

Corporate Risk Report, Quarter 1 2024/25

Cabinet 13th August 2024



Q1 Summary position:

- Three new risks has been escalated to the Corporate Risk Register, all are reporting as red risks with a score of '16'. Homelessness & Housing Stock Availability and Industrial Action were previously recorded as Emerging Risks.
 - Homelessness and Housing Stock Availability (DEV02)
 - Potential for Industrial Action (PS02)
 - Data Insight for operational delivery of Adult Social Care (AH03)
- Increases in risk score:
 - Finance Risks related to in year and future year budget position (FIN01 & FIN02) have both increased from last quarter. This reflects the risks associated with delayed delivery of savings initiatives and new emerging pressures.
 - Risks related to Data Integrity (SI01) have increased in likelihood this quarter, as a consequence of capacity constraints limiting progress on Data Management Strategy development
 - Corporate Governance (LGC01) increases this quarter; however it is expected that this will reduce again next quarter following Council meeting on the 17th July 2024
- Reductions in risk score:
 - Talent management (PS01) has reduced, reflecting progress on service redesign activity and benefits of embedded people management processes
 - Reduction in the likelihood score for Capital Plan (FIN03)
 - Adult Social Care assurance framework (AH02) risk reduces as actions to prepare for CQC inspection are progressing as required.
- There have been no risks removed this quarter.



Summary overview (page 1 of 2)

Reference	Risk Description	Risk Owner	Risk Score (R)	Direction of travel
FIN01	Risk of in year budget overspend	Kevin Mulvaney	20	↑
FIN02	Risk of medium-long term financial instability	Kevin Mulvaney	20	↑
PS01	Talent Management	Shauna Coyle	16	↓
LGC04	Risk of ineffective contract management	Samatha Lawton	16	↔
SI03	Failure to protect key information and data from a cyber attack	Terence Hudson	16	↔
HN01	Housing Safety & Quality	Naz Parkar	16	↔
CF02	SEND provision	Jo-Anne Sanders	16	↔
DEV02	Homelessness and housing stock availability	Joanne Bartholomew	16	NEW
AH03	Data insight for operational delivery of Adult Social Care	Cath Simms	16	NEW
FIN03	Failure to develop, monitor and achieve the capital plan	Kevin Mulvaney	15	↓



Summary overview (page 2 of 2)

Reference	Risk Description	Risk Owner	Risk Score (R)	Direction of travel
PS02	Potential for Industrial action	Shauna Coyle	12	NEW
SI01	Data Integrity	Mike Henry	12	↔
LGC03	Failure of Procurement processes	Samantha Lawton	12	↔
HP01	Emergency Planning & Business Continuity	Jane O'Donnell	12	↔
ES01	Climate Change	Kat Armitage	12	↔
CAS01	Community Cohesion, wellbeing & resilience	Jill Greenfield	12	↔
AH01	Adults Safeguarding	Cath Simms	12	↔
LGC02	Data Governance	Samantha Lawton	12	↔
DEV01	Corporate assets portfolio management	Joanne Bartholomew	12	↔
LGC01	Failure in corporate governance	Samantha Lawton	9	↑
AH02	Adult Social Care assurance framework	Cath Simms	9	↓
HP02	Health & Safety	Jane O'Donnell	8	↔
CF01	Childrens Safeguarding	Vicky Metheringham	8	↔
SI02	Relationships with key partners	Stephen Bonnell	6	↓



FIN01 Budget Monitoring and Management

Risk of in year budget overspend caused by failure to maintain sufficient level of priority and focus on achieving agreed savings targets resulting in a negative outturn position impacting on following year budget

Risk Owner: Kevin Mulvaney, Service Director Finance

Quarterly update:

Risk score increased to reflect early indication of slippage in savings plans and new emerging pressures. Reference to the slippage and other pressures is reported in the Q1 monitoring report.



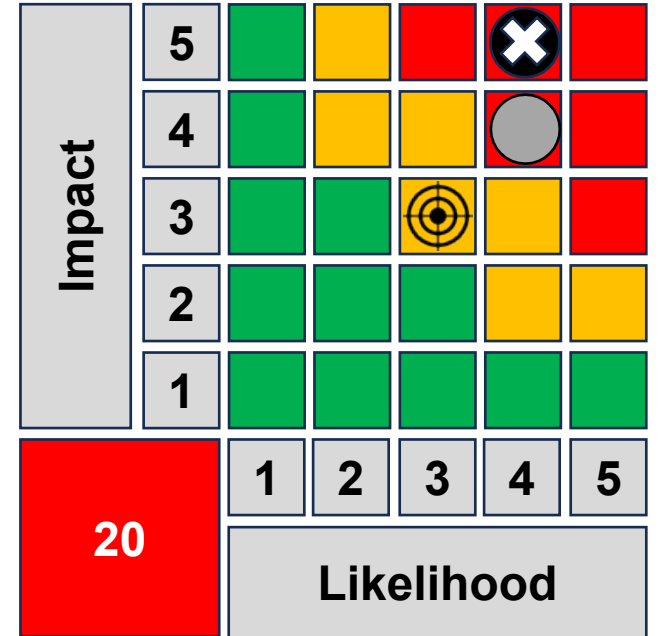
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. 2024-25 budget agreed by Council in March 2024
2. Established governance arrangements are in place to achieve planned outcomes, quarterly reporting to ELT and Cabinet, Scrutiny & Outturn to full council
3. Forecasts reviewed and updated on a monthly basis with updated year-end position
4. Monthly monitoring of savings trackers
5. Dedicated finance managers for each service area and dedicated income management teams.
6. Regular meetings and ongoing engagement as required between Service Directors and Finance, attendance at performance meetings, review of monitoring KPIs and contract compliance

Further actions underway to address risk:

1. Check & Challenge approach in place
 - Led by Chief Executive & CFO
 - Commencing August 2024
2. Restrictions in place for non-essential expenditure
 - People Panel review of staffing proposals
 - This is being monitored monthly by HD-One. Budgets will be reduced on non-essential spend codes.
3. Enhanced control of staffing budgets being put in place, linking expenditure to staff structure on SAP
 - Working with People Services, HD-One and joint working with other Councils (Bradford) to implement a solution.

FIN02 Medium Term Financial Sustainability

Risk of medium-long term financial instability caused by failure to develop and adhere to robust financial planning processes and procedures, or changes to funding principles, leading to reductions in service provision, possible government intervention and reputational damage

Risk Owner: Kevin Mulvaney, Service Director Finance

Quarterly update:

Risk score increased to reflect likely significant increase in savings required to plug the financial gap. MTFP will be updated and reported to Cabinet in September 2024 which will provide further detail.



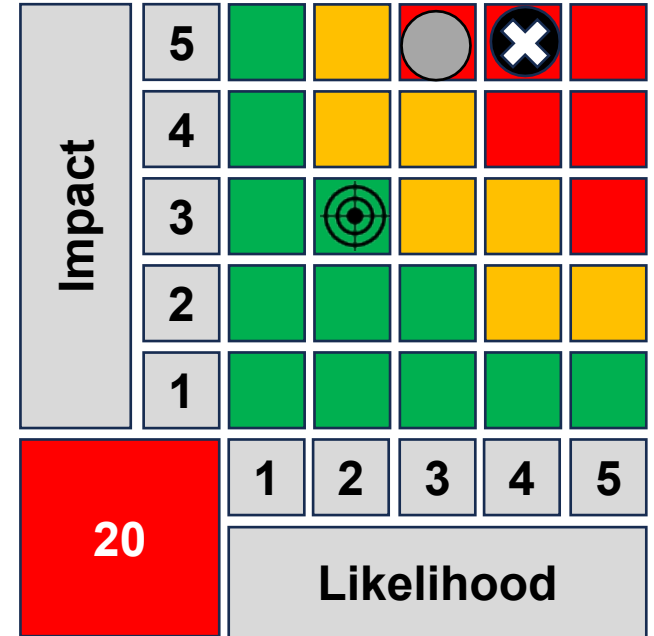
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. 3-year financial plan (2024-25 to 2026-2027) agreed by Council in March 2024 and to be updated in September 2024.
2. Documented governance process for determining the adequacy of reserves position and utilisation of reserves, if required to balance the budget.
3. Balanced 30-year plan for the Housing Revenue Account
4. Ongoing review of the Capital Plan, considering defer / stop decisions are reviewed with update to cabinet in September 2024.
5. Treasury Management - TM strategy and plan recommended to and approved by the Corporate Governance & Audit Committee and Cabinet
6. External Audit – Draft accounts published
7. Structured approach to identifying and implementing budget changes to achieve savings
8. Reserves management, maintaining minimum reserve level

Further actions underway to address risk:

1. Detailed review of medium term plan and savings gap, report to Cabinet September 2024. Directorates will be expected to work on savings to close the gap.
2. Safety Valve Agreement has been extended and will now end in 2029-30 (previous date 2026-27)
 - Monitoring of costs being draw down from SEND Transformation Reserve
 - Monthly monitoring of expenditure against high needs block.

