



Corporate Risk Report, Quarter 4 2024/25



Q4 Summary position:

- **There have been no new risks raised, and no risks removed this quarter**
- **Increases in risk score:**
 - There have been no risks that have increased in score this quarter.
- **Reductions in risk score:**
 - Risk FIN01 (Budget monitoring & management) and FIN02 (Medium term financial sustainability) have both reduced in score, although remain as high (red) rated risks. The reduction reflects the significant progress that has been made in stabilising the financial position of the council whilst recognising that continued focus is required to maintain this improvement trajectory
 - Risk AH01 Adults Safeguarding has reduced in score from and '12' to '8', reflecting a reduction in the likelihood of this risk materialising. Effective oversight and governance of safeguarding risks was already in place however recent focus has meant that significant progress has been made in clearing the referrals backlog and service redesign activity has delivered a more integrated and client focussed front door process
- **Other comments:**
 - Risk AH02 (Adult Social Care assurance framework) and Risk AH03 (Data & Insight for operational delivery of Adult Social Care) will both be reconsidered following the CQC visit taking place in Q1 2025-26.

Summary overview (page 1 of 2)

Reference	Risk Description	Transformation Priority	Risk Owner	Risk Score	Direction of travel
FIN02	Medium term financial sustainability		Kevin Mulvaney	16	↓
PS01	Talent management		Shauna Coyle	16	⇒
SI03	Cyber security		Terence Hudson	16	⇒
LGC04	Contract management	✓	Samantha Lawton	16	⇒
CF02	SEND provision	✓	Jo-Anne Sanders	16	⇒
DEV02	Homelessness and housing stock availability	✓	Joanne Bartholomew	16	⇒
HN01	Housing safety & quality	✓	Janet Sharpe	16	⇒
FIN01	Budget monitoring and management		Kevin Mulvaney	15	↓
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	Transformation Priority	Risk Owner	Risk Score	Direction of travel
HP01	Emergency planning & business continuity		Jane O'Donnell	12	⇒
CAS01	Community cohesion, wellbeing & resilience		Jill Greenfield	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	⇒
AH01	Adults safeguarding		Cath Simms	8	⇩
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 has reduced, reflecting a final year outturn position that has a significant lower overspend than forecast. Further detail is included in the Q4 outturn monitoring report
- Continued focus to ensure effective governance is in place to deliver ongoing monitoring of the budget position and ensure required actions are progressed at pace
- Savings targets for 2025-26 have been agreed and these need to be implemented effectively in the new financial year. (£11m of new savings and £15.8m of existing savings)



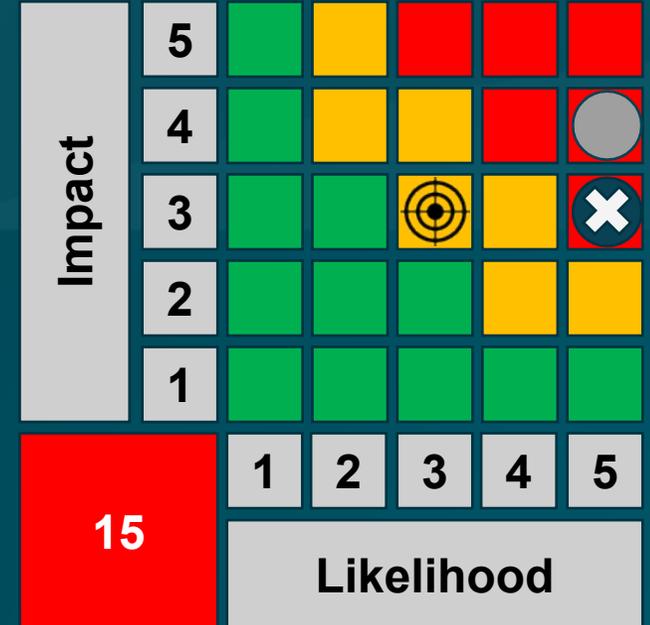
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. 2024-25 budget agreed by Council in March 2024. 2025-26 budget was approved by Council in March 2025
2. Established governance arrangements are in place to achieve planned outcomes, monthly reporting to ELT, quarterly to EB 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:

1. Check & Challenge approach in place
 - Led by Chief Executive & CFO
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. Review of reserves undertaken as part of the outturn process.
5. Establishment of specific budget contingency reserve as part of the 2024-25 outturn

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:

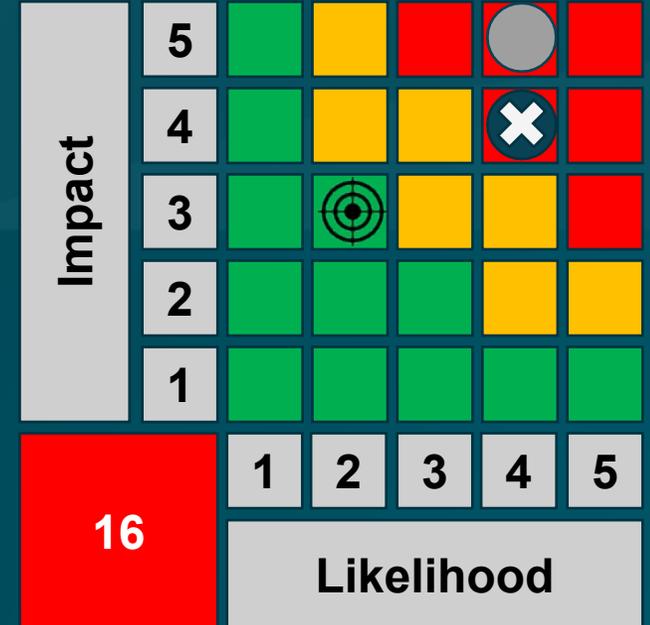
- Risk score reduced reflecting the stability that the 2025-26 budget position provides, however score remains high to reflect the indicative financial gap over the next 5 years
- Balanced Budget presented at Cabinet Feb 2025 and approved at Council in March
- General reserves maintained and the HRA is in a balanced budget position, but concerns remains over the overall level of reserves held by the Council
- DSG deficit position remains a high risk in the event of the removal of the Statutory override
- The final Local Government Finance Settlement was in line with provisional settlement. The direction of travel is that the LG Funding Review in 2025 may improve the Council's share of national funds

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 (CGAC) and Cabinet
6. External Audit: Final accounts and VFM report (2023/24) presented at CGAC in January 2025.
7. Structured approach to identifying and implementing budget changes to achieve savings.

