

Corporate Risk Report, Quarter 3 2024/25



Q3 Summary position:

- There have been no new risks raised, and no risks removed this quarter.
 - Note that risk 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) remains, although we have had notification from the Care Quality Commission of their intentions to inspect. We have submitted the required evidence, data and self assessments. Consideration of the removal / rewording of this risk will take place in advance of the Q4 report.
- Increases in risk score:
 - There have been no risks that have increased in score this quarter.
- Reductions in risk score:
 - Risk DEV01, Corporate Assets portfolio management, has reduced in score from '12' to '9' meaning it remains an Amber rated risk. The reduction is driven by an improved position relating to fire safety, better than expected progress on asset disposals and continued strong building safety compliance performance.
- Changes to risk score:
 - Budget monitoring and management score remains unchanged at a Red rated '20' however the Likelihood score has increased, and Impact score decreased. This reflects the anticipated budget overspend position at the end of 2024-25 but acknowledges there are agreed plans in place to offset the overspend position.



Summary overview (page 1 of 2)

Reference	Risk Description	Risk Owner	Risk Score (R)	Direction of travel
FIN01	Budget monitoring and management	Kevin Mulvaney	20	↔
FIN02	Medium term financial stability	Kevin Mulvaney	20	↔
PS01	Talent management	Shauna Coyle	16	↔
LGC04	Contract management	Samatha Lawton	16	↔
SI03	Cyber security	Terence Hudson	16	↔
HN01	Housing safety & quality	Janet Sharpe	16	↔
CF02	SEND provision	Jo-Anne Sanders	16	↔
DEV02	Homelessness and housing stock availability	Joanne Bartholomew	16	↔
FIN03	Capital plan management	Kevin Mulvaney	15	↔
SI01	Data integrity	Mike Henry	12	↔
LGC02	Information governance	Samantha Lawton	12	↔
LGC03	Procurement processes	Samantha Lawton	12	↔



Summary overview (page 2 of 2)

Reference	Risk Description	Risk Owner	Risk Score (R)	Direction of travel
HP01	Emergency planning & business continuity	Jane O'Donnell	12	⇒
CAS01	Community cohesion, wellbeing & resilience	Jill Greenfield	12	⇒
AH01	Adults safeguarding	Cath Simms	12	⇒
AH03	Data insight for operational delivery of Adult Social Care	Cath Simms	12	⇒
ECC01	Climate change	Kat Armitage	12	⇒
DEV01	Corporate assets portfolio management	Joanne Bartholomew	9	⇩
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	⇒



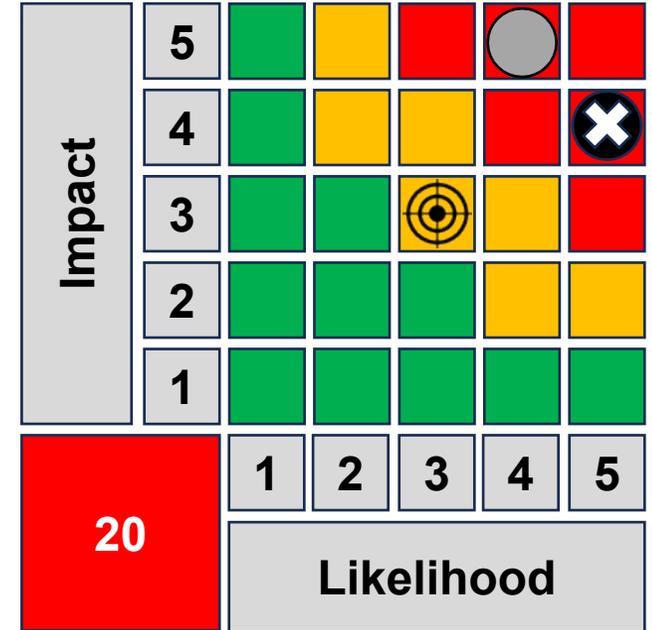
FIN01 Budget Monitoring and Management

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 changed to reflect the likelihood that the 24/25 budget will overspend and will require a call on reserves to balance. Further detail is included in the Q3 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, monthly reporting to ELT, quarterly to and Cabinet, Scrutiny & Outturn to full council
3. Monthly monitoring of savings trackers
4. Dedicated finance managers for each service areas
5. 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
 - Q3 – 13 February 2025
2. Restrictions in place for non-essential expenditure
 - People Panel review of staffing recruitment
 - 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
4. Finance Director to review all reserves and balances as a potential method of partially offsetting in year overspends

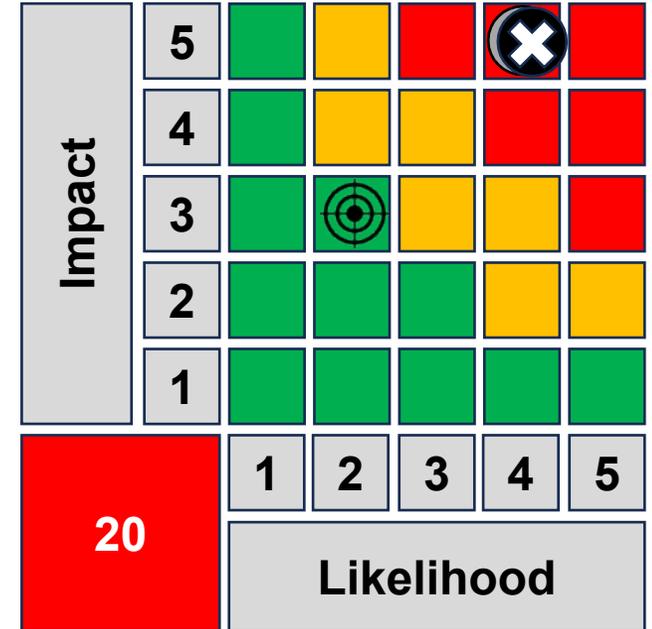
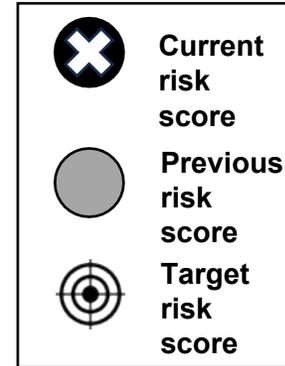
FIN02 Medium Term Financial Sustainability

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 remains high to reflect the indicative financial gap over the next 5 years
- Balanced Budget presented at Cabinet Feb 2025 to be debated at Full Council in March
- Concern remains over the reducing level of reserves held by the Council
- DSG deficit position remains a risk in the event of the removal of the Statutory override



Controls in operation:

1. 5-year financial plan (2025/6 to 2029/30) agreed by Council in September 2024. Plan is updated annually.
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 – Final accounts and VFM report to be presented at CGAC in January.
7. Structured approach to identifying and implementing budget changes to achieve savings.

Further actions underway to address risk:

1. Detailed review of medium-term plan and savings gap, report to Cabinet in September 2024. Budget proposals considered by Cabinet in December 2024 for 2025/26. Savings have been proposed to balance the budget are £27.6m.
2. Updated MTFP will be produced in Summer 2025 to take into account Fair Funding Review and fully updated reserves strategy
3. Safety Valve Agreement has been extended and will now end in 2029-30 (previous date 2026-27)
 - Monthly monitoring of expenditure against high needs block.
 - Q3 position indicates that deficit will not be eradicated by 2030. Meetings with DfE in place to monitor financial position.
 - Council maintains commitment to £2.1m pa contribution for 5 years.

