purpose of internal audit is to provide the Council, its Members through the AC, the Chief Executive, the Corporate Management Team and in particular Chief Finance Officer with an independent and objective opinion on risk management, control and governance and their effectiveness in achieving Walsall Council's agreed objectives



IA Plan

Completion of the internal audits proposed in the Operational Plan 2024/25 should be used to help inform the Annual Governance Statement.



Objective

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

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



Charter

We have included our Internal Audit Charter in Section 04. The Charter sets out terms of reference and serves as a basis for the governance of Walsall Council's IA function, establishing our purpose, authority, responsibility, independence and scope, in accordance with PSIAS.





Preparing the Strategy Update and Operational Plan for 2024/25

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

In preparing the Strategy and plan update we have undertaken the following:

- Discussions with Executive Directors and other senior management;
- Reviewed risks and priorities contained in Walsall Council's Strategic and directorate risk registers;
- Reviewed Walsall Council's key objectives, plans and frameworks;
- Considered areas which are not necessarily high risk (such as core operational controls), but where the work of internal audit can provide a tangible input to assurance; and
- Considered the results of internal audit across our wider client base.

The proposed Operational Plan 2024/25 is included in Section 02. This also includes a proposed high-level scope for each review and which will be revisited as part of the detailed planning for each review. Fieldwork dates for each of the audits, including presentation of finalised reports at future dates for AC meetings have been proposed for discussion and approval with the Walsall Council's management.

Preparing the Strategy Update and Operational Plan for 2024/25 (continued)

The areas presented within this Operational Plan document were narrowed from a wider starting point, which will allow flexibility if there are changes required during the year.

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

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

The results of our work will be communicated via an exit meeting. A draft report will then be issued for review and management comments and in turn a final report issued. Progress against the plan will be reported to each Audit Committee and to the Corporate Management Team every 6 months.

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



02

Section 02:

Operational Plan 2024/25

Operational Plan 2024/25

An overview of the Operational Plan 2024/25 is set out below:

Proposed Operational Plan for Approval				
Area	Days	Scope	Risk Register/Risk Type	Target Start Date
Core Financial Systems				
Main Accounting	10	Covering the adequacy and effectiveness of controls including access controls, journals, virements, etc	Key Financial System	Q3
Accounts Payable	10	Covering the adequacy and effectiveness of controls over the payment of creditor invoices.	Key Financial System	Q3
Accounts Receivable	10	Covering the adequacy and effectiveness of controls over the raising & receipt of debtor invoices & payments.	Key Financial System	Q3
Budgetary Control	10	To cover the strategic approach to co-ordinating budgetary control, monitoring and reporting, and also testing a sample of departments.	Key Financial System	Q3
Council Tax / NNDR	15	Covering the adequacy and effectiveness of controls including liabilities, billing, cash collection, recovery and accounting. Covering the adequacy and effectiveness of controls including Business Rate Retention Scheme, liabilities, billing, cash collection, recovery and accounting.	Key Financial System	Q2
Housing Benefits & Local Council Tax Support	10	Covering the adequacy and effectiveness of controls including new claims, size criteria, benefit caps, amendments, backdated benefits, payments and reconciliations	Key Financial System	Q2
Payroll & Pensions Admin	10	Covering the adequacy and effectiveness of controls over starters, leavers, amendments, etc.	Key Financial System	Q4
Treasury Management	10	Covering the adequacy and effectiveness of controls over investments, loans, management information etc	Key Financial System	Q4

Operational Plan 2024/25

An overview of the Operational Plan 2024/25 is set out below:

