Corporate Risk Report, Quarter 1 2025/26

Q1 Summary position:

- **One new risk has been raised recognising the challenges associated with successful Project Management & Delivery**
    - A new risk has been raised DEV03 (Project Management & Delivery), which considers the operational, reputational and financial consequences if projects do not progress in line with agreed business case (time, cost & quality). This is assessed as an Amber rated risk, scored as '12'.

- **Two risks have been removed this quarter, both within Adult Social Care**
    - Risk AH02 (Adults Social Care assurance framework) has been removed, recognising that this was a new inspection methodology, all necessary submissions were made in advance of the CQC deadlines, and the onsite visit took place in May. Whilst the outcomes is not yet known we are now familiar with the process and expectation and have a good understanding of required inputs and potential areas of focus.
    - Risk AH03 Data Insight for operational delivery of Adults Services has been removed from the Corporate Risk Register. This risk continues to be managed at Service level however progress on developing and embedding operational dashboards, identifying and resolving data quality issues and provision of data submission to the CQC demonstrates effective response and management of the risk.

- **Increases in risk score:**
    - ECC01 Climate Change has increased from a score of '12' to '16'. This reflects the impact of current resourcing gaps with grant funded environmental initiatives becoming difficult or impossible to deliver and future funding being put at risk.

- **Reductions in risk score:**
    - FIN01 Budget Monitoring & Management has reduced in likelihood, acknowledging the continued strengthening of the control environment but recognising that continued focus is required to ensure that financial performance matches budget expectations. The increase in impact reflects the fact that £27m of savings targets have been agreed for 2025-26 and delayed delivery of savings will result in larger savings being required in future quarters
    - The score for LGC03 (Procurement processes) has reduced which acknowledges the successful implementation of process and documentation changes, and associated training, to meet Procurement Act requirements
    - Organisational resourcing (PS01) has been re-written to focus on the requirement to identify and meet the future resourcing needs of the council, and away from challenges within BAU recruitment activity. This has resulted in a small reduction in score (from 16 to 12). Where resourcing risks could impact materially on service delivery these risks will continue to be escalated through service risk registers and monitored accordingly……

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**	⇨
SI03	**Cyber security**		Terence Hudson	**16**	⇨
LGC04	**Contract management**	✓	Samantha Lawton	**16**	⇨
CF02	**SEND provision**	✓	Jo-Anne Sanders	**16**	⇨
DEV02	**Homelessness and temporary accommodation**	✓	Joanne Bartholomew	**16**	⇨
HN01	**Housing safety & quality**	✓	Phil Jones	**16**	⇨
ECC01	**Climate Change**		Kat Armitage	**16**	⇧
FIN03	**Capital plan management**		Kevin Mulvaney	**15**	⇨
FIN01	**Budget monitoring and management**		Kevin Mulvaney	**12**	⇩
PS01	**Organisational resourcing**		Shauna Coyle	**12**	⇩
SI01	**Data integrity**		Mike Henry	**12**	⇨

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Reference	Risk Description	Transformation Priority	Risk Owner	Risk Score	Direction of travel
LGC02	**Information governance**		Samantha Lawton	12	⇨
HP01	**Emergency planning & business continuity**		Jane O'Donnell	12	⇨
CAS01	**Community cohesion, wellbeing & resilience**		Jill Greenfield	12	⇨
DEV03	**Project Management & Delivery**		David Shepherd	12	NEW
DEV01	**Corporate assets portfolio management**	✓	Joanne Bartholomew	9	⇨
PS02	**Potential for industrial action**		Shauna Coyle	9	⇨
LGC01	**Failure in corporate governance**		Samantha Lawton	9	⇨
LGC03	**Procurement processes**		Samantha Lawton	8	⇩
AH01	**Adults safeguarding**		Cath Simms	8	⇨
HP02	**Health & safety**		Jane O'Donnell	8	⇨
CF01	**Children's safeguarding**		Vicky Metheringham	6	⇨
SO02	**Relationships with key partners**		Stephen Bonnell	6	⇨

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FIN01 Budget Monitoring and Management

Risk of in year budget overspend caused by failure to effectively manage revenue income and expenditure budgets, including delivery of agreed savings targets, which result in a negative outturn position impacting on following year budgets.

Risk Owner: Kevin Mulvaney, Service Director Finance

Quarterly update:

- The risk score has reduced, reflecting the enhanced control environment and that over £50m has been added to Directorate budgets to meet demand, inflation and other pressures
- 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). The challenges associated with timely delivery are indicated through the increased impact score
- 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
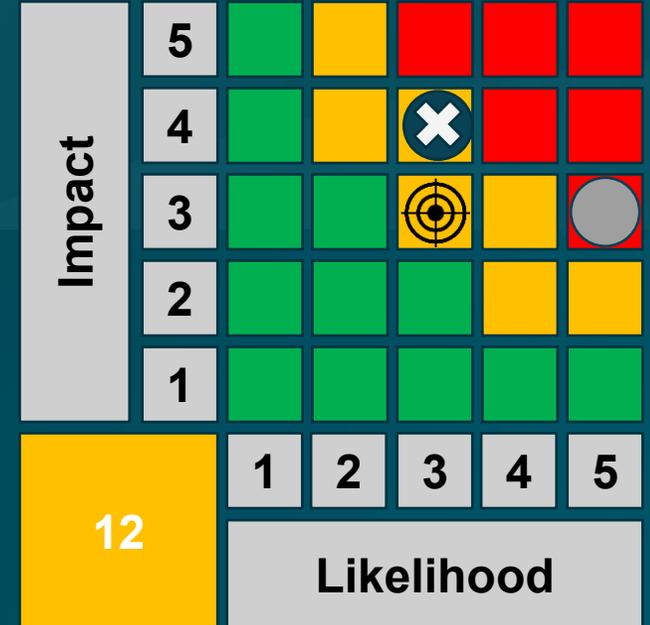
Current risk score ⊗

Previous risk score ●

Target risk score ◎

Impact / Likelihood matrix

Impact					
5	🟩	🟨	🟥	🟥	🟥
4	🟩	🟨	⊗🟥	🟥	🟥
3	🟩	🟩	◎🟥	🟨	●🟥
2	🟩	🟩	🟩	🟨	🟨
1	🟩	🟩	🟩	🟩	🟩

12

Likelihood: 1 2 3 4 5

Controls in operation:

1. 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, Cabinet & Scrutiny and Outturn to full council
3. Dedicated finance managers for each service areas, with monthly monitoring of budgets including savings trackers
4. Regular monthly SLT meetings with Service Directors and Finance Manager to review budget progress monitoring and savings targets and to determine actions to be taken to achieve budget.
5. Check & Challenge approach in place led by Chief Executive & CFO
6. People Panel in place to review all recruitment

Further actions underway:

1. Service directors to each have budget pack
2. Budget book to be produced for Members
3. Control of staffing budgets, linking expenditure to staff structure on SAP, work remains ongoing
4. To target significant reductions in the number of cost centres and ledger codes
5. Ongoing review of reserves and other balances
6. Establishment of specific budget contingency reserve as part of the 2024-25 outturn

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FIN02 Medium Term Financial Sustainability

Risk of medium-long term financial instability caused by failure to adhere to robust financial planning processes and procedures, or taking the appropriate action, leading to requirement to implement changes in service provision, possible government intervention and consequential reputational damage.