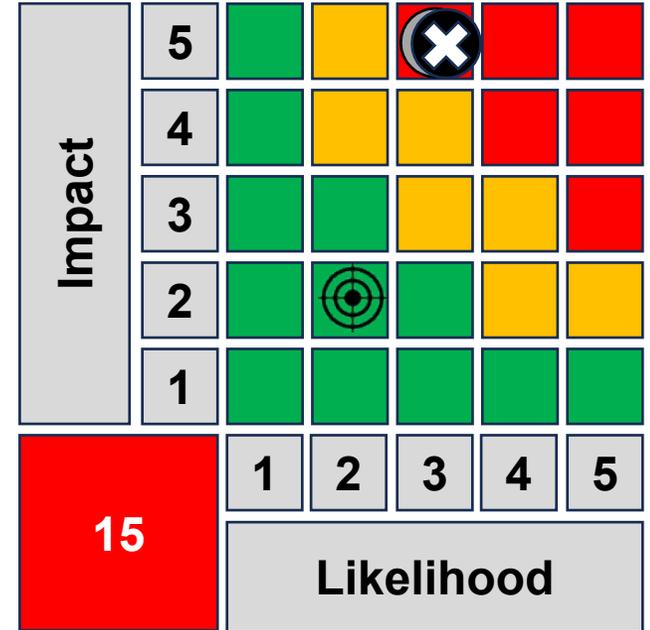
FIN03 Capital Plan Management

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

Risk Owner: Kevin Mulvaney, Service Director Finance

Quarterly update:

- Reprofiling of capital plan takes place quarterly
- The capital plan rollover starting position was £340m for 2024-25, as at Q3 this position stands at £170m



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 & to be updated for Climate considerations

Further actions underway to address risk:

1. Capital challenge sessions to review options for rephase, defer, stop planned.
2. Detailed monitoring of Treasury Management budgets to assess affordability of the capital plan
3. Identification of alternative funding sources by relevant services to mitigate cost overspends.
4. Asset disposal - Annual capital receipts targets agreed and capital receipts monitoring to be included in quarterly updates.
5. During 2025 plan will be reviewed to address Climate commitments of the Council

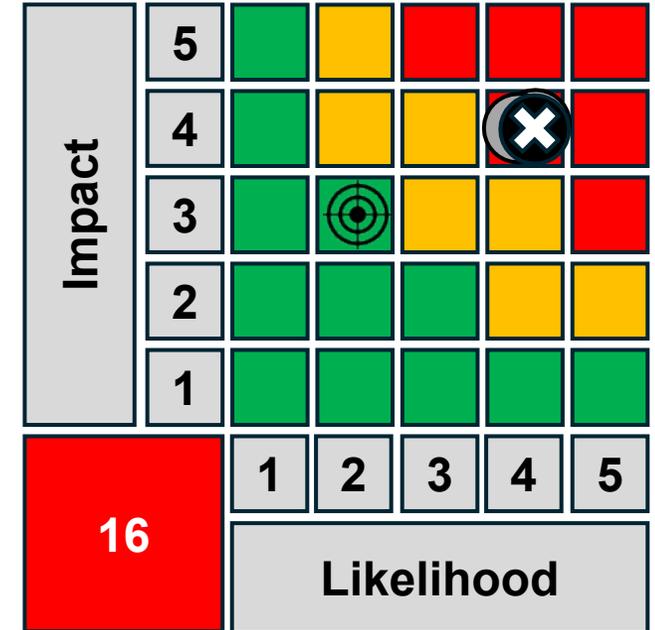
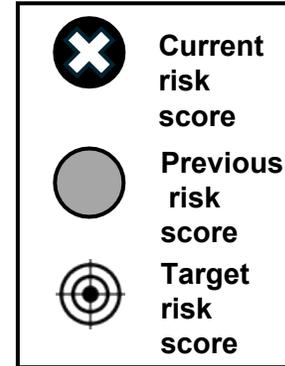
PS01 Talent Management

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.
- Some technical / professional roles remain in high demand and short supply, with perceptions about local gov't financial challenges and private sector salaries adding to the issue
- Continue to see a high reliance on agency staff in some technically specialist areas - targeted work in high spend areas is underway utilising different recruitment options to reduce spend



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 workforce planning - new resource planning tool developed
2. Scoping activity on Employee Value Proposition project
3. Exit and entry survey response analysis underway
4. Continue to evolve support through change learning and resources
5. Continued piloting and refining use of specialist support for hard to fill roles
6. Investment in LinkedIn Recruiter licenses to support direct sourcing
7. Piloting revised approach to work experience and careers outreach in some services
8. Participation in local government recruitment campaign and national LGA talent transformation workshops to develop solutions to common recruitment and retention challenges
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 any compulsory redundancies.

Risk Owner: Shauna Coyle, Head of People Services

Quarterly update:

- 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



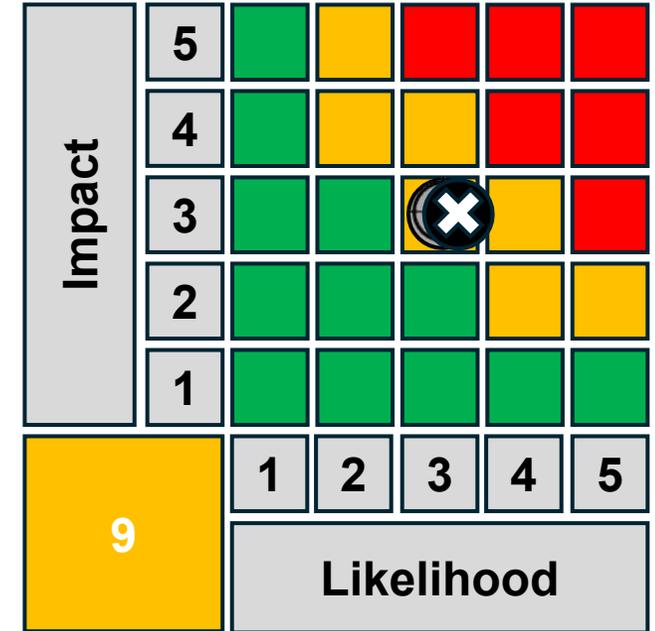
Current risk score



Previous risk score



Target risk score



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

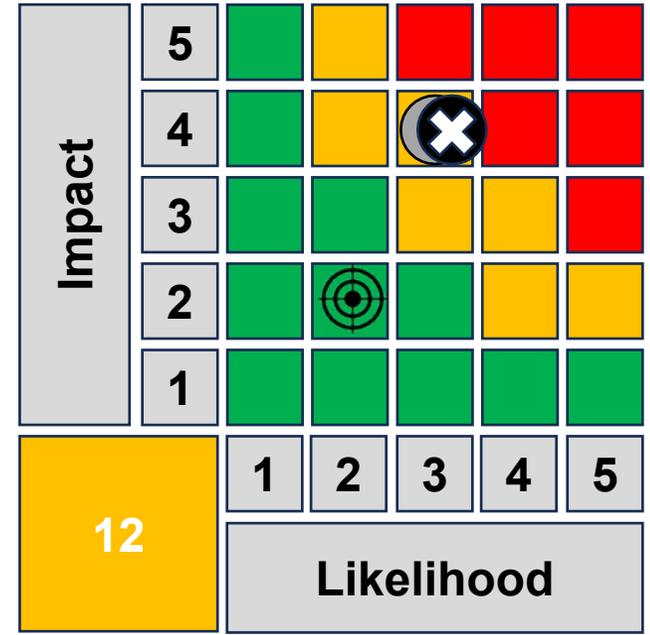
Risk of poor/uninformed decision making, failure to maximise income or inability to comply with statutory requirements caused by data integrity issues leading to reputational damage, ineffective resource allocation and/or a reduction in Council funding

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

Quarterly update:

- 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.
- Progress being made in areas where specific interventions and support is in place.
- Council-wide data apprenticeship programme due to be launched in Q4 2024/25 aimed at improving data literacy.