FIN03 Capital Plan Management

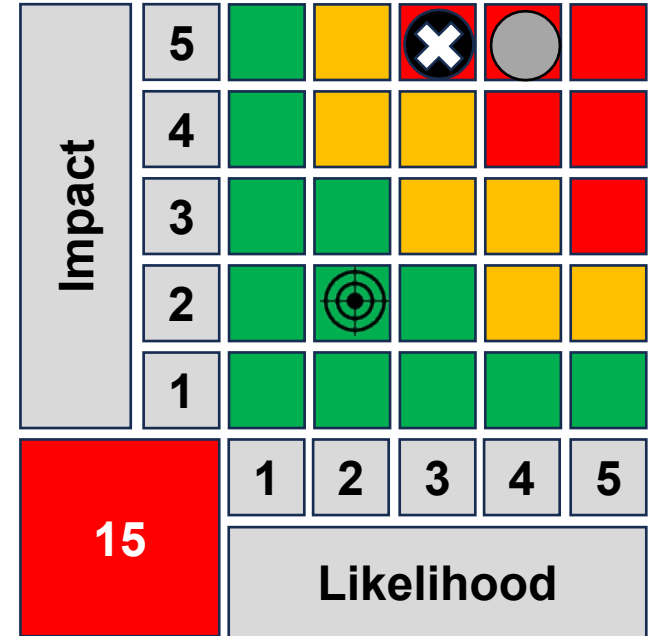
Failure to develop, monitor and achieve the Capital Plan leading to impacts on the revenue account and reserves position.

Risk Owner: Kevin Mulvaney, Finance Service Director

Quarterly update:

Reprofiling of capital plan in progress.
 £62m of slippage identified and report in quarter 1 finance report
 Current capital budget for 24/25 is £279m- expenditure in 23/24 was £148m
 So further reprofiling is likely to occur.

 Current risk score
 Previous risk score
 Target risk score



Controls in operation:

1. Capital Assurance Board (CAB) meet monthly to provide strategic oversight of the Council's Capital Plan, chaired by Chief Finance Officer.
2. 5 year Capital Plan developed and agreed. Monitored through CAB
3. Agreed capital scoring matrix to inform prioritisation of proposals
4. Approved Corporate Property Strategy, delivery monitored through Corporate Property Board
5. Technology strategy to be considered at Cabinet and will be considered against the overall capital resources available

Further actions underway to address risk:

1. Capital challenge sessions to review options for rephase, defer, stop planned for July 2024
2. Identification of alternative funding sources by relevant services to mitigate cost overspends.
3. Asset disposals (112 surplus properties identified)
 - Annual capital receipts targets agreed and capital receipts monitoring to be include in quarterly updates.

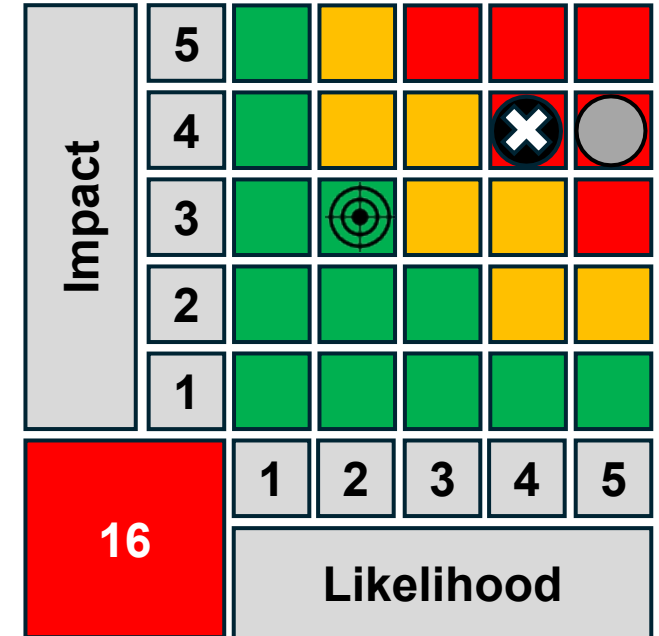
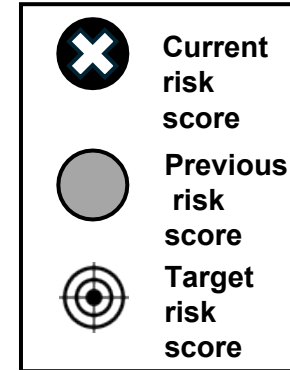
PS01 Talent Management (staffing issues)

Failure to attract, recruit and retain staff to meet the demands of the organisation due to broader labour market challenges, expectations relating to pay and reward and national / regional shortages in some specialist areas.

Risk Owner: Shauna Coyle, Head of People Services

Quarterly update:

We are actively managing recruitment and service redesign activity, utilising deployment as a key mitigation against redundancy and supporting internal talent progression as a priority. There remain a number of technical / professional roles which are in high demand and short supply, with the financial challenges faced by local government exacerbating some recruitment challenges in certain service areas.. We continue to see a high reliance on agency staff in some areas.



Controls in operation:

1. Embedded People Strategy with regular reviews in place to meet needs of the organisation - phase 3 projects provide focus in this area
2. Monitoring of workforce data at Directorate and Service LT meetings, introduction of dashboards including lead & lag indicators
3. Retain focus on supporting groups less able to access jobs e.g.. younger people through targeted apprenticeships, training and career development opportunities as well as support into employment programmes (Project Search and work experience)
4. People Panel coordinates vacancy management across the organisation
5. Continued focus on wellbeing to support retention: Wellbeing surveys, Wellbeing network and promotion of Employee Healthcare offer now launched

Further actions underway to address risk:

1. Further development and embedding of succession and workforce planning
2. Phase 3 of People strategy includes projects focused on employee value proposition throughout the employee lifecycle. Scoping activity during Q2
3. Revitalising of exit interviews and developing 'stay' interviews to drive understanding. Initial findings being analysed
4. Review of approach to Market Rate Supplements - paper to ELT Oct 2024
5. Support through change learning and resources in place
6. Piloting use of specialist support for hard to fill roles
7. Relaunching work experience to promote Kirklees as a potential future employer.
8. Planned participation in local government recruitment campaign expected to launch in autumn
9. "My Conversation" performance review process being embedded

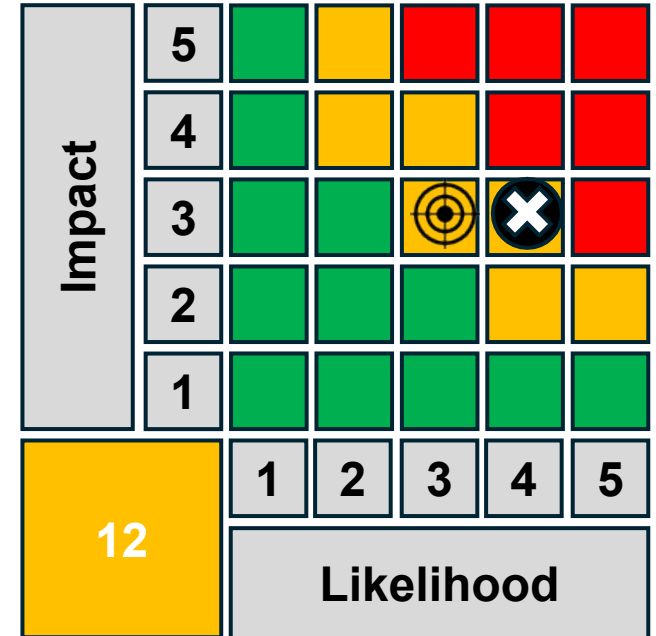
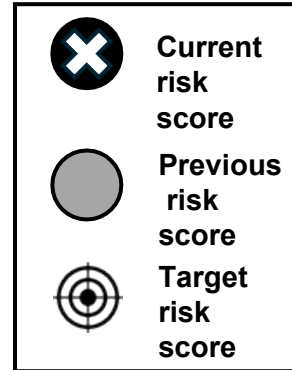
NEW PS02 Industrial and disruptive action

Risk that service delivery is impacted by prolonged industrial and disruptive action, triggered by service changes, budget reductions/pressures, asset rationalisation, changes to ways of working and redundancies.

Risk Owner: Shauna Coyle, Head of People Services

Quarterly update:

- The IR climate remains a challenge, particularly in light of local and national politics. We continue to meet formally and informally with TU colleagues and encourage positive TU relationships at service levels.
- Customer Service staff being balloted for industrial action.
- Complexity and high volume of ER matters and cases



Controls in operation:

1. Service change consultation meetings taking place with local and regional TU reps.
2. TU and Senior Leaders liaison arrangements – JCG's, TU mtgs eg dedicated service change meetings, workforce matters, ongoing dialogue/informal meetings with TU's via Head of People Services
3. Service Business continuity plans
4. Transition arrangements considered/consulted on for each service change

Further actions underway to address risk:

1. Exploring additional resource requirements for team for ER support
2. Reviewing and updating TU membership and facilities time
3. On going training of staff and legislation changes
4. Actions are underway to address Equal Pay emerging risk and potential consequences

SI01 Data Integrity and Systems Management

Risk of poor/uninformed decision making, failure to maximise income or inability to comply with statutory requirements caused by data integrity issues leading to reputational damage, ineffective resource allocation and/or a reduction in Council funding

Risk Owner: Mike Henry, Head of Data & Insight (D&I)

Quarterly update:

The risk score reflects the limited progress being made on the development of a Data Management Strategy for the Council and specific data management initiatives. The lack of progress is a result of resource and capacity constraints and a high number of competing short-term 'business as usual' delivery priorities. Continued focus on support to areas subject to regulatory oversight.



