

# Corporate Risk Report, Quarter 2 2024/25



## Q2 Summary position:

- There have been no new risks raised, and no risks removed this quarter.
- Increases in risk score:
  - No increases to risk scores this quarter
- Reductions in risk score:
  - Data insight for the operational delivery of social care (AH03) has reduced from a Red (16) rated risk to an Amber (12) rated risk. This reflects the progress that has been made in development of the CQC Dashboard and supporting Data Pack, successfully submitted Client Level Data to NHS Digital and rollout of the Adult Social Care Hub Dashboards that are now being used in huddles.
  - Potential for Industrial & disruptive action (PS02) remains an Amber rated risk however is reduced in score from Amber (12) to Amber (9). This reflects that agreement has now been reached on the 2024 local government pay award as well as the continuation of positive working relationships between Trade Unions and senior leaders.
  - Children's Safeguarding risk (CF01) has reduced from an Amber (8) rated risk to a Green (6) rated risk, in line with the target risk score. This is consistent with the 'Good' rating received following the Ofsted ILACS review in Q2.



# 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             | ↔                   |
| FIN03     | Failure to develop, monitor and achieve the capital plan        | Kevin Mulvaney     | 15             | ↔                   |
| AH03      | Data insight for operational delivery of Adult Social Care      | Cath Simms         | 12             | ↔                   |
| SI01      | Data Integrity                                                  | Mike Henry         | 12             | ↔                   |



# Summary overview (page 2 of 2)

| Reference | Risk Description                           | Risk Owner          | Risk Score (R) | Direction of travel |
|-----------|--------------------------------------------|---------------------|----------------|---------------------|
| 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     | Information Governance                     | Samantha Lawton     | 12             | ⇒                   |
| DEV01     | Corporate assets portfolio management      | Joanne Bartholomew  | 12             | ⇒                   |
| PS02      | Potential for Industrial action            | Shauna Coyle        | 9              | ↓                   |
| 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      | Children's Safeguarding                    | Vicky Metherringham | 6              | ↓                   |
| SO02      | Relationships with key partners            | Stephen Bonnell     | 6              | ⇒                   |



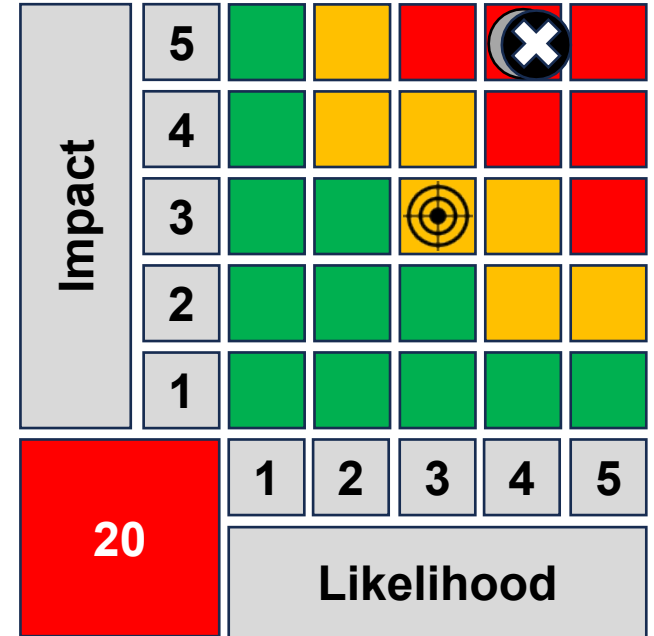
## FIN01 Budget Monitoring and Management

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:

- The risk score is unchanged reflecting continued pressure on delivery of previously identified in year savings and some emerging new pressures, further detail is included in the Q2 monitoring report
- Appropriate governance is in place to provide ongoing monitoring of the budget position and ensure required action is taken promptly
- It should be noted that the outlook for the remainder of 2024-25 is stabilising around some of the key in year pressures the Council has faced this year



### 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
  - Q2 November 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, work remains ongoing.

## 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 remained high to reflect likely significant increase in savings required to plug the financial gap
- MTFP has been reported to Cabinet in September 2024 which requires savings of £29m for 2025-26.



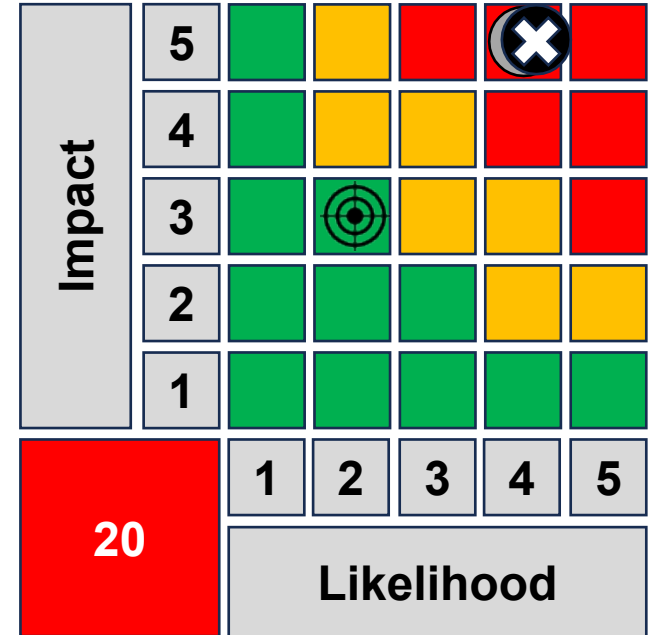
Current risk score



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 was updated in September as part of the MTFP
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 quarterly updates to Cabinet
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 with audit ongoing.
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 of £29m for 2025-26, £12.9m identified.
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.
  - Q2 position indicates that deficit will not be eradicated by 2030, meeting has been arranged with DfE.

## 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:

- Reprofile of capital plan quarterly.
- £71m of slippage identified and will be reported in quarter 2 finance report
- Current capital budget for 24/25 is £279m- expenditure in 23/24 was £148m so further reprofiling is likely to occur



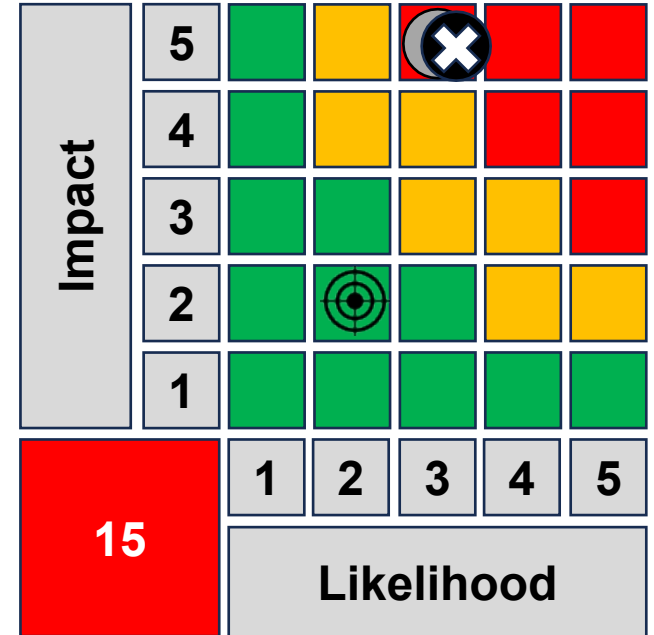
Current risk score



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
2. Identification of alternative funding sources by relevant services to mitigate cost overspends.
3. Asset disposals
  - Annual capital receipts targets agreed and capital receipts monitoring to be included in quarterly updates.