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



Controls in operation:

- Regular prioritisation of Data & Insight resources and activity to ensure they reflect council priority areas. This includes weekly reviews for critical and high-risk areas (e.g., Children's Social Care, Adults Social Care).
- Targeted interventions in high risk/profile areas such as Homes and Neighbourhoods, Early Support and Adult Social Care.
- Robust internal audit processes to validate data for external funding claims (e.g. Supporting Families).

Further actions underway to address risk:

- Development of a Data Management Strategy for the Council.
- Improvements in data literacy across the Council. A data apprenticeship programme targeted at staff across the Council is being initiated.
- Recruitment into the Data & Insight Service. Delivery of this action is critical for progress on action 1 to happen within acceptable timescales. Whilst some progress has been made, it will be several months before this resource is in place.
- Working collaboratively with services to raise awareness of data management and governance requirements.
- Increased focus on data migration decisions, plans and approaches when implementing new applications across the Council.
- Additional work to ensure that data processes are integrated properly for delivery of management information

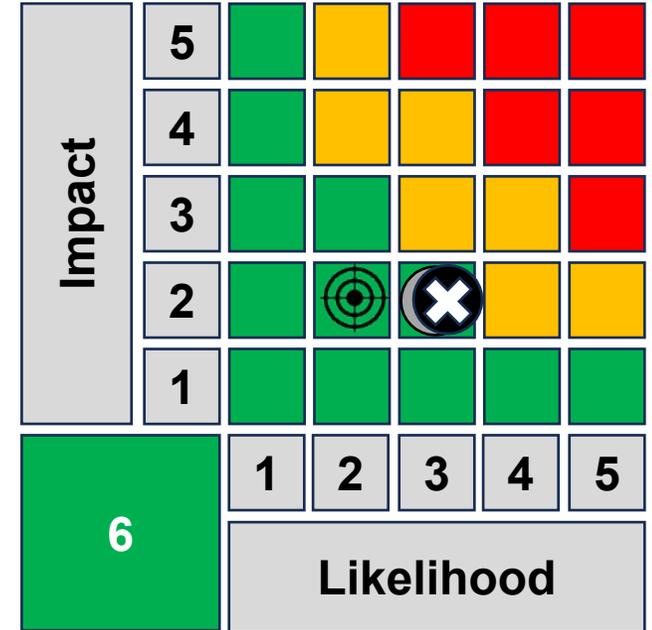
SI02 Relationships with key partners

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:

- Council budget engagement launched, including discussions with key partners at Partnership Executive in December 2024
- Working closely with Third Sector Leaders to identify resources for the future of the community anchor programme and other key areas of third sector capacity, which underpin a number of key outcomes
- 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. A number of discussions at a West Yorkshire level around key funding areas, in particular the extension of the UK Shared Prosperity Fund
2. Work restarted on developing the Team WY Partnership Action Plan to guide preparations for further devolution
3. Inclusive Economic Strategy drafted and ready for consultation
4. Council budget consultation underway
5. Further external funding strategic relationship development based on the 2023 relationship analysis and mapping, with a refresh of this mapping planned
6. Building connections between teams to support broader relationships and connections, minimising the risk associated with individual relationships and points of contact, especially with respect to working with the third sector. Further work with Third Sector Leaders required to develop this further.

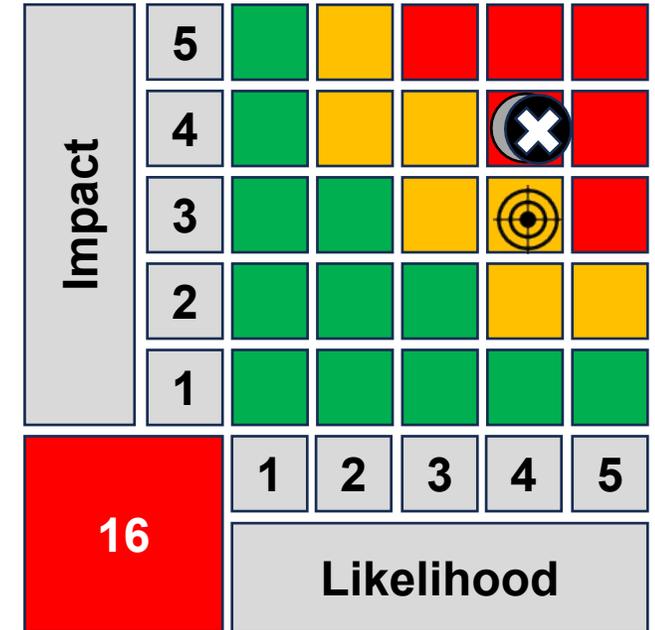
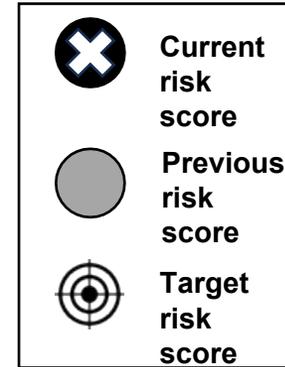
SI03 Cyber Security

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:

- Global threats remain as is with an increase of activity around global conflicts and general election. Some significant global incidents have come to light over the last quarter.
- PSN Pen test undertaken, remediation plan will be submitted to DHCLG Cyber Team.
- CAF work progressing and council has been awarded £15k grant to continue the work.
- Work starting on understanding the opportunities with O365 E5 licensing.
- Commenced the project to adopt the national Cyber Assessment Framework (CAF) in line with the NHS and Government. This will not replace PSN but will replace DSPT in future.



Controls in operation:

1. Documented and approved Cyber Strategy. A WY ICS Cyber Strategy is being developed which we will adopt and replace the existing 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 / LLM
4. Explore the possibilities and cost implications of further perimeter controls
5. Awareness of/action to improve data management through third party suppliers
6. Work underway, led by Kirklees Council, on the development of a WY ICS Cyber Strategy that can be adopted by the council wider than Health & Social Care.
7. CAF work has started with three critical systems identified – Adults, SAP and Council Tax. Work will progress through to Summer 2025.