Risk Owner: Kevin Mulvaney, Service Director Finance

Quarterly update:

- Risk score remains unchanged reflecting the stability that the 2025-26 budget position provides, however reflecting the uncertainty of demand pressures particularly in social care
- 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 as they have reduced over the last few years
- DSG deficit position remains a high risk in the event of the removal of the Statutory override and the ongoing in year deficit
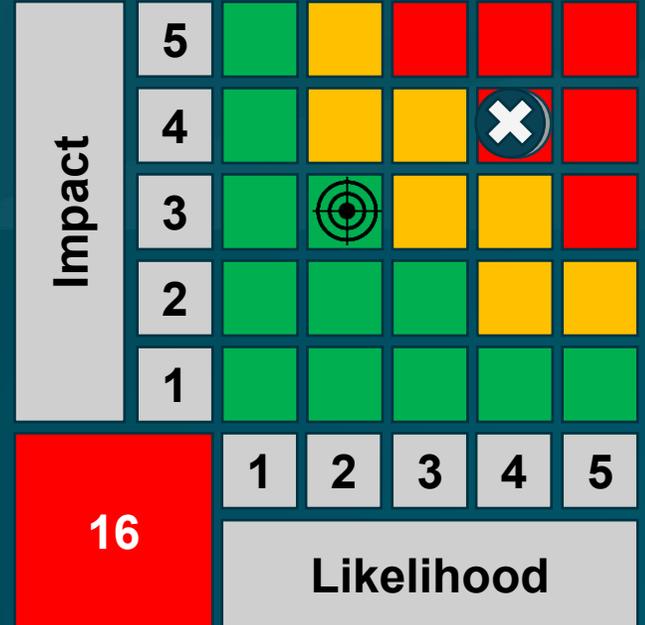- Fair Funding 2.0 has been published for consultation and this is being reviewed for its impact

Current risk score (X)
Previous risk score (circle)
Target risk score (target)

Impact / **Likelihood** risk matrix — Current risk score: 16

Controls in operation:

1. Annual update of the Medium Term financial plan. Next update due Sept 25.
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. Draft accounts produced by deadline and audit is underway.

Further actions underway:

1. Detailed review of medium-term plan and revised savings gap in conjunction with the estimated impact of the Fair Funding Review.

2. Active adjustment of budgets where there is volatile demand.

3. Continued monitoring of SEND position. Safety Valve Agreement has been extended and will now end in 2029-30, statutory override now runs to 2027-28. Awaiting Government consultation

4. Additional work on VFM assessment including benchmarking

5. Cross Party budget working group established.

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FIN03 Capital Plan Management

Risk that the agreed capital plan is unaffordable based on the ongoing revenue resources available to the council with implications for reserves levels and delivery of wider services and statutory responsibilities.

Risk Owner: Kevin Mulvaney, Service Director Finance

Quarterly update:
- Rollover capital plan and reprofiling completed for 24/25 and has resulted in a reprofiling of £113m of spend from 25/26 into future years
- Continued assessment of further capital investment recognising the need for any borrowing to be affordable over the medium – long term within overall resource envelope
- Request for benchmarking information has been sent to Council's across the region

Current risk score (X symbol)
Previous risk score (grey circle)
Target risk score (target symbol)

Risk matrix — Impact (vertical, 1–5) vs Likelihood (horizontal, 1–5). Score: **15**

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. Capital Receipts reported at CAB

Further actions underway:
1. Capital Assurance Board meeting July 2025 to consider new bids for capital expenditure.
2. Revision of capital evaluation matrix to assess new bids (and existing strategic outcomes)
3. Reassessment of baseline capital expenditure
4. CFO to set targets for % of revenue budget for capital financing (MRP + Interest)
5. Review of capital governance across the Council to support delivery with improved capital monitoring to SLTs, ELT and Cabinet.
6. Increased focus on phasing and forecasting of spend to improve accuracy
7. Maximise opportunities for external funding
8. Asset disposal: Annual capital receipts targets agreed and capital receipts monitoring to be included in quarterly updates.

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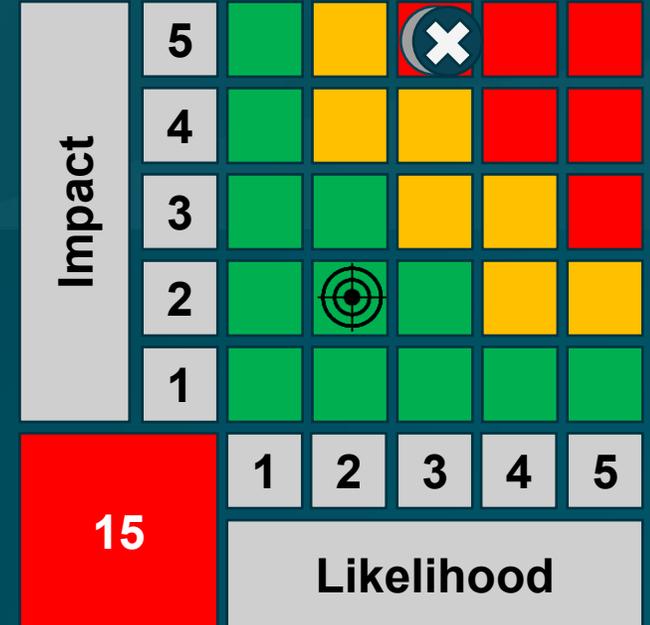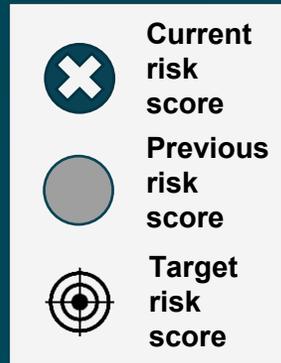
PS01 Organisational resourcing

Risk that the council cannot meet its strategic objectives due to a failure to establish and plan for the future employee resourcing needs of the organisation and inability to adapt and respond to shifts in the labour market leading to possible disruption to service delivery and increased staff costs.

Risk Owner: Shauna Coyle, Head of People Services

Quarterly update:

- Workforce planning reaching more areas with resourcing challenges, will support a less reactive approach
- Entry level apprenticeship recruitment in progress and continued success of development apprenticeships in legal and social work
- Development of Linked In to develop pipelines for hard to fill roles
- 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 ◎

Impact / Likelihood matrix (Current risk score at Impact 3, Likelihood 4; Target risk score at Impact 2, Likelihood 3; score 12)

Controls in operation:

1. Council wide workforce planning, which is aligned to the strategic objectives of the organisation, identifying skills shortages and areas of oversupply
2. Skills matrix outlining resourcing approach for different roles e.g. directly employ, contract out, develop internally, recruit part qualified etc
3. Monitoring of workforce data at Directorate and Service Leadership Team meetings with the introduction of dashboards including lead & lag indicators
4. Effective workforce planning utilising service level resource plans to identify gaps and highlight issues, recognising key drivers such as workforce age and actively developing and managing succession plans
5. Coordinated approach to vacancy management across the organisation through People Panel
6. Streamlined recruitment journey, making end to end process for both recruiting manager and candidates efficient and easy to navigate
7. Robust performance management process ensuring persistent under performance is addressed in an appropriate and timely manner

Further actions underway:

1. Further development and embedding of workforce planning - new resource planning tool developed
2. Development of pre-agreed response position against vacancies in key roles / role families so stages can be skipped or completed concurrently. Eg redeployment – internal – external – agency. To include consistent approach to market rate supplements.
3. Participation in local government recruitment campaign and national LGA talent transformation workshops to develop solutions to common recruitment and retention challenges
4. Close monitoring of retention metrics, leavers destinations, exit interview insight to identify trends and implement mitigating actions if appropriate
5. Targeted activity to address reputation / perception issues in specific recruitment markets
6. Development of skills to effectively manage increase in contractor resource to ensure value for money – eLearning module under development by L&OD
7. Continue to develop organizational awareness of FTE performance metrics and consequential impacts of increase / reduction in FTE levels (e.g. average caseload per social worker)