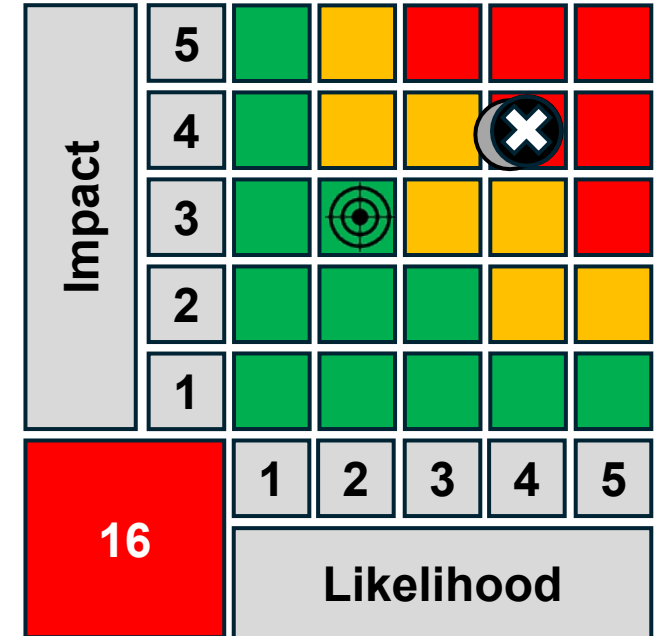
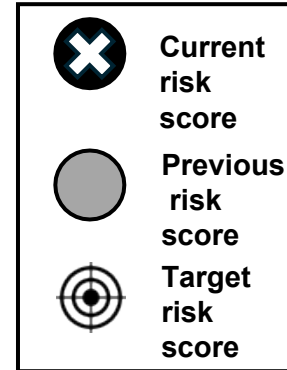
## PS01 Talent Management

Failure to attract, recruit & retain staff to meet the demands of the organisation due to broader labour market challenges, expectations relating to pay & reward and national / regional shortages in some specialist areas and negative publicity on local government finances

**Risk Owner: Shauna Coyle, Head of People Services**

### Quarterly update:

- Continued active management of recruitment and service redesign activity, utilising deployment as a key mitigation against redundancy and supporting internal talent progression as a priority.
- A number of technical / professional roles remain in high demand and short supply, with local gov't financial challenges exacerbating situation where private sector competition is also strong
- Continue to see a high reliance on agency staff in some areas - targeted work in high spend areas is underway utilising different recruitment options to reduce spend
- Refresh of People Panel to streamline and sequence the approval of SLT, HR & Finance



### 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 eg. younger people through targeted apprenticeships, training and career development opportunities as well as targeted 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 continues
3. Revitalising of exit interviews and developing 'stay' interviews to drive understanding. Initial findings continue to be analysed to inform next steps
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 approach to work experience and careers outreach to promote Kirklees as a potential future employer.
8. Planned participation in local government recruitment campaign
9. Focus on sickness reduction



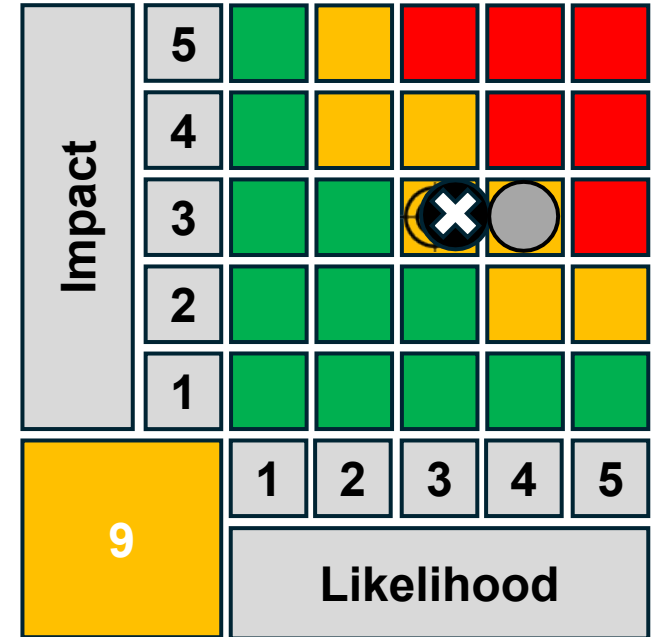
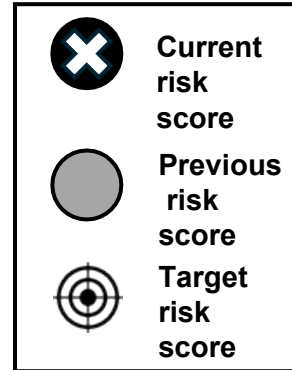
## PS02 Industrial and disruptive action

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:

- Agreement has been reached on the local government pay award for 2024
- Ballots for industrial action by both Unison and Unite did not reach the required threshold
- There continues to be complexity and a high volume of employee relations matters under management, driven by the level of service change activity
- Continue to meet formally and informally with Trade Union (TU) colleagues at senior and service level to encourage positive TU relationships



## 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.

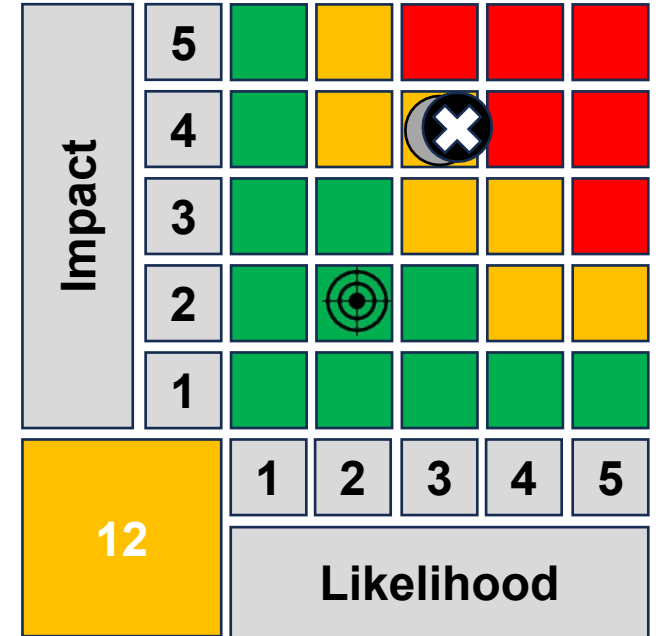
## SI01 Data Integrity

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:

There remains continued focus on enabling delivery within areas subject to regulatory oversight and / or new regulatory requirements as well as support to activity that is a Transformation priority. Whilst good progress has been made where specific interventions and support is in place this has been at the expense of further development of the Council wide Data Management Strategy and specific data management initiatives.