Further actions underway:

1. Detailed review of medium-term plan and revised savings gap in conjunction with Fair Funding Review
2. Monitor new savings programme and tighter focus on volatile demand budgets
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.
 - Q4 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 with consideration of impacts on revenue budget position
- The capital plan rollover starting position was £340m for 2024-25, as at Q4 this position stands at £140m
- As a result of slippage, treasury savings in the general fund in excess of £2m

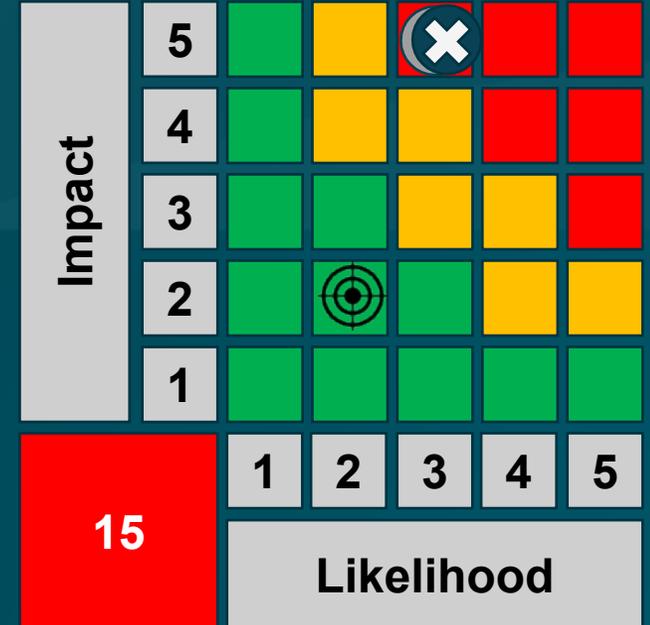
Controls in operation:

1. 5 year Capital Plan developed and agreed, monitored through CAB
2. Capital Assurance Board (CAB) meet monthly to provide strategic oversight of the Council's Capital Plan, chaired by Chief Finance Officer.
3. Detailed monitoring of Treasury Management budgets to assess affordability of the capital plan
4. Agreed capital scoring matrix to inform prioritisation of proposals

Further actions underway:

1. Improved capital monitoring to SLTs, ELT and Cabinet.
2. Review capital plan to take into account baseline capital expenditure (needed for service delivery), council plan priorities and overall affordability (% of revenue budget spent on capital)
3. Maximise opportunities for external funding
4. Asset disposal: Annual capital receipts targets agreed and capital receipts monitoring to be included in quarterly updates.
5. Review of Capital governance across the Council to support delivery

 Current risk score
 Previous risk score
 Target risk score



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



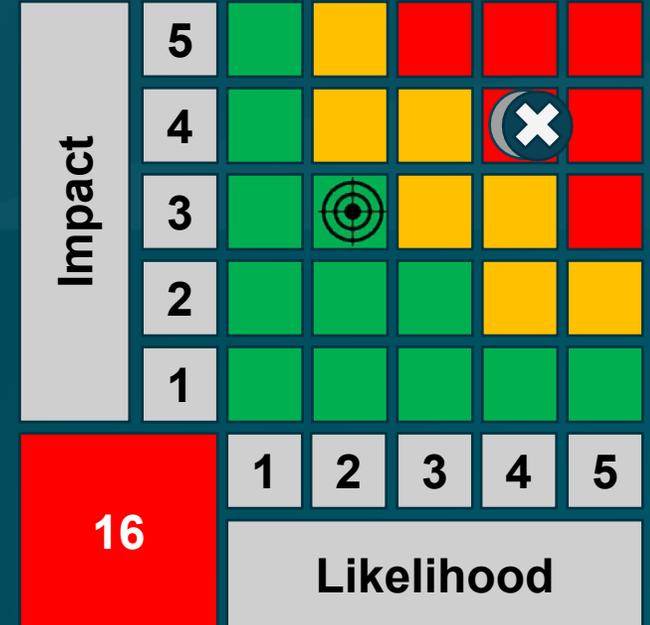
Current risk score



Previous risk score



Target risk score



Controls in operation:

- Embedded People Strategy with regular reviews in place to meet needs of the organisation - phase 3 projects provide focus in this area
- Monitoring of workforce data at Directorate and Service LT meetings, introduction of dashboards including lead & lag indicators
- 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)
- People Panel coordinates vacancy management across the organisation
- Continued focus on wellbeing to support retention: Wellbeing surveys, Wellbeing network and promotion of Employee Healthcare offer now launched

Further actions underway:

- Further development and embedding of workforce planning - new resource planning tool developed
- Scoping activity on Employee Value Proposition project
- Exit and entry survey response analysis underway
- Continue to evolve support through change learning and resources
- Continued piloting and refining use of specialist support for hard to fill roles
- Investment in LinkedIn Recruiter licenses to support direct sourcing
- Piloting revised approach to work experience and careers outreach in some services
- Participation in local government recruitment campaign and national LGA talent transformation workshops to develop solutions to common recruitment and retention challenges
- Enhanced 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 - some of this is linked to service change activity however the local position in terms of an overall increase is reflective of the national picture
- Continue to meet formally and informally with Trade Union (TU) colleagues at to encourage positive TU relationships



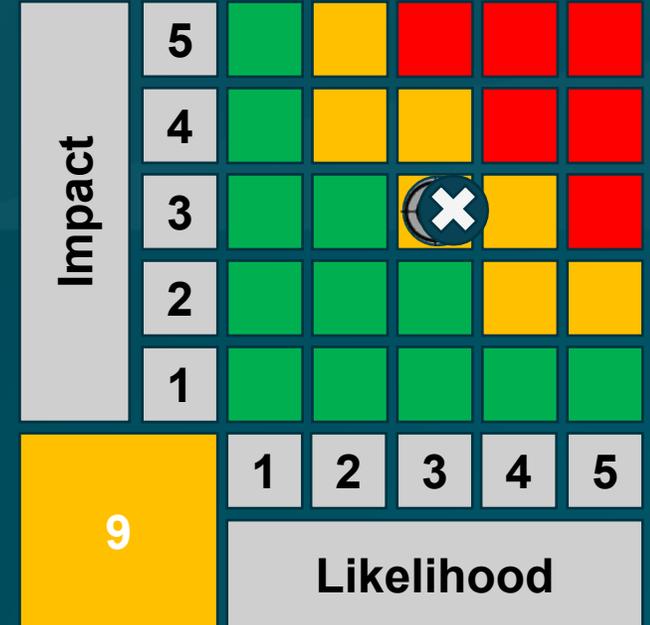
Current risk score



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 consider impact of industrial and / or disruptive action
4. Transition arrangements considered/consulted on for each service change

Further actions underway:

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

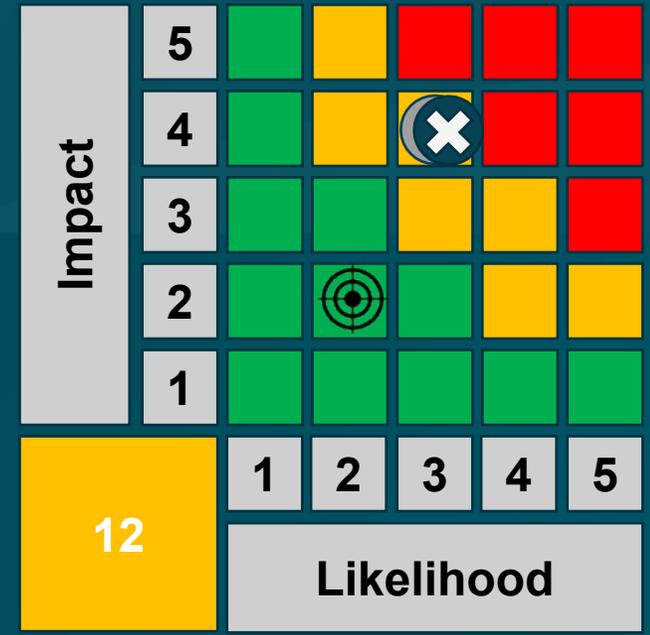
Risk of poor/uninformed decision making, failure to maximise income or inability to comply with statutory requirements caused by data integrity issues leading to reputational damage, ineffective resource allocation and/or a reduction in Council funding

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.
- Council-wide data apprenticeship programme due to be launched in Q1 2025/26 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:

- Development of a Data Management Strategy for the Council to be considered in Q1 2025/26
- Continued focus on resource capability and capacity both across Data & Insight and within services; 2 x Data Engineering posts filled during Q4 and Data Apprenticeship programme targeted at staff across the Council is being initiated and will be launched with an initial group of 25 staff in Q1 2025/26
- 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:

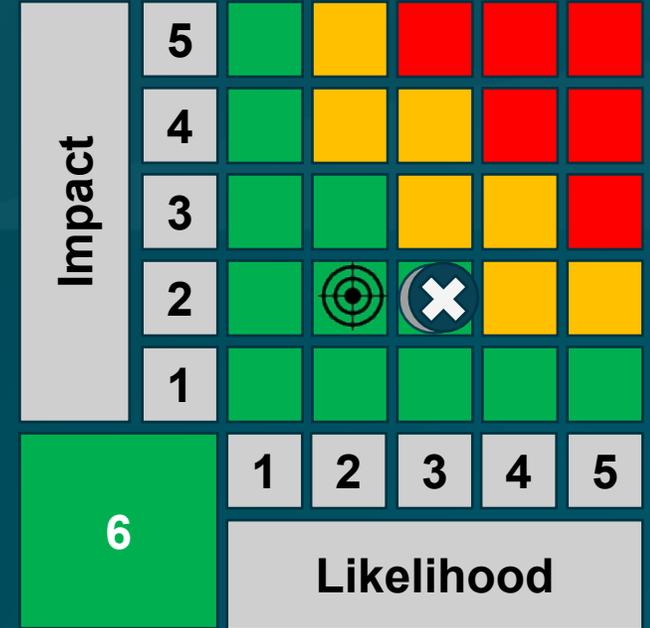
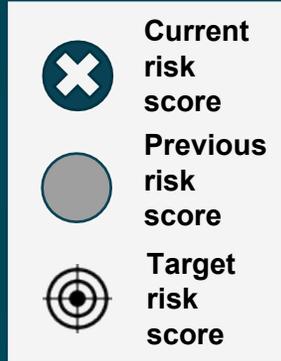
- Council budget decided and partners updated at Partnership Executive in March 2025
- Community anchor programme and community networks funding confirmed through UKSPF
- Regular coordination meetings with TSL(Third Sector leaders) leadership starting in April 2025
- Partnership working with WYCA is evolving ahead of an integrated funding settlement in April 2026. This includes adjustments to decision making processes. New monthly steering group established including the Chief Executive and Leader to coordinate relationship with WYCA
- The corporate peer challenge report praised our partnership working and recommended we go further with business and economic partners (e.g. WYCA)

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 other bilateral and multilateral groups
3. Top tier partnership strategies outline how partnership working will contribute to the achieving our vision for Kirklees with agreed shared outcomes.
4. Outside body representation formally noted at Corporate Governance & Audit Committee on annual basis
5. External Funding strategic relationship mapping across all directorates
6. Briefing arrangements to support members and officers attending meetings
7. New internal senior level coordination group established: WY Monthly Planning meeting with the Chief Executive, Deputy Chief Executive, Exec Director for Place, Leader, Deputy Leader

Further actions underway:

1. Work developing on a Team WY Partnership Action Plan to guide preparations for further devolution
2. Inclusive Economic Strategy drafted building on partner input, for decision in the summer
3. External funding strategic relationship development based on the 2023 relationship analysis and mapping, with a refresh of this mapping planned.
4. 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. This will take place through the regular meetings starting in April.
5. A Kirklees Economic Summit is being considered as a new dimension to our partnership working with WYCA and businesses
6. As part of developing the corporate peer challenge action plan we are considering a review existing business and economy engagement mechanisms to identify areas for improvements



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:

- Work continues on the Cyber Assessment Framework, first gateway achieved
- Technical controls remain strong however improvements required documenting our processes and events, to take place across Q1 2025-26
- Supply chain incidents are becoming a greater issue with work underway to enhance controls across IT, IG and Procurement.
- The use of untrusted AI bots remains an issue but IG and IT work together to provide guidance on removing them from meetings
- Privileged Access Management software is expected to be retired as a product, in advance we are investigating zero trust access as a security framework, alongside alternative software

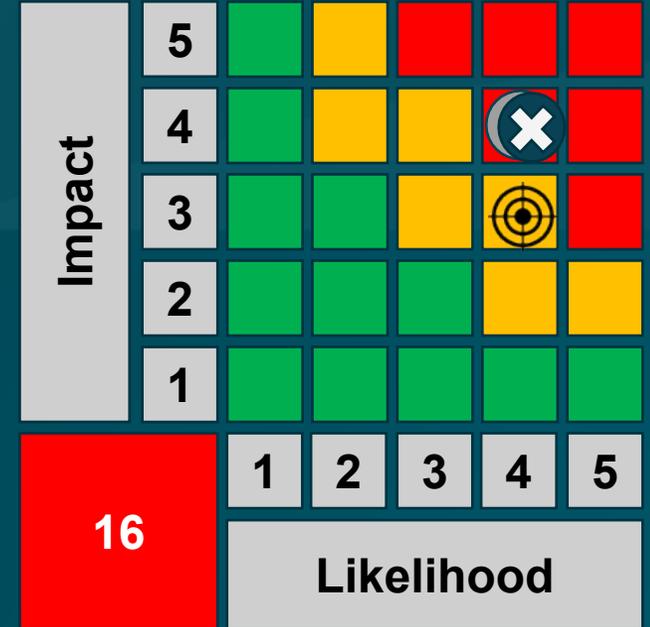
Controls in operation:

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:

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 management through third party suppliers
6. Ensuring thorough processes for mitigation where possible

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



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:

Work has been completed to refresh/provide additional guidance on decision making procedures. This is timely and will respond to recommendations from the recent Peer Review Challenge. Additionally online courses are being developed to assist officers and Members navigate decision making routes and committee process, including scrutiny. Launch of the new guidance and support will be accompanied by Governance offer to visit SLTs to reinforce procedures.