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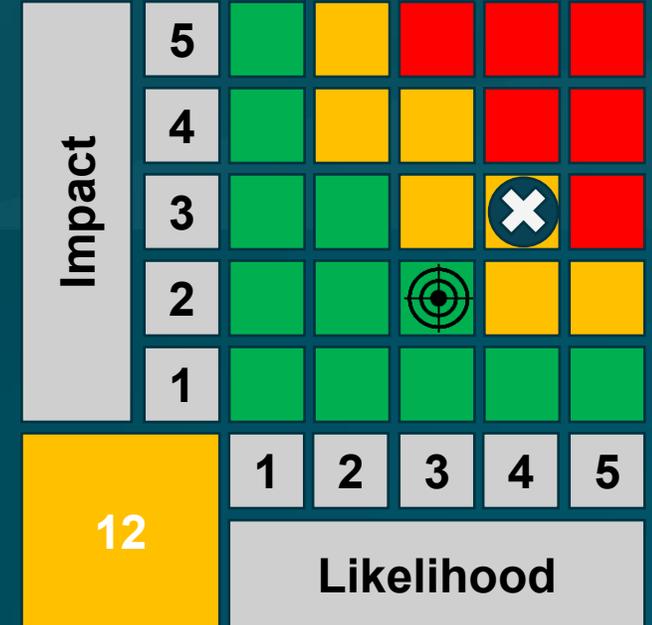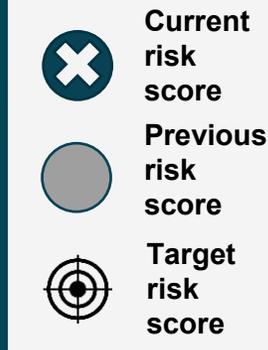
PS02 Industrial and disruptive action

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 and tribunal cases - 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
- April 2025 pay offer was initial rejected by trade unions (though accepted subsequently July25)
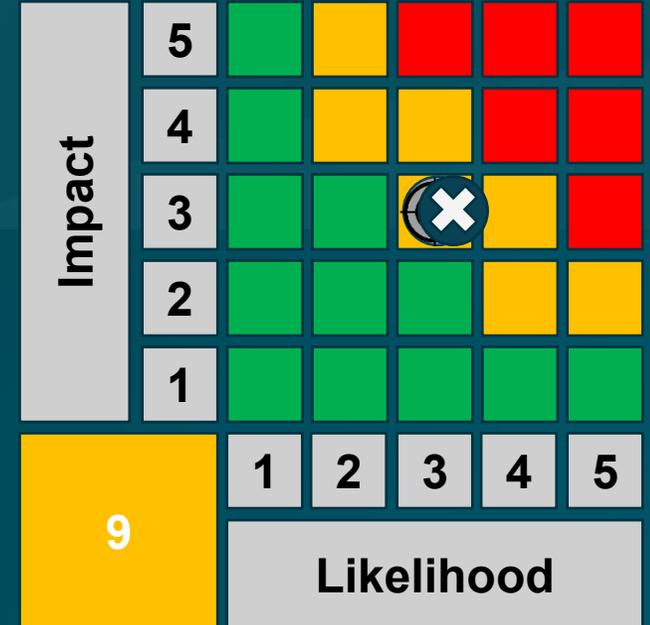
- ⊗ Current risk score
- ⬤ Previous risk score
- ◎ Target risk score

Impact / Likelihood matrix showing current risk score at Likelihood 3, Impact 3 (value 9, amber)

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 meetings, 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. Recently appointed HR Manager has focus on Employee Relations providing additional resource and support

2. Reviewing and updating TU membership and facilities time

3. On going training of staff and legislation changes

4. Actions are underway to understand and address Equal Pay emerging risk and potential consequences.

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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 launched aimed at improving data literacy.
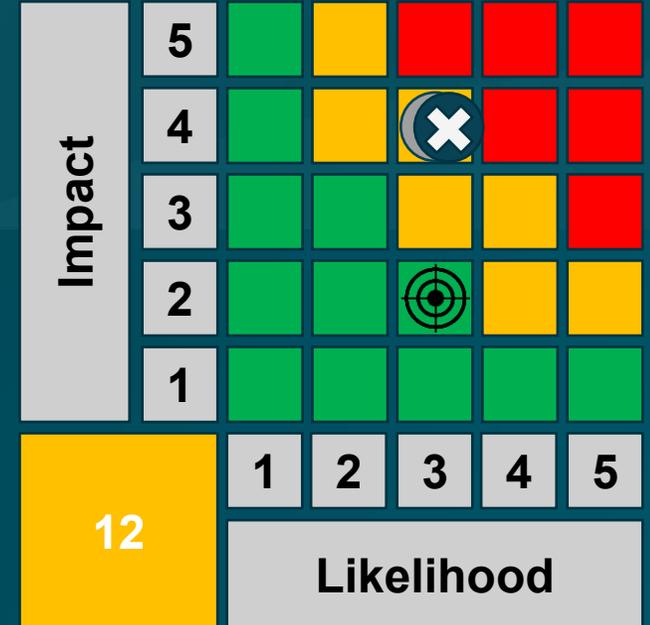
Current risk score ✖

Previous risk score ●

Target risk score ◎

Impact / **Likelihood** matrix

12

Controls in operation:
1. 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).

2. Targeted interventions in high risk/profile areas such as Homes and Neighbourhoods, Early Support and Adult Social Care.

Further actions underway:
1. Development of a Data Management Strategy to be considered as part of the council's new Digital Strategy/Transformation Programme.
2. Continued focus on resource capability and capacity both across Data & Insight and within services.
3. Working collaboratively with services to raise awareness of data management and governance requirements
4. Increased focus on data migration decisions, plans and approaches when implementing new applications across the Council
5. Additional work to ensure that data processes are integrated properly for delivery of management information.

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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:

- A number of significant national changes to the focus and funding of health organisations have been announced and are being proactively monitored through regular engagement with health partners and monitoring of national announcements.
- Partnership working with WYCA is evolving ahead of an integrated funding settlement in April 2026. This includes adjustments to decision making processes.
- Regular coordination meetings with TSL (Third Sector Leaders) leadership started this quarter and are informing several action areas including a draft action plan on improvements to the way the council works with and supports the third sector. Community anchor programme and community networks activity delivered to support grassroots community partners

Current risk score ⊗

Previous risk score ⬤

Target risk score ◎

Impact / Likelihood risk matrix

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, WY Strategy Leads, and monthly WY ICB leadership meetings
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. Internal senior level coordination group established: WY Monthly Planning meeting with the Chief Exec, Deputy Chief Exec, Exec Director for Place, Leader, Deputy Leader
8. Regular health partner engagement

Further actions underway:

1. Work developing on improving partnership working at a West Yorkshire level
2. Inclusive Economic Strategy due for decision at Full Council in July 2025
3. A Kirklees Economic Summit is being developed in order to engage with business and economic partners on the Inclusive Economy Strategy
4. Building connections between teams to support broader relationships and connections, minimising the risk associated with individual relationships and points of contact.
5. A number of bilateral conversations to address issues and opportunities relating to specific areas of collaboration. This includes with WYCA and other West Yorkshire local authorities.
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
7. Joint working with ICB colleagues on neighbourhood level collaboration across council services and local health services

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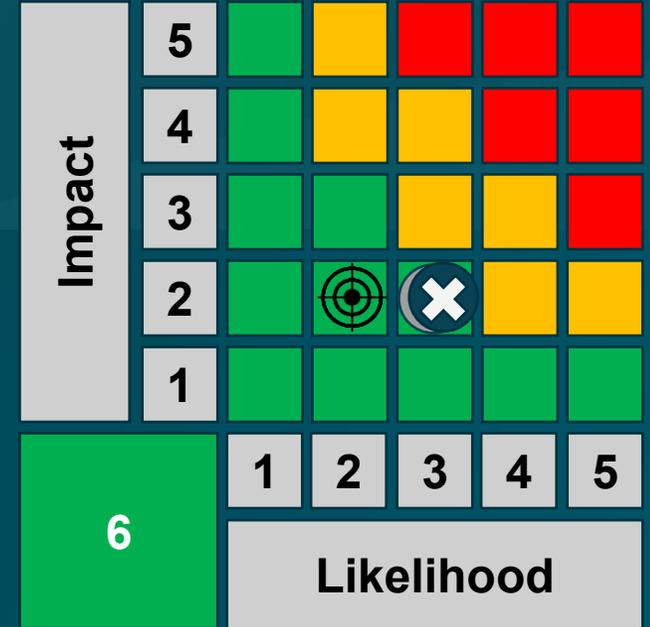
SI03 Cyber Security