Proposed Operational Plan for Approval				
Area	Days	Scope	Risk Register/Risk Type	Target Start Date
Operational Risks				
Adult Social Care				
Direct Payments	10	Covering adequacy and effectiveness of controls in place over needs assessments, personal budget determination, monitoring of spend & safeguarding considerations.	SRR 4b	Q1
ASC Provider - Quality & Fees	10	Covering adequacy and effectiveness of controls in place over “managing the market” in relation to monitoring of quality assurance and pricing.	SRR 4b	Q2
Pathway to Independence	10	Covering adequacy and effectiveness of controls in place over occupational therapy provision – including monitoring of outcomes.	SRR 4b	Q4
Children’s Services				
Bentley Federation	10	Covering adequacy and effectiveness of controls in place over reporting requirements to ensure compliance with financial procedures	SRR 7	Q1
School Non-Attendance Penalties	10	Covering adequacy and effectiveness of controls in place over issuing and monitoring penalty notices	SRR 4a	Q2
Supporting Families	16	Covering adequacy and effectiveness of controls in place over eligibility, payments and achievement of progress measures. Consideration of maximisation of grant claims – including sector comparisons	SRR 4a	Q1-4
Economy, Environment & Communities				
Bereavement Services	12	Covering adequacy and effectiveness of key controls over operational processes.	SRR 6	Q1
Leisure Services	15	Covering adequacy and effectiveness of key controls over staffing, procurement and income generation.	SRR 7 / EEC 1 & 21	Q2

Operational Plan 2024/25

An overview of the Operational Plan 2024/25 is set out below:

Proposed Operational Plan for Approval				
Area	Days	Scope	Risk Register/Risk Type	Target Start Date
Operational Risks				
Economy, Environment & Communities continued				
Illicit Tobacco & Vapes	10	Covering adequacy and effectiveness of controls in place within the Trading Standards team including test purchasing, inspections & enforcement	SRR 5	Q3
Emergency Planning	10	Covering adequacy and effectiveness of the Council's arrangements for Emergency Planning	SRR 10	Q2
Resources & Transformation				
Organisational Development Strategy	10	Building on the audit coverage of Workforce Strategy from 2023/24	R&T 1	Q4
Capital Programme – Temporary Accommodation	10	Covering adequacy and effectiveness of controls in place over acquisition of additional temporary accommodation to alleviate the high usage of B&Bs	CE 2	Q2
Strategic Risks				
Contract Management	10	Covering adequacy and effectiveness of the controls over the Council's corporate approach to contract management following implementation of the Commercial Improvement Programme.	SRR 3	Q4
Agency Staff Contract	12	Review the use of the new agency staff contract, processes for approval and needs analysis.	R&T 11	Q3
Walsall & Bloxwich Town Deal	15	Covering adequacy and effectiveness of key controls over governance arrangements, monitoring of Town Investments Plans and budgetary control.	SRR 1 & 3	Q2
Care Leavers (18-25)	10	Covering adequacy and effectiveness of key controls over support and personal advisors for care leavers and homelessness prevention	SRR 4a / CE 8	Q1
Communication Strategy	10	Covering adequacy and effectiveness of key controls over engagement with stakeholders and performance monitoring.	ASC 16	Q2

Operational Plan 2024/25

An overview of the Operational Plan 2024/25 is set out below:

Proposed Summary Operational Plan				
Area	Days	Scope	Risk Register/Risk Type	Target Start Date
Other Assurance Methods				
Schools	100	To provide the Chief Finance Officer with adequate assurance over standards of financial management and the regularity and probity of spend.	Operational / Financial	Q1-3
IT Audit	25	To be confirmed	Operational / Business Change	Q2
Grant Sign off work	10	Annual Sign Offs	Financial	All
Governance / Risk Management	20	Focussing on core Governance arrangements across the council including Council Plan and covering Risk Management at a strategic and operational level. Including Member/Officer training and or workshops	All	All
National Fraud Initiative	10	Follow-up of all High and Medium priority recommendations made in final reports issued.	All	All
Management and Reporting Activities				
Management & Planning	65	Including attendance at Audit Committee		All
Follow up Recommendations	20	Follow-up of all High and Medium priority recommendations made in final reports issued.		All
Sub-Total	525			
Contingency / Ad Hoc	20			
Total	545			

03

Section 03:

Internal Audit Strategy Update 2024/25 – 2026/27

Updated Internal Audit Strategy 2024/25 – 2026/27

Our Internal Audit Strategy 2024/25 – 2026/27 is provided below and sets out our risk based considerations, followed by other considerations and finally our management and reporting activities.