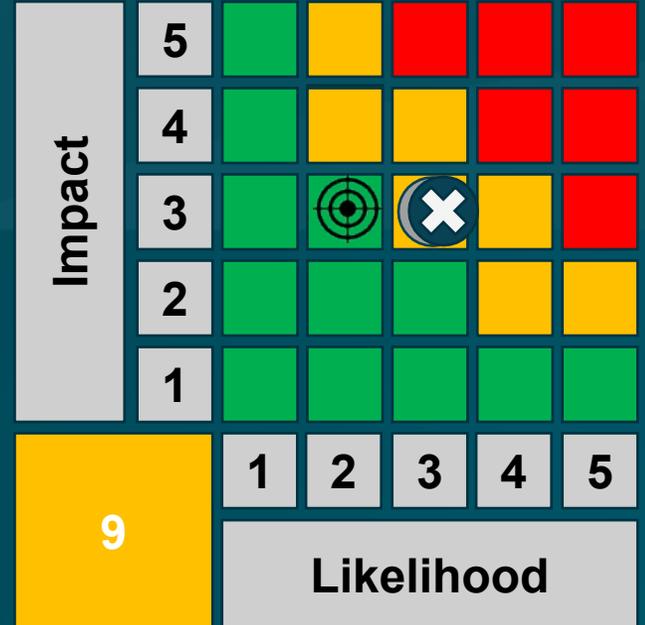
Current risk score



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:

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 to CGAC as part of the updating of the Constitution by the Monitoring Officer have been considered and will now be submitted to Annual Council for approval.

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. Q4 sees an increase 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 Q1 2025/26
- Work towards compliance with the 2024/25 DSPT requirements continues, deadline for submission is 30 June
- Records Management, Information Sharing and Information Security Policies have been approved at IG Board and will be published in due course

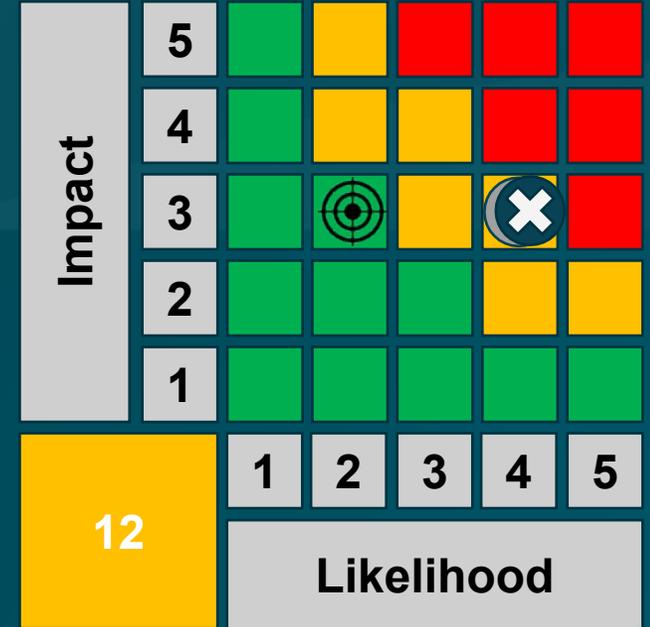
Controls in operation:

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:

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 new process in Q1 (25/26)
 - Training and guidance roll out to commence at same time before becoming BAU
3. Development of new IG mandatory training module is in development. Expected to launch in June 2025
4. Review of IG Team ways of working to address SARs backlog continues

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



LGC03 Procurement

Risk that the council enters 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 Procurement Act came into effect on 24 February 2025. In response, our procurement processes and practices have been updated to align with the requirements of the Act. All staff within the Procurement Team have completed training on the new regime through the Government Commercial College. Details regarding the new regime have been shared across the Council to raise awareness and understanding.

Category Manager roles have now been filled, ensuring that all procurement categories benefit from strategic oversight.

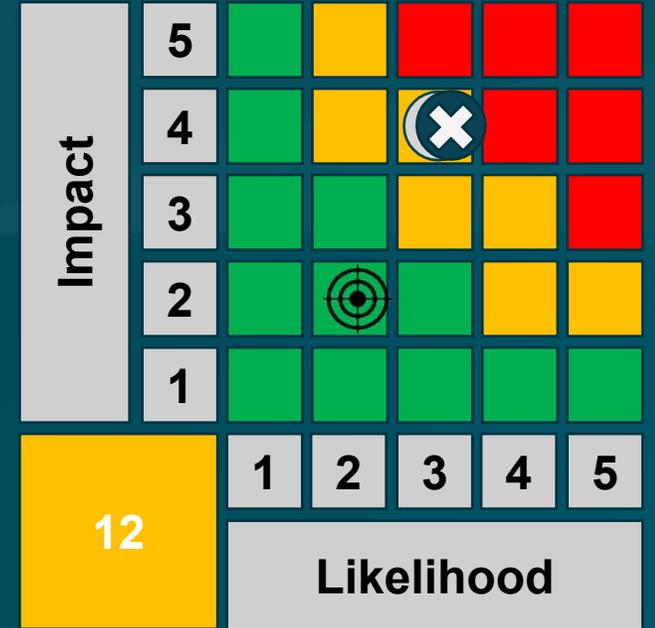
Controls in operation:

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:

1. Contract Procedure Rules will be updated in Q1 2025/26 to align with the requirements of the new regulations. A more comprehensive review may be conducted at a later stage, once the Cabinet Office has published all supporting legislation and guidance related to the Act
2. The Procurement Strategy will be revised during 2025/26 to compliment the new regime
3. Work underway to develop procurement intranet pages to provide accessible guidance for staff involved in procurement activities
4. Work continuing to make incremental improvements across the procurement lifecycle to upskill staff

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



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:

The Transformation Team is currently working to define the deliverables and roadmap for the Contract Management Review, which seeks to improve contract management outcomes across the Council. The project's objective is to strengthen organisational knowledge, ensure compliance, and enhance competence in contract management.

The External Auditors' annual report has identified inconsistencies in contract management as a key area requiring improvement. Efforts are now underway to address these concerns, with the project being overseen by the Contract Assurance and Oversight Board.