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. DSPT audit completed
- Technical controls remain strong and updated major incident plan is in place. Alignment with existing Business Continuity plans underway to ensure effective coverage of end-to-end processes
- The use of untrusted AI bots remains an issue but IG and IT work together to provide guidance on removing them from meetings
- Discussion had with Microsoft regarding M365 E5 and business case being developed to take the additional security benefits from E5. Work continues on replacement of Privileged Access Management
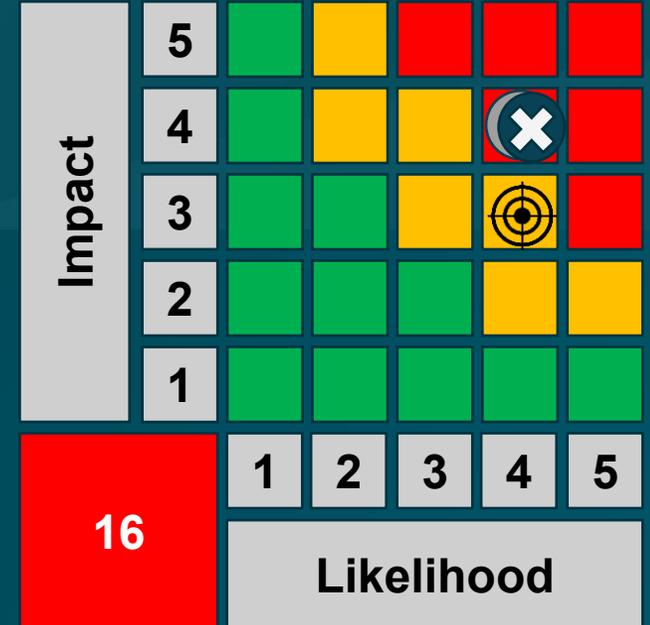
Current risk score ⊗

Previous risk score ●

Target risk score ◎

Impact / Likelihood matrix

16

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. Self assessment and independent validation of our cyber risk exposure through the NCSC Cyber Assessment Framework
4. Penetration tests and PSN accreditation is maintained on an annual basis
5. Annual compliance with the NHS Data Security & Protection Toolkit (DSPT)
6. Access to core systems restricted through Privileged Access Management
7. Information Governance Board (chaired by SIRO) undertakes review of risk and controls on 6 monthly basis to provide assurance
8. Regular communications and mandatory training (IG) 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 continues to increase in terms of sophistication and requirement of response
2. Consideration of cyber security risk throughout the development of the new Kirklees Council Digital Strategy. Evaluation of the risks and opportunities involved with the usage of Artificial Intelligence as part of this strategy
3. 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
4. Enhanced focus on assessment of third-party cyber risk, work underway across Procurement, IT and IG to implement more robust pre-contract assurance and ongoing assessment of control adequacy and performance
5. Review market for cyber insurance with consideration given to cover, exclusions and value for money

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LGC01 Corporate Governance

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:
- Refreshed/additional guidance on decision making procedures has been launched, comms has been provided and web pages updated. Online courses continue to be developed to assist officers and Members navigate decision making routes and committee process, including scrutiny. Governance Officers are attending SLT's to promote good governance and re reinforce procedures.
- New Cabinet is now in place - new and existing Cabinet Members have been briefed on decision making/role of Cabinet Members

Impact / **Likelihood** risk matrix

- X Current risk score
- ● Previous risk score
- ◎ Target risk score

Current score: 9

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) and will continue during the new municipal year
   - Reports to CGAC as part of the updating of the Constitution by the Monitoring Officer have been considered and have now been approved at Annual Council

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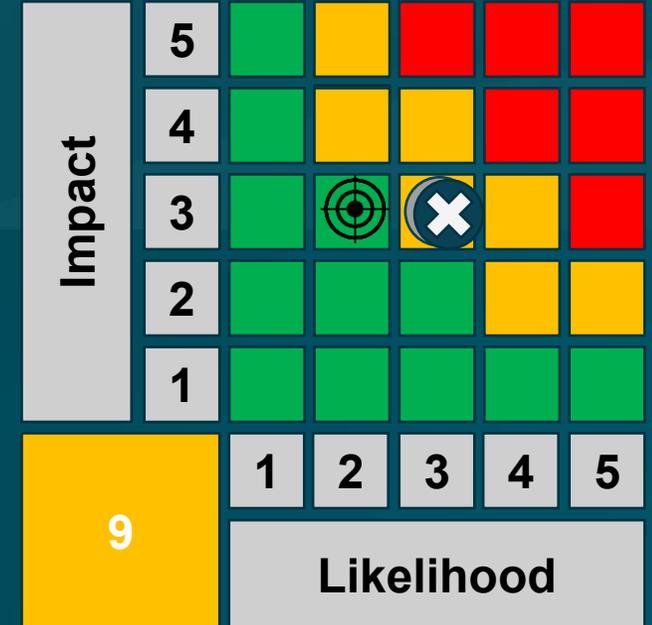
LGC02 Information Governance

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
- One incident was reported to the ICO – the ICO are not taking any further action
- Internal audit on Data Sharing Practices concluded – recommendations and report provided
- The 2024/25 DSPT assessment was submitted
- New Information Governance training module for desk-based staff launched on MyLearning
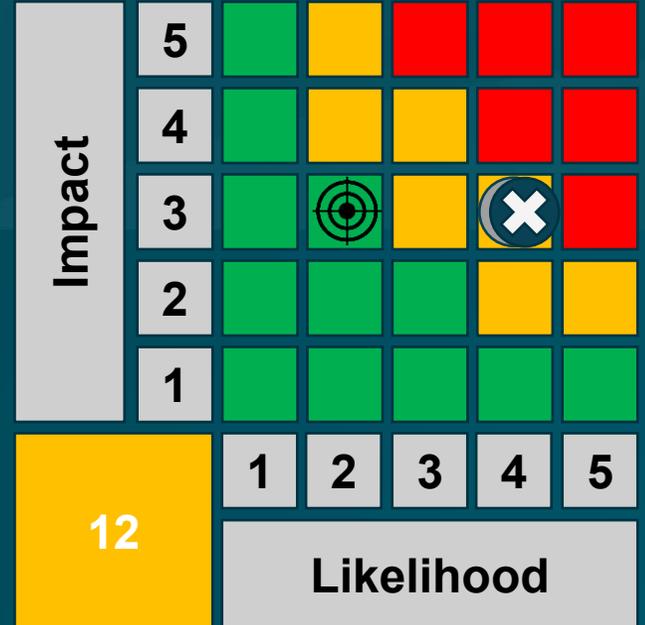- Data (Use & Access) Bill received royal assent

Current risk score ⊗

Previous risk score ●

Target risk score ◎

Risk Matrix

Impact		Likelihood 1	2	3	4	5
5		Green	Amber	Red	Red	Red
4		Green	Amber	Amber	Red	Red
3		Green	◎ Amber	Amber	⊗	Red
2		Green	Green	Green	Amber	Amber
1		Green	Green	Green	Green	Green

12

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 with roll out on track to commence in Q2