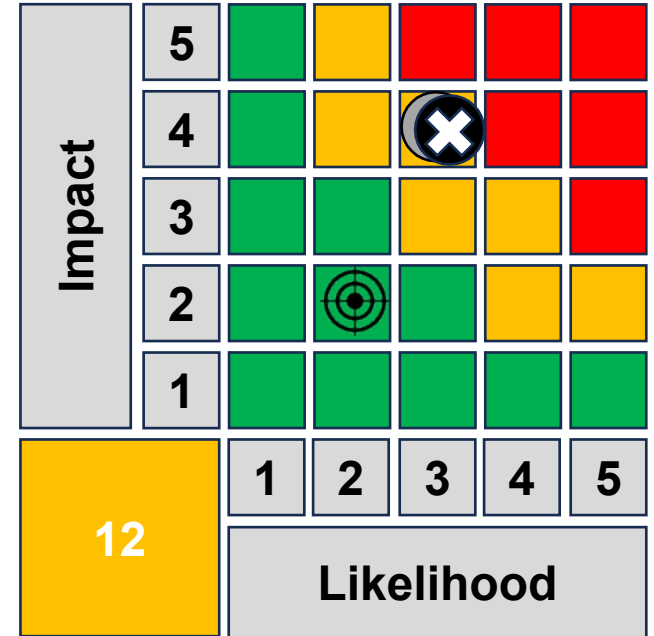
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Regular prioritisation of Data & Insight resources and activity to ensure they reflect council priority areas.
2. Targeted interventions in high risk/profile areas such as Homes and Neighbourhoods, Early Support and Adult Social Care.
3. Robust internal audit processes to validate data for external funding claims (e.g., Supporting Families).
4. Strong core financial systems

Further actions underway to address risk:

1. Development of a Data Management Strategy for the Council.
2. Improvements in data literacy across the Council.
3. Recruitment into the D&I Service and working collaboratively with services to raise awareness of data management and governance requirements. Delivery of this action is critical for progress on action 1 to happen within acceptable timescales
4. Increased focus on data migration decisions, plans and approaches when implementing new applications across the Council.
5. Additional work to ensure that data processes are integrated properly for delivery of management information

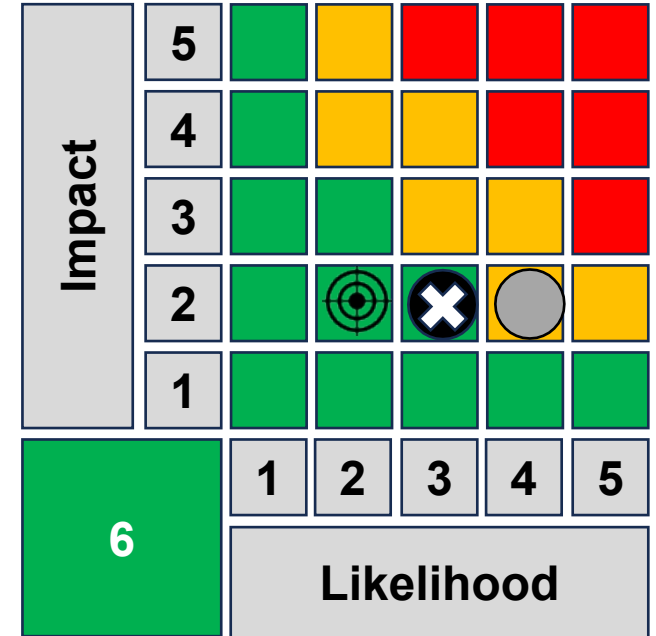
SI02 Relationships with key partners

Risk of poor outcomes for Kirklees in terms of priority setting and funding allocations caused by failure to develop and maintain effective relationships with key regional and local partners and organisations, impacting on our ability to meet statutory and local requirements.

Risk Owner: Stephen Bonnell, Head of Policy, Partnerships & Corporate Planning

Quarterly update:

- Political membership of local and regional groups changed, e.g. chair of Kirklees Health and Wellbeing Board and West Yorkshire Combined Authority committees.
- Policy and coordination colleagues from the six WY authorities coproduced proposals on communication, support, and collaborative decision-making for WY Chief Executives.
- Communication improved with Sport England and National Lottery Community Fund Funding organisations report increased competition for their funds, raising local competition risk.



Controls in operation:

1. Effective senior officer and member representation through WY committees and several key informal engagement groups, including WY Chief Executives, Directors of Development, Team WY, and monthly WY ICB
2. Local partnerships, including Partnership Executive, Kirklees Health & Wellbeing Board, Communities Board, Safeguarding Boards, and many other bilateral and multilateral groups
3. Top tier partnership strategies outline how partnership working will contribute to the achieving our vision for Kirklees with agreed shared outcomes
4. Outside body representation formally noted at Corporate Governance & Audit Committee on annual basis
5. External Funding Strategic Relationship Mapping across all directorates coordinated corporately
6. Briefing arrangements to support members and officers attending meetings

Further actions underway to address risk:

1. Team WY Partnership Action Plan, e.g.:
 - Embedding WY partnership principles
 - Assurance Framework review
 - New communication and collaboration routes
 - Clear roles and responsibilities for informal engagement groups
 - Supporting Chief Executives with strategic prioritisation
2. Inclusive Economic Strategy scheduled for September Cabinet
3. Further external funding strategic relationship development based on the 2023 relationship analysis and mapping

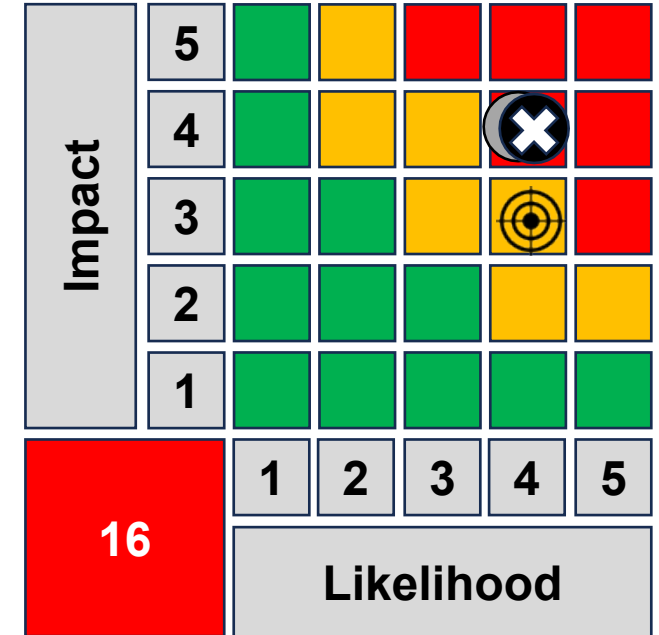
SI03 Cyber Security

The risk of a data breach and / or impaired system functionality caused by a malicious cyber-attack leading to inability to deliver council services, costs to recover / compensate and associated reputational damage

Risk Owner: Terence Hudson, Head of Technology

Quarterly update:

- PSN accreditation achieved, remaining legacy systems on the network contribute to an elevated risk profile.
- Threat landscape remains critical with significant incidents happening across the public sector. Recent incidents in Kirklees were contained however credential theft remains an ongoing risk.
- Supply chains present the greatest vulnerability currently, we remain on high alert following data loss by a number of organisations, some of which the council use



Controls in operation:

1. Documented and approved Cyber Strategy
2. Adherence to National Cyber Security Centre (NCSC) guidance
3. Penetration tests and PSN accreditation is maintained on an annual basis
4. Access to core systems restricted through Privileged Access Management
5. Controls validated on a regular basis through industry benchmarking and review by external auditors
6. Information Governance Board
7. Regular communications and training to ensure that staff are fully aware of their responsibilities and to highlight potential risk areas

Further actions underway to address risk:

1. Ongoing monitoring of the threat landscape, which is forecast to continue to increase in terms of sophistication and requirement of response.
2. When incidents occur, use these to highlight the dangers, the actions taken and the opportunities for learning.
3. Understanding the risks and opportunities involved with the usage of Artificial Intelligence, e.g. Internal guidance developed on use of AI / Large language models ensuring the protection of personally identifiable data.
4. Explore the possibilities and cost implications of further perimeter controls, e.g. Enhanced 'Security Operation Centre' services such as 24x7 external on-call support to complement our capacity; Acquire Office 365 E5 licences (understand the costs and wider technology choice implications)
5. Awareness of/action to improve data management through third party suppliers
6. Ensuring thorough processes for mitigation where possible

LGC01 Corporate Governance Failure

Failure to ensure that effective processes, frameworks and relevant training are in place and adhered to in order to facilitate compliant and legally sound decision making, avoiding subsequent challenge and reputational damage. Applies to Members, Officers, and the relationship between them.

