

Corporate Risk Report, Quarter 2 2025/26



Q2 Summary position:

Risks raised within the Corporate Risk Report remain stable this quarter, with no new risks raised and no risks removed

Reductions in risk score:

- Emergency Planning & Business Continuity (HP01) risk has reduced to its target level of '8', from '12', reflecting the embedded control framework that is in place to monitor adherence to requirements. The Annual Emergency Preparedness, Resilience and Response audit has been submitted which also supports the reduction in score

For noting:

- **Economic Growth & Resilience DEV03:** The previous risk description focussed on project management and delivery; the risk has now been orientated towards the positive outcomes that regeneration and infrastructure projects bring, including the requirement to deliver these with due regard to time, cost and quality. The risk is scored as a '12', Amber rated risk

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	⇒
LGC02	Information governance		Samantha Lawton	12	⇒

Summary overview (page 2 of 2)

Reference	Risk Description	Transformation Priority	Risk Owner	Risk Score	Direction of travel
CAS01	Community cohesion, wellbeing & resilience		Jill Greenfield	12	⇒
DEV03	Economic growth & resilience		David Shepherd	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	⇒
HP01	Emergency planning & business continuity		Jane O'Donnell	8	⇩
LGC03	Procurement processes		Samantha Lawton	8	⇒
AH01	Adults safeguarding		Cath Simms	8	⇒
HP02	Health & safety		Jane O'Donnell	8	⇒
CF01	Children's safeguarding		Vicky Metherringham	6	⇒
SI02	Relationships with key partners		Stephen Bonnell	6	⇒

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 remains the same as Q1 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 are being implemented and closely monitored as part of monthly reporting to ELT
- 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

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



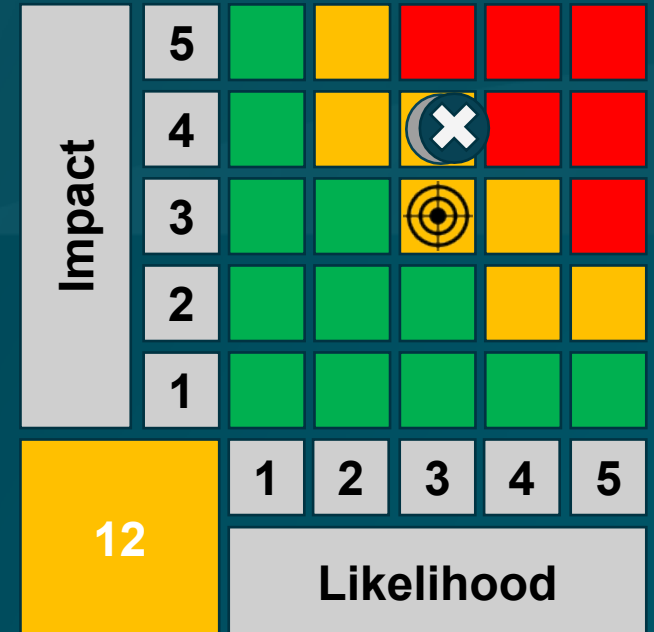
**Current
risk
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**Previous
risk
score**



**Target
risk
score**



Further actions underway:

1. Service directors to each have budget pack
2. Draft budget book presented to group leaders.
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

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 HRA is in a balanced budget position, but concerns remain over the overall level of reserves held 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

Controls in operation:

1. Annual update of the Medium-Term Financial Plan completed in September 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: Draft accounts completed in accordance with timetable and external audit in progress



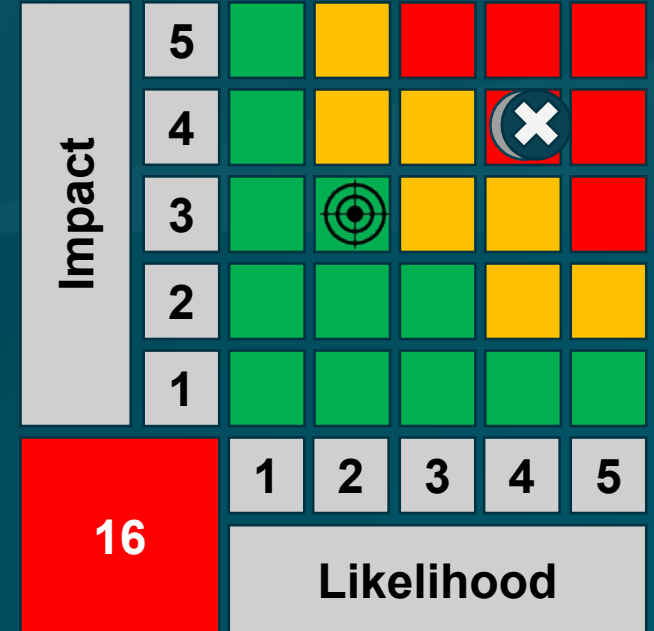
Current
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Previous
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Target
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Further actions underway:

1. Balanced budget proposals submitted to Cabinet in December with lowest savings targets for a number of years
2. 3-year savings targets issued to Directorates
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. Continue to monitor implications from national government budget (Nov 25) and local government grant settlement (Dec 25) which will inform final budget proposals.

FIN03 Capital Plan Management

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

Risk Owner: Kevin Mulvaney, Service Director Finance

Quarterly update:

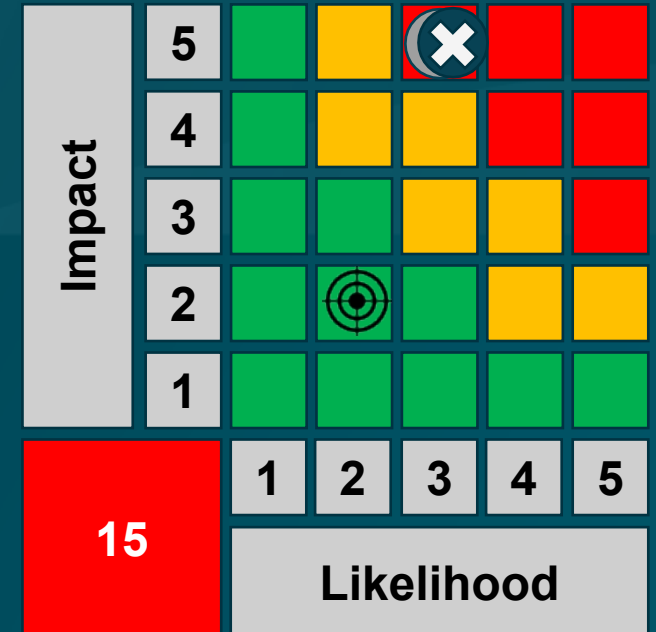
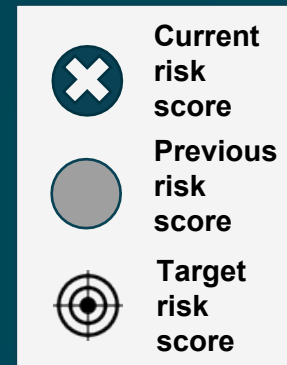
- Capital plan being prioritised and reprofiled
- Continued assessment of further capital investment recognising the need for any borrowing to be affordable over the medium – long term within overall resource envelope
- Request for benchmarking information has been sent to Council's across the region