Risk Based Considerations (Aligned to Walsall's SRR)					
Strategic Risks	Auditable Area	2024/25	2025/26	2026/27	Notes
SRR1 - Threats to the Economic Growth of Walsall are not identified and mitigated, together with opportunities for sustainable growth being missed	Walsall & Bloxwich Town Deal	15		✓	Our approach is to align the internal audit plan with the key risks of Walsall Council and ensure assurance is focused in the correct areas. This sets out how the internal audit plan can provide this assurance, whilst acknowledging that internal audit are not the only source of assurance and demonstrates how Internal Audit determines its place in the 'assurance landscape' of the organisation through mapping the key risks to the alternative sources of assurance available to the Council, for example, performance management arrangements, external audit, Business Planning, etc. The Strategic Risk Register will be one of the key drivers, in addition to the audit needs assessment at the Council in respect of other key risks at Walsall.
SRR2 – Proud Continuous Improvement does not achieve the outcomes and benefits required to ensure that available resources are directed to deliver the greatest outcomes for the community. SRR3 - Partnership relationships with other sectors and our major suppliers fail to deliver on shared objectives and therefore outcomes for the community	Contract Management	15		✓	
SRR4a - The Council is unable to maintain statutory service standards to support the most vulnerable in society	Partnerships		✓		
	Supporting Families Care Leavers SEND	15 10	✓	✓	
SRR4b– The risk of being unable to maintain service standards to support the most vulnerable in the Borough continues to provide some challenges at this time due to increased demand on adult social care.	Reablement Occupational Health Direct Payments Market Management	30	✓	✓	
SRR5 – External Changes in Political and/or legislative environment including ongoing impact of Cost of Living pressures.	Governance/Risk Management Trading Standards Licensing	30	✓		
SRR6– There is a lack of community cohesion and resilience placing increased pressure on public sector resources.	Community Safety Plan		✓	✓	
SRR7 – Financial Resilience of the council is impacted by the failure to achieve the savings required or manage demand pressures to enable a balanced budget and Medium-Term Financial Plan to be delivered.	Key Financial Audits	85	✓	✓	

Updated Internal Audit Strategy 2024/25 – 2026/27

Our Internal Audit Strategy 2024/25 – 2026/27 is provided below and sets out our risk based considerations, followed by other considerations and finally our management and reporting activities.

Risk Based Considerations (Aligned to Walsall's SRR)					
Strategic Risks	Auditable Area	2024/25	2025/26	2026/27	Notes
SRR8 -Risk of Cyber Security attacks.	Cyber Security		✓	-	
SRR9 - Threats in relation to failing to comply with the legal obligations and duties of the UK General Data Protection Regulations, the Data Protection Act 2018 and relevant legislative requirements.	Information Governance Information Rights		✓	✓	
SRR10 - Failure to deliver key services in the event of significant business interruption, including services delivered by contractors and partners.	Business Continuity IT Disaster Recovery	10		✓	
SRR11– Failure to achieve climate change objectives.	Climate Emergency Action Plan		✓		
SRR12 – Significant Failure of Governance – a breakdown in governance to merit formal external intervention either from auditors or central government.	Governance and Risk Management		✓		
Other Considerations discussed as part of planning					
Future High Street Funding			✓	✓	
Reablement Model				✓	
Commissioning high quality services within Public Health			✓		
Stray Dog Control			✓		
Employment and Skills			✓		
Business Growth			✓		
We Are Walsall 2040				✓	

04

Section 04:

Internal Audit Charter

Internal Audit Charter

1. Introduction

The Internal Audit (IA) Charter is a formal document that defines Internal Audit's purpose, authority and responsibility in accordance with UK Public Sector Internal Audit Standards (PSIAS). The IA Charter establishes IA's position within the organisation, including the nature of the Head of Internal Audit's functional reporting relationship with the Audit Committee; authorises access to records, personnel and physical properties relevant to the performance of engagements; and defines the scope of IA's activities. The Charter will be reviewed and updated periodically by the Head of the Internal Audit Function and formally presented to the Audit Committee at least every year. IA acts in accordance with the Institute of Internal Audit (IIA) Code of Ethics, Standards and Guidelines.