Risk Owner: Samantha Lawton, Service Director Legal & Commissioning

Quarterly update:

Although there is minor scope for improvements in some recording and reporting, the overall procedural governance arrangements for the Council are reasonably robust. The Council continues to need to ensure that where decisions are needed, these are made promptly and clearly following the necessary due processes (such as consultation, and scrutiny) before decision making by Cabinet, Council or through approved delegations



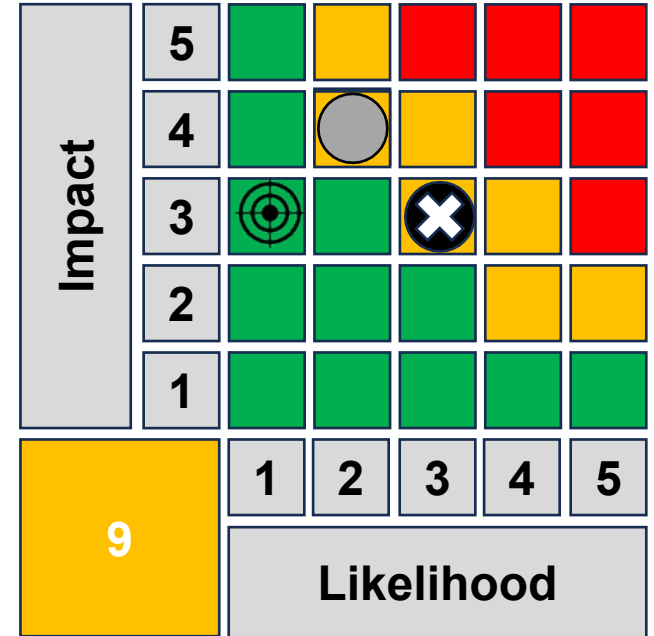
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Constitution
2. Leader & Cabinet model with portfolio holders and scrutiny function
3. Code of Conduct for Members and Officers
4. Scheme of delegations approved
5. Report templates
6. Annual Governance Statement
7. Fraud, Bribery & Corruption Policy
8. Conflicts of Interest Policy and Protocols for Gifts & Hospitality
9. Member and Officer induction and training
10. Whistleblowing procedures
11. Internal & External Audit
12. Financial Procedure Rules and Contract Procedure Rules

Further actions underway to address risk:

1. Ensuring the new minority Cabinet is supported to achieve effective and timely decisions through the governance process
2. Further consideration of updates to constitution to facilitate effective decision making
 - Reports will proceed to CGAC as part of the updating of the Constitution by the Monitoring Officer (likely Q4 24/25)
3. Ongoing training and support to new members is provided by the Governance team
4. Completion of pilot activity within People Services on Conflicts of Interest reporting tool
 - Pilot due to complete Summer 2024
 - Further rollout to take place if pilot deemed successful

LGC02 Information Governance

Failure to process (obtain, hold, record, use, share) information in line with the UK General Data Protection Regulations, Data Protection Act, Freedom of Information legislation and other relevant legislation leading to regulatory censure, fines, and associated reputational damage

Risk Owner: Samantha Lawton, Service Director Legal & Commissioning

Quarterly update:

- Continue to receive increased numbers of FOI and Data Protection Requests. Q1 figures for 24/25 are above those in the same period last year
- IG Manager has attended Director SLTs to promote RoPA work and ensure that there is senior buy in to progress this further. Staffing resources have/are being identified to support delivery.
- DSPT (23-24) submitted to the NHS in June 2024. Received 'Standards Met' status however, the IA report identified areas for improvement to be examined ahead of 24-25 submission.
- IG Annual Report was provided to ELT in May 2024

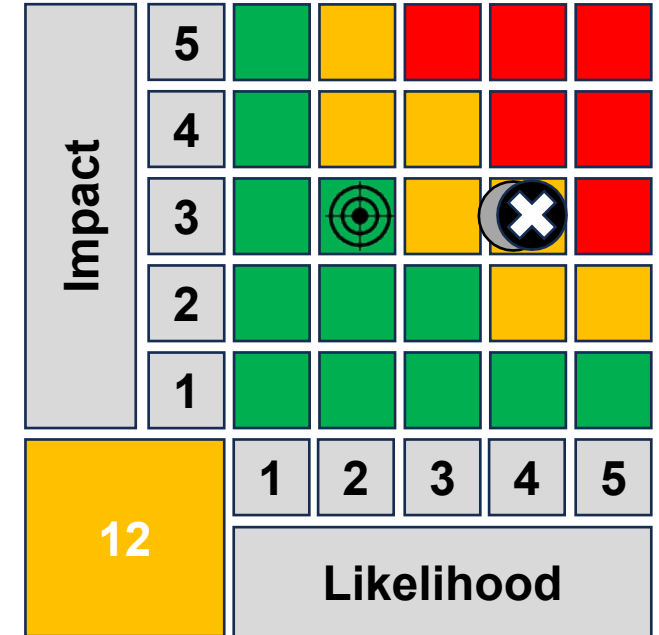
Controls in operation:

1. Approved policies including Data Protection and Information Governance Policies
2. Information Governance Board has delegated responsibility to oversee information governance issues and reports to the Executive Team and Corporate Governance and Audit Committee as appropriate
3. Mandatory training provision for all staff annually, plus additional training is available online or in-person, directly from the IG Team
4. Online reporting functionality for information security incidents
5. Regular communications via corporate channels to staff
6. Guidance documentation available via the intranet to support staff
7. Privacy notices available on the corporate website, enabling transparency with Kirklees residents
8. Annual compliance with the NHS Data Security and Protection Toolkit (DSPT)

Further actions underway to address risk:

1. Development of the Record of Processing Activity (RoPA) being overseen by the Information Governance Board
2. Development of improved Data Protection Impact Assessment (DPIA) process providing clearer guidance and delivering efficiency for staff
 - Launch of revised Policy & Procedure in Q4 24-25
 - Training and guidance roll out to commence at same time but continue into Q1 25/26 before becoming BAU.
3. FOI/EIR project to deliver improved reporting and improved compliance
 - First draft of Policy scheduled to go to IGB in Q2 24-25 for comment and feedback

 **Current risk score**
 **Previous risk score**
 **Target risk score**



LGC03 Procurement

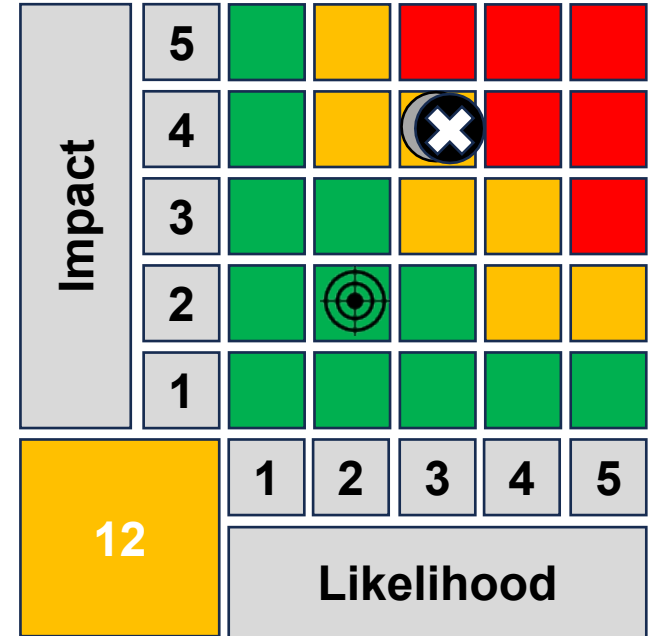
Risk that the council enters into contracts with suppliers / commissioned service providers that do not secure the intended outcomes, due to inadequate or non-adherence to processes and procedures resulting in increased costs, reduced benefits and possible statutory breaches and reputational damage.

Risk Owner: Samantha Lawton, Service Director Legal & Commissioning

Quarterly update:

The implementation of the Procurement Act 2023 will see a number of minor changes with which the council needs to both ensure compliance, but recognise where different opportunities exist which might enable the use of different approaches to procurement with enhanced achievements. Recruitment activity to appoint both interim and permanent Head of Procurement is progressing.