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



PS01 Organisational resourcing

Risk that the council cannot meet its strategic objectives due to a failure to determine and provide for the future employee resourcing needs of the organisation and an 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 identified resourcing challenges, will support a less reactive approach
- Entry level apprenticeship recruitment taken place.
- Participation in LGA recruitment reset programme to ensure sector led best practice adopted
- Continued 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

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 under performance/absences are addressed in an appropriate and timely manner



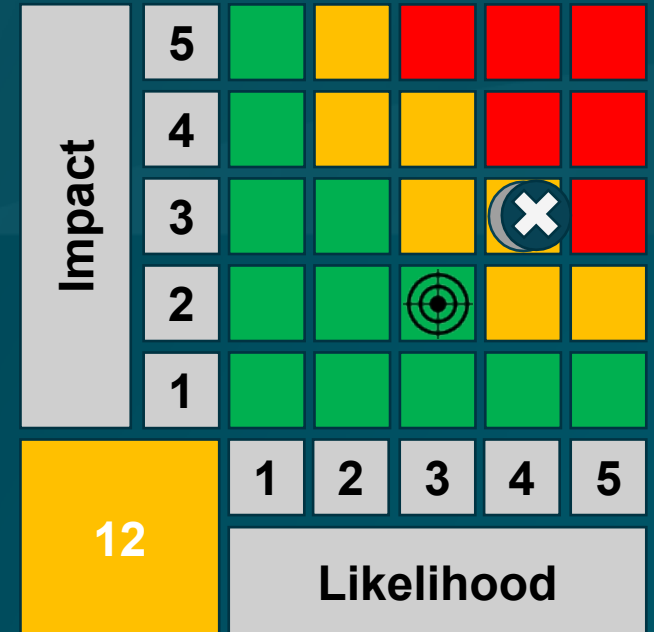
**Current
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**Previous
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score**



**Target
risk
score**



Further actions underway:

1. Further development and embedding of workforce planning – piloting refreshed strategic workforce planning approach
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 organisational awareness of FTE performance metrics and consequential impacts of increase / reduction in FTE levels

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 delays with tribunal cases - some of this is linked to service change activity however the position is also reflective of the national picture
- Consultation underway for Schools Support Staff Negotiating Body (SSNB) and Adult Social Care Fair Pay



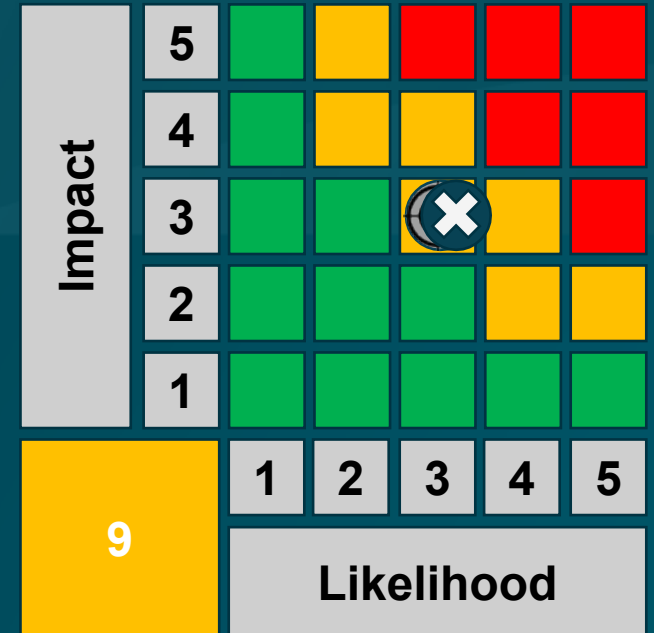
Current
risk
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Previous
risk
score



Target
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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 meetings, dedicated service change meetings, workforce matters, ongoing dialogue/informal meetings with TU's via Head of People Services/HRM's
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.

SI01 Data Integrity

Risk that inaccurate, incomplete or inconsistent data leads to poor decision making resulting in misinformed strategies, operational inefficiencies, ineffective resource allocation, poor outcomes for citizens and failure to comply with statutory and regulatory requirements.

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

Quarterly update:

- Loss of key staff within the Data and Insight Service has reduced the level of support that can be provided to service areas



Current
risk
score



Previous
risk
score



Target
risk
score

Impact

5

4

3

2

1

12

Likelihood

1

2

3

4

5

Controls in operation:

- Regular prioritisation of Data and Insight resources and activity to ensure they reflect council priority areas
- Targeted interventions to improve the management and integrity of data are being applied on a case-by-case basis in high risk/profile areas
- Information Asset Owners responsible for the integrity of their services data and provide a written judgement of the security and use of their assets annually
- External Audit provides assurance of key financial data
- Internal Audit validation of accuracy on UKSPF and WYCA grant funding submissions

Further actions underway:

- Improvements in data governance and data management to be considered as part of the council's new Digital Strategy / Transformation Programme (Q4 25-26 deliverable)
- Investment in tools and technology to improve the council's governance and management of data is being considered
- Continued focus on raising awareness and improving knowledge of data governance and data management within services across the council
- Focus on developing workforce skills and capability – 40+ staff completed or pursuing data apprenticeships (L3 – L6)

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:

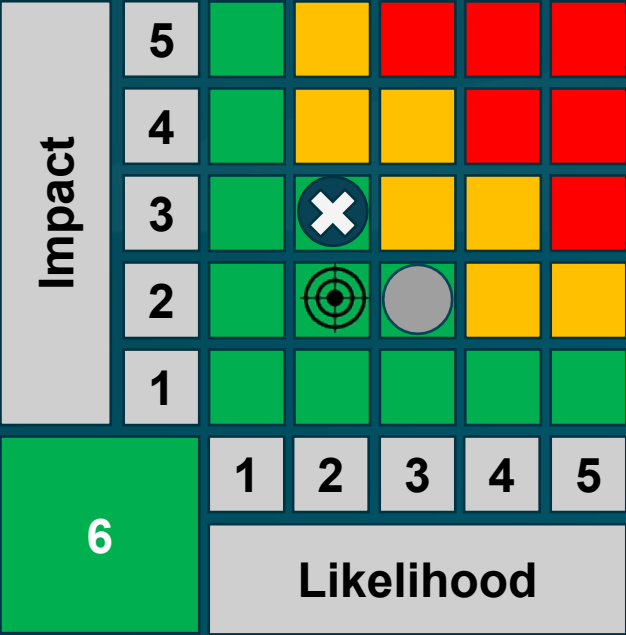
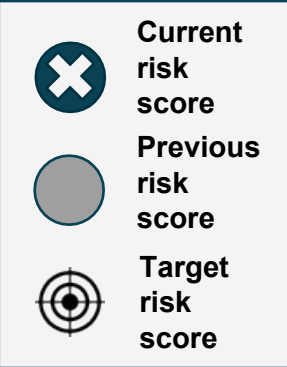
- Significant partnership engagement is underway to refresh our 'partnership framework', which includes our borough vision, shared outcomes, and how we work together. This will continue at Picture of Kirklees in November.
- Changes to the focus and funding of national health organisations announced and are being proactively monitored
- Partnership working with WYCA is evolving ahead of an integrated funding settlement in April 2026. This includes adjustments to decision making processes.
- Coordination meetings with TSL (Third Sector Leaders) leadership continue and inform several action areas including identifying improvements to the way the council works with and supports the third sector. Funding will reduce in March 2026 with the ending of the UKSPF, contingency planning is underway to identify opportunities.

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. Refresh of our partnership framework, including our borough vision, shared outcomes, and how we work together
2. Work developing on improving partnership working at a West Yorkshire level
3. At a series of business engagement events over the Autumn and Winter, we are engaging 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. 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 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



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:

- Cyber Assessment Framework (CAF) implementation continues.
- Desktop cyber incident simulation due to take place next quarter as per CAF plan.
- Work continues in partnership with Emergency Planning to test major incident and test plans.
- The use of untrusted AI bots remains an issue but IG and IT work together to provide guidance on removing them from meetings
- Business cases for additional security controls have been submitted that covers further endpoint protection, identity and privilege management, and threat detection.
- PSN penetration testing is under way and remedial action plan will be produced to address risks.

Controls in operation:

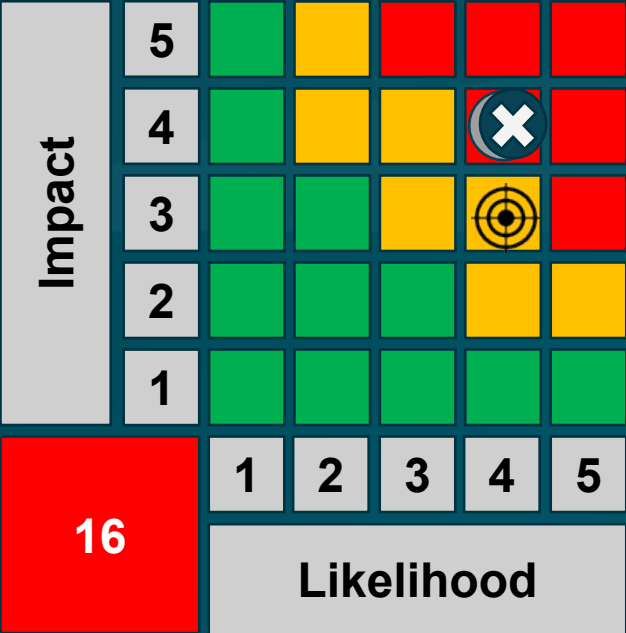
1. Documented and approved Cyber Strategy: A WY ICS Cyber Strategy is being developed which we will adopt and replace the existing strategy
2. Adherence to National Cyber Security Centre (NCSC) guidance
3. Self assessment and independent validation of our cyber risk exposure through the NCSC Cyber Assessment 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



Current risk score

Previous risk score

Target risk score



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

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:

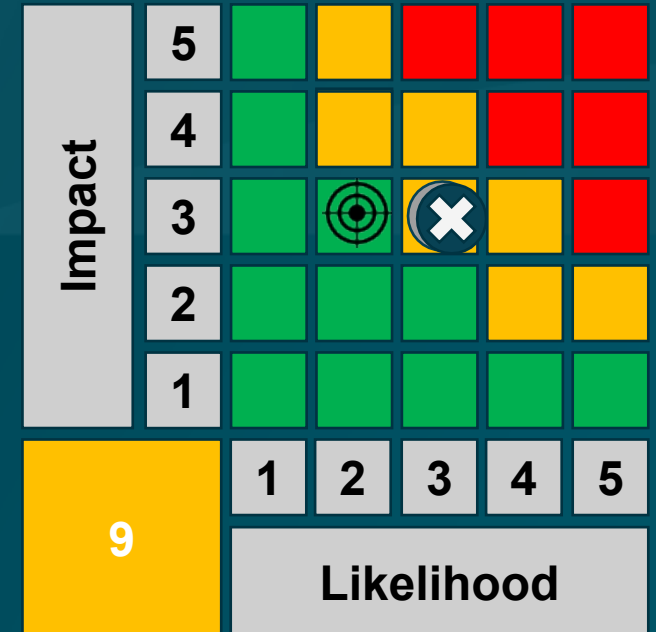
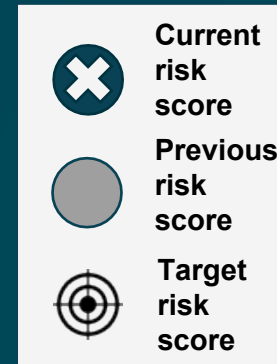
- Refreshed/additional guidance on decision making procedures in place. Online courses continue to be developed to assist officers and Members navigate decision making routes and committee process, including scrutiny.
- Governance Officers are attending SLT's to promote good governance and re reinforce procedures.
- Refreshed induction and Member development offer being developed to include training on open and transparent decision-making processes

Controls in operation:

1. Constitution (including Constitution Working Group)
2. Leader & Cabinet model with portfolio holders and scrutiny function
3. Code of Conduct for Members and Officers
4. Scheme of delegations approved to ensure effective delegated decision making and transparent recording
5. Report templates and detailed guidance
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
13. Code of Corporate Governance

Further actions underway:

1. Further consideration of updates to constitution to facilitate effective decision making overseen by the Constitution Working Group (CWG), which will continue during the current municipal year. CWG reports to CGAC and Council as part of the updating of the Constitution by the Monitoring Officer
2. KPI's in development to monitor and ensure statutory compliance with Local Authorities (Executive Arrangements, Meetings and Access to Information Regulations)
3. Cross Party Budget Working Group to re-convene