2. Purpose

Walsall Council has developed a risk management framework which includes:

- Identification of the significant risks in the Authority's operations and allocation of a risk owner to each;
- An assessment of how well the significant risks are being managed; and
- Regular reviews by the Corporate Management Team of the significant risks, including reviews of key risk indicators, governance reports and action plans, and any changes to the Authority's risk profile.

A system of internal control is one of the primary means of managing risk and consequently the evaluation of its effectiveness is central to Internal Audit's responsibilities.

Walsall Council's system of internal control comprises the policies, procedures and practices, as well as organisational culture that collectively support the Authority's effective operation in the pursuit of its objectives. The risk management, control and governance processes enable the Authority to respond to significant business risks, be these of an operational, financial, compliance or other nature, and are the direct responsibility of the Chief Executive and Executive Directors.

The Authority needs assurance over the significant business risks set out in the risk management framework. In addition, there are many other stakeholders, both internal and external, requiring assurance on the management of risk and other aspects of the Authority's business - these including Members, regulators etc. There are also many assurance providers. The internal audit function is the third line of defence in the Council's 'three lines of defence approach' to risk and assurance. The first line of defence comprises the Council's core operational services, and the second line comprises the oversight functions such as risk management.

IA is defined by the IIA's International Professional Practices Framework (IPPF) as 'an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and

governance processes.'

In a local authority, IA provides independent and objective assurance to the organisation, its Members through the Audit Committee, the Chief Executive, the Corporate Management Team and in particular to the Chief Finance Officer to help him discharge his responsibilities relating to the proper administration of the Authority's financial affairs under S151 of the Local Government Act 1972.

The Accounts and Audit Regulations (2015) specifically require the provision of an IA service. In line with regulations, IA provides independent assurance on the adequacy and effectiveness of the Authority's governance, risk management and internal control systems.

IA carries out assurance and consulting activities across all aspects of Walsall Council's business, based on a programme agreed with the Audit Committee, and coordinates these activities via the assurance framework. In doing so, IA works closely with the Authority's risk owners, service line risk teams, and the Corporate Management Team. In addition to providing independent assurance to various stakeholders, IA helps identify areas where the Authority's existing processes and procedures can be developed to improve the extent with which risks in these areas are managed; and public money is safeguarded and used economically, efficiently and effectively. In carrying out its work, IA liaises closely with the Corporate Management Team and management in the service lines (including risk teams).

The independent assurance provided by IA also assists the Authority to report annually on the effectiveness of the system of internal control included in the Authority's Annual Governance Statement.

3. Authority and Access

IA has unrestricted right of access to all Authority records and information, both manual and computerised, cash, stores and other property or assets it considers necessary to fulfil its responsibilities. IA may enter Authority property and has unrestricted access to all locations and officers where necessary on demand and without prior notice. Right of access to other bodies funded by the Authority should be set out in the conditions of funding.

Any restriction (management or other) on the scope of IA's activities will be reported to the Audit Committee.

IA is accountable for the safekeeping and confidentiality of any information and assets acquired in the course of its duties and execution of its responsibilities.

IA will consider all requests from the external auditors for access to any information, files or working papers obtained or prepared during audit work that has been finalised, and which external audit would need to discharge their responsibilities.

Internal Audit Charter continued

4. Responsibilities

The Authority's Head of Internal Audit is required to provide an annual opinion to the Authority and to the Chief Finance Officer and the Chief Executive, through the Audit Committee, on the adequacy and the effectiveness of the Authority's risk management, control and governance processes. In order to achieve this, IA will:

- Coordinate assurance activities with other assurance providers (such as the service line quality and risk teams, the external auditors, the auditors of the Authority's Quality Management, Environmental Management and Information Security accreditations etc.) such that the assurance needs of the Authority, regulators and other stakeholders are met in the most effective way.
- Evaluate and assess the implications of new or changing systems, products, services, operations and control processes.
- Carry out assurance and consulting activities across all aspects of the Authority's business based on a risk-based plan agreed with the Audit Committee.
- Provide the Chief Finance Officer, Chief Executive and other officers with reasonable, but not absolute, assurance as to the adequacy and effectiveness of the key controls associated with the management of risk in the area being audited.
- Issue periodic reports as requested, to the Audit Committee, and the Corporate Management Team summarising results of assurance activities.
- Promote an anti-fraud, anti-bribery and anti-corruption culture within the Authority to aid the prevention and detection of fraud;
- Assist in the investigation of allegations of fraud, bribery and corruption within the Authority and notifying management and the Audit Committee of the results;
- Assess the adequacy of remedial action to address significant risk and control issues reported to the Audit Committee. Responsibility for remedial action in response to audit findings rests with line management.