 **Current risk score**
 **Previous risk score**
 **Target risk score**



Controls in operation:

1. Procurement Strategy
2. Agreed roles & responsibilities (corporate team, service lead, legal, technology etc)
3. Contract Procedures Rules, reviewed and approved on an annual basis
4. Utilise the regional procurement portal YORprocure / YORtender
5. Category managers aligned to service areas
6. Contract register maintained
7. Contract assurance board

Further actions underway to address risk:

1. Continuous Improvement Assessment Framework
 - Work ongoing to make incremental improvements across the commercial lifecycle and to upskill staff
 - Timescales and governance of this project will be established in the Autumn following recruitment of a Head of Procurement
2. Procurement tracker – pipeline management
 - Went live 1st April 2024, linked to measures outlined in Procurement Strategy
3. Procurement Act
 - New regulations come into force October 2024
 - Task & Finish group established to oversee delivery of required change
 - Further develop business cases

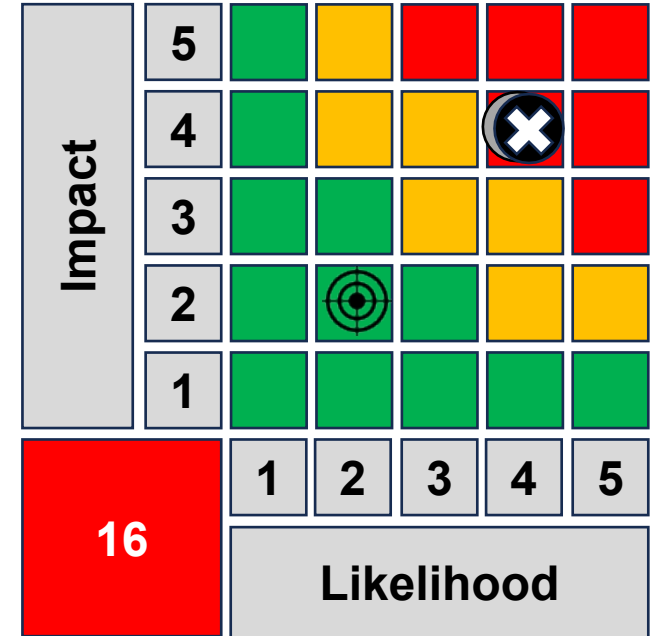
LGC04 Contract Management

Risk that suppliers do not provide goods / services in line with contractual agreements and / or a failure to identify, control and manage risks arising through supplier / contractor activity due to lack of robust oversight and quality assurance arrangements.

Risk Owner: Samantha Lawton, Service Director Legal & Commissioning

Quarterly update:

There remain examples where improved practice could ensure more effective delivery or be better value for money. A number of PFI contracts expire quite soon, and effective management of their termination is vital to maximize outcome and avoid legacy issues



Controls in operation:

1. Contract Assurance Board (CAB) has oversight of significant contracts to ensure that contract award and management has transparency
2. Key Performance Indicators / Outcome Measures / Specifications that will be used to monitor performance are agreed pre contract completion and defined within contractual documentation
3. All contracts have a named contract manager
4. Contract handover document is produced by Procurement team and provided to contract manager. Document details contract manager responsibilities and specific KPIs that will need monitoring.

Further actions underway to address risk:

1. Introduce formal training for colleagues undertaking contract management activity: Pilot training programme for 'Advanced Practitioner Contract Management'.
2. Increased emphasis on strong contract management with effective documentation of agreed changes
3. Being sure that the specification of any contract is sound- so enhancing the likelihood that delivery will be as anticipated, on time and within expected resources
4. Developing methodologies to ensure best outcomes from PFI contracts as they approach termination, involving all stakeholders
5. Procurement Act 2024 requires additional contract management actions and reporting

HP01 Emergency Planning & Business Continuity

The risk that the Council's incident management / emergency planning is insufficient to manage a serious incident or series of related incidents leading to short term or prolonged impacts on the Kirklees community and Council employees and operations.

Risk Owner: Jane O'Donnell, Head of Health Protection

Quarterly update:

- Protect Duty (Martyn's Law) launch event
- JESIP (Joint Emergency Service Interoperability Principles) training session with local health partners
- Tested KC control room and issues addressed
- Evacuation centre training at KAL location
- Extreme Heat exercises with Operational Services



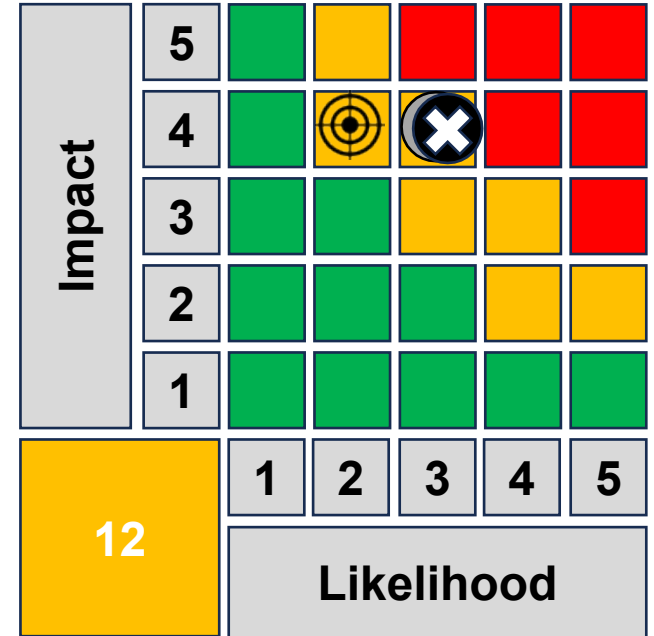
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Embedded emergency management system that aligns to national guidance (.gov, etc)
2. Readiness and competencies are monitored through completion annually of a self-assessment audit
3. Governance through Kirklees Health Protection Board and Local Resilience Forum
4. Business Continuity Resilience 'pulse check' completed on a monthly basis by all Services
5. Training people on their roles/responsibilities and exercising of plans.
6. Major Incident Plan and associated appendices
7. Collaborative working and information sharing with key stakeholders.

Further actions underway to address risk:

1. Programme of work with commercial and other organisations to ensure readiness for enhanced controls on publicly accessible locations as a result of the introduction of 'Protect Duty'
 - Implementation timeline not clear as Bill did not become Act prior to dissolution of Parliament on 30th May 2024
2. Activity underway to provide assurance on Business Continuity Plan coverage and whether plans have been tested in prior 12 months. A question has now been added to the monthly resilience report which requires BC to confirm if their plan(s) have been tested.

HP02 Health & Safety (H&S)

Failure to provide appropriate framework, guidance and monitoring of corporate H&S statutory requirements results in a preventable H&S incident involving colleagues and / or members of the public with possible financial, legal and reputational impacts

Risk Owner: Jane O'Donnell, Head of Health Protection

Quarterly update:

- Contravention Notice issued by the HSE for late submission of a RIDDOR report.
- Tools Purchasing Policy being developed within Property Services to improve controls.
- Close working with Homes and Neighbourhoods to improve health and safety compliance.



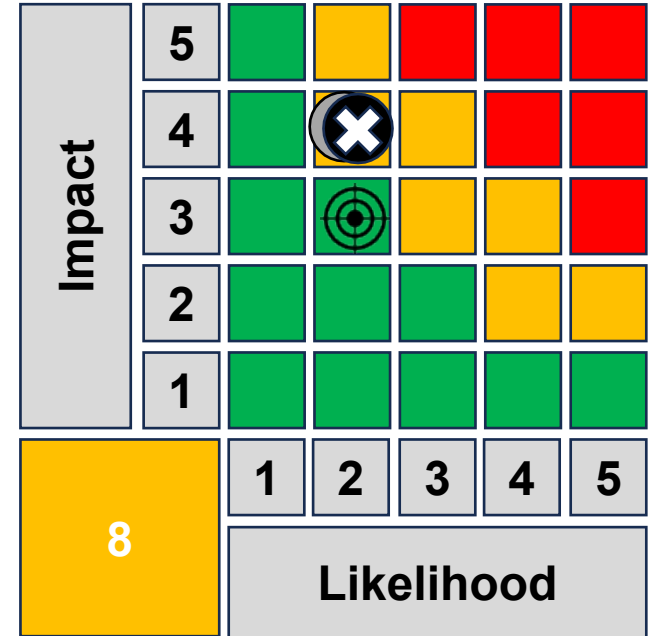
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Policy, Strategy and associated guidance reviewed regularly.
2. Governance through H&S Oversight Board which meets quarterly and is chaired by Strategic Director. Board reports to onwards to ELT with quarterly corporate H&S performance report
3. Mandatory training matrix specifies minimum level of training dependent on job role.
4. Online incident reporting system. Accident, incident and near miss reports monitored and investigated as necessary
5. Reportable injuries, Occupational diseases (HAV syndrome, carpal tunnel syndrome) and Dangerous Occurrences are reported to the HSE in line with RIDDOR regulations
6. Embedded safety advisor role sits within relevant Service organisational design to provide advice and guidance
7. Management review and inspection of high & medium risk premises

Further actions underway to address risk:

1. Monitoring of compliance with Hand Arm Vibration Syndrome (HAVS) to ensure all required mitigations are consistently applied across services by the Corporate Safety Team.
2. Reviewing Terms of Reference for Health and Safety Oversight Board.
3. Review RIDDOR reporting process to prevent reoccurrence of late submission

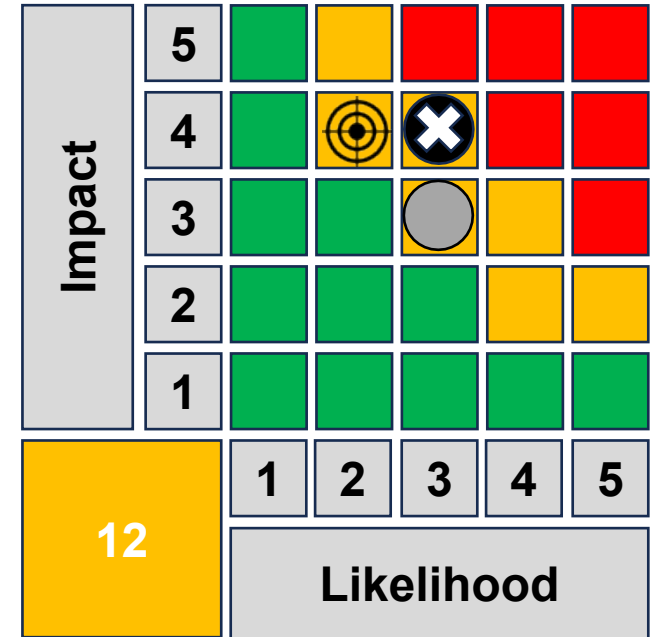
AH01 Adults Safeguarding

Failure to adequately safeguard vulnerable adults from harm, abuse and neglect because of increased complexity, referral volumes and a lack of service capacity to respond to the assessed need.