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:

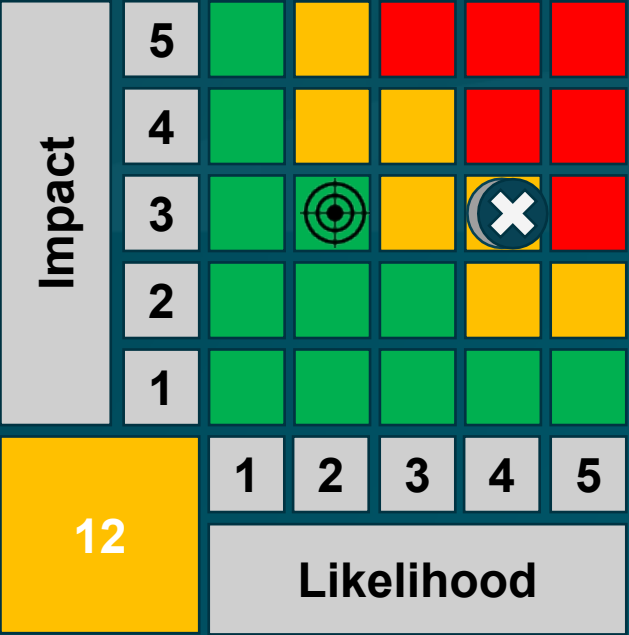
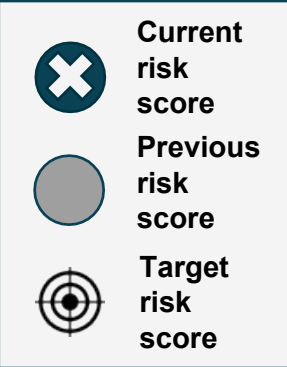
- Significant increase in the number of FOIs received in Q2
- No incidents were reported to the ICO in Q2
- The IG Annual Report was presented to Corporate Governance and Audit Committee
- Continuing to fulfil the requirements of the data sharing audit action plan
- Subject Access Requests on the backlog continue to rise

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 a UK GDPR Complaints process
2. Review of IG Team ways of working to address SARs backlog continues, including development of a business case to implement a technical solution to support with SARs management
3. The 2025/2026 DSPT has launched, work is underway to demonstrate compliance for submission in June 2026



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:

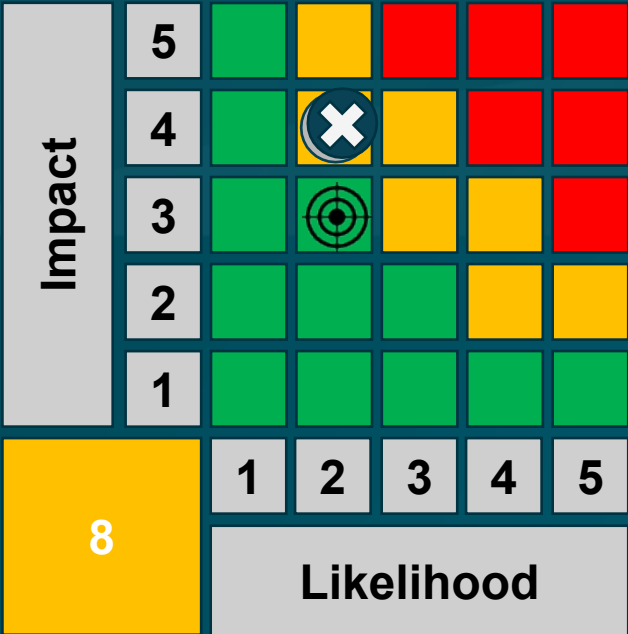
The risk score is unchanged this quarter, indicating some stability in this area. Buyers can access guidance on the Procurement intranet page, which details the essential elements of the procurement process. A refresh of the Procurement Strategy is currently in progress and is expected to be finalised during Q3.

The service continues to contribute to the delivery of Our Council Priorities by applying a category management approach, ensuring procurement activities are strategically planned, adequately resourced and focused on achieving the best outcomes for the Council.

**Current risk score**

**Previous risk score**

**Target risk score**



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 Category trackers
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. Development of e-learning training modules for staff involved in procurement activities to raise awareness and upskill across the procurement lifecycle
3. Working with Data & Insight to identify instances of off-contract spend and develop controls to prevent reoccurrence
4. Continued vigilance of the external market to understand new trends and emerging risks as a result of process changes triggered by the Procurement Act

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:

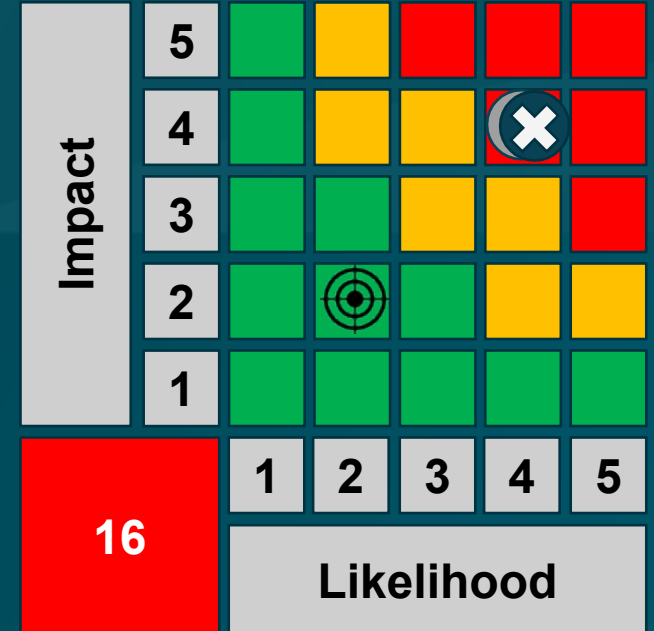
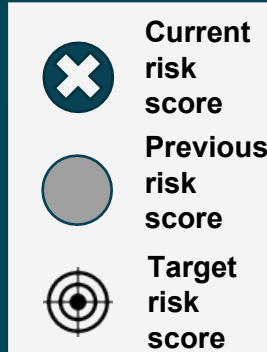
The Contract Management Review, supported by the Transformation Team, is nearing completion. The updated Contract Management Framework will be published on the intranet in Q3, offering templates and guidance for Contract Managers. An introductory training module is now available on MyLearning and will be promoted through the intranet and SLT meetings next quarter. As this approach becomes embedded, we expect to see a reduction in overall risk. However, it may also highlight areas of significant risk exposure that will require clear ownership and appropriate escalation.