## 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).

## 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 Data & Insight Service. Delivery of this action is critical for progress on action 1 to happen within acceptable timescales.
4. Working collaboratively with services to raise awareness of data management and governance requirements.
5. Increased focus on data migration decisions, plans and approaches when implementing new applications across the Council.
6. Additional work to ensure that data processes are integrated properly for delivery of management information

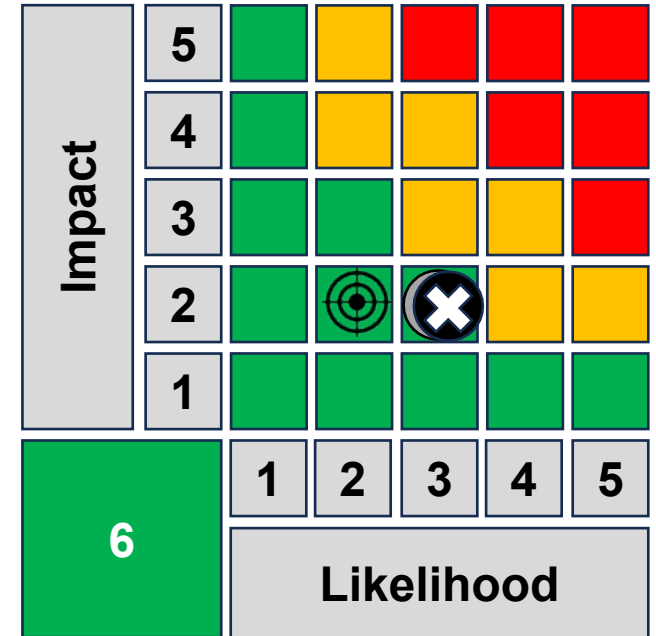
## SI02 Relationships with key partners

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 again, e.g. chair of Kirklees Health and Wellbeing Board and West Yorkshire Combined Authority committees.
- Communication improved with Sport England and National Lottery Community Fund Funding
- Building connections between the Third Sector and Corporate Planning & Coordination teams to share knowledge and opportunities for external funding
- Effective relationships with key partners have supported clear and prompt decision making and enabled progress to be made in complex, time sensitive and heightened pressure situations



## 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. All but the Inclusive Economy Strategy now agreed.
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

This work has slowed down due to other WY priorities around devolution but was outlined to WY Political Leaders in early October.
2. Inclusive Economic Strategy in draft format and ready for Council this financial year
3. Further external funding strategic relationship development based on the 2023 relationship analysis and mapping
4. Building connections between teams to support broader relationships and connections, minimising the risk associated with individual relationships and points of contact

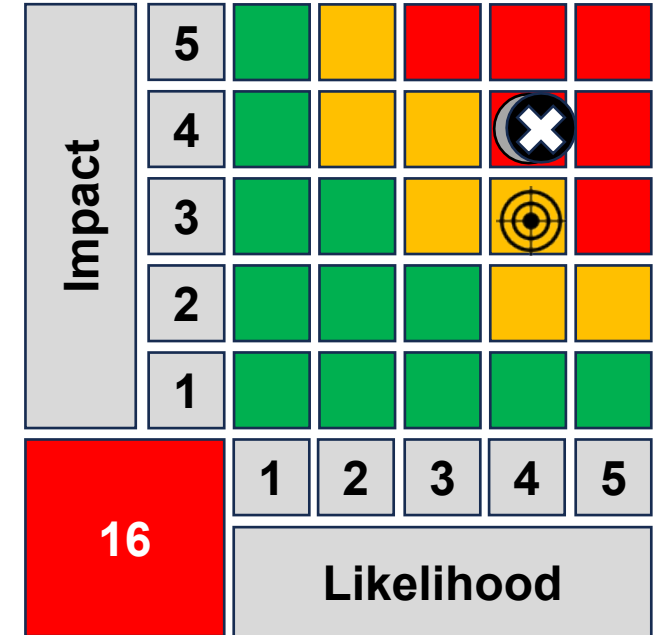
## SI03 Cyber Security

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
5. Awareness of/action to improve data mgmt 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:

The Council needs to ensure that where decisions are required, these are made promptly and clearly following the necessary processes (e.g. consultation and completion of integrated impact assessments) before decision-making by the appropriate body. It is acknowledged that the current financial pressures will necessitate decisions that are not universally popular, and with impacts felt more by certain service users. Whilst there is reputational risk associated with these decisions, this does not mean that the appropriate decision-making process has not been followed.



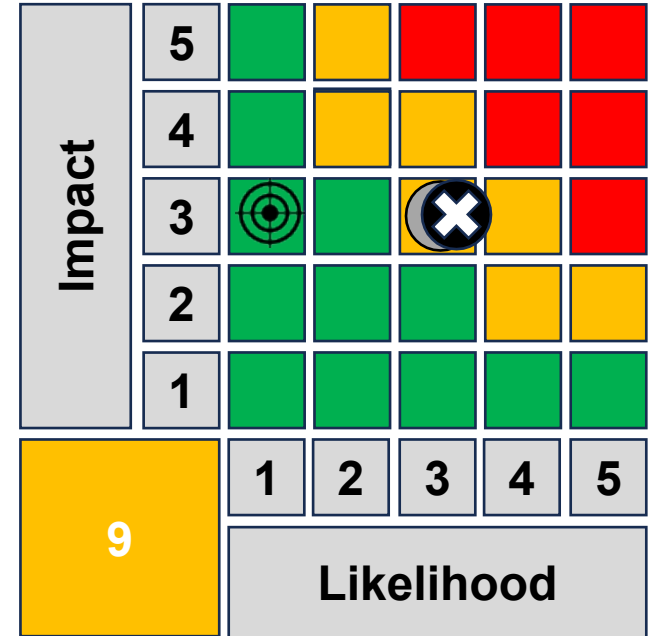
Current risk score



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 the pilot Conflicts of Interest reporting tool within Corporate Services Directorate
  - Final dashboard amendments to be completed based on pilot findings
  - Rollout across other Directorates to follow