3. Review of IG Team ways of working to address SARs backlog continues

4. Data sharing audit report recommendations are being reviewed to finalise an action plan to address the recommendations via an IG data sharing working group overseen by the IG Board
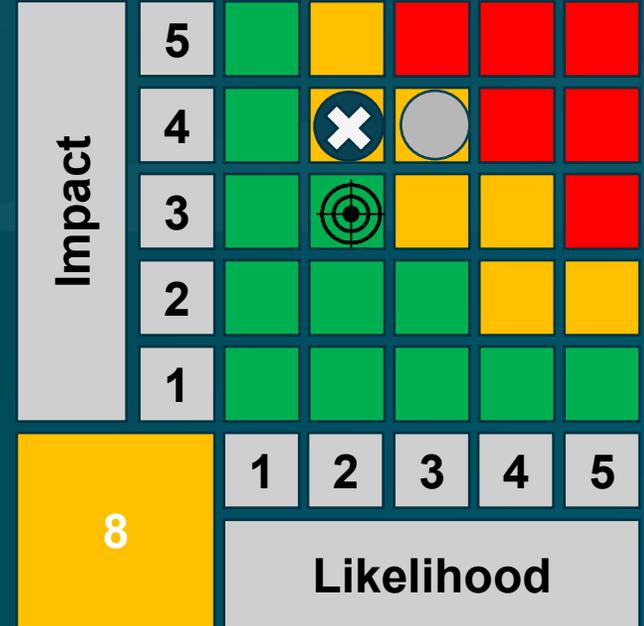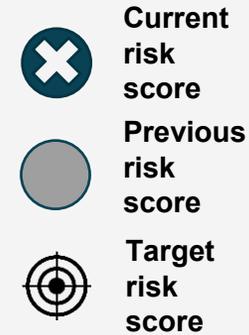
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LGC03 Procurement

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

Risk Owner: Samantha Lawton, Service Director Legal & Commissioning

Quarterly update:

The risk score has reduced this quarter, reflecting the reducing likelihood of risk materialising in this area. This is as a result of focussed activity to meet the requirements of the Procurement Act which came into force earlier this year. All processes and documentation have been updated and training on the new regime has been completed by all staff within the Procurement team. The service continue to support the delivery of Our Council Priorities through a category management approach ensuring procurement activity is well planned, appropriately resourced and delivers the best outcomes for the Council.

Current risk score (X icon)
Previous risk score (grey circle icon)
Target risk score (target icon)

Impact axis: 5, 4, 3, 2, 1
Likelihood axis: 1, 2, 3, 4, 5
8

Controls in operation:
1. Procurement Strategy
2. Contract Procedures Rules, reviewed and approved on an annual basis (May 2025 latest version)
3. Agreed roles & responsibilities across key stakeholders in procurement journey: Procurement, Service lead, Legal, Technology, Data etc…
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. Procurement staff training up to date, including Procurement Act changes
8. Contract register maintained
9. Contract Assurance Oversight Board
10. Declaration of Conflicts of Interest process in place

Further actions underway:
1. Publication and communication of the updated Procurement Strategy, reflecting changes required as a result of the Procurement Act 2023

2. Updating of Procurement intranet pages to provide accessible guidance for staff involved in procurement activities

3. Development of e-learning training modules for staff involved in procurement activities to raise awareness and upskill across the procurement lifecycle

4. Working with Data & Insight to identify instances of off-contract spend and develop controls to prevent reoccurrence

5. Continued vigilance of the external market to understand new trends and emerging risks as a result of process changes triggered by the Procurement Act

Kirklees COUNCIL

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 Contract Management Review, with support from the Transformation Team, is progressing rapidly, with process improvements on track to commence delivery in Q2 2025-26. The Contract Management Framework aims to establish a uniform approach to contract management across the organisation, providing templates and guidance whilst enhancing competence through internal and external training. It is anticipated that the overall risk score will reduce as we address inconsistencies in approach, however it is important to note that areas of significant risk exposure may be identified through this work and require independent escalation and ownership.

Current risk score ⊗

Previous risk score ●

Target risk score ◎

Impact / Likelihood matrix — Current risk score at Impact 4, Likelihood 4; Target risk score at Impact 2, Likelihood 2. Score: **16**

Controls in operation:

1. Contract Assurance Oversight Board (CAOB) has oversight of significant contracts. The Board has a ToR and meets regularly

2. Council wide Contracts Register in place

3. KPIs / outcome measures / specifications that will be used to monitor performance are agreed pre contract completion and defined within contractual documentation

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

5. Dedicated resource is in place within some Directorates which provide guidance, consistency and rigour in approach

Further actions underway:

1. Refresh of contract management framework, including guidance and templates, to promote a consistent approach across the organisation

2. Implement a Contracts Dashboard to support regular review within services and provide assurance / identify issues across all active contracts

3. Increased focus on robustness of processes for performance monitoring e.g. source of performance data, frequency, timeline to recover, penalties for non delivery

4. Identify and close gaps in knowledge or skills through development and rollout of an e-learning module on contract management and exploiting opportunities available through the Government Commercial College

5. Communications programme to raise awareness of requirements under the new contract management framework and training opportunities available to support

6. Development and formalising of approach, including resourcing requirements, to ensure best outcomes from PFI contracts as they approach termination, involving all relevant stakeholders

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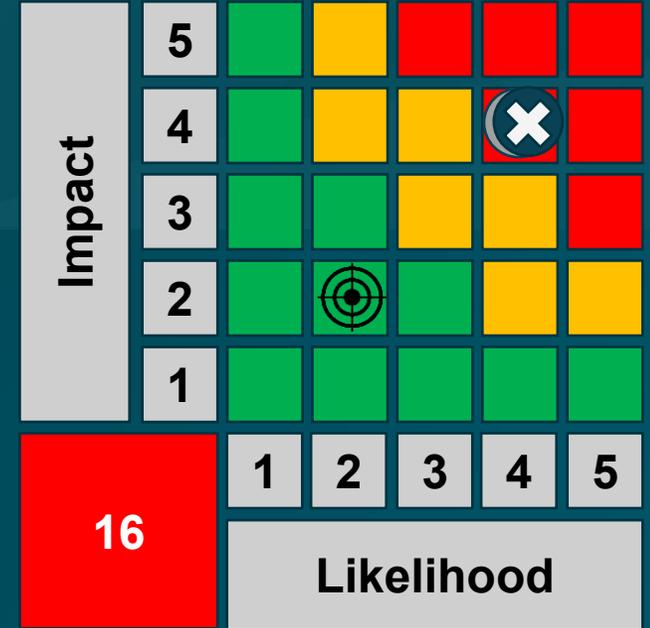
HP01 Emergency Planning & Business Continuity

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
- Continue to work with partners to understand, plan and prepare to embed the duties within Martyn's Law
- Planning for corporate exercise of evacuation of high-rise block of flats
- Working with Risk and HR on recommendations from the Personal Security Maturity Assessment

Current risk score ⊗
Previous risk score ●
Target risk score ◎

Impact / Likelihood matrix:
- Impact: 5, 4, 3, 2, 1
- Likelihood: 1, 2, 3, 4, 5
- Score: 12

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. West Yorkshire Resilience Forum Community Risk Register
5. Business Continuity Resilience 'pulse check' completed on a monthly basis by all Services
6. Training people on their roles/responsibilities and exercising of plans.
7. Major Incident Plan and associated appendices
8. Collaborative working and information sharing with key stakeholders
9. Personal Security Maturity Assessment completed for the organsiation

Further actions underway:
1. Terrorism (Protection of Premises) Act 2025 has now received Royal Ascent with an implementation period of at least 24 months. Work continues to meet new duties ahead of deadlines.
2. Lockdown and Run, Hide, Tell procedures continue to be rolled out
3. Understanding the impact of NHS reorganisation on Kirklees place is this an emergency planning & business continuity action or broader?