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. Contract management framework and guidance documents published on intranet to promote a consistent approach across the organisation.
4. Contract management e-learning module available for all contract managers to access on the MyLearning portal.
5. KPIs / outcome measures / specifications that will be used to monitor performance are agreed pre contract completion and defined within contractual documentation
6. 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
7. Dedicated resource is in place within some Directorates which provide guidance, consistency and rigour in approach

Further actions underway:

1. Implement a Contracts Dashboard to support regular review within services and provide assurance / identify issues across all active contracts
2. Increased focus on robustness of processes for performance monitoring e.g. source of performance data, frequency, timeline to recover, penalties for non delivery
3. Monitor use of e-learning module on contract management to ensure take up from contract managers and exploiting opportunities available through the Government Commercial College
4. Communications programme to raise awareness of requirements under the new contract management framework and training opportunities available to support
5. Development and formalising of approach, including resourcing requirements, to ensure best outcomes from PFI contracts as they approach termination, involving all relevant stakeholders



HP01 Emergency Planning & Business Continuity

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

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

Quarterly update:

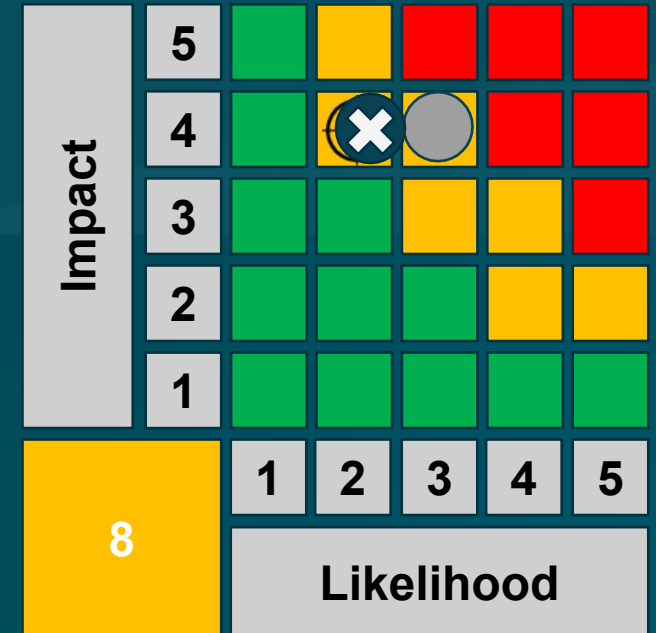
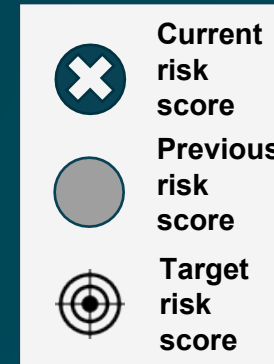
- Major Incident Plan reviewed in-line with review schedules and learning from incident response
- School toolkit for Martyn's Law launched and introduction workshops being rolled out.
- Delivered a corporate exercise of evacuation of high-rise block of flats
- Tested the procedure for sending messages for security incidents to computer screens and asked publicly accessible buildings to test their plans
- Participated in the National exercise Pegasus and submitted Emergency Preparedness Resilience & Response audit

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 organisation

Further actions underway:

1. Continue to test Invacuation, Lockdown and Run, Hide, Tell procedures.
2. Evaluate the impact of NHS reorganisation on Kirklees
3. Develop an events Toolkit for Martyn's Law
4. Audit of Public Access Trauma (PACT) kits and grab bags



HP02 Health & Safety

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

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

Quarterly update:

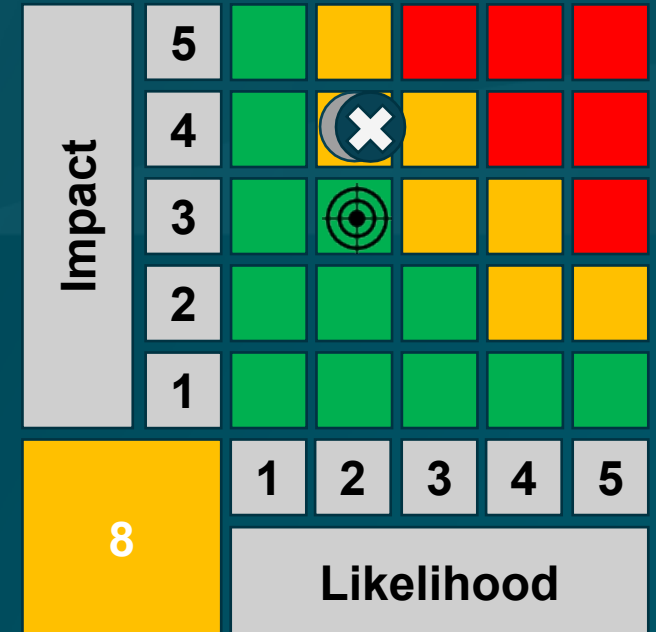
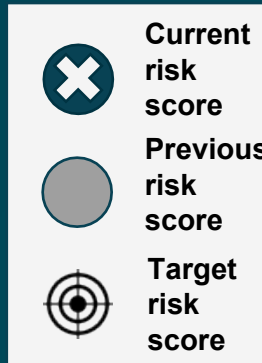
- Review of H&S documentation in Operational Services
- On-going work to introduce medication, alcohol and drugs awareness training in Highways and Operational Services
- Supported Operational Services following HSE inspection/follow up activity
- IOSH for Senior Executives now at 90% compliance

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 H&S 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 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. Target for 2025/26 of 70% Employee uptake of Corporate H&S eLearning
2. Launch Health & Safety Guidance Note No. 22: Driving for Work – 'Grey Fleet'
3. New Head Teacher induction to be progressed.
4. Continue to encourage Kirklees Leadership Team complete the IOSH Managing Safely for Senior Executives training



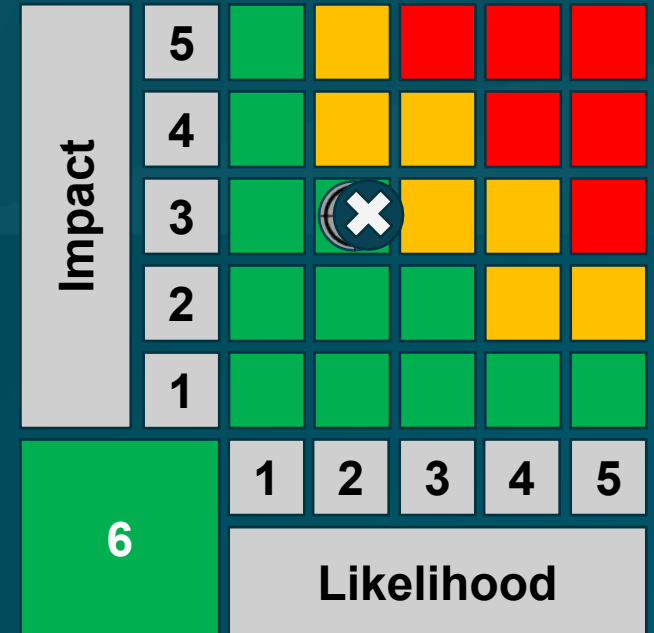
CF01 Childrens Safeguarding

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 Child Protection & Family Support