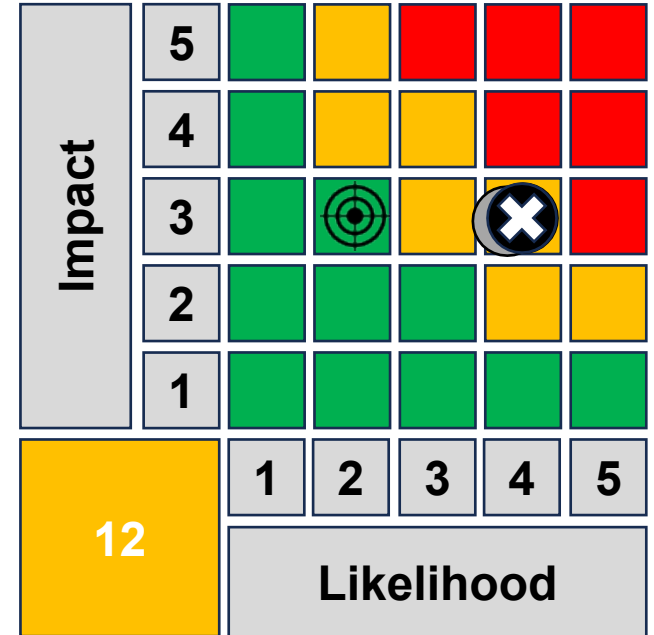
## LGC02 Information Governance

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 large volumes of FOI and Data Protection Requests. Q2 sees an increase in SARs but a slight decrease in FOI/EIR requests on the same period last year
- Ways of working within the team have been reviewed with a view to decreasing the SARs backlog.
- DSPT for 2024-25 has launched and work is underway to meet requirements.
- IG Annual Report 2023-2024 was presented to Corporate Governance and Audit Committee in September.



## 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
  - Policy and action plan were presented to the IG Board in Aug 24, expected sign off Oct 24.
4. Review of IG Team ways of working to address SARs backlog.
  - Review conducted in Q2, expected to launch in Q3.

## LGC03 Procurement

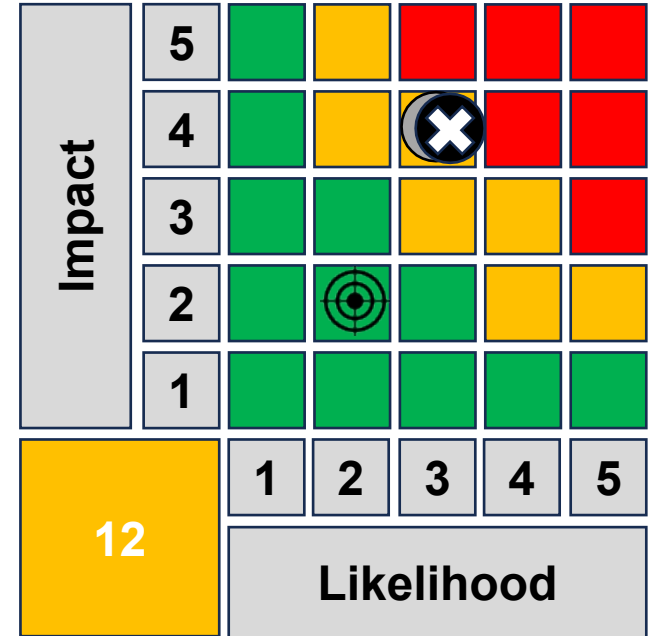
Risk that the council enters into contracts with suppliers / commissioned service providers that do not secure the intended outcomes, due to inadequate or non-adherence to processes and procedures resulting in increased costs, reduced benefits and possible statutory breaches and reputational damage.

**Risk Owner: Samantha Lawton, Service Director Legal & Commissioning**

### Quarterly update:

The implementation of the Procurement Act has been delayed until February 2025 to allow the new Government to produce and publish a revised National Procurement Policy Statement. The Procurement team continues to update processes in preparation for the go-live date.

Recruitment activity for permanent Head of Procurement is now complete.



## 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 Oversight 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 Winter following recruitment of a Head of Procurement
2. Procurement tracker – pipeline management
  - Went live 1<sup>st</sup> April 2024, linked to measures outlined in Procurement Strategy
3. Procurement Act
  - New procurement regulations come into force February 2025
  - Task & Finish group established to oversee delivery of required change
  - Implementation and Action Plan put in place to manage roll out



## 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 continues to be an inconsistent approach to contract management across the organisation with outcomes reflecting this. There remain examples where improved practice could ensure more effective delivery or better value for money and also instances where a more robust approach has delivered benefits. Additionally, a number of PFI contracts expire quite soon, and effective management of their termination is vital to maximise outcome and avoid legacy issues.



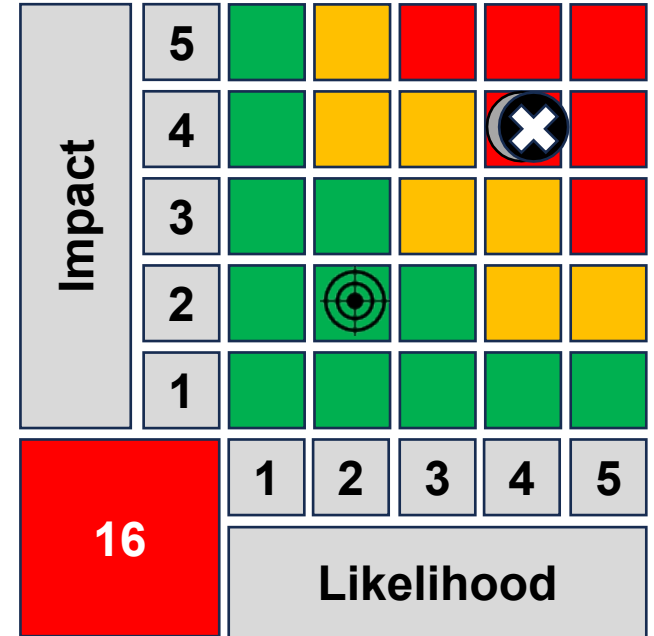
Current risk score



Previous risk score



Target risk score



## Controls in operation:

1. Contract Assurance Oversight Board (CAOB) 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. Clear and detailed specification for each contract, 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 for high value contracts (over £5M).