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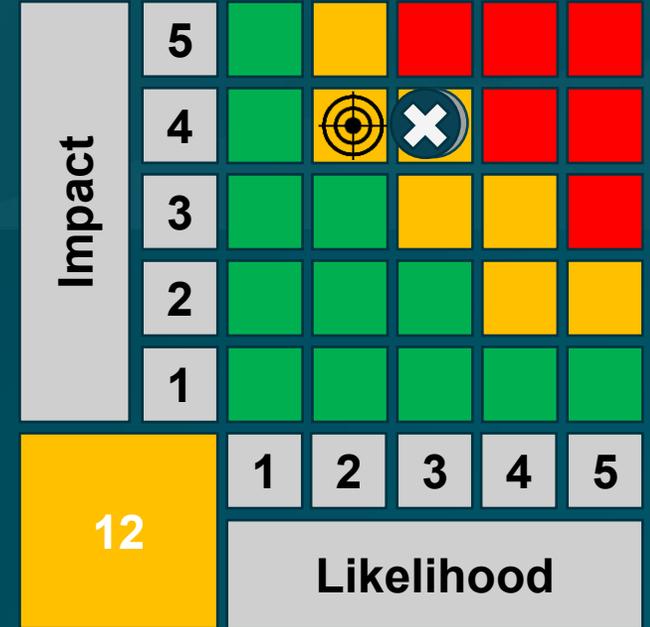
HP02 Health & Safety

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

- Continue to drive improved compliance levels with completion of mandatory Health & Safety training across the Council

- Supported senior management following specific incident in educational setting

Current risk score (X)
Previous risk score (circle)
Target risk score (target)

Impact: 5, 4, 3, 2, 1
Likelihood: 1, 2, 3, 4, 5

8
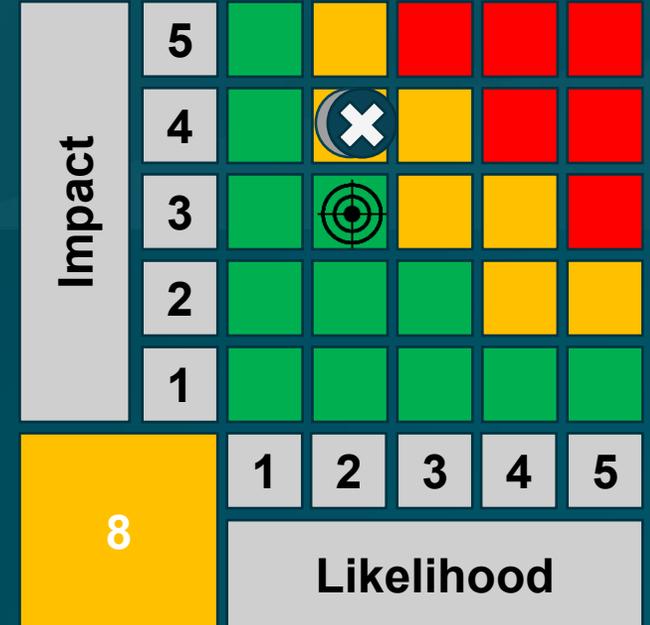
Controls in operation:

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. Review of H&S at Depots

3. Working with People Services to review the Drug & Alcohol Policy and consider if further enhancements are required

Kirklees COUNCIL

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.

Legend:
- Current risk score
- Previous risk score
- Target risk score

Risk Matrix: Impact (vertical, 1–5), Likelihood (horizontal, 1–5). Score: 6. Current and previous risk score positioned at Impact 3, Likelihood 2.

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

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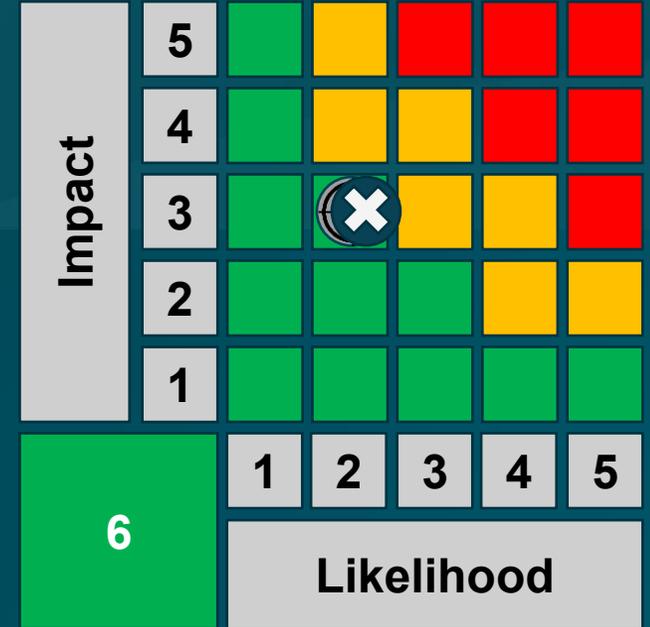
CF02 Education, Health & Care Plans, SEND compliance & financial impact

Risk that the EHCP operating model does not meet client or council needs, due to increases in demand, complexity of clients needs and a lack of existing local provision, resulting in missed statutory deadlines, regulatory scrutiny, reputational impact and financial consequences

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

Quarterly update:
- SEND area inspection completed in Q1, with four areas of improvements to be monitored and tracked
- EHCP service continues to embed new processes and drive improvements in efficiency and performance. New EHCP processing times continue to reduce, now performing ahead of England national average. Backlog has been worked and cleared.
- Annual reviews being prioritised at change of phase to ensure requirements are up to date
- Cost of placements continue to exceed underlying budget, and impact on budget lines held elsewhere.

Current risk score ⊗

Previous risk score ●

Target risk score ◎

Impact / Likelihood matrix — Current risk score positioned at Impact 4, Likelihood 4; Previous risk score at Impact 4, Likelihood 4; Target risk score at Impact 3, Likelihood 3. Score box: **16**

Controls in operation:
1. Documented process in place for new and reviews of existing EHCPs
2. Performance monitoring in place utilising enhanced reporting data and quality assurance framework to maintain quality and drive continuous improvement
3. Effective financial controls in place including panel scrutiny and approval of external placements.
4. Safety Valve commitments subject to ongoing monitoring and financial returns provided to the DfE on a quarterly basis
5. Governance and communication strategies across stakeholder community reflecting the systemic ownership and ensuring partners are updated on priorities, progress and risk in a timely manner
6. SEND Sufficiency Strategy 2025-2028 has been published

Further actions underway:
1. SEND Transformation programme in place to support change delivery
2. Focus on building capacity to support parents who wish to progress to mediation over EHCP outcome, with the intention to support early resolution and reduce the number of cases progressing to tribunal
3. Cluster end of year review to take place in Q2, with consideration of feedback received from DfE
4. Rolling programme of recruitment to address areas of significant pressure including turnover e.g. in EHCP team
5. Local provision will be enhanced by delivery of two new special schools (both 2027), which should contribute to an improvement in financial position
6. Engagement with partners and relevant bodies to prepare for and respond to Schools White Paper that is expected in October 2025

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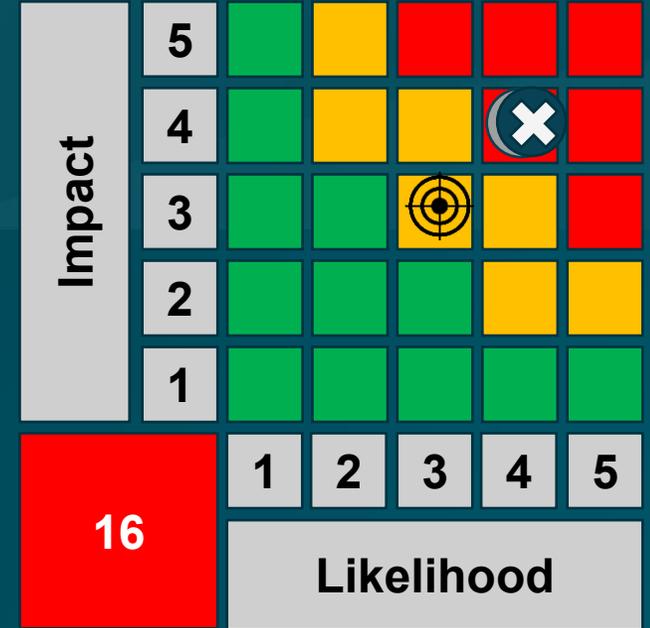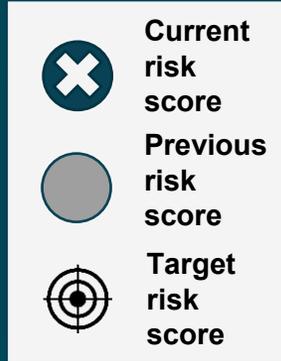
AH01 Adults Safeguarding