Quarterly update:

Families First Partnership (FFP) programme in progress. The governance has been established and a programme with controls is in development



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 Independent Reviewing Officers' 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), "Families First" and updated Working Together guidance
 - Phase 1 & 2: Completed April 2024 and January 2025 respectively
 - A paper with outcome of the Phase 2 review and any recommendations for Phase 3 will progress through governance in Q3
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

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 client 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 outcome published in August and post inspection Action Plan agreed .
- EHCP service continues to embed new processes and drive improvements in efficiency and performance. New EHCP processing times continue to improve, cumulative and in month performance at 20 weeks is ahead of England national average
- Annual reviews, which remain below national averages, being prioritised at change of phase to ensure requirements are up to date, however this remains an area of pressure
- Cost of placements continue to exceed budget, and impact on budget lines held elsewhere



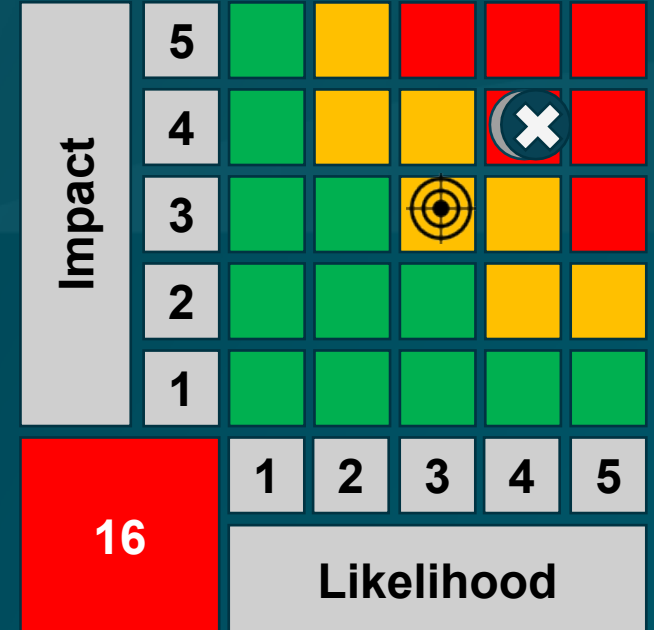
**Current
risk
score**



**Previous
risk
score**



**Target
risk
score**



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. Fortnightly sufficiency meeting in place for agreeing strategies for provision gaps.

Further actions underway:

1. SEND Transformation programme in place to support change delivery
2. Capacity in place 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 has enabled refresh of Cluster Handbook and report being prepared to summarise.
4. Rolling programme of recruitment and workforce development 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, further sufficiency planning (including post 16 opportunities) underway.
6. Engagement with partners and relevant bodies to prepare for and respond to Schools White Paper that is expected in November 2025 (now delayed)

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 (KSAB) development day to identify key priorities for 2025/26
- New safeguarding training commissioned by KSAB rolled out to all teams, evaluation taking place
- Learning from Safeguarding Adult Reviews (SAR) priority action from KSAB – membership at SAR sub-group reviewed and expanded

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:

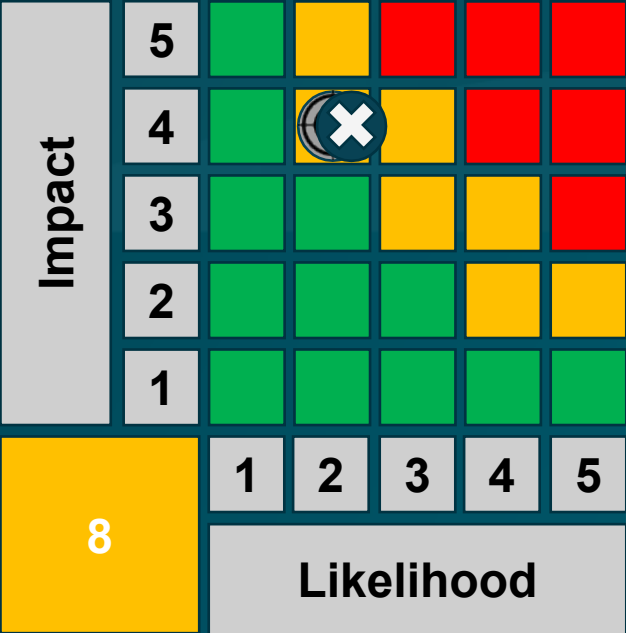
1. Safeguarding professional portal and care homes portal are being reviewed – improvement plan developed, and additional temporary staffing agreed.
2. Improvement plan for Data Quality for safeguarding referrals, concerns and S42 enquiries progressing.
3. PIPOT policy is being revised, to ensure internal processes are clear and in line with parallel Council procedures. Delayed from Q1, plan developed and agreed with revised timescales for full implementation.



Current risk score

Previous risk score

Target risk score



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

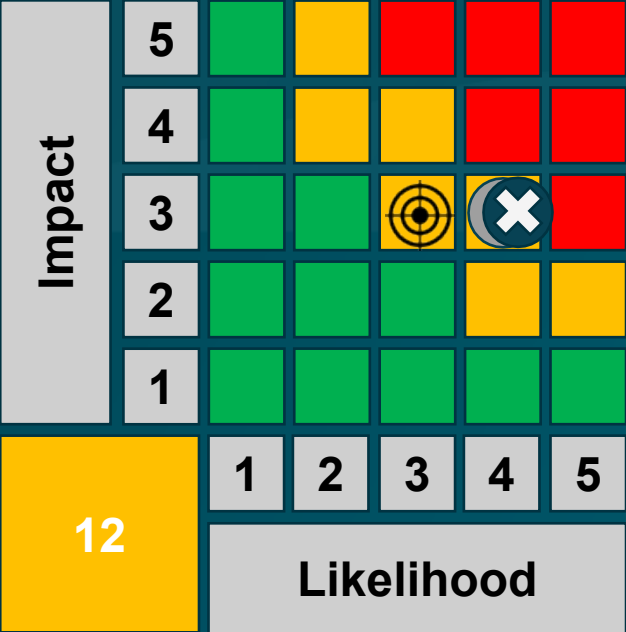
Quarterly update:

- Regular tension monitoring briefings delivered to staff to raise awareness around how to report tensions to Safer and to Partnership Intelligence Portal (PIP). This quarter has included schools across the district
- Prevent training with schools continues, prevent training delivered to community facing individual's / representative of a range of services and organisations
- Awareness campaigns have taken place during this quarter which includes, for example ASB week
- Key Performance Indicators embedded within strategic priority theme groups to assess risk, system pressures, effective action
- Work with policy and faith leaders, established connections operationally to strengthen partnerships

 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. Community Partnership Plan (statutory requirement) informed by annual Strategic Intelligence Assessment

Further actions underway:

1. Expanding community tension awareness and reporting across council services as continuous reminder as staff move on from roles etc – Q4 25/26
2. Deliver awareness campaigns for White Ribbon (Violence against Women & Girls), Domestic Abuse and Hate Crime alongside partners - Q2 and Q3 pending 25/26.
3. Serious Violence partnership high priority area work to support direction of resources, community engagement including commissioning of interventions – Q4 25/26
4. Prevent Engagement and Training Home office projects tendering and commissioning to complete, and delivery to begin – Q3
5. Strategic Intelligence Assessment (SIA) further developing to inform the Strategic Priorities for the new Partnership Plan to be worked through with Overview, Scrutiny & Management Committee (OSMC) in early 2026 ahead of developing the full plan - Q1 2026/27

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:

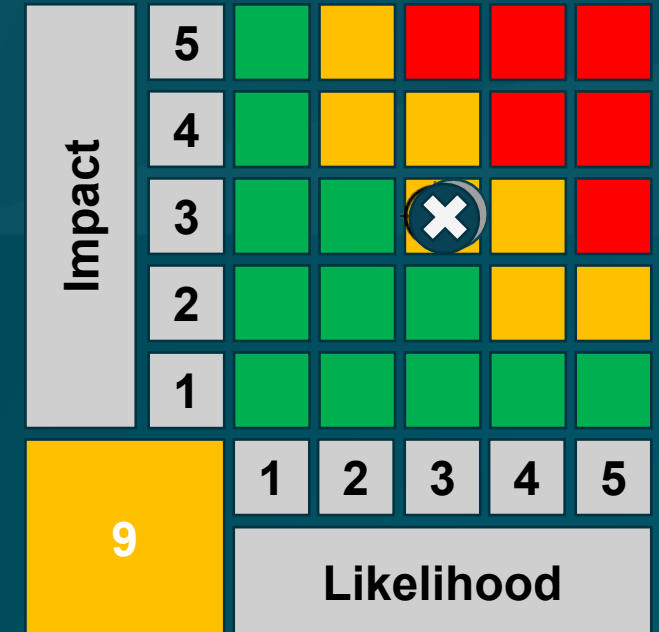
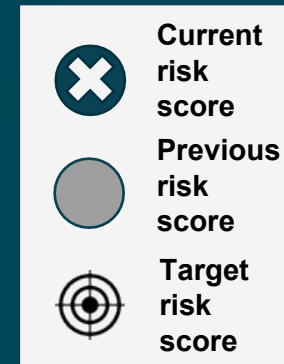
- Building Safety compliance levels continue to improve and meet current regulations
- Asset rationalisation continues to progress well and on track to meet income target
- External review of council assets has concluded with recommendations being developed that will deliver a sustainable property estate, of appropriate size and condition, within available financial constraints
- Additional resources recruited to Public Private Partnership expiry posts internally, resulting in reduced capacity in day-to-day management of the contract
- Review of schools traded service ongoing with good feedback regarding proposed offer from Schools

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. Corporate Compliance Guide and supporting Processes & Procedures, available on the intranet
4. Programme of disposals and asset rationalisation to reduce available assets and use only as required to reduce revenue costs
5. New programme of Planned Preventative Maintenance being developed following data presented by Arcadis and how this will link to the new database
6. We remain part of NISTA contract expiry pilot, with condition surveys completed at a sample of 4 schools following the PFI Asset Condition Playbook. DfE and NISTA representatives are in place as observers on SPV Boards.

Further actions underway:

1. Procurement of new Corporate Assets Facilities Management database
 - Tender return date November 2025, projected implementation April 2026
 - Data upload to begin once implemented
2. Asset Strategy & Core Estate review
 - Asset Strategy being developed following recruitment of Asset Strategy Manager
 - Asset & Estate portfolio review planned to begin in Oct 2025 to work in conjunction with the new database
3. Continued focus on addressing issues at high priority assets including Dewsbury Sports Centre, Cleckheaton Town Hall, Batley Town Hall & Batley Library
4. Multiple savings templates created and issued to meet additional revenue savings targets requested in coming financial years, however these all present risks
5. New PFI Contract Oversight Board being set up and review of appropriate Officer / Member representation on relevant Boards being undertaken



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

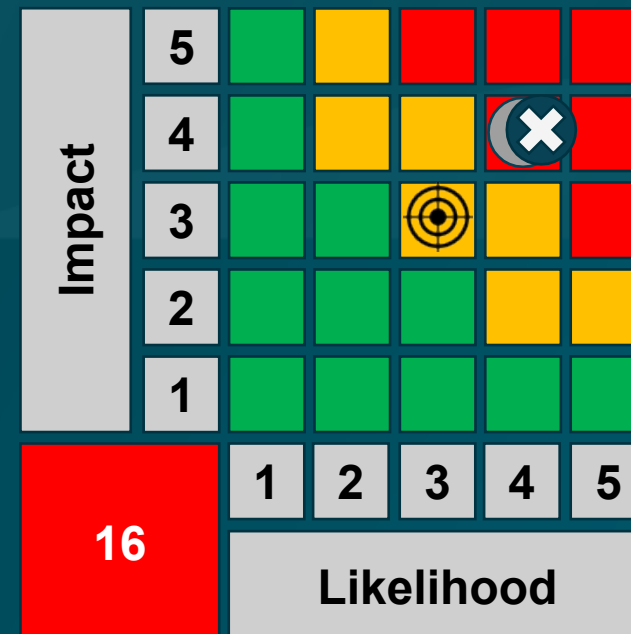
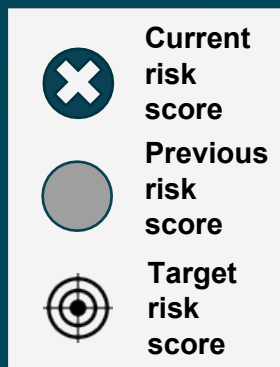
Risk Owner: Joanne Bartholomew, Service Director Development