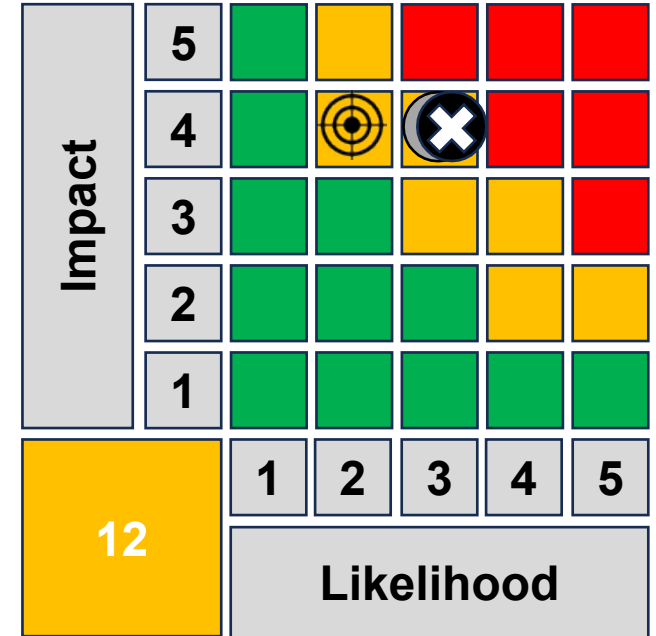
## HP01 Emergency Planning & Business Continuity

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:

- Major Incident Plan reviewed in-line with the learning from our response to National community unrest.
- Emergency Preparedness, Resilience & Response (EPRR) audit of Kirklees Compliance has commenced
- Tested KC evacuation, severe weather and recovery plans
- Participation in the multi-agency training event around a terrorist attacked at Huddersfield University



### 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'
  - The Bill has now entered the parliamentary process to become law.
2. Revisions to the monthly Business Resilience Report risk descriptors have been implemented to ensure alignment, but not duplication, with Service Risk Registers
3. Lockdown and Run, Hide, Tell procedures tested at CC1
4. Communication framework agreed for the response to a major IT outage

## 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:

- Tools Purchasing Policy being developed within Property Services to improve controls.
- Close working with Homes and Neighbourhoods to improve health and safety compliance. Grenfell Recommendation need to be considered.
- IOSH Senior Executive refresher training underway.
- Annual H&S Report on its flight-path to CGAC



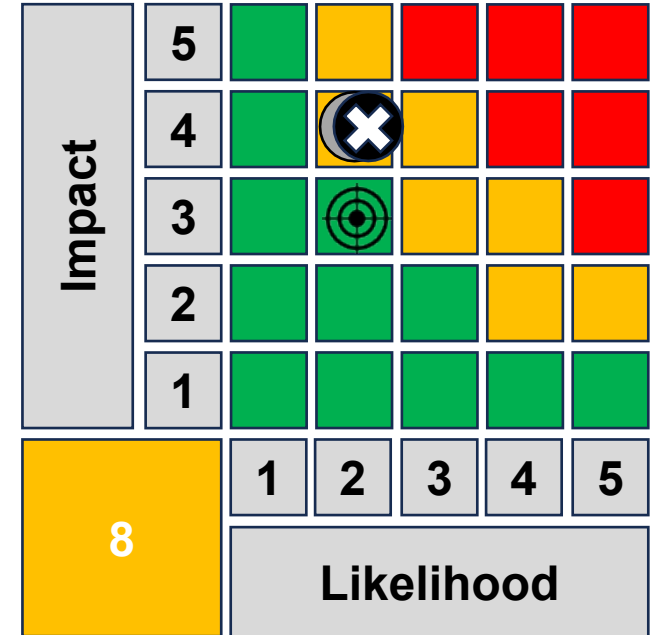
Current risk score



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. Terms of Reference for Health and Safety Oversight Board have been reviewed.
3. RIDDOR reporting processes have been reviewed to ensure timely reporting.
4. Review/update of Corporate Health and Safety Policy is underway.

## 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:

- Transformation work looking at improved processes and pathways for safeguarding enquiries and response complete
- Plan put in place to reduce the backlog of safeguarding referrals received from the online professional's form.
- Safeguarding Adults Board data dashboard has been built and was successfully rolled out in September to KSAB
- Issues with implementation of the PIPOT policy identified, policy being reviewed.



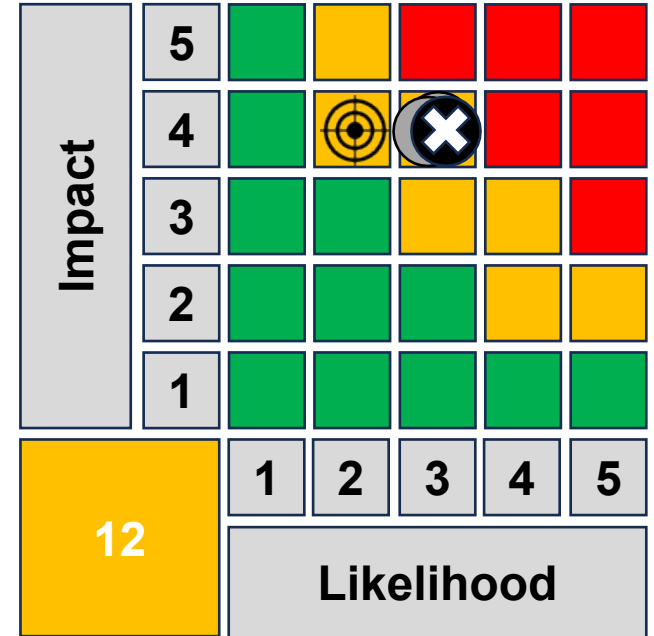
Current risk score



Previous risk score



Target risk score



## 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 – being reviewed.
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. New team at front door incorporating front door duty and safeguarding following transformation work will be piloted from October 2024.
2. Deep dive into safeguarding response following S42 enquiry will take place by end Q3.
3. Safeguarding referrals backlog is on track to reduce to agreed levels by end October
4. Allocations process in the Community Hubs (social work) being trialled – implementation in Q3 – this will prioritise S42 referrals requiring allocation and enquiry.

## 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:

- Gaps in Information Return (IR38) have been allocated to Heads of Service to coordinate
- Work towards identifying 50 cases for submission for CQC has started
- Self-assessment updated
- Engaged with regional ADASS session to share self-assessments
- Ongoing work with D&I regarding data availability and analytical capacity
- Equality and Diversity plan being written



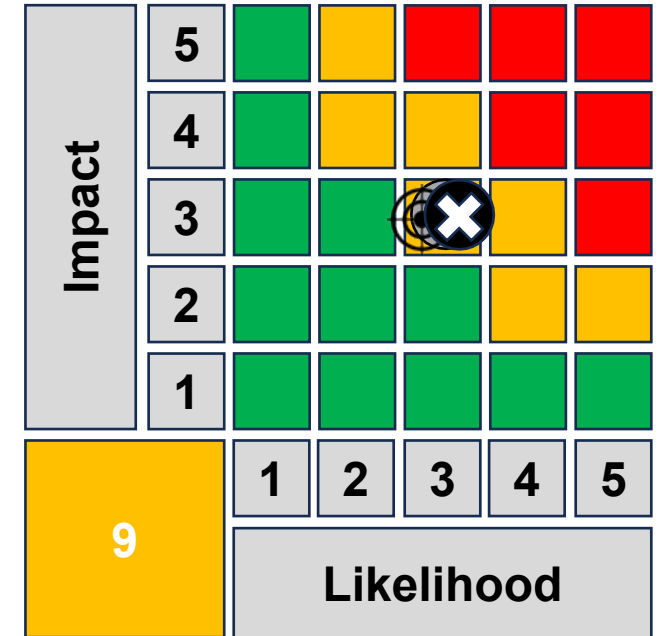
Current  
risk  
score



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. Information Return (IR38) requirements allocated to Heads of Service to coordinate.
4. CQC data pack has been developed with D&I
5. 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.
6. 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
2. Core member of regional ADASS group for peer support and sharing best practice
3. Ongoing engagement with leaders, staff and external stakeholders to share findings from other LA's and key messages re self-assessment
4. New portfolio holder fully briefed on CQC process
5. CQC preparation will report into ELT as part of new process for assurance