Risk Owner: Cath Simms, Service Director Adult Social Care Operations

Quarterly update:

- Identified some areas of improvement at safeguarding alerts stage.
- Introduced online safeguarding referral form for professionals to ensure accurate information is collected and reduce the need for call-backs and duplication.
- Kirklees Direct are piloting screening safeguarding referrals from the public in line with Children's processes.
- Managed concerns from Care Homes are now being screened by Safeguarding front door.



Controls in operation:

1. Corporate Safeguarding Policy reviewed regularly (Jan 2024)
2. Mandatory training requirements and additional training where need identified
3. Person in position of trust (PIPOT) process in place
4. Self-neglect policy and pathway in place. Self-neglect cases managed through the multi-agency risk escalation conferences
5. Adult's representation on all strategic and operational groups related to safeguarding (such as; Prevent, Domestic Abuse and Modern Slavery)
6. Governance through Kirklees Safeguarding Adults Board and Health & ASC Scrutiny Panel
7. Learnings and improvement plans from Safeguarding Adults Reviews (SAR) reports
8. Prioritisation and escalation managed by Safeguarding Service Manager
9. Large Scale Safeguarding Enquiry (LSE) policy is being reviewed.

Further actions underway to address risk:

1. Transformation work is ongoing, HoS is leading a series of workshops looking at improved processes and pathways for safeguarding enquiries and response. This will complete by the end of Sept 2024.

AH02 Adult Social Care assurance framework

Failure to adequately plan and prepare for the reintroduction of the CQCs new assurance framework, resulting in an unfavourable outcome, regulatory scrutiny and associated reputational damage. Risk exacerbated by competing capacity demands, data issues (see separate risk) and (planned) staff exits.

Risk Owner: Cath Simms, Service Director Adult Social Care Operations

Quarterly update:

- Ongoing engagement with leaders, staff and external stakeholders to share early findings from other LA's and key messages re self-assessment
- Ongoing work with D&I regarding data availability and analytical capacity
- Information returns and evidence files maintained and developed (including case studies)
- Regional sessions attended for peer support and sharing best practice
- Peer Review (deferred to probably March 2025) to serve as a trial.



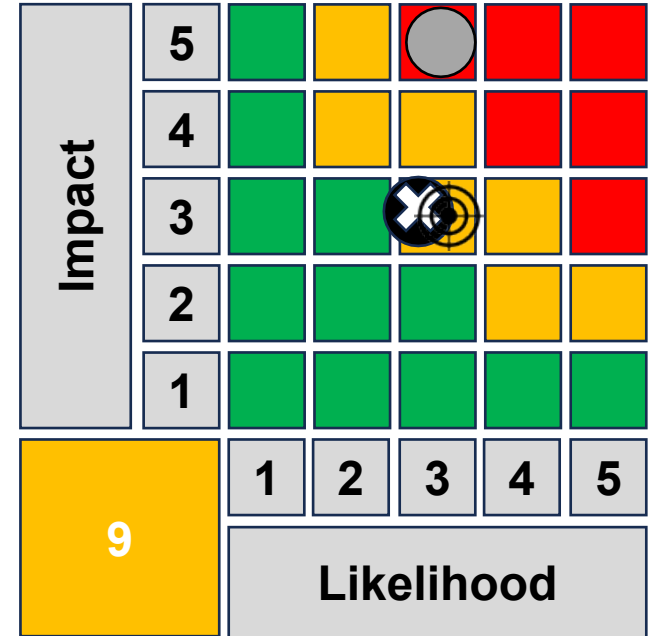
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. CQC Assurance project group established and progress updates provided to SCLT on a regular basis
2. Self-assessment checklist has been introduced
3. Engagement with sector led groups to take learnings from Local Authorities who have already been subject to inspection. Identification of previous areas of focus and inspection themes.
4. Internal communications strategy in place to build staff awareness, understanding and engagement with the inspection process

Further actions underway to address risk:

1. Planned Peer Review provisionally booked for March 2025

NEW AH03 Data Insight for operational delivery of adult services

Absence of systematic high quality data and intelligence to accurately determine if we are delivering and effectively monitoring good outcomes. Lack of historical and current Waiting Well data to support CQC requirements and inability to provide a validated data submission if requested.

Risk Owner: Cath Simms, Service Director Adult Social Care Operations

Quarterly update:

- Recent failure to submit data into a regional benchmarking exercise
- New Adults / D&I weekly meeting established
- Timescales for producing data has been agreed
- Prioritisation/de-prioritisation order of data requests has been agreed
- Additional D&I resource has been agreed – 3 months temporary contract.



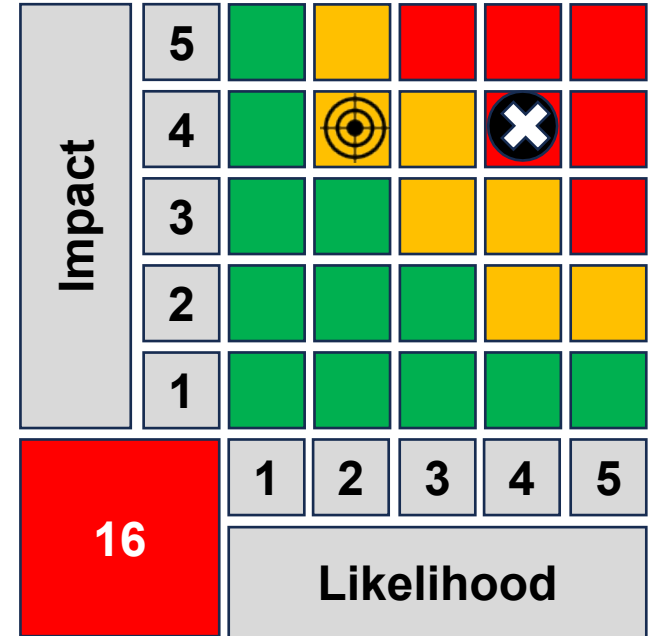
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Data Intelligence - Weekly Data and Insight Workstream meetings to provide updates on progress of Tableau dashboards.
2. Weekly Adults/ D&I prisonisation meeting
3. Form created to monitor addition D&I request to prevent duplication and prioritisation risk.
4. Until Waiting Well data is available Quality Improvement officers are using team level data for control and insight.

Further actions underway to address risk:

1. Once CQC data pack is established, CQC project team will review data provided and identify any outliers requiring operational input to create a data pack that there is confidence in.
2. There will be at least 3 cycles at monthly interviews to create trend data that we can submit to CQC

CF01 Childrens Safeguarding

Risk of children and young people being at risk of significant harm due to increased complexity, referral volumes and a lack of service capacity to respond to the assessed need.

Risk Owner: Vicky Metheringham, Service Director Resources, Family Support & Child Protection

Quarterly update:

ILAC's inspection in progress. Risk rating expected to be within target next quarter



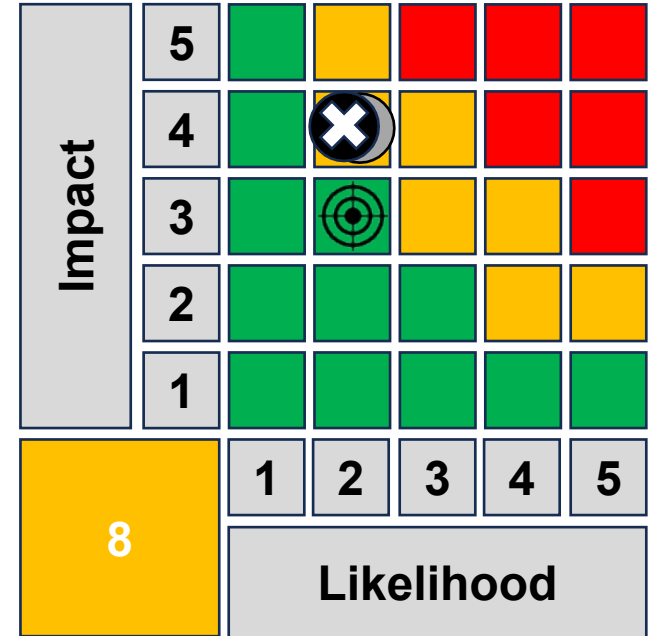
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Governance and senior management oversight – e.g QA panel, scrutiny, Ambition Board
2. LADO procedures in place
3. Disclosure & Barring Service (DBS)
4. Robust procedure in place to manage unregulated provision, if required
5. Training & supervision, Learning Conversations, Practice Learning Days, annual practice week,
6. Well embedded Kirklees Safeguarding Children Partnership (KSCP)
7. Caseload management and IRO oversight
8. Rolling recruitment to key posts
9. Enhanced oversight of practice
10. Corporate parenting approach and support to care leavers has improved.