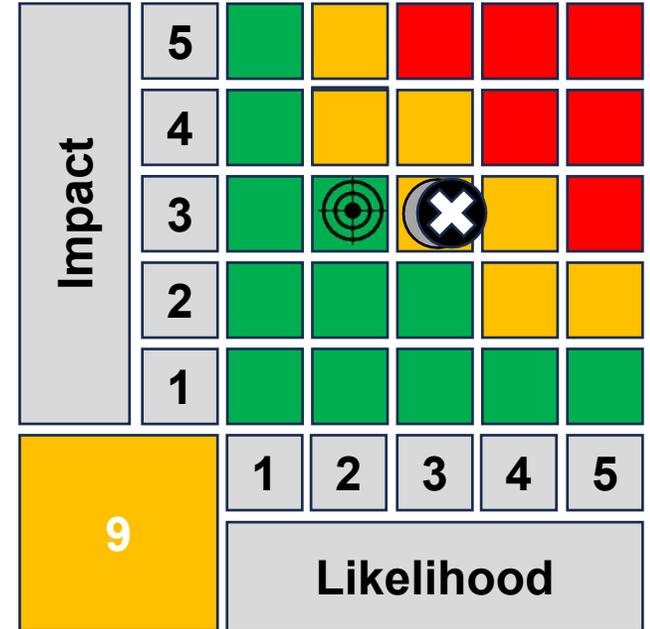
LGC01 Corporate Governance Failure

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 External Auditors report identifies some concerns as regards decision making although this is based on a small sample. The Council needs to ensure that where decisions are required, these are made following the necessary processes before decision-making by the appropriate body supported by full financial and other information. 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.



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
 - Constitution Working Group is up and running (with agreed terms of reference)
 - Reports will proceed to CGAC as part of the updating of the Constitution by the Monitoring Officer (likely Q4 24/25)

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. Q3 sees an increase in SARs but a slight decrease in FOI/EIR requests on the same period last year.
- Internal audit commenced on Data Sharing Practices – recommendations due in early Q4.
- Work towards compliance with the 2024/25 DSPT requirements continued.
- Q2 compliance report was presented to the Information Governance Board.
- Launch of the new FOI Policy



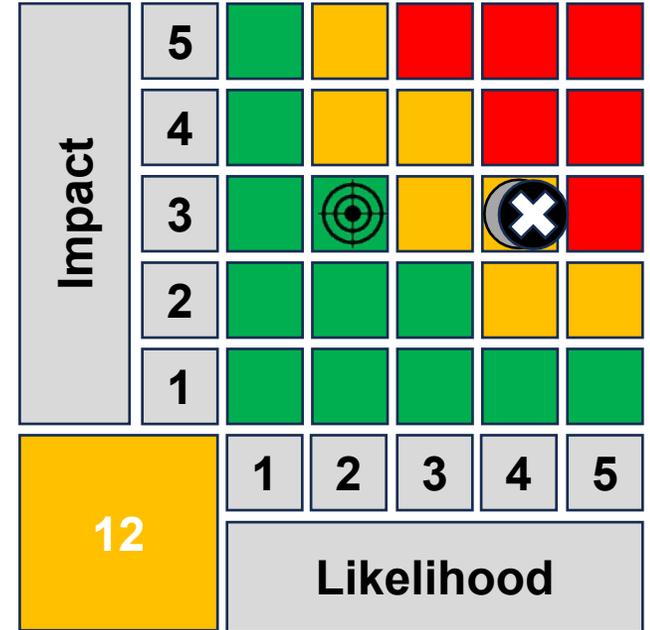
Current risk score



Previous risk score



Target risk score



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, signed off and launched in Oct 2024.
4. Review of IG Team ways of working to address SARs backlog.
 - New IG Assistant post added to the IG Team

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:

Work to prepare for the new regulations is ongoing, with dedicated support identified within the team to ensure we are fully prepared by the go-live date of 24 February.

Recruitment for two Strategic Category Manager roles is currently underway to replace the current post holders who will be leaving the Council during Q4.



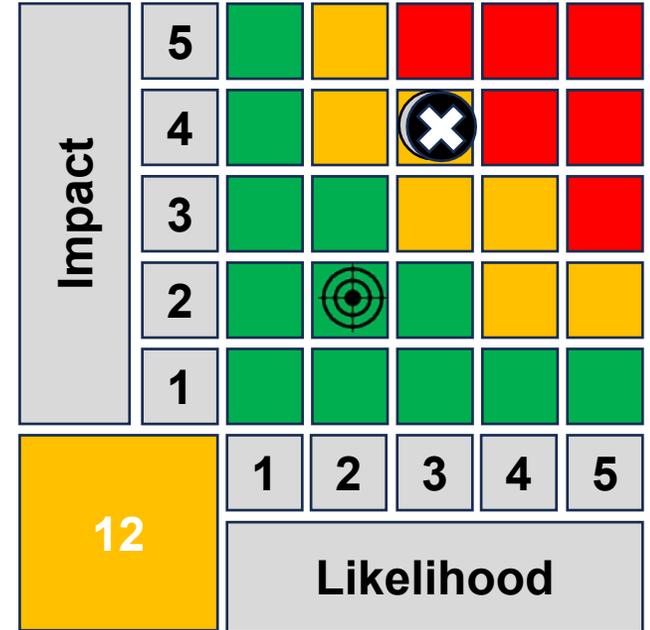
Current risk score



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. Effective pipeline management through use of the Procurement tracker, linked to measures outlined in Procurement Strategy
5. Utilise the regional procurement portal - YORtender
6. Category managers aligned to service areas
7. Contract register maintained
8. 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 are being developed
2. 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

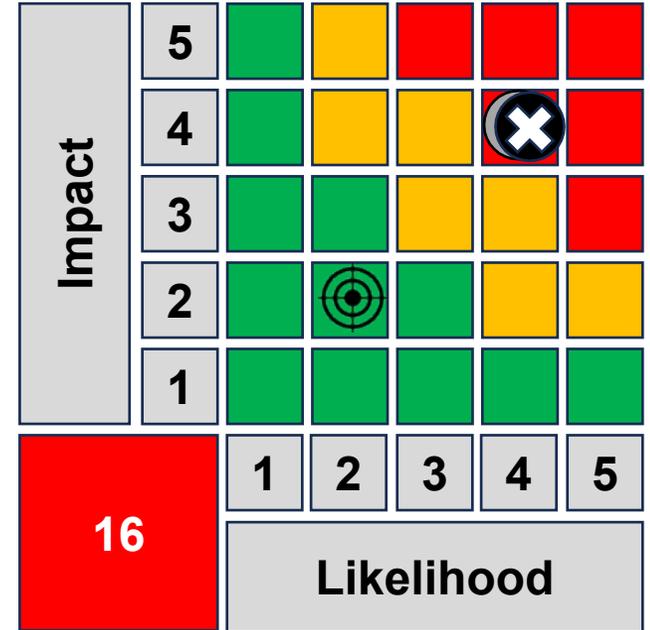
LGC04 Contract Management

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:

Lack of consistency in contract management has been highlighted as an area for improvement within the External Auditors annual report with activity now underway to address. Several staff members who handle contract management as part of their role are enrolled in the Contract Management Pioneer Programme, which is run by the Government Commercial College, with the objective to improve contract management skills in several service areas. Transformation support for contract management has been made available. This project will be led by the Contract Assurance and Oversight Board.



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. Ensuring each contract contains clear and detailed specification, enhancing the likelihood that delivery will be as anticipated, on time and within expected resources
3. Developing methodologies to ensure best outcomes from PFI contracts as they approach termination, involving all stakeholders
4. Procurement Act 2024 requires additional contract management actions and reporting for high value contracts (over £5m).