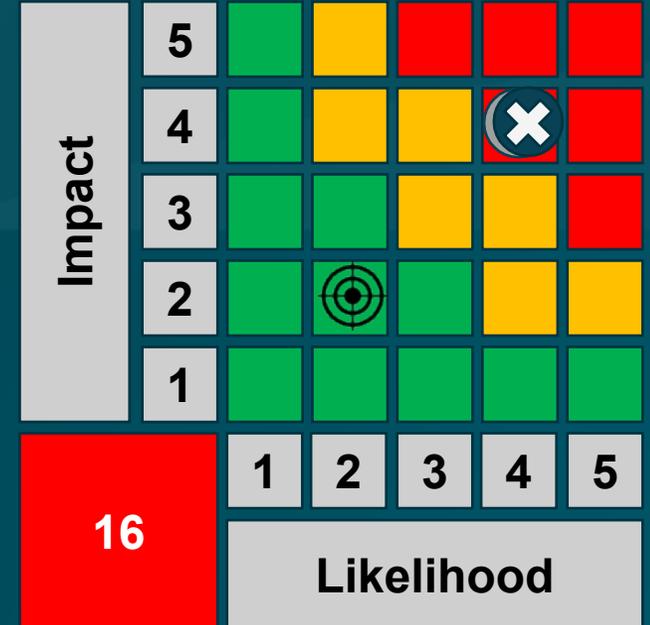
Current risk score



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. 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:

1. Ensure all contracts include clear and detailed specifications to improve the chances of successful delivery that is timely and within allocated resources
2. Create a Learning and Development resource focused on contract management
3. Enhance data management practices related to contract management to maintain a comprehensive understanding of all active contracts
4. Establish a contract management framework to promote a consistent approach across the organisation
5. Strategy in development to ensure best outcomes from PFI contracts as they approach termination, involving all relevant stakeholders
6. Review process for updating contract manager details to ensure when named contract managers exit the organisation responsibilities are formally handed over and records updated

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
- Organised and delivered two lockdown workshops for schools
- Flood spotter development training
- Loggist training and business continuity exercise for Homes and Neighbourhoods
- Exercised Mourning Plan (Operation London Bridge)

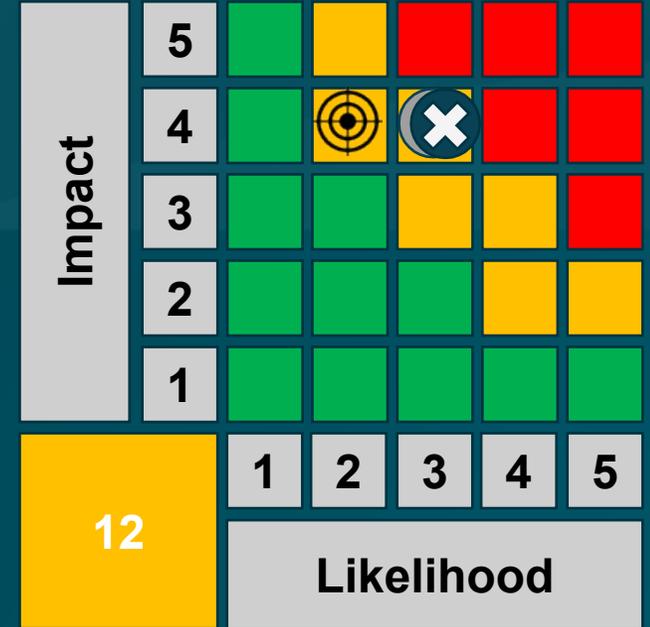
Controls in operation:

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:

1. Protect Duty now enshrined in law. Work continues to meet new duties
2. Lockdown and Run, Hide, Tell procedures continue to be rolled out
3. Develop a corporate exercise to test our response to a fire in a high-rise block of flats

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



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

Two incidents in Q4 have prompted the Health & Safety Executive to contact Corporate Safety and investigate specific concerns. In both cases the health and safety management arrangements and information provided to the HSE were deemed satisfactory

Ongoing delivery of IOSH Managing Safely Refresher courses, with two courses completed in Q4



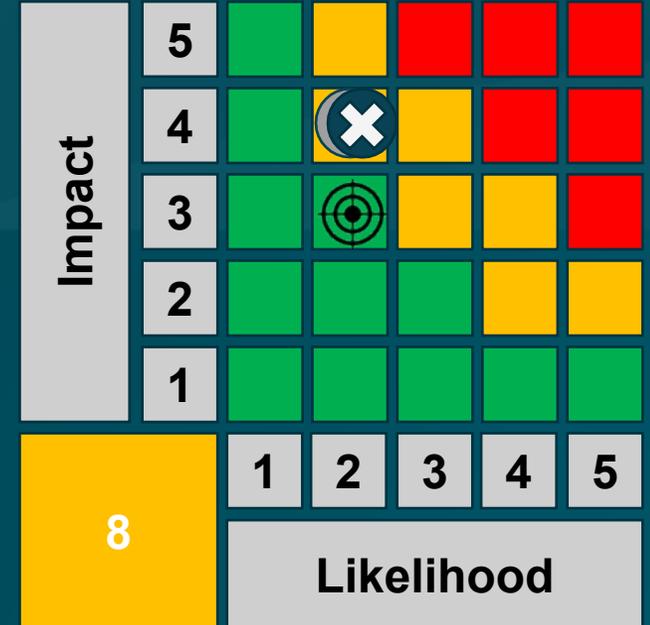
Current
risk
score



Previous
risk
score



Target
risk
score



Controls in operation:

1. Policy, Strategy and associated guidance reviewed regularly. Legal compliance is the accepted minimum standard
2. Governance through H&S Oversight Board which meets quarterly and is chaired by Strategic Director. Board reports onwards to ELT with six monthly 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:

1. Ensure that Kirklees Leadership Team complete the IOSH Managing Safely for Senior Executives training
2. Set an ambitious target for the coming 12 months to increase employee uptake of mandatory IOSH approved health and safety eLearning
3. Monitor accident, incident and near miss reporting process to ensure timely RIDDOR reporting

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:

- Management of the Safeguarding Portal has moved to the Safeguarding team, timeliness of decision making on referrals has improved
- Referrals backlog is now cleared
- Adults Learning & Organisational Development group has been established, deep dive into the Safeguarding training planned in Q1 2025-26
- Kirklees Safeguarding Adults Board annual report taken through Scrutiny and Health & Wellbeing Board

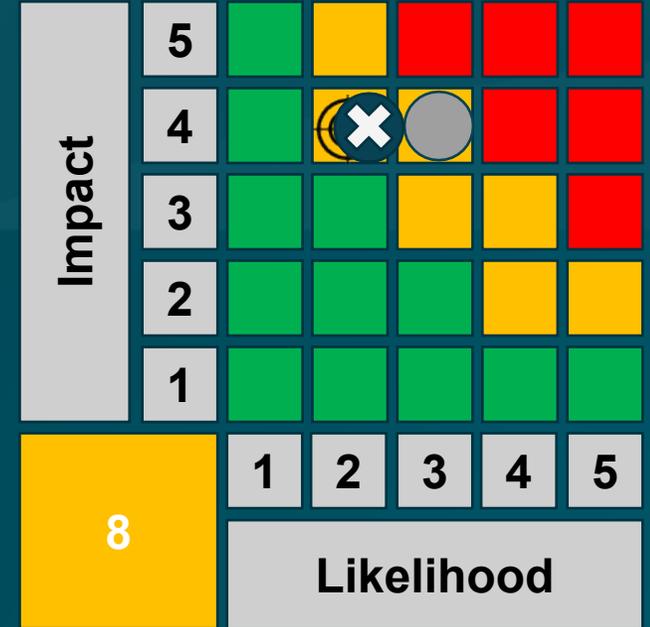
Controls in operation:

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
10. Waiting Well policy rolled out in the hubs – S42 enquiries allocated within 48 hours

Further actions underway:

1. Integrated front door (Kirklees Direct / CHSCH) formal service change to be implemented in Q1 2025-26, Care Home portal for safeguarding concerns will be managed by this team
2. Long-term Adult Social Care front door safeguarding team to be implemented within Q1 of 2025-26. Delays have postponed the implementation date.
3. Improvement plan for Data Quality for safeguarding referrals, concerns and S42 enquiries progressing
4. PIPOT policy is being revised, to ensure internal processes are clear and in line with parallel Council procedure's – to be complete Q1 2025-26

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



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 onsite CQC inspection has been received with initial presentation in April and onsite visit in May. Go Plan enacted, CQC core team stepped up to weekly meetings
- Staff and management sessions delivered by PCH – action plan developed in response.
- ADASS supporting West Yorkshire region in their preparation
- All information requested prior to onsite visit has been submitted within timescales
- Preparation for the presentation and site visit underway. Some challenges with communications team capacity
- 50 cases for submission quality checked with some gaps identified. New cases identified



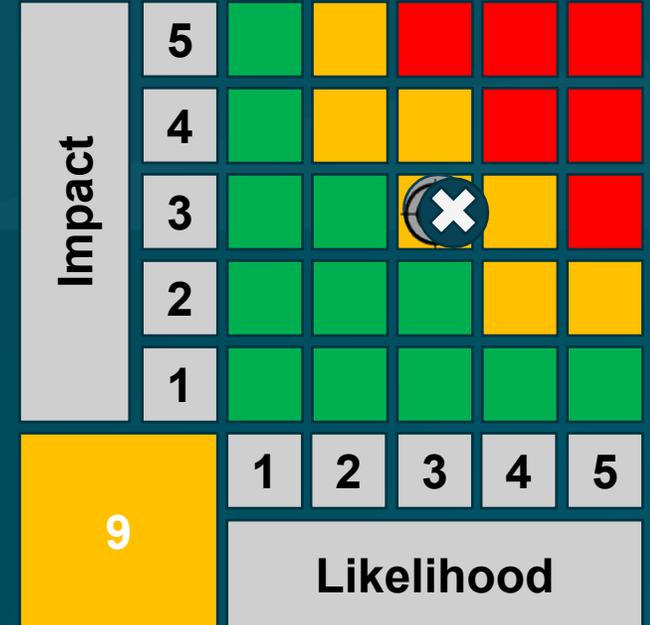
Current risk score



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. CQC data pack has been developed with Data & Insight, reported to SCLT on a monthly basis
3. Engagement with sector led groups (e.g. ADASS) 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:

1. Core member of regional ADASS group for peer support and sharing best practice. Information sessions available regionally for senior managers and portfolio holder to attend.
2. Quality and performance dashboards rolled out to all assessment teams to support with improvement plans
3. Staff briefing sessions and support stepped up in preparation for site visit
4. Progress updates on CQC preparation are regularly reported to ELT, Scrutiny and Portfolio Holder to provide assurance and opportunity for feedback and challenge

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 rolled out – focus on CQC requirements and corporate monitoring
- National data set published – themes and trends identified
- Phase 1 of operational dashboards rolled out
- D&I input into Mosaic Improvement workshops to support easier reporting
- Some capacity issues remain and prioritisation meetings ongoing.
- Finance reporting dashboards created

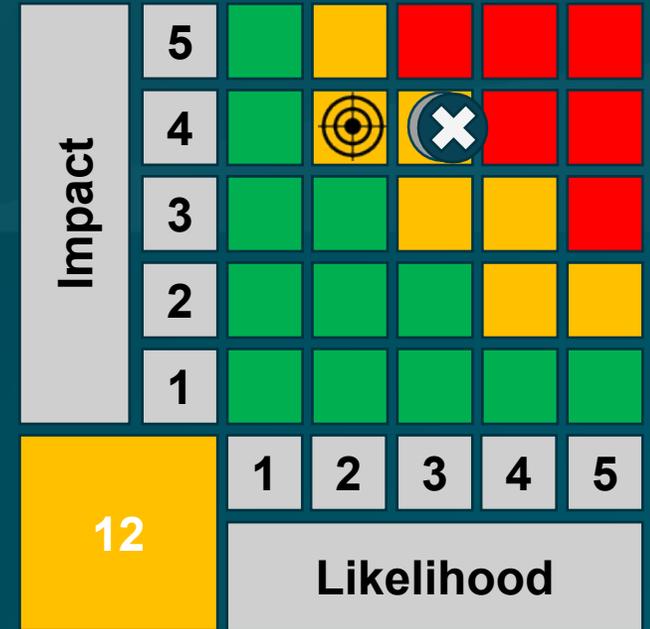
Controls in operation:

1. Weekly Adults / Data & Insight prioritisation meeting established to review requests and dashboard progression to prevent duplication and manage prioritisation risk.
2. Quality Improvement Officers working with teams to identify data quality issues, feed into dashboard development and monitor ongoing data integrity issues.

Further actions underway:

1. Data Quality report on track to be produced and shared with teams in Q1, interim manual approach in place until report created.
2. Report performance linked to CQC requirements at SCLT and Portfolio Briefing, will be embedded as BAU
3. Continuous liaison between Directorate and Data & Insight to assess any capacity issues that may arise and allocate available resource accordingly
4. Additional Data & Insight resource agreed

 Current risk score
 Previous risk score
 Target risk score



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.

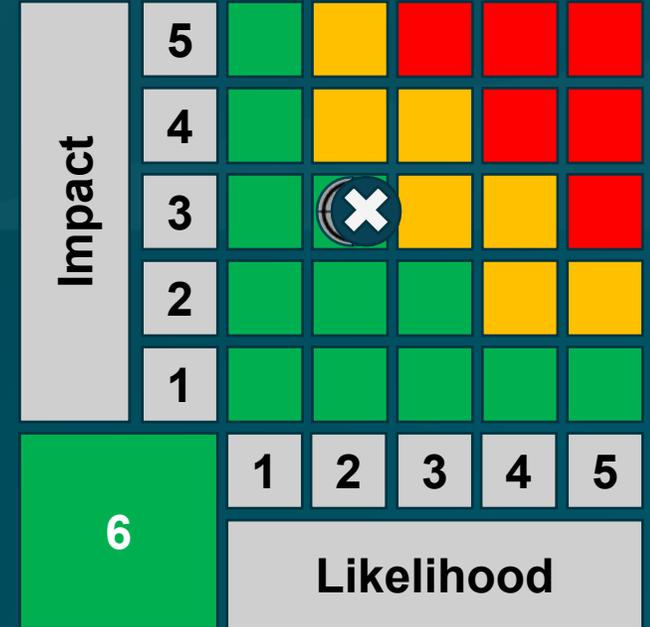
Controls in operation:

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:

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: Completed Jan 25, post implementation review currently being planned
 - Phase 3: Planning underway
2. Planning activity is underway preparing for the Children's Wellbeing and Schools Bill, utilising regional networks and establishing appropriate oversight and governance arrangements to track required outcomes

 Current risk score
 Previous risk score
 Target risk score



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 20-week compliance rates showing positive improvement this quarter, however overall performance remains below statutory requirement, peer group and national average
- Positive feedback on strategy, plans and progress, with recognition of challenges, from DfE / NHS England and at WSoA catch up
- Safety Valve - quarterly report submitted April 2025
- Sufficiency Plan refreshed to inform future action



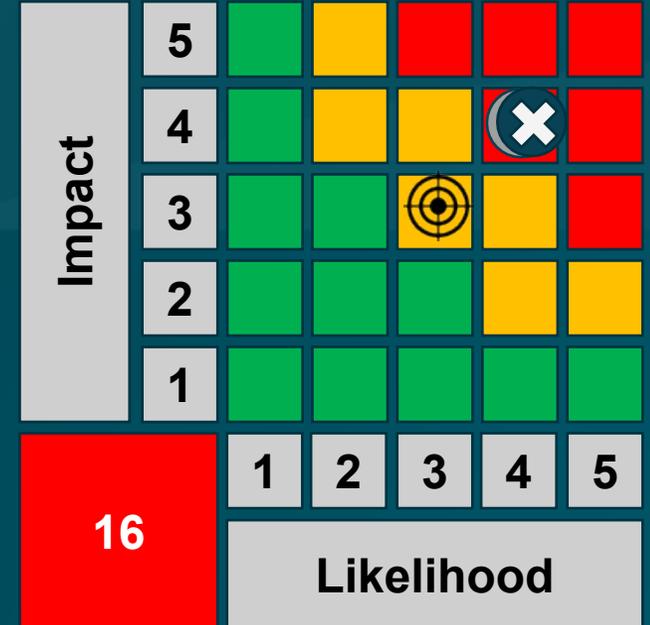
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Half yearly focus / deep dive / assurance sessions undertaken
2. Documented process in place for EHCPs. 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
3. Quality & Compliance partnership governance group and SENDACT weekly performance meetings in place to drive performance improvement
4. Delivery of Safety Valve commitments subject to ongoing monitoring and updates provided to the DfE on a quarterly basis, DfE engaged
5. Migration to Liquid Logic will provide more robust case management monitoring and reporting

Further actions underway:

1. Cluster working review being planned for May 2025
2. Quality & Compliance NHS and PCAN have commenced Quality Auditing random samples of EHCPs
3. Written Statement of Action formally completed but dialogue continues
4. SEMH Special School Rebuild (Joseph Norton Academy) – pre-construction agreement contract in place
5. Support from DfE for Preparing for Adulthood vision & planning workstream
6. Rolling programme of recruitment in place to address significant pressures including turnover e.g. in EHCP team
7. Preparation for SEND Area Inspection underway
8. DfE support via recommended SEND service specialist consultant.

CAS01 Community Cohesion, Wellbeing & Resilience

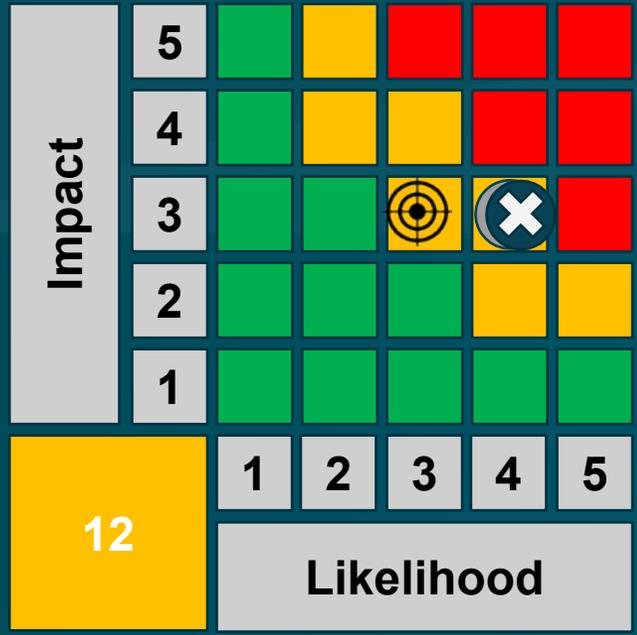
Risk of public disorder due to failure to monitor and mitigate rising community tensions, matters of violent extremism and related safer, stronger community factors, including criminal exploitation and national / international incidents

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

Quarterly update:

- Tensions briefings delivered to staff members including Libraries to raise awareness around how to report
- Awareness raising sessions for Domestic Abuse across communities via community connectors and TSL community champions. Violence Against Women & Girls partnership with educational and specialist provider
- Prevent awareness week delivered briefings to School safeguarding leads, event delivered to primary care (ICB) staff. Regular action days within the Ashbrow Ward to tackle serious and organised crime.
- CCTV deployed at 3 locations covering safety for women and girls, anti-social behaviour and unlawful activities. Partnership actions days with Safer Kirklees, Police and Housing Officers to provide reassurance & build trust
- Strategic work with Policy and Operational links with faith sector continues to develop trusted relationships.

 **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 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 3-year review (2022-2025) of Strategic Intelligence Assessment informing the Community Partnership Plan (statutory requirement)

Further actions underway:

1. Violence reduction needs assessment informing Kirklees implementation plan in development. Duty holders workshop held in February 2025 in partnership with the Violence Reduction Partnership highlighting key priority locations and suggestions for a strategic violence plan to be developed by April 2025
2. Prevent engagement training via Community Plus managers in pipeline, looking at how to upskill community connectors to hold conversations linked to prevent in the community, to be completed by June 2025
3. Prevent Learning Review recommendations (Feb 2025) being considered alongside government guidance on criteria changes. Engagement with HO on funding position
4. Strategic Intelligence Assessment (SIA) and Partnership Plan at Scrutiny in May 2025 – work to begin on developing action/delivery plans against priority/high risk areas of focus under community safety partnerships and developing a new 3 yr Partnership Plan 2026-29 (full SIA review with D&I service), to start April 2025 and draft completed by end of 2025

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
- Almondbury school removal from PPP contract delayed leading to direct impact on new school project
- Building Safety compliance levels continue to improve and meet current regulations
- Increased focus from Insurers on availability and quality of building condition surveys