## 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:

- Waiting Well data submitted to regional ADASS group – benchmarking now available for waiting lists
- CQC dashboard produced. Closure of remaining gaps is being managed through CQC Assurance Board.
- Client Level Data is being submitted to NHS Digital. Whilst gaps remain an action plan is being developed in conjunction with other WY LA's to prioritise which gaps to focus on
- Commenced roll out of ASC hub dashboard to be used in weekly huddles



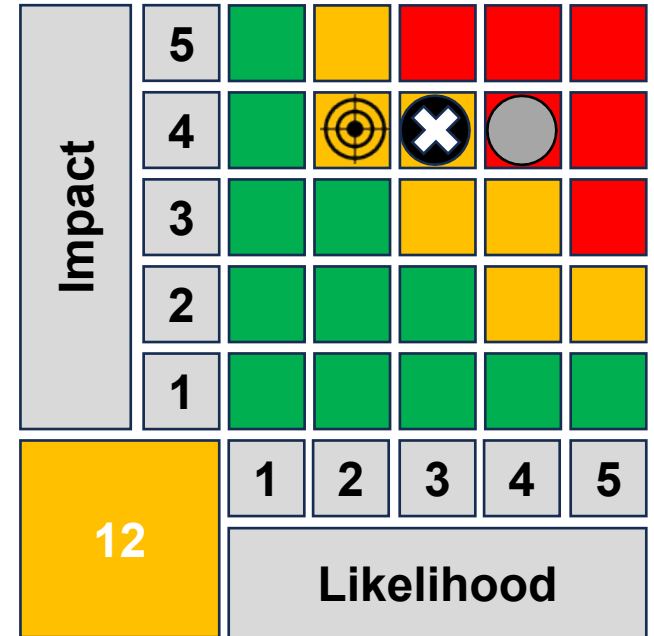
Current risk score



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 prioritisation meeting
3. Form created to monitor additional D&I request to prevent duplication and prioritisation risk.
4. Additional D&I resource agreed (to November)

## Further actions underway to address risk:

1. Draft CQC data pack is established. CQC project team to review data provided, gaps in the data, and identify any outliers requiring operational input to create a robust and quality assured data pack
2. There will be at least 3 cycles at monthly intervals to create trend data that we can submit to CQC
3. High level benchmarking exercise has been completed covering Client Level Data, waiting lists and other KPIs. Further action underway to agree KPIs that will be used at SCLT, SLT & with Portfolio Holder. Target date Dec 24.
4. Data engineering work is ongoing to build a reporting infrastructure to enable ASC staff to access required information from Mosaic

## 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:

Children's services rated as 'Good' by ILAC's inspection. No children are at risk of significant harm. Improvement plan in place to address points raised in the inspection. Risk score reduced and in target range.



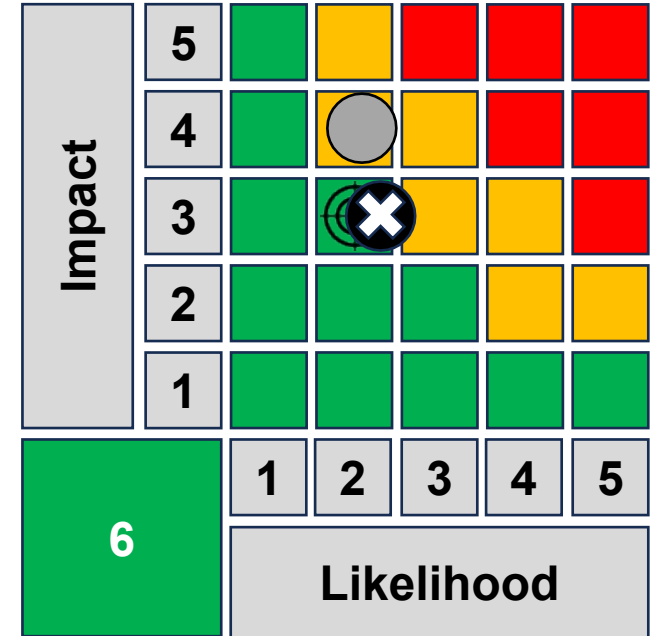
Current risk score



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. Completion date – Jan 2025
  - Phase 3: Date tbc.

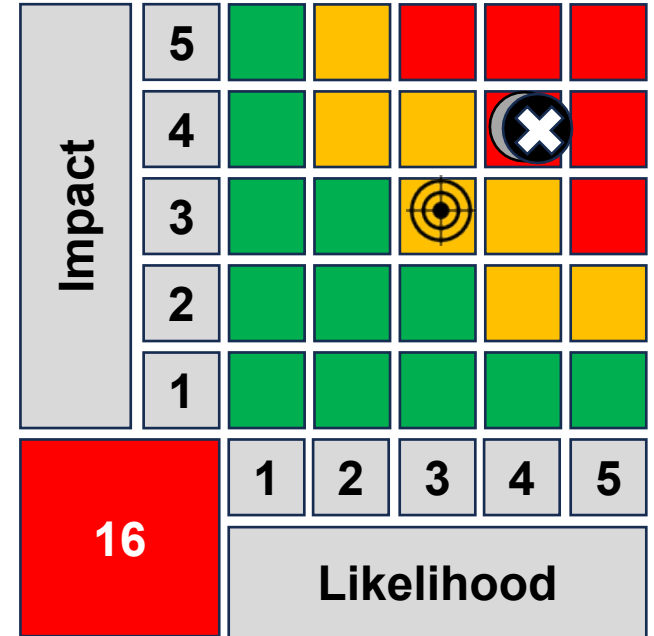
## CF02 Sufficiency of SEND provision

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:

- Safety Valve - Quarterly report submitted which successfully triggered the release of funding
- EHCP demand continues to be high, but compliance rates are showing positive improvement
- SENDACT Service structural redesign is now fully implemented
- Positive feedback, with recognition of challenges, from DfE / NHS England at WSoA catch up.
- New ARP now live
- Pupils have now started at Woodley School & College (in advance of building completion)
- SEND Area Inspection anticipated in early 2025



## 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. Clear, documented process in place for EHCPs.
6. 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.
2. Migration of case file management to liquid logic in progress.
3. Cluster working is now live.
4. Quality & Compliance partnership Governance group + SENDACT weekly performance meetings in place to drive performance improvement. Further support gained from DfE.
5. Written Statement of Action formally completed but dialogue continues.
6. Refreshed sufficiency plan approaching sign off to inform future action.
7. SEMH Special School Rebuild (Joseph Norton Academy) – A pre-construction agreement is being developed; further site surveys have also been undertaken to reduce risk in terms of groundworks.
8. Support from DfE for Preparing for Adulthood vision & planning workstream



## 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, Amber score remains in line with national threat level and Gold group
- Tension monitoring & meetings continue including opening of large-scale site.
- Switch to daily tensions monitoring and updates to select identified group over protest period in August. Weekly place-based meetings in north and south with Communities staff who have been engaging with public providing reassurance and feedback
- Prevent action plan updated, community roundtable discussions held, faith engagement planning in process.