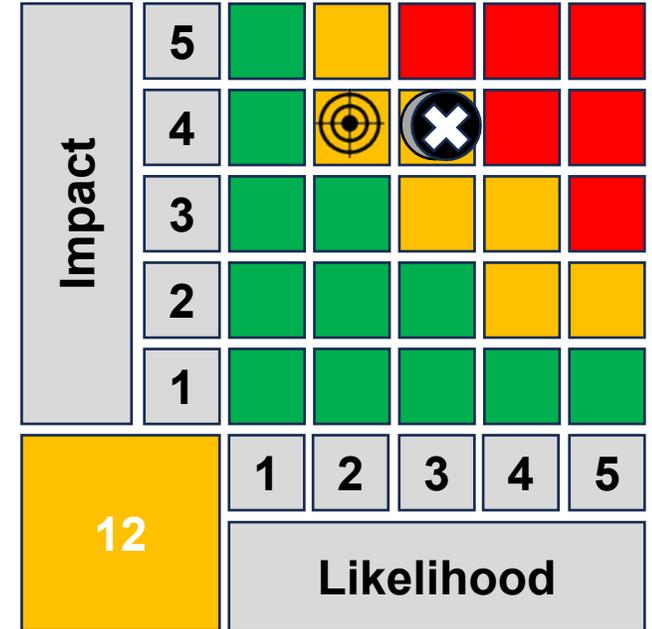
HP01 Emergency Planning & Business Continuity

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 continually reviewed in-line with review schedules and learning from our incident response.
- Emergency Preparedness, Resilience & Response (EPRR) audit of Kirklees Compliance has completed and submitted.
- KC directors trained and exercised on EP role.
- Annual report delivered to Corporate Governance and Audit Committee.
- Communication framework agreed for the response to a major IT outage



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. Continue to prepare for the introduction of the 'Protect Duty'
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 continue to be rolled out.
4. Review London Bridge Plan

HP02 Health & Safety

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:

- Corporate H&S Policy has been approved by CEO and Leader of the Council
- Terms of Reference for H&S Oversight Board have been reviewed and agreed by the Board
- Annual H&S Report delivered to CGAC
- An interim target of 60% completion rate for H&S training has been set pending outcome of broader review of strategy for assignment and monitoring of mandatory modules
- IOSH Senior Executive refresher training continues
- Tools Purchasing Policy has now been approved by Head of Property Services



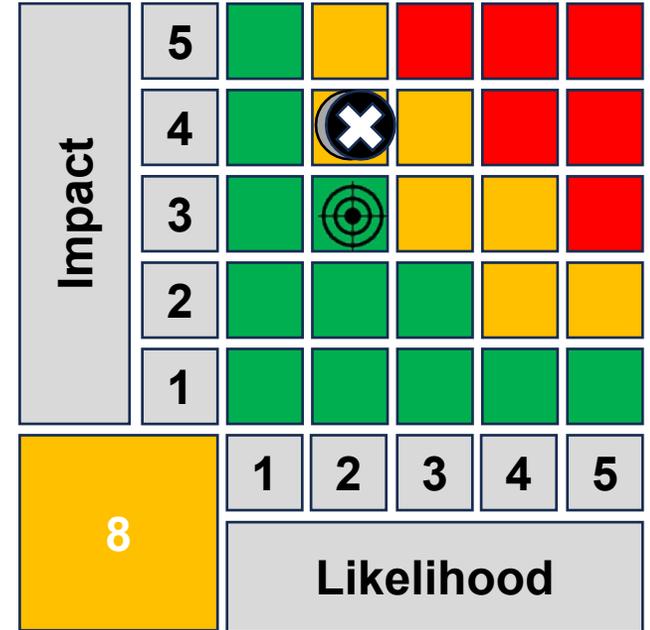
Current risk score



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 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. Continue to monitor compliance with Hand Arm Vibration Syndrome (HAVS) to ensure all required mitigations are consistently applied across services by the Corporate Safety Team.
2. RIDDOR reporting processes continue to be monitored to ensure timely reporting.
3. Consider scope of mandatory H&S training for Senior Leaders
4. Continue to monitor compliance within Homes and Neighbourhoods to improve H&S

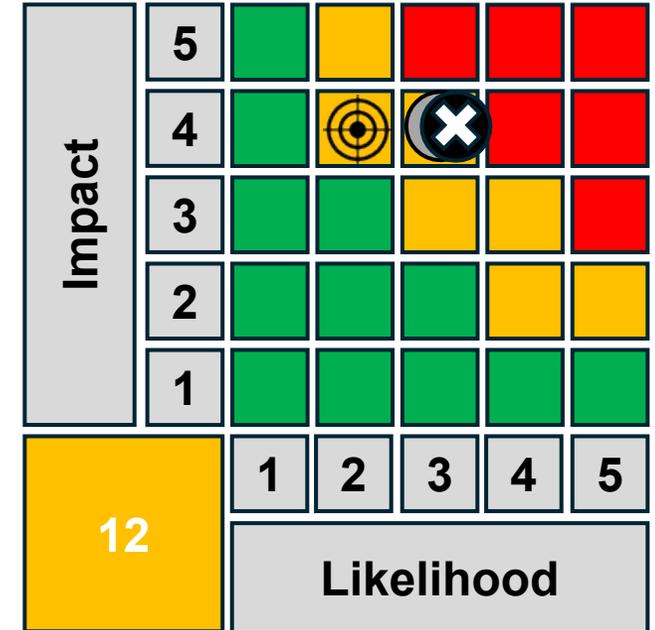
AH01 Adults Safeguarding

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:

- Phased pilot of new safeguarding/FDD team at Adult Social Care Front Door, capacity issues have delayed the full pilot. Learning to be incorporated into long term future model.
- Clarity on reporting for Care Act Section 42 enquiries agreed, deep dive in Q3 identified some Data Quality issues.
- Referrals backlog reduced, learning informing the KD/CHSCH integration work
- Waiting Well policy rolled out in the hubs – S42 enquiries allocated within 48 hours
- Communications sent to all ASC staff re mandatory safeguarding training



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. Long-term ASC front door safeguarding team to be agreed for Q1 2025-26 implementation
2. Integrated front door (KD/CHSCH) formal service change to be implemented in Q4 2024-25
3. Improvement plan for Data Quality for safeguarding referrals, concerns and S42 enquiries agreed.
4. PIPOT policy is being revised, to ensure internal processes are clear and in line with parallel Council procedure's
5. Reporting on mandatory safeguarding training to be reported at the new Adults L&OD group

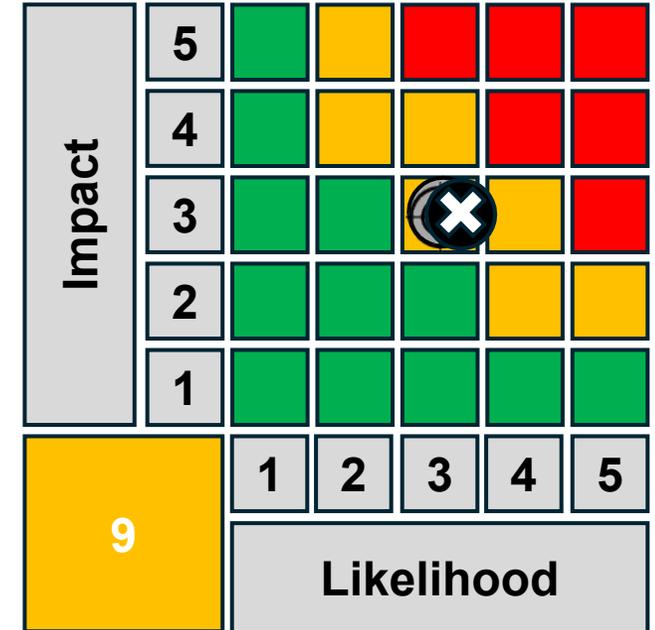
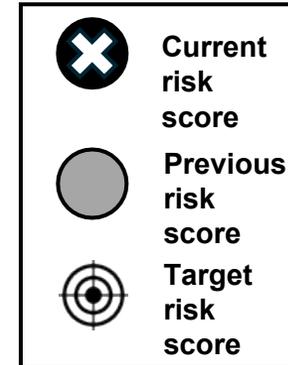
AH02 Adult Social Care assurance framework