Further actions underway to address risk:

1. Implementation of Integrated model to meet requirements of Stable Homes Built on Love (McCallister recommendations) and updated Working Together guidance
 - Phase 1: Completed April 2024
 - Phase 2: In progress. Est completion date Dec 2024
 - Phase 3: Date tbc.

CF02 Sufficiency of SEND provision

Failure to meet the needs of the SEND and pre-SEND community, due to increases in demand and complexity of clients needs, insufficient capacity within services and a lack of existing local provision leading to missing statutory deadlines and associated financial and reputational consequences.

Risk Owner: Jo-Anne Sanders, Service Director Learning & Early Support

Quarterly update:

- Latest Safety Value submission positively received and monies released by DfE
- Demand continues to be high but compliance rates are showing positive improvement.
- Progress has been achieved on the elements adding additional rigour to expectations of existing provision; and increasing local capacity through 2 re-builds and additional ARPs / satellites
- Management of the risk of key man dependency and the potential for single points of failure exist
- SEND Programme reporting to Programme Board as Red



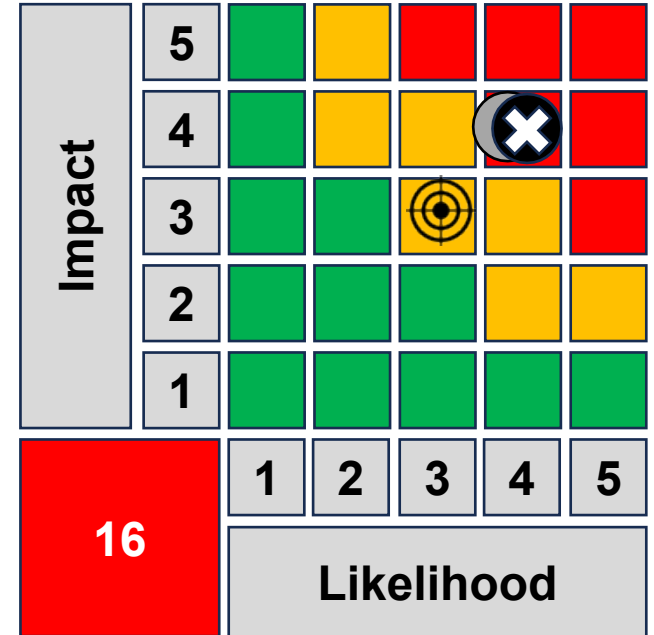
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Governance / pipeline management / triage and prioritisation
2. Stakeholder management to generate system ownership e.g. High Needs Block / Cluster working with schools.
3. DfE support via recommended SEND service specialist consultant.
4. Half yearly focus / deep dive / assurance sessions undertaken which cover(ed) every project.
5. Resourcing / training / upskilling.
6. Plan - agreed, funded, resourced.
7. Clear, documented process (EHCPs).
8. EHCP performance is being monitored and closely tracked. Renewed management focus supported by enhanced reporting data. Continue to work closely with schools to ensure the EHCP process is delivering the best outcome for children.

Further actions underway to address risk:

1. Safety Valve commitments – plan agreed and in place, DfE engaged and supportive.
2. SENDACT redesign is underway – this forms part of longer-term strategy to manage demand along with Cluster working, Early Years Transition Funding and cultural change, migration of case file management to liquid logic in progress.
3. Quality & Compliance partnership Governance group + SENDACT weekly performance meetings in place to drive performance improvement.
4. Written Statement of Action commitments continue to be monitored with the next WSoA meeting due in September.
5. Proactive complaints management – telephone calls made to parents currently in the EHCP process to provide update & identify potential support in the interim. A small number of complex complaints are being addressed.

CAS01 Community Cohesion, Wellbeing & Resilience

Risk of public disorder due to failure to monitor and mitigate rising community tensions, matters of violent extremism and related safer, stronger community factors, including criminal exploitation and national / international incidents

Risk Owner: Jill Greenfield, Service Director Communities & Access Services

Quarterly update:

- No change to risk score and mitigations, Amber score remains in line with national threat level and signed off by Gold group
- Daily tensions monitoring over Election period and briefing videos shared
- Strategic Intelligence Assessment refreshed for 2023/24 (statutory requirement)
- Increase in houses in multiple occupation risk assessed under Home Office/Mears merged into the overarching risk



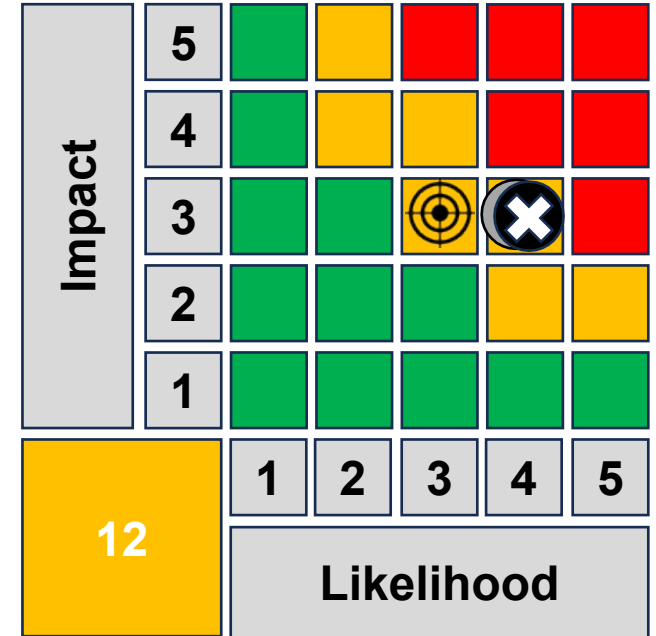
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Dedicated community tensions monitoring process and a clear procedure to process intelligence related to protests and tensions. Procedure includes Police and Emergency Planning colleagues.
2. Weekly tensions monitoring (tactical threat) meetings are held with all relevant partners – these can quickly switch to daily if required.
3. The Prevent Action Plan addresses community engagement, critical thinking and ideological issues and seeks to mitigate risk.
4. Engaging with and enabling opportunities for communities to build relationships and counter extremist narratives.
5. Building community resilience via the Inclusive Communities Framework.
6. Annual refresh and full 5-year review of Strategic Intelligence Assessment

Further actions underway to address risk:

1. Intensive refresher training with front line staff in focussed areas e.g. housing around public safety.
2. Recent Strategic Intelligence Assessment highlighted 5 of 15 areas under the Communities Partnership Plan themes as red, these form highest priority and will inform the delivery plan for the Communities Board groups for 2024/25 where actions are managed by themed groups.
3. In line with the newly formed team (bringing together Community Plus and Cohesion) due to launch July 2024, prevent community engagement action plan to be delivered by prevent officers and front-line place-based staff enabling focussed engagement via relationship building with community.

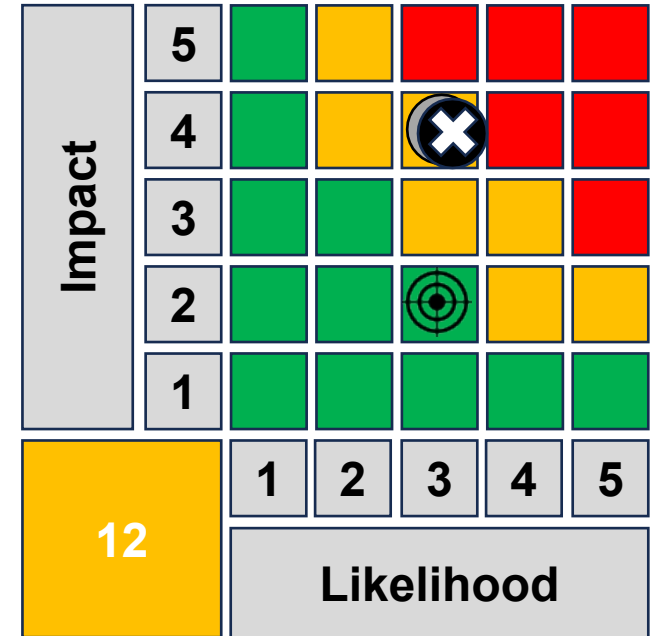
DEV01 Corporate Assets

Failure to effectively manage the liabilities arising from the council ownership and management of corporate assets, including building safety and financial liabilities, caused by failure to implement the corporate property strategy and insufficient control environment

Risk Owner: Joanne Bartholomew, Service Director Development

Quarterly update:

- Ongoing condition survey programme, being reviewed to ensure data integrity
- Compliance guide in development but all completed info published on Intranet
- Asset rationalisation and disposal programme underway
- Database specification at peer review stage prior to procurement
- Core Estate work underway however requires full review



Controls in operation:

1. Condition surveys – 5-year cyclical plan in place for all assets.
2. Processes & Procedures – New compliance guide is partially published on the Intranet and database will bring change to overall working processes
3. H&S Oversight Board, Building Safety & Assurance Board (corporate)
4. Corporate Compliance Guide – Being developed and partially available
5. Disposals programme – Programme of disposals to reduce stock level
6. Asset rationalisation – Programme to reduce available assets and use only as required to reduce budget.