There are inherent limitations in any system of internal control and thus errors or irregularities may occur and not be detected by IA's work. Unless specifically requested and agreed, IA will not perform substantive testing of underlying transactions.

When carrying out its work, IA will provide line management with comments and report breakdowns, failures or weaknesses of internal control systems together with recommendations for remedial action. However, IA cannot absolve line management of responsibility for internal controls.

IA will support line managers in determining measures to remedy deficiencies in risk management, control and governance processes and compliance to the Authority's policies and standards and will monitor whether such measures are implemented on a timely basis.

5. Independence

The Head of Internal Audit has free and unfettered access to the following:

- Chief Executive;
- Chief Finance Officer;
- Monitoring Officer;
- Chair of the Audit Committee; and
- Any other member of the Corporate Management Team.

The independence of the Head of Internal Audit is further safeguarded as his/her annual appraisal is not inappropriately influenced by those subject to IA.

IA may also provide consultancy services, such as providing advice on implementing new systems and controls. However, any significant consulting activity not already included in the audit plan and which might affect the level of assurance work undertaken will be reported to the Audit Committee. To maintain independence, any audit staff involved in significant consulting activity will not be involved in the audit of that area for a period of at least 12 months.

6. Reporting

For each engagement, Internal Audit will issue a report to the appropriate Audit Sponsor and Chief Finance Officer or his nominee, and depending on the nature of the engagement and as agreed in the engagement's Terms of Reference, with a summary to the Audit Committee. CMT will also be provided with reports on request.

The UK Public Sector Internal Audit Standards require the Head of Internal Audit to report at the top of the organisation and this is done in the following ways:

The Internal Audit Charter is presented to the Audit Committee annually for formal approval.

The annual risk-based plan is compiled by the Head of Internal Audit taking account of the Authority's risk management / assurance framework and after input from members of the Corporate Management Team. It is then presented to the Corporate Management Team annually for noting and comment, and Audit Committee for approval.

The IA budget is reported to Cabinet and Full Council for approval annually as part of the overall Authority budget.

The adequacy, or otherwise, of the level of IA resources (as determined by the Head of Internal Audit) and the independence of IA will be reported annually to the Audit Committee.

Internal Audit Charter continued

6. Reporting (continued)

Performance against the annual risk-based plan and any significant risk exposures and breakdowns, failures or weaknesses of internal control systems arising from IA work are reported to the Corporate Management Team every six months, and Audit Committee on a quarterly basis.

Any instances of non-conformance with the Public Sector Internal Audit Standards must be reported to the Corporate Management Team and the Audit Committee and will be included in the annual Head of Internal Audit report. If there is significant non-conformance, this may be included in the Authority's Annual Governance Statement.

7. Quality Assurance

Internal Audit is subject to a Quality Assurance and Improvement Programme that covers all aspects of internal audit activity. This consists of an annual self-assessment of the service and its compliance with the UK Public Sector Internal Audit Standards, on-going performance monitoring and an external assessment at least once every five years by a suitably qualified, independent assessor. An external assessment was carried out in December 2019 which concluded that Mazars Risk Assurance Services conforms to the requirements of the International Professional Practices Framework for Internal Audit and the Public Sector Internal Audit Standards.

A programme of Continuous Professional Development CPD is maintained for all staff working on internal audit engagements to ensure that auditors maintain and enhance their knowledge, skills and audit competencies to deliver the risk-based plan. Both the Head of Internal Audit and the Engagement Manager are required to hold a professional qualification (CMIIA, CCAB or equivalent) and be suitably experienced.

We take responsibility to Walsall Council for this report, which is prepared on the basis of the limitations set out below.

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

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

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

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