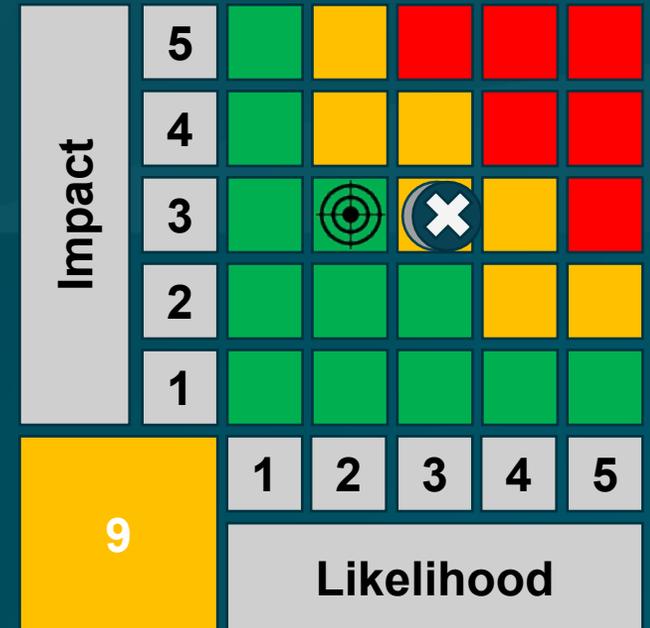
Controls in operation:

1. Condition surveys – 5-year cyclical plan in place for all assets, final buildings to be surveyed in 25/26, 1 year ahead of projections. Any issues are reported to respective School or Corporate 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:

1. Procurement of new Corporate Assets Facilities Management database
 - Technology Board accepted business case
 - Specification prepared and issued to Procurement
 - Procurement strategy in place and underway with planned dates
2. Asset Strategy & Core Estate review
 - Asset Strategy on hold pending estate review
 - Implementation of Core Estate reviewed in line with NHS system to simplify the way we carry this out
3. Continued focus on addressing issues at high priority assets including Dewsbury Sports Centre, Cleckheaton Town Hall, Batley Town Hall & Batley Library

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



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:

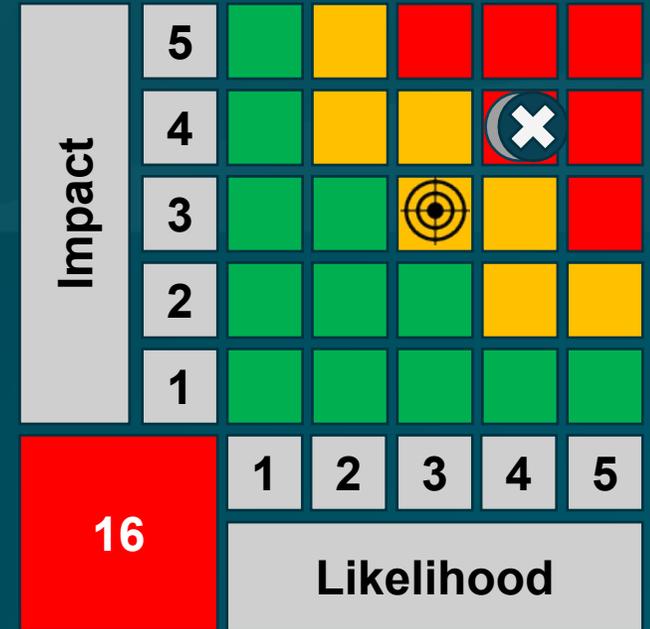
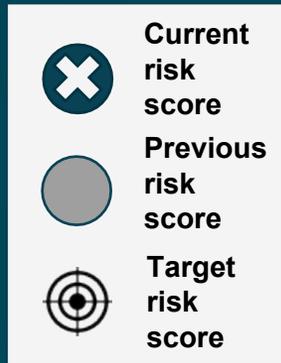
- Demand pressures resulting in continued high usage of Temporary Accommodation (TA), at the end of March there were 395 households in TA, the number in B&B continues to reduce (146 at the end of March), demonstrating positive downward trend.
- Increased grant funding (c. £2.5m) awarded to Kirklees for 2025/26 to support homeless prevention, rough sleeping prevention and emergency accommodation pilot activity
- Longer term government approach to housing supply challenges remains unclear
- Ashenhurst TA lease due to be signed imminently. Fenton Sq TA due to be occupied Q1(25/6).

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:

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 / 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 Cabinet report approved, awaiting new lease to be signed. Will provide additional 24 family TA units
5. Implementation of B&B reduction plan, and development of Service Development Plan. First 100 days of Service Development now been delivered
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
8. Market testing to be undertaken, led by Housing Growth team, to explore options to lease/acquire suitable TA from other landlords/providers



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. Continued reduction in open DMC cases, through increased contracted and internal resources, will result in the 28-day requirement for hazard treatment being met in Q2 2025-26. Fire Risk Assessments remain broadly in line projected completion levels. Fire Safety works contract has been awarded.

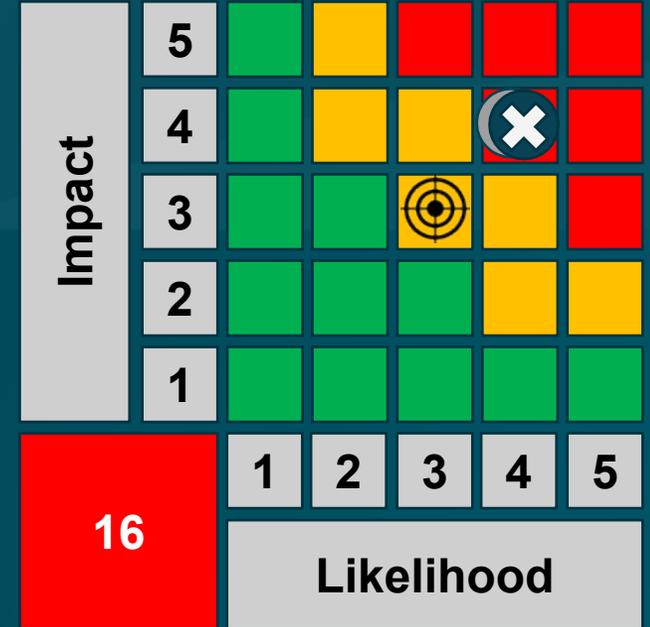
Controls in operation:

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 all elements of Building Safety
3. Regulatory Notice action plan and monthly meetings in place to track progress
4. Asprey Asset Management system – now upgraded and accessibility improved through usage as a cloud based application.
5. 30-year Asset Management Plan

Further actions underway:

1. Review of 5 year Capital Investment Plan (£160m) to complete during Q1 2025-26
2. Stock condition surveys to inform future capital programme – commencing in Q2 2025-26 following successful appointment of stock condition contractor
3. Total repairs and maintenance system will be upgraded during 2025-26
4. Implementation of Cx, housing management system is underway and scheduled for completion during 2025-26
5. Governance effectiveness review being undertaken with completion in Q1 2025-26
6. Appointment of external contractor to provide programme and contract management support to Fire Safety programme
7. Preparations for Awaab's Law are underway including thorough review of relevant processes and record keeping

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



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 static to reflect the ongoing impact from the absence of staff resource. Authorisation to recruit to key roles following recent staff departures has been received, which is considered necessary to restore a 'bare minimum' capacity, consultancy support being utilised as an interim position. 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, and reduces the ability to plan and mitigate future impacts.

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:

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.

 Current risk score
 Previous risk score
 Target risk score