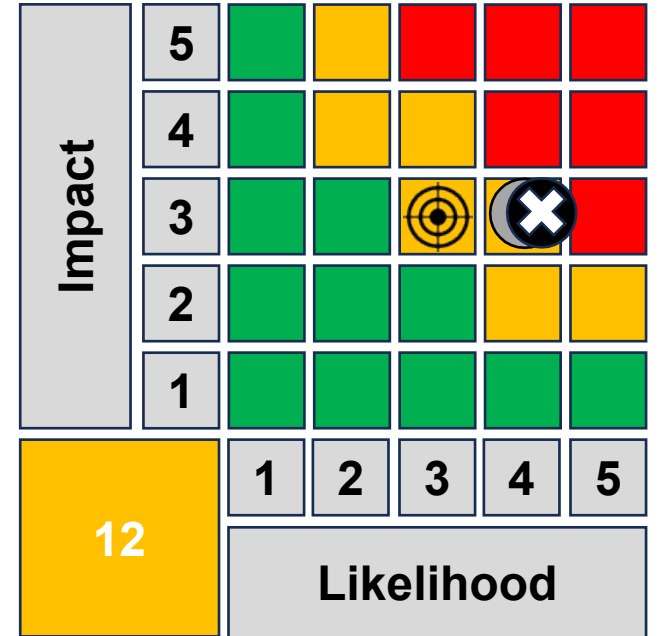
Current risk score



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 meetings are held with all relevant partners, escalations are reported into Police Silver and via Safer/Emergency Planning internally dependent on issue. Silver/Gold groups in place for oversight.
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 (2022-2027) of Strategic Intelligence Assessment informing the Community Partnership Plan (statutory requirement)

### Further actions underway to address risk:

1. Undertake intensive refresher training with front line staff in focussed areas
2. Weekly and regular surgeries around Anti Social Behaviour to continue as usual
3. Strategic Intelligence Assessment and partnership data project in motion to support Communities partnership board and partnership plan priority setting
4. Wider development work in progress to outline community engagement, training and awareness plan to be delivered by the newly formed team (integrated Community Plus and Cohesion)
5. 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, focus based on risk e.g. Domestic Abuse, connecting with communities (e.g. Faith)
6. Lessons learnt and planning meeting with Police initially, and then Partners, to review response to rising community tensions in August – Nov 24



## 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:

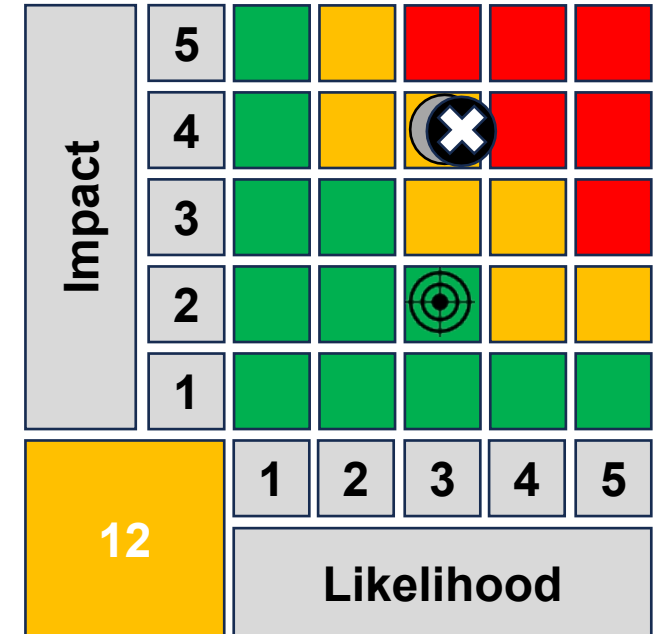
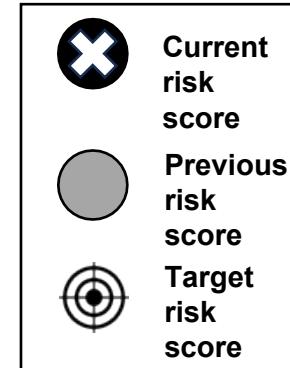
- Ongoing condition survey programme, being reviewed to ensure data integrity
- Compliance guide in development but all completed info published on Intranet
- Asset rationalisation and disposal programme underway
- Database specification ready to be issued for procurement however procurement have noted delays and likely date for issue is Jan 2025.
- Core Estate work currently held due to resource requirement

### 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
  - Expected implementation has now slipped from Q4 2024 to Q1 2025
  - Specification ready to issue to Procurement Team
2. Asset Strategy & Core Estate
  - Asset Strategy on hold pending estate review.
  - Implementation of Core Estate principles currently on hold.



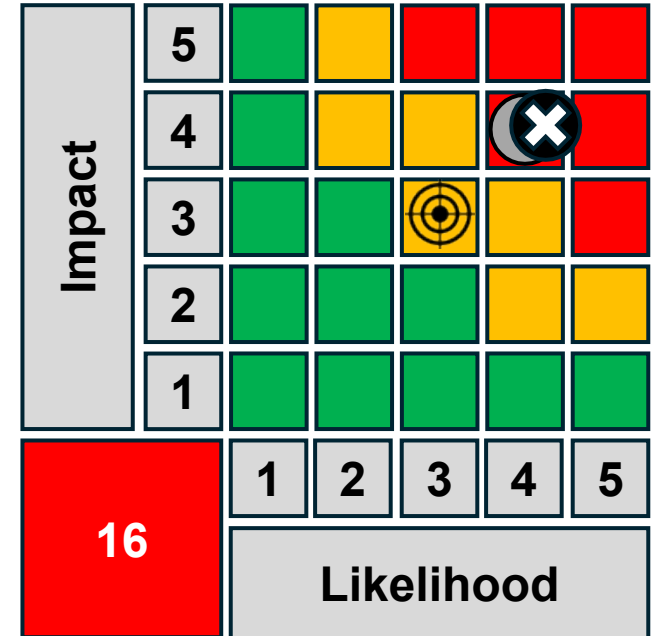
## DEV02 Homelessness and housing stock availability