Further actions underway to address risk:

1. New asset management database system
 - Implementation Q4 2024
 - Specification at peer review stage prior to procurement
2. Asset Strategy & Core Estate
 - New strategy being developed
 - Implementation of Core Estate principles.

NEW DEV02 Homelessness and housing stock availability

Insufficient availability of suitable accommodation options for temporary or permanent accommodation due to rising demand, reducing affordability and increasing complexity of priority need households, resulting in budget & legal challenge, poor customer outcomes and possible community cohesion issues

Risk Owner: Joanne Bartholomew, Service Director Development

Quarterly update:

- Demand pressures resulting in continued very high usage of TA, at the end of June over 50% of TA households were in nightly paid TA (mainly B&B hotels)
- Preventing Homelessness and Rough Sleeping Strategy / TA Placement Policy currently on flightpath to September Cabinet meeting
- Change of Govt may result in national policy change impacting on housing delivery, benefits, homelessness.



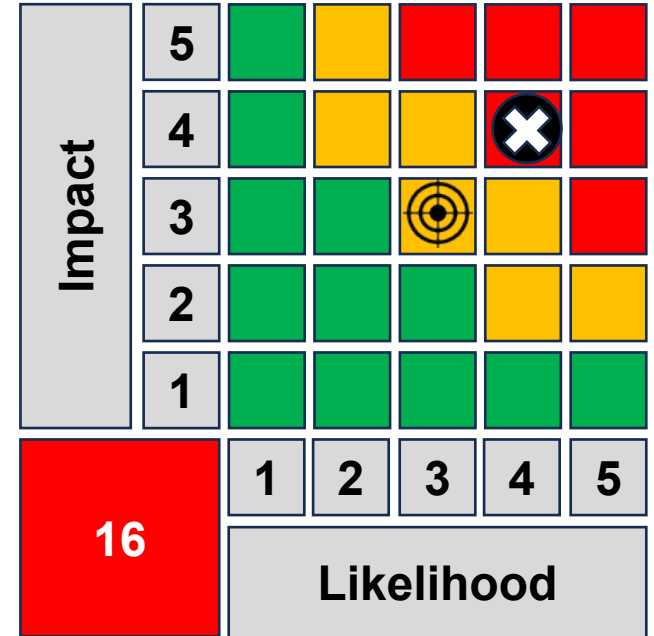
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Revised emergency accommodation procurement framework now in place
2. Effective utilisation of all available accommodation e.g. Ashenhurst pilot scheme, extension of lease currently being negotiated
3. Regular monitoring and management oversight of all temporary accommodation placements – new two stage approval process now in place and initial figures (first two months) showing slowdown in number of new placements
4. Berry Brow units being used for TA, however time limited access to these pending demolition
5. LAHF programme – acquisition/refurb of stock for meeting needs of Ukraine and Afghan households. (will also include new TA units if LAHF3 bid approved)
6. Governance structure in place via Homelessness/TA Transformation Board recently established, will have oversight of TA demands/pressures in particular

Further actions underway to address risk:

1. Development of private rented sector options to divert customers from Temporary Accommodation, or to provide swifter 'move on' options
2. Flexible financial incentives being utilised for homeless prevention and diversion from TA
3. Effective management of expectations ensuring customers are aware at the outset of the likelihood of securing suitable alternative accommodation
4. Implementation and the effectiveness of the revised Kirklees Allocations Policy (revised 2022) is monitored quarterly by a joint HSS/H&N Implementation Group. Portfolio Holder is briefed quarterly on performance of the Policy.
5. Implementation of B&B reduction plan

HN01 Housing Safety & Quality

Risk that residential housing stock does not meet building safety regulations and / or the decent homes consumer standard resulting in service user dissatisfaction, complaints, regulatory scrutiny and reputational damage

Risk Owner: Naz Parkar, Service Director Homes & Neighbourhoods

Quarterly update:

The service cannot confirm if all the residential housing stock meets building safety regulations and/or the Decent Homes Consumer Standard. Ongoing engagement with regulatory bodies to inform them of the identified risks and the steps being taken to achieve compliance.



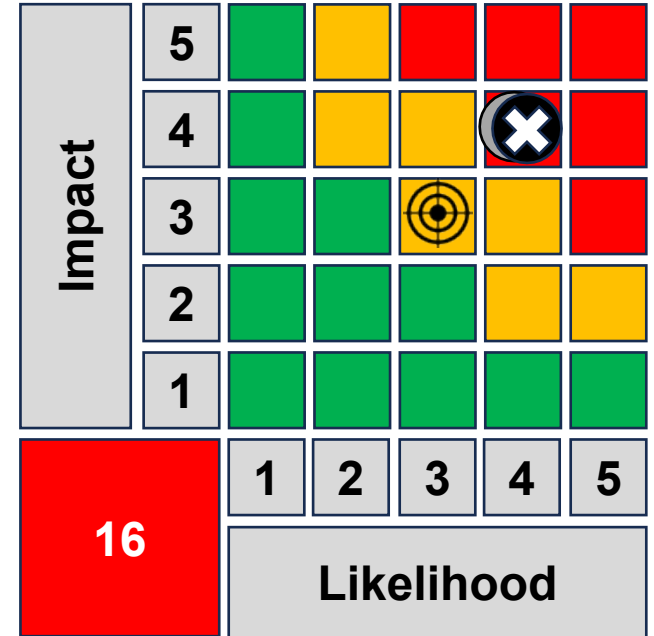
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. New Governance structure in place (Action Groups, Operational Group, including Asset Management & Building Safety Steering Group, Building Safety Assurance Board and Homes & Neighbourhoods Improvement Board) to monitor actions and provide oversight of controls
2. Updated Policies and supporting Management Plans in place for fire safety elements
3. Case management for Damp, Mould & Condensation now embedded with effective triage and prioritisation taking into account existing health issues, vulnerabilities and repeat occurrences focusing on survey and root cause analysis.

Further actions underway to address risk:

1. Remaining Management Plans (Asbestos & Lift Safety Management) to proceed to Cabinet for approval during Q4 2024-25
2. Implementation of Fire Safety Management Plan, setting out the regime for QA and control of the Fire Safety Remedial Actions with delivery during Q2 2024-25
3. New delivery model is being developed to further improve case resolution times for Damp, Mould & Condensation cases, and focus on resolution of underlying causes, implementation by end Q3 2024-25
4. Regulatory notice action plan and regular (monthly) meetings to resolve fire actions and damp and mould case management
5. Upgrade of Asprey, asset management system. Delivery Q3 2024-25
6. Stock Condition Survey programme starting in Q3 2024-25
7. Further recruitment to increase capacity and capability within the service

ECC01 Climate Change

Failure to mitigate and adapt to a more volatile climate, caused by insufficient resource, inadequate funding and a lack of prioritisation, leading to prolonged impacts on the natural environment, residents, communities and businesses.

Risk Owner: Katherine Armitage, Service Director Environmental Strategy & Climate Change

Quarterly update:

No change to risk score. Pilot programme approved and work underway in relation to mitigating climate risk. This will initially involve the development of Service-level Climate Change Risk Assessments with the identified pilot Services within the Council.



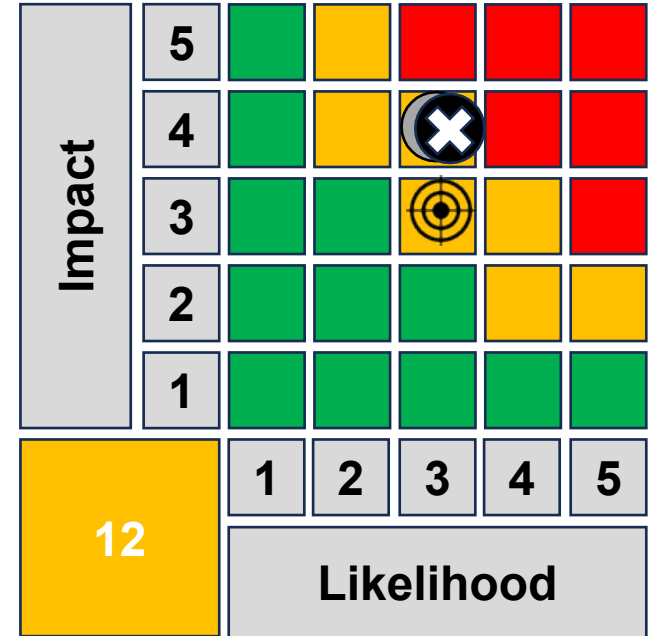
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Environment & Climate Change Scrutiny Panel in place to check & challenge work from the legacy Environment and Climate Change Service Area.
2. Business continuity plans respond to impacts caused by climate change
3. Climate Change consideration included within the Integrated Impact Assessment which all new Council funded projects are required to complete
4. Climate Change training is available on My Learning for Officers and Members

Further actions underway to address risk:

1. Development of the updated Environment Strategy; Everyday Life
 - Will go to Cabinet for approval in July 2024
2. Development of service level climate change risk registers and adaptation plans, in line with commitment to DeFRA AR4 reporting
 - Pilot approach agreed with stakeholders
 - Reporting deadline is December 2024