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:
- Developing practice to improve professional portal admin to ensure no backlogs
- Kirklees Safeguarding Adults Board development day to identify key priorities for 2025/26
- New safeguarding training commissioned by KSAB rolled out to all teams
- Learning from SARs priority action from KSAB

Current risk score ⊗

Previous risk score ●

Target risk score ◎

Impact / Likelihood risk matrix

Current risk score: Impact 4, Likelihood 2 = 8
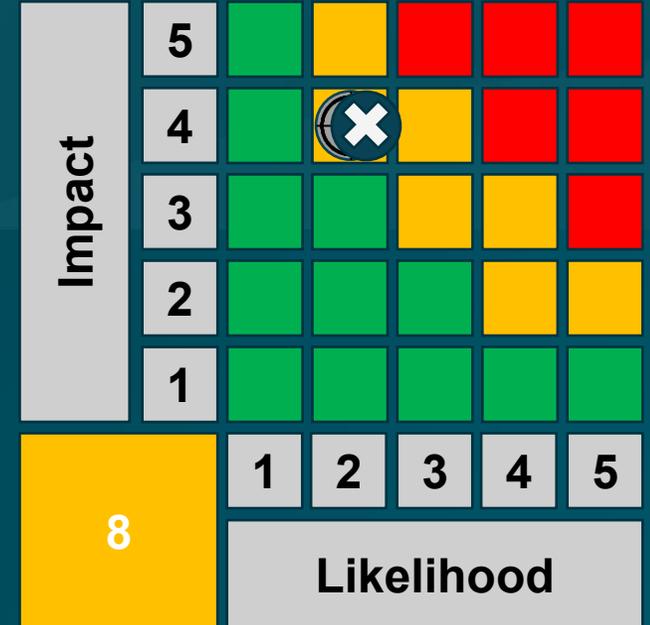
Controls in operation:
1. Corporate Safeguarding Policy reviewed regularly (Jan 2024)
2. Mandatory training requirements and additional training where need identified
3. Person in position of trust (PIPOT) process in place – being reviewed.
4. Self-neglect policy and pathway in place. Self-neglect cases 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. Long-term Adult Social Care front door safeguarding team to be implemented within Q2 of 2025-26. Delays have postponed the implementation date – currently in 45 days consultation.

2. Safeguarding professional portal and care homes portal are being reviewed – improvement plan to be agreed in Q2.

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 procedures. Delayed from Q1 however will complete during Q2 2025-26

Kirklees COUNCIL

# 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:
- Weekly tension monitoring alongside tension briefings continue to be delivered to a range of staff to raise awareness around how to report tensions to Safer and to Partnership Intelligence Portal (PiP)
- Prevent training with schools continues, project proposals submitted to Home Office focussing on key themes e.g. online extremism, neurodiversity and mental health
- Programme of activities taken place around knife crime awareness with partners
- New process in place to request change to Safer CCTV camera locations based on intelligence and focus
- Community Safety Partnerships Strategic Intelligence Assessment 24/25 complete and shared at Council's Overview and Scrutiny Management Committee May 2025

Current risk score ⊗

Previous risk score ●

Target risk score ◎

Impact / Likelihood risk matrix

12
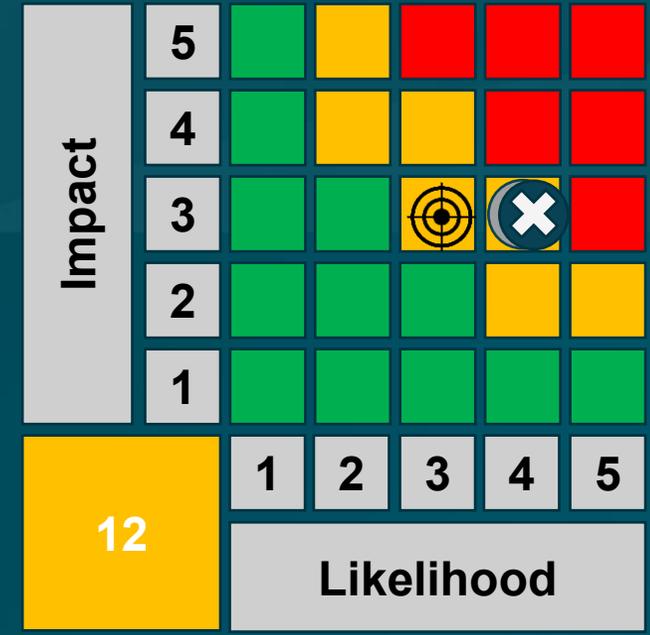
Controls in operation:
1. Dedicated community tensions monitoring process and a clear procedure to process intelligence related to protests and tensions. Procedure includes Police and Emergency planning colleagues.
2. Weekly tensions monitoring meetings are held with all relevant partners, escalations 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. Community Partnership Plan (statutory requirement) informed by annual Strategic Intelligence Assessment

Further actions underway:
1. To further develop awareness around what is a community tension and impact, where to report, how to respond –County lines intensification, anti-social behaviour, youth focussed work linked to awareness and prevention planned for Violence Reduction Partnership priority geographical locations identified based on outcomes of multiple needs assessments and other indicators (deprivation/school data). Implementation plan covering WY and Kirklees strategy and partnership priorities 25/26 to be signed off at Gold Strategic Group .
2. Prevent engagement training in pipeline for front line Communities staff, planned to be completed during 2025
3. Development of a new 3 yr Community Safety Partnership Plan 2026-29 Partnership KPIs aligned to community safety themes and priorities in development to help assess risk, system pressures, effective action.

Kirklees COUNCIL

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:
- Additional work to understand and control risk associated with expiry of school Public Private Partnership (PPP) contracts and ensure value for money. Surveys being undertaken and staff recruited to support
- 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 now removed from PPP contract and new schools works can proceed. Lessons learned to be reviewed.
- Continued focus from Insurers on availability and quality of building condition surveys

Impact — grid rows: 5, 4, 3, 2, 1

Current risk score (X in circle)
Previous risk score (grey circle)
Target risk score (target icon)

Likelihood: 1 2 3 4 5

9

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. Building Safety compliance levels monitored on a monthly basis with assurance and oversight through H&S Oversight Board and 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 revenue costs.
5. Programme of Planned Preventative Maintenance in place. Note that this ensures minimum Health & Safety requirements are met but does not necessarily deliver modern working practices

Further actions underway:
1. Procurement of new Corporate Assets Facilities Management database
    - Specification prepared and issued to Procurement
    - Procurement strategy in place and planned to begin Sept 2025
    - DDN issued to HoS and SD for this project at request of Legal.
2. Asset Strategy & Core Estate review
    - Asset Strategy on hold pending estate review
    - New Asset Strategy Manager recruited, start date Autumn 2025
3. Continued focus on addressing issues at high priority assets including Dewsbury Sports Centre, Cleckheaton Town Hall, Batley Town Hall & Batley Library
4. 16 capital bids prepared and issued for high profile buildings, including bids for Kirkgate Buildings, Oakwell Hall, the Commercial Estate, disability access schemes and school modular building replacement.