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:

- Notification of CQC inspection was received on 9th December, Go Plan enacted
- Information Return submitted as per CQC timescales
- Data quality and integrity issues identified as part of the IR38 return, action plan written and agreed to improve for the CQC site visit.
- Some additional areas of improvement identified following submission of IR38 – plan to be agreed at CQC Board for improvement.
- 50 cases for submission identified and quality checked. Additional quality checks to take place over the next 3 months



Controls in operation:

1. CQC Assurance project group established, and progress updates provided to SCLT on a regular basis
2. CQC data pack has been developed with Data & Insight – will be reported into SCLT monthly
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. Core member of regional ADASS group for peer support and sharing best practice
2. ADASS and Partners in Care and Health sessions with staff arranged in Jan and Feb – CEO and DASS to attend.
3. Scoping the management presentation for site visit
4. Information sessions available regionally for senior managers and portfolio holder to attend.
5. Regional peer support meetings introduced (all West Yorks LA's have now received notification of inspection)
6. Quality and performance dashboards to be rolled out to all assessment teams to support with improvement plans
7. CQC preparation will report into ELT as part of new process for assurance

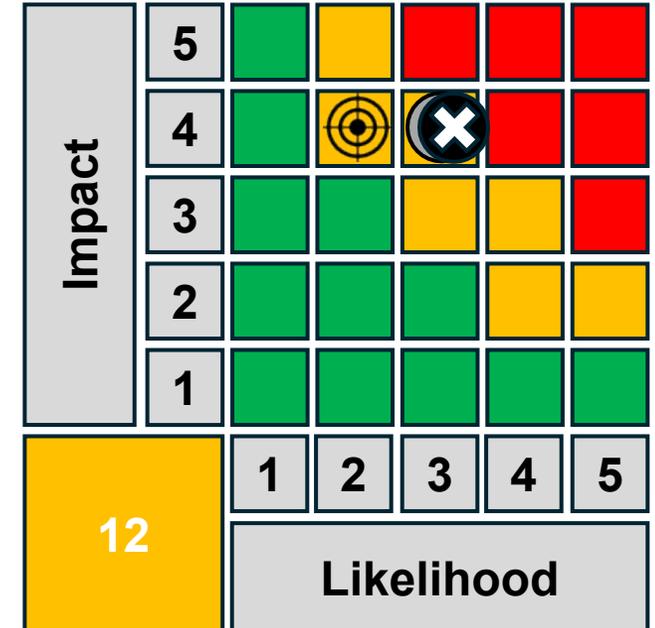
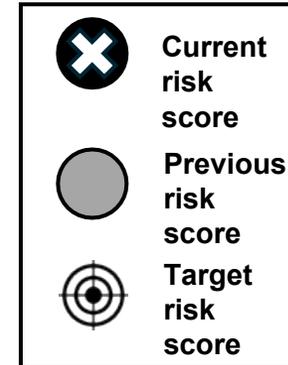
AH03 Data Insight for operational delivery of adult services

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:

- Reporting requirements for SCLT and Portfolio holder has been agreed, ensuring aligned with CQC data return. First update will be M10
- Clarity on the approach for monitoring performance – e.g. waiting lists, allocations and outcomes agreed operationally and with Data & Insight
- Identified issues related to operational dashboards to allow for development.
- Data pack produced for CQC submission, whilst significant data quality and reporting issues were identified these were rectified in advance of the return being made



Controls in operation:

1. Data Intelligence - Weekly Data and Insight Workstream meetings to provide updates on progress of Tableau dashboards.
2. Weekly Adults / Data & Insight prioritisation meeting
3. Form created to monitor addition Data & Insight request to prevent duplication and prioritisation risk.
4. Additional Data & Insight resource agreed (to February)
5. Quality Improvement Officers working with the teams to identify data quality issues to feed into dashboard development.

Further actions underway to address risk:

1. Performance and Quality dashboards to be rolled out to all operational assessment teams in Q4
2. Data Quality report to be created and shared with teams in Q4
3. Report performance linked to CQC requirements at SCLT
4. Data & Integrity capacity issues raised by and to the service.

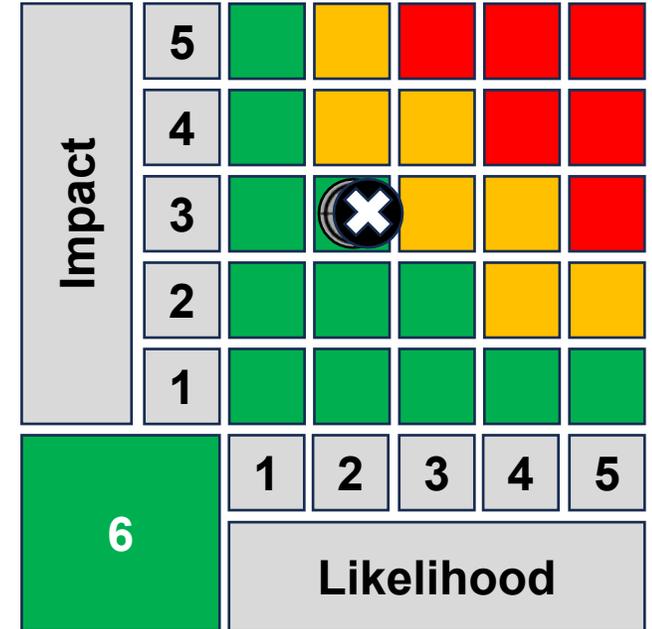
CF01 Childrens Safeguarding

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:

No change this quarter. All controls and actions remain in place.



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. On track for completion in Q4 2024/25
 - Phase 3: Date tbc.

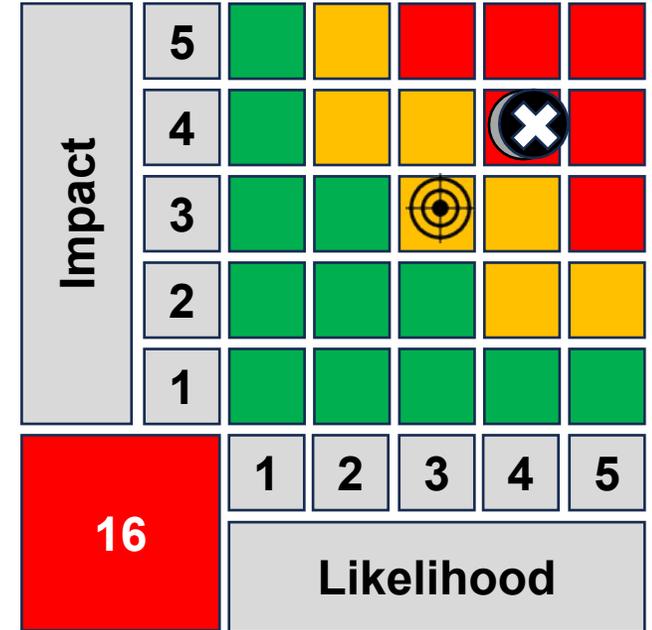
CF02 Sufficiency of SEND provision

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:

- EHCP demand continues to be high, but compliance rates are showing positive improvement.
- Positive feedback, with recognition of challenges, from DfE / NHS England at WSoA catch up.
- Pupils have now started at Woodley School & College and building works completed with positive feedback from portfolio holders and headteacher on the co-production
- Safety Valve - Quarterly report submitted with continuation of funding agreed
- 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.
7. Safety Valve commitments – plan agreed and in place, DfE engaged.