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 Sept over 50% of TA households were in nightly paid TA (mainly B&B hotels)
- Preventing Homelessness and Rough Sleeping Strategy / TA Placement Policy was approved at Cabinet in September.
- New central government approach to housing delivery, benefits & homelessness not known
- Increasing risk due to uncertainty over future occupancy of Ashenhurst and imminent closure of Berry Brow



### Controls in operation:

1. Revised emergency accommodation procurement framework now in place
2. Regular monitoring and management oversight of all temporary accommodation placements – new two stage approval process now in place and initial figures (first four months) showing slowdown in number of new placements
3. LAHF programme – acquisition/refurb of stock for meeting needs of Ukraine and Afghan households. (will also include new TA units now LAHF3 programme underway)
4. Governance structure in place via Homelessness/TA Transformation Board which has oversight of TA demands/pressures in particular
5. 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.

### 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. Ashenhurst scheme has had lease extension to mid Jan 2025 at current occupancy levels however intentions of prospective buyer(s) are unclear
5. Berry Brow units being used for TA, however time limited access to these pending demolition – units must be vacated by end December 2024.
6. Implementation of B&B reduction plan, and development of Service Development Plan with input from MHCLG adviser and external specialist consultants.

## 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 continues to work at pace to deliver robust management and oversight of building safety across residential housing stock. Progress has been made in addressing fire safety remediation works and the recently identified water safety assessments. It should be noted that progress with closing down Damp, Mould & Condensation (DMC) cases is proving challenging and we expect seasonality to increase the volume of referrals this quarter. Ongoing engagement with the regulator to inform them of the identified risks and steps being taken to achieve compliance.



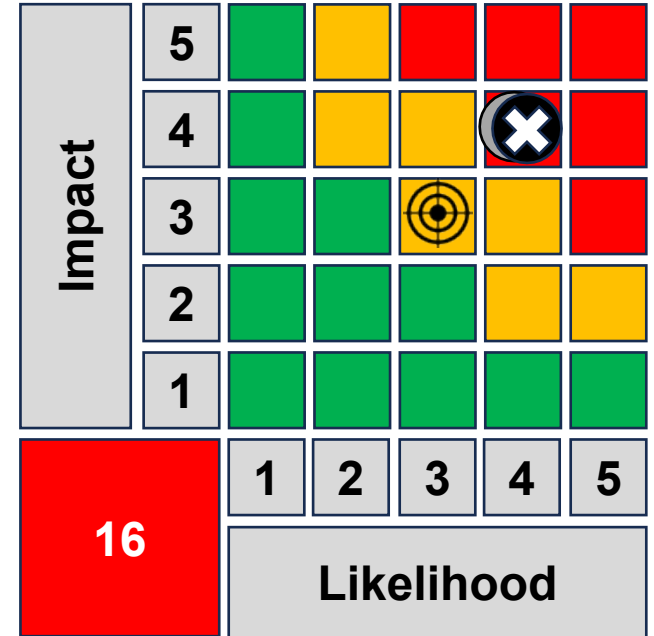
Current risk score



Previous risk score



Target risk score



## Controls in operation:

1. Revised governance structure in place to monitor actions and provide oversight of controls with clear escalation routes and accountability points
2. Updated Policies and supporting Management Plans in place for fire safety elements
3. Regulatory Notice action plan and monthly meetings in place to track progress
4. Asset & Building Safety team appropriately resourced

## Further actions underway to address risk:

1. Remaining Management Plans to Cabinet for approval during Q4 2024-25
2. Specialist consultancy for Fire Remedial Actions (FRAs) appointed and work commenced
3. Tender for fire safety remediation works has been issued with contract award anticipated during Q3 24-25
4. New delivery model is being developed to further improve case resolution times for DMC cases, and focus on resolution of underlying causes, implementation by end Q3 2024-25
5. Asprey (asset management system) upgrade on track to deliver in Q3 24-25 with phase 2 introduction of modules providing new functionality to follow
6. Water Safety assessment programme has commenced following risk-based approach
7. Review and consideration of the Grenfell Tower Inquiry Phase 2 report

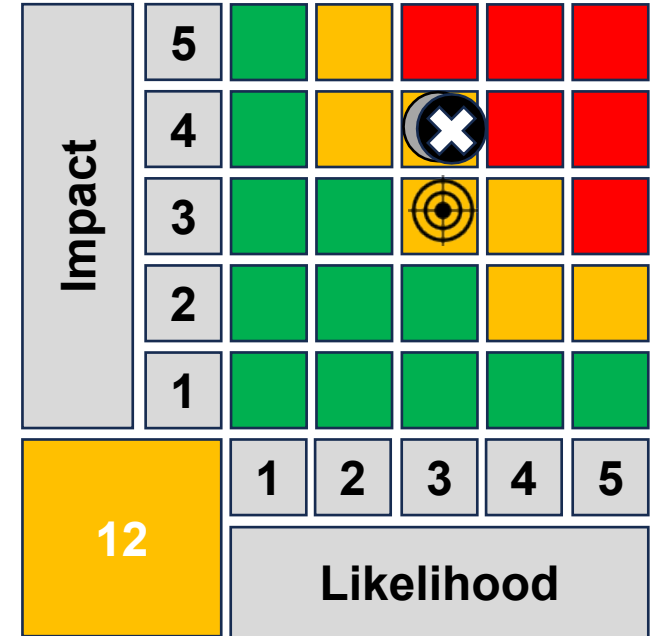
## ECC01 Climate Change

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, businesses and delivery of Council services.

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

### Quarterly update:

No change to risk score as further actions and new control measures have no direct impact. Kirklees Environment Strategy now approved. Pilot programme approved and work slowly 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.



## 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 severe weather event impacts, which are being made more extreme 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, completion rates are being tracked but remain low (<1% of all colleagues completed as at Sept 2024).
5. Climate and Environment considerations / impacts are required to be outlined within all Cabinet reports needed for decision-making.
6. Kirklees new 'Environment Strategy; Everyday Life' has been approved by Council (Sept 2024).

## Further actions underway to address risk:

1. Development of service level climate change risk registers and adaptation plans, in line with commitment to DeFRA AR4 reporting
  - Pilot approach agreed with Highways and Public Protection.
  - To be agreed with Homes & Neighbourhoods. .
  - Deliverability being compromised by reduced service-level capacity / input irrespective of an agreement to participate.
2. A new approach to the Councils direct, operational Greenhouse Gas Emissions has been completed in draft and is currently going through governance for approval. This provides a new baseline of emission to inform future decision-making and required actions to for rapid emission reduction to achieve the authorities Net Zero by 2038 target.