Quarterly update:

- Demand pressures resulting in continued high usage of Temporary Accommodation (TA), at the end of Sept there were 369 households in TA, the number in B&B continues to reduce (115 at the end of Sept), 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 extended. Sharples House TA – 3 flats occupied

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. Lease signed in Summer 2025, majority of extra units now occupied.
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

DEV03 Economic Growth & Resilience

Failure to deliver economic growth and resilience through regeneration and infrastructure developments due to ineffective targeting of projects, funding availability and delays / overspends in delivery leading to a decline in prosperity, less affluent communities and consequential reputational damage

Risk Owner: David Wildman, Service Director, Skills & Regeneration

Quarterly update:

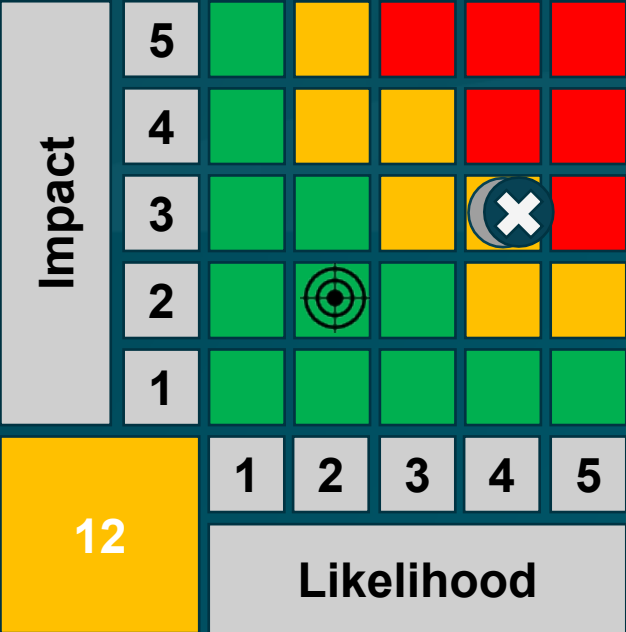
- Our Cultural Heart on track for phase one opening in summer 2026
- George Hotel – objection by statutory consultee (Victorian Society) awaiting determination by Secretary of State at end of September 25 (subsequently granted by SofS October 25)
- Public interest in specific projects; Cleckheaton bus lane, Holmfirth Town Centre Access Plan

Controls in operation:

1. Formal project management approach (Prince2, Agile etc)
2. Clear approach to project governance including roles & responsibilities, documentation requirements and escalation routes
3. Key stakeholders (Procurement, Finance etc) engaged at outset and sign off agreed business case
4. Collaborative working to align funding requirements and sign offs where funding is provided by WYCA or other agencies
5. Revised governance in place with separate officer boards addressing Pipeline projects and those in Delivery
6. Working in conjunction with Strategic Delivery Partner(s)
7. Adherence to local planning authority policies and procedures

Further actions underway:

1. Council wide review of governance and reporting of the capital plan to focus on affordability, improvements to forecasting and support timely delivery
2. Improvements in contract management capacity and capability
3. Internal audit activity covering Project Management and Delivery
4. Consider how to ensure effective coordination of multiple projects within the same area, supported by comms strategy and appropriate Cllr involvement



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:

- Compliance with Awaab's Law achieved ahead of October 2025 effective date, with active cases now below 200
- Fire safety assessments remain ahead of schedule and are due to conclude in Q3. Mitigations remain in place across all blocks. Tranche 1 of the fire programme has commenced
- Review of five-year capital programme underway and nearing completion
- Stock condition programme launched in September 2025
- Cx system went live as planned, and the Total upgrade is on track for go-live in Q4 2025-26



**Current
risk
score**



**Previous
risk
score**



**Target
risk
score**

Impact

5

4

3

2

1

16

Likelihood

1

2

3

4

5

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 Satisfaction 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) nearing completion with new Investment & Capital Assurance Board to provide oversight
3. Stock condition surveys to inform future capital programme commenced 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 and optimum solutions to meet these needs
5. Implementation of Cx, housing management system is underway. Phase 1 went live in October 2025
6. Monitor and review of consultation on changes to Decent Homes Standard and consider impact of proposed implementation timescales

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 stayed high 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
- Successful recruitment to 3 roles which will be filled during Q3 however a senior vacancy remains, and the consultancy review is still in the pipeline
- Launch of salary sacrifice scheme for Electric or Hybrid Vehicles

Controls in operation:

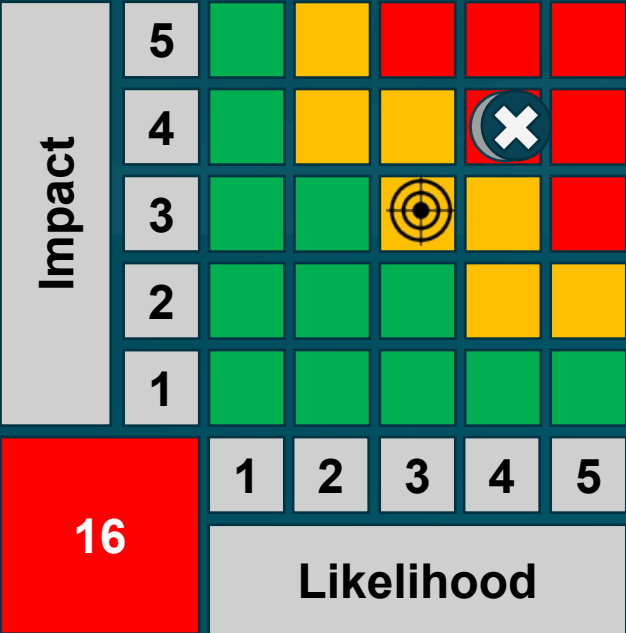
1. Environment & Climate Change Scrutiny Panel in place to check & challenge work from the legacy Environment and Climate Change Service Area
2. Business continuity plans respond to severe weather event impacts, which are being made more extreme by Climate Change
3. Climate Change consideration included 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 continue to be tracked but remain low
5. Top tier partnership strategy, 'Environment Strategy; Everyday Life' in place following approval by Council in September 2024



Current risk score

Previous risk score

Target risk score



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. Focused efforts to fill remining vacant post
3. Efforts now to bring new team members up to speed to deliver on the Climate Action plan and Environment Strategy commitments, as well as better utilise dashboards and internal carbon reporting
4. External consultancy to undertake an in-depth review is still being considered, supported by Gainshare resources
5. The new staff team are carrying out a review to ascertain position of council re climate change matters to ensure most effective use of resources.