Further actions underway to address risk:

1. Migration of case file management to liquid logic has now completed with quality checking now taking place
2. Cluster working now live
3. Quality & Compliance partnership governance group and SENDACT weekly performance meetings in place to drive performance improvement. Further support gained from DfE
4. Written Statement of Action formally completed but dialogue continues.
5. Finalising of the refreshed Sufficiency Plan to inform future action
6. SEMH Special School Rebuild (Joseph Norton Academy) – pre-construction agreement contract in place, due to end in March 2025
7. Support from DfE for Preparing for Adulthood vision & planning workstream

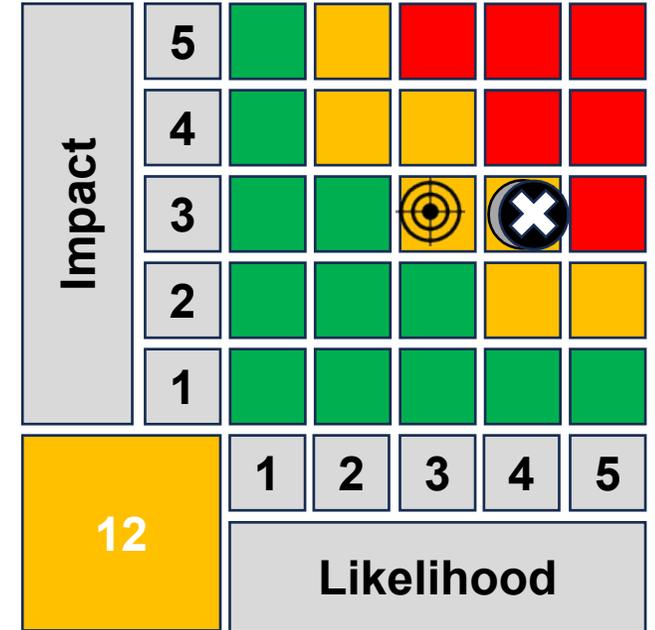
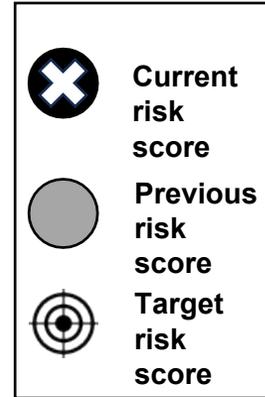
CAS01 Community Cohesion, Wellbeing & Resilience

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, remains in line with national threat level and Prevent Gold group
- Weekly locality based public engagement on relevant themes and campaigns e.g. White ribbon (violence against women and girls), road safety, anti-social behaviour awareness.
- Community plus managers trained to deliver prevent awareness in localities.
- Strategic work with Policy and operational links via quarterly meetings with faith sector as key community asset developing trusted relationships.
- Prisoner release management via reoffending boards, no issues flagged to Safer Kirklees.



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 prioritises 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 (stat requirement)

Further actions underway to address risk:

1. Violence reduction needs assessment led by WY local authorities due Jan 2025, Kirklees implementation plan to be developed and mobilised April 2025.
2. Front-line staff in statutory/non-statutory services e.g. schools, faith organisations to receive prevent awareness training Jan 2025 onwards.
3. Improve and encourage community tension reporting (internal briefings complete / external partnership engagement in planning) Jan onwards.
4. Strategic Intelligence Assessment and Partnership Plan at Scrutiny in April 2025 to define priority/high risk areas of focus under community safety partnerships – stakeholder workshops for intelligence and insights Jan 2025.
5. Strategic Intelligence data project to inform partnership priorities on track.

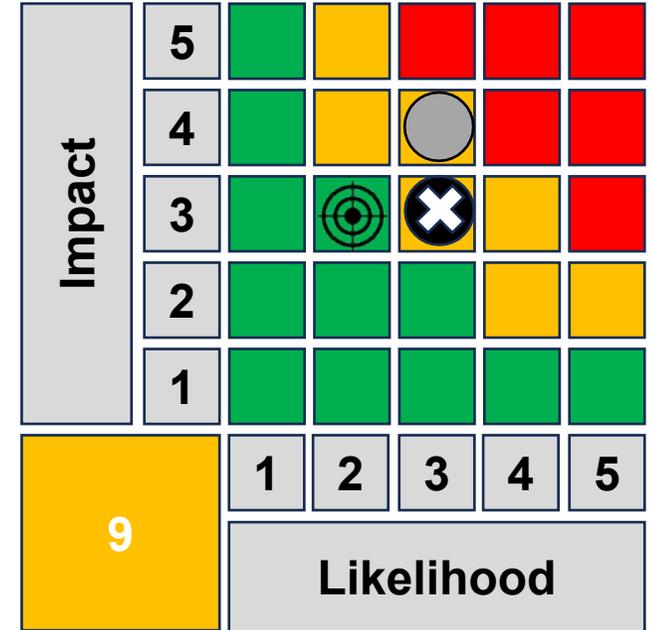
DEV01 Corporate Assets

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:

- Improved position relating to fire risk, with works continuing to be prioritised in sleep risk buildings with new strategy for delivery of work by architects' team and external contractors.
- Asset rationalisation progressing and will achieve income targets set. Demand from market is higher than originally expected. Strategy in place for future auctions along with asset lists for these.
- Knowle Park House has proceeded to practical completion.
- Compliance continues to develop to meet the needs of current regulation
- Increased focus from Insurers on availability and quality of building condition surveys



Controls in operation:

1. Condition surveys – 5-year cyclical plan in place for all assets, activity is on track to deliver ahead of plan as work has been pulled out of future years to address as priority. Any issues are reported to Facilities Management team immediately.
2. H&S Oversight Board, Building Safety & Assurance Board (Corporate)
3. Development of Corporate Compliance Guide and updating of supporting Processes & Procedures, published on intranet as they become available
4. Programme of disposals and asset rationalisation to reduce available assets and use only as required to reduce budget
5. Programme of Planned Preventative Maintenance in place. Ensures Health & Safety, does not necessarily deliver modern working practices

Further actions underway to address risk:

1. Procurement of new asset management database
 - Technology Board accepted business case following which will progress to Procurement to prioritise
 - Specification is prepared and ready to issue to Procurement
 - Expected implementation will be 6-12 month from tender issue. Target date Q4 2025-26
2. Asset Strategy & Core Estate review
 - Asset Strategy on hold pending estate review – remains the position
 - Implementation of Core Estate principles currently on hold
3. Continued focus on addressing issues at high priority assets including Dewsbury Sports Centre, Cleckheaton Town Hall, Batley Town Hall & Batley Library