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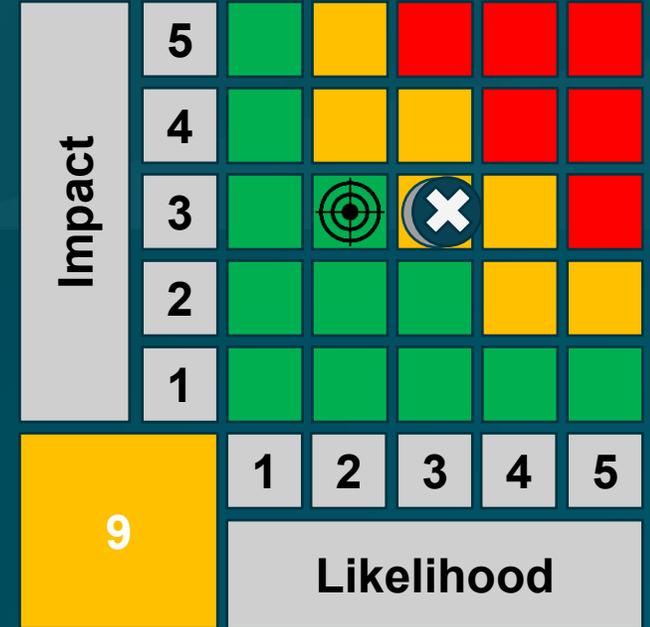
DEV02 Homelessness and temporary accommodation

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 June there were 378 households in TA, the number in B&B continues to reduce (134 at the end of June), 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. Sharples House TA – 3 flats occupied

Current risk score ⊗
Previous risk score ●
Target risk score ◎

Impact / Likelihood matrix

16

Controls in operation:

1. Preventing Homelessness and Rough Sleeping Strategy
2. Temporary Accommodation Placement Policy
3. Emergency Accommodation Procurement Framework
4. Regular monitoring and management oversight of all temporary accommodation placements – new two stage approval process now in place
5. Governance structure in place via Homelessness/TA Transformation Board which has oversight of TA demands and pressures in particular
6. Implementation and the effectiveness of the revised Kirklees Allocations Policy is monitored quarterly by a joint HSS/H&N Implementation Group. Portfolio Holder is briefed bi-annually on performance of the Policy
7. Collaborative working with Housing Growth to ensure housing supply pipeline provides options for low income and benefit dependent households

Further actions underway:

1. Development of private rented sector options to divert customers from TA, provide swifter 'move on' options and utilisation of flexible financial incentives
2. Review of all internal and customer facing communications throughout the customer journey to manage expectations and ensure the likelihood of securing differing types of alternative accommodation is clearly communicated
3. Ashenhurst scheme to provide additional 24 family units, target delivery Q2 25-26 with secondary scheme in pipeline for 2026-27 delivery
4. Transformation priority, with focus on reduction of B&B usage, expected to continue to support until end 2025-26
5. Effective utilisation of 2025/6 grants (HPG, RSI and new Emergency Accommodation Pilot grant) to maximise homeless prevention
6. Options to secure additional supply of TA through acquisition or lease from other landlords / providers reviewed on continuous basis
7. Dashboard under development to provide regular update on KPIs

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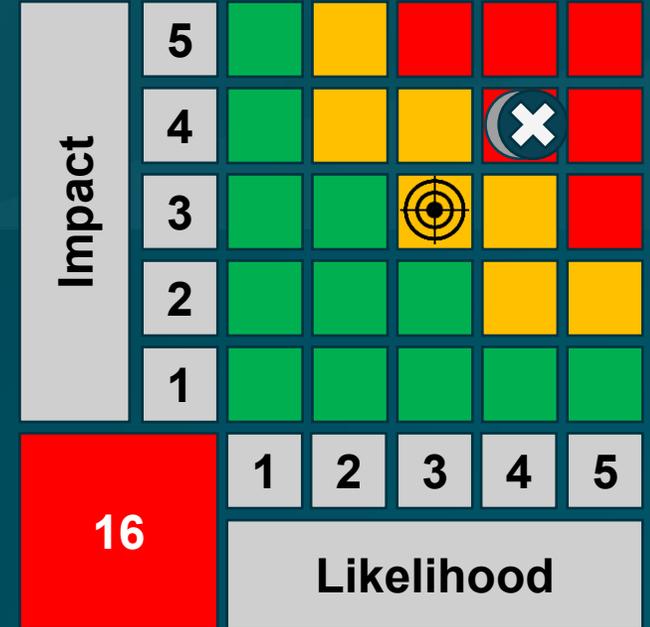
DEV03 Project Management & Delivery   ***NEW***

Failure to deliver approved programme of projects, in line with agreed budget, timeline and scope / quality resulting in inability to meet the objectives and aspirations of the organisation, improve service proposition, realise financial benefits and enhance reputation.

Risk Owner: David Shepherd, Executive Director, Place

Quarterly update:
1. Progress on delivery of Cultural Heart ph1 (construction) and ph2 (preconstruction)
2. Other key projects also making progress e.g. George Hotel, CX (Housing management)
3. Resetting of capital plan to align with priorities, considering revised costs , available resources etc

Current risk score ⊗
Previous risk score ●
Target risk score ◎

Impact / Likelihood matrix

Current risk score: at Impact 3, Likelihood 4
Target risk score: at Impact 2, Likelihood 2
Score: **12**

Controls in operation:
1. Formal Project Management approach (Prince2, Agile etc)

2. Clear approach to project governance including roles & responsibilities, documentation and escalation routes

3. Key stakeholders (Procurement, Finance etc) engaged at outset and sign off agreed business case

4. Where funding is provider by WYCA, collaborative working to align funding requirements and sign offs

5. Directorate Change Boards

Further actions underway:
1. Council wide review of governance and reporting of the capital plan to focus on affordability, improvements to forecasting and support delivery

2. Improvements in contract management capacity and capability

3. Centre of Excellence in project management (Transformation team)

4. Internal audit of transformation project delivery

Kirklees COUNCIL

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: Phil Jones, Service Director Homes & Neighbourhoods

Quarterly update:
DMC backlog addressed and BAU service achieved. Fire safety assessments are ahead of schedule, with high-risk actions queued and mitigations in place. Turner & Townsend have moved from due diligence to delivery, with the first fire works contract awarded and tranche two in preparation. Decency levels have declined to 21.5%. The five-year capital programme is nearly complete and will be updated based on new stock condition data to address risks earlier. System upgrades due for completion (Cx Oct 25/ Total Jan 26). Capital Investment Board established.

Risk Matrix:

Impact / Likelihood grid (5x5)

- ⊗ Current risk score
- ● Previous risk score
- ◎ Target risk score

Current risk score: **16**

Controls in operation:
1. Regulatory Notice action plan and monthly meetings with Regulator of Social Housing to review progress updates
2. Appropriate governance structure in place to monitor actions and provide oversight of controls with clear escalation routes and accountability points
3. Policies and supporting Management Plans in place for all elements of Building Safety and Voids process
4. Fit for purpose operational systems, upgraded as required to ensure they continue to meet operational and compliance reporting standards.
5. 30-year Asset Management Plan – informed by stock condition surveys
6. Tenant Satisfactions Measures reviewed on a regular basis to ensure outcomes improve in line with expectations
7. Principal contractor appointed providing additional project, programme and contract management capability across fire safety programme

Further actions underway:
1. Governance effectiveness review continues with focus on both membership and determining the required inputs to in scope Boards / Meetings
2. Review of 5 year Capital Investment Plan (£160m) will complete in Q2 2025-26. New Investment & Capital Assurance Board to provide oversight.
3. Stock condition surveys to inform future capital programme commencing in Q2 2025-26. 3 year programme with all archetypes surveyed in first 12 months informing prioritisation of future years activity.
4. Development of technology roadmap to understand H&N future technology needs of H&N and optimum solutions to meet these needs
5. Implementation of Cx, housing management system is underway and phase 1 scheduled for completion during Q2 2025-26
6. Monitor and review of consultation on changes to Decent Homes Standard and consider impact of proposed implementation timescales

Kirklees COUNCIL

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 has increased to reflect the ongoing impact from the absence of staff resource and the challenges faced by the team to recruit to critical posts, impacting the ability to use grant funding. Recruiting to key roles is challenging, consultancy support being utilised as an interim position.

Legend:
- ⊗ Current risk score
- ● Previous risk score
- ◎ Target risk score

Impact / Likelihood Matrix

Current risk score: **16**

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.
3. HR have been engaged to support a review of positions, job profiles, consider market rate supplements and team structure to support recruitment and retention.
4. External consultancy to undertake an in-depth review is currently being considered, supported by Gainshare resources.

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