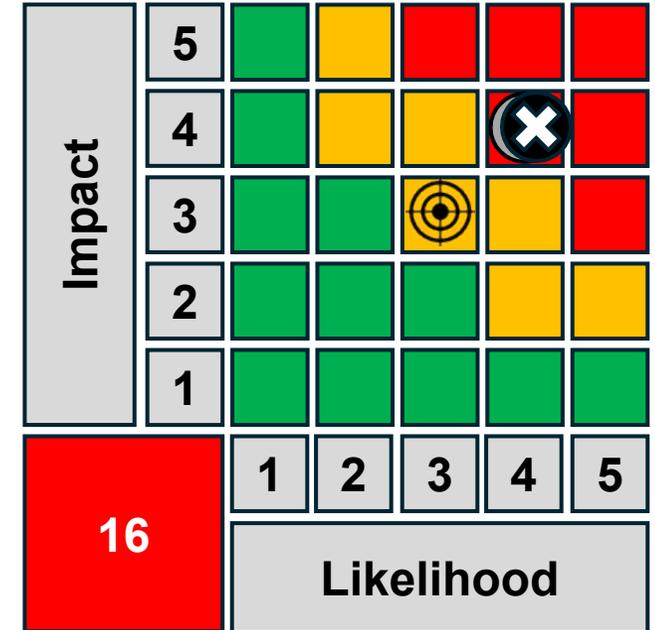
DEV02 Homelessness and housing stock availability

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 high usage of Temporary Accommodation (TA), at the end of Dec there were 420 households in TA, the number in B&B continues to reduce (170 at the end of Dec)
- Increased grant funding (c. £2.5m) awarded to Kirklees for 2025/26 to support homeless prevention, rough sleeping prevention and emergency accommodation pilot activity
- Longer term government approach to housing supply challenges remains unclear
- Utilisation of Berry Brow has now ceased, in line with timelines for redevelopment



Controls in operation:

1. Preventing Homelessness and Rough Sleeping Strategy and Temporary Accommodation Placement Policy
2. Revised emergency accommodation procurement framework now in place
3. Regular monitoring and management oversight of all temporary accommodation placements – new two stage approval process now in place and initial figures (first six months) showing slowdown in number of new placements
4. LAHF programme – acquisition/refurb of stock for meeting needs of Ukraine and Afghan households. (will also include new TA units now LAHF3 programme underway)
5. Governance structure in place via Homelessness/TA Transformation Board which has oversight of TA demands/pressures in particular
6. 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. Ashenurst scheme has had lease extension to mid Jan 2025 at current occupancy levels however negotiations with landlord are ongoing to enter into longer lease and increase number of units, Cabinet report drafted in anticipation
5. Implementation of B&B reduction plan, and development of Service Development Plan with input from MHCLG adviser and external specialist consultants.
6. Work with Registered Providers to enhance nominations to homeless households
7. Planning for effective expenditure of 2025/6 grants (HPG, RSI and new Emergency Accommodation Pilot grant) to maximise homeless prevention

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: Janet Sharpe, Interim Service Director Homes & Neighbourhoods

Quarterly update:

Progress continues to address the issues identified in the Regulator of Social Housing Regulatory Notice (published March 2024), specifically regarding management of Fire Safety and Damp, Mould & Condensation (DMC). There is ongoing engagement with the regulator to inform them of the steps being taken to address the identified risks. Fire Risk Assessment contractor has now commenced on site. The number of open DMC cases remains higher than anticipated with vulnerable cases continuing to be prioritised. The upgrading of the asset management system delivers improved reporting capability and allows third party assessors to add actions directly to the system.



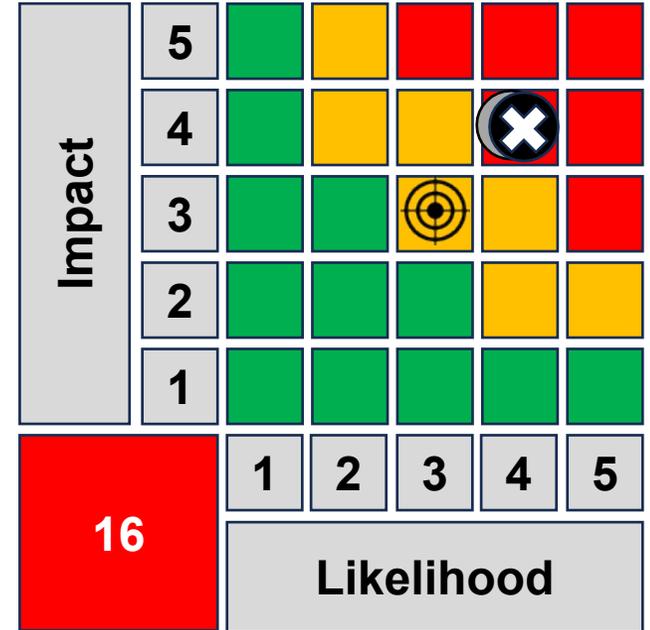
Current risk score



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. Asbestos and Water Hygiene progressing through governance
3. Regulatory Notice action plan and monthly meetings in place to track progress
4. Asset & Building Safety team appropriately resourced
5. Asprey Asset Management system – now upgraded and accessibility improved through usage as a cloud based application.

Further actions underway to address risk:

1. Fire Safety 6 storey programme has now commenced
2. Asprey phase 2 in development to deliver enhanced functionality, including the requirement to replace the current DMC tracker with case management capability in Asprey providing a more stable reporting platform
3. Impact assessment of DMC strategy is underway reviewing target outcome delivery and current level of open cases
4. The capital programme is being rephased to reflect delays in procurement of external contractors to complete both Fire Risk Assessment remedial actions and other programmes
5. Development of a detailed 5-10 year stock condition investment programme, initial contractor appointed

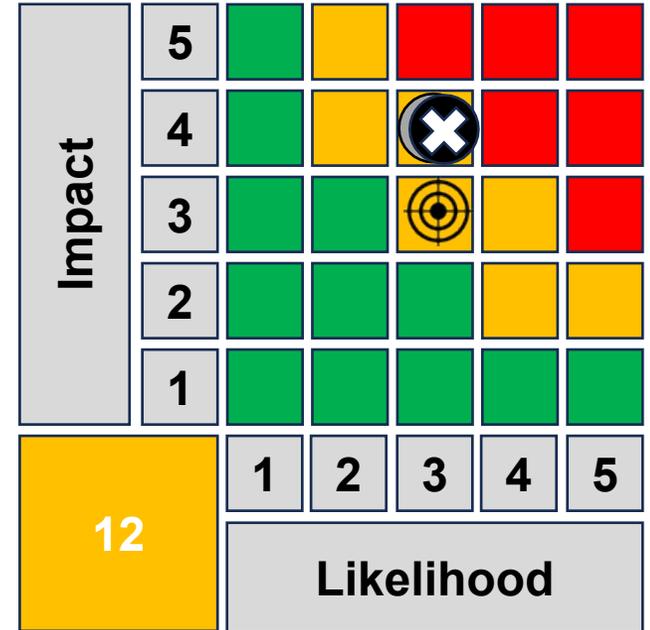
ECC01 Climate Change

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:

The risk score remains stable reflecting the breadth of the control framework. Authorisation to recruit to key roles following recent staff departures has been received. The continuation of a restricted financial position impacts, recognising that the preferred choice (from a climate & environment position) is nearly always more expensive, especially in year 1.



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 and Environment Sustainability training is available on My Learning for Officers and Members, completion rates are being tracked but remain low
5. Top tier partnership strategy, 'Environment Strategy; Everyday Life' in place following approval by Council in September 2024

Further actions underway to address risk:

1. 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.
2. Intention to recruit to the currently vacant staff positions to manage the Councils response to Climate Change and Environmental Sustainability.