



Corporate Risk Report, Quarter 3 2025/26



Q3 Summary position:

Risks raised within the Corporate Risk Report remain stable this quarter, with one new risk escalated from the Children & Families Directorate Risk Register and no risks removed

- The new risk, CF03 Sufficiency of Children's Care (Risk of insufficient provision to meet the assessed needs of Looked After Children and Children in Need in local, appropriately supported placements leading to poor outcomes, budgetary implications, scrutiny from regulatory bodies and reputational damage), is scored as an Amber risk which reflects the challenges in securing and maintaining the required level and type of residential home and fostering provision

Increases in risk score:

- The risk score for Data processing and Access to information (previously Information Governance) has increased to a Red rated risk reflecting the continued pressure presented by the volume of Subject Access Requests that are being managed. The ICO are aware of the situation and are monitoring our performance in this area

Reductions in risk score:

- Quarter 3 has delivered reductions in risk scores across all 3 finance related risks (Budget Monitoring & Management, Medium Term Financial Sustainability and Capital Plan Management) this is a result of improvements in internal processes and controls, early engagement and communications to support 2026-27 Budget setting process and increasing certainty in external funding decisions including the Local Government Finance Settlement
- The score for Corporate Governance reduces - reflecting increased confidence in adherence to decision-making procedures, resulting from a targeted programme of training, communication and guidance for both senior Officers and Members
- The risk score for Contract Management has reduced to an Amber level. This reflects the progress that has been made in developing the Contract Management Framework, but acknowledging that there remains ongoing activity to embed new procedures within services, and to obtain assurance that procedures are being adhered to
- Housing Safety & Quality risk score has reduced as a result of the progress that has been made in addressing focus areas identified by the Regulator of Social Housing Regulatory Judgment, including compliance with recently introduced Awaab's Law
- The risk score for Homelessness & Temporary Accommodation has reduced to Amber reflecting the positive downward trend in usage of temporary accommodation options, including B&B
- Climate Change risk score has reduced back down to an Amber level as a period of significant resourcing challenges within the team begin to abate

Summary overview (page 1 of 2)

Reference	Risk Description	Transformation Priority	Risk Owner	Risk Score	Direction of travel
SI03	Cyber security		Terence Hudson	16	⇒
CF02	EHCPs, SEND compliance & financial impact	✓	Jo-Anne Sanders	16	⇒
LGC02	Data processing & access to information		Samantha Lawton	15	↑
FIN02	Medium term financial sustainability		Kevin Mulvaney	12	↓
PS01	Organisational resourcing		Shauna Coyle	12	⇒
SI01	Data integrity		Mike Henry	12	⇒
LGC04	Contract management	✓	Samantha Lawton	12	↓
CAS01	Community cohesion, wellbeing & resilience		Jill Greenfield	12	⇒
DEV02	Homelessness and temporary accommodation	✓	Joanne Bartholomew	12	↓
DEV03	Economic growth & resilience		David Shepherd	12	⇒
HN01	Housing safety & quality	✓	Phil Jones	12	↓
ECC01	Climate change		Kat Armitage	12	↓

Summary overview (page 2 of 2)

Reference	Risk Description	Transformation Priority	Risk Owner	Risk Score	Direction of travel
CF03	Sufficiency of children's care		Vicky Metheringham	9	NEW
FIN01	Budget monitoring and management		Kevin Mulvaney	9	↓
FIN03	Capital plan management		Kevin Mulvaney	9	↓
DEV01	Corporate assets portfolio management	✓	Joanne Bartholomew	9	⇨
PS02	Potential for industrial action		Shauna Coyle	9	⇨
LGC01	Failure in corporate governance		Samantha Lawton	8	↓
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 Metheringham	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 has reduced in Q3 and is now at the target level, reflecting the improved budgetary control environment and demonstrated by the reduction projected outturn of (£3.1m) at Q3 (vs (£5.1m) at Q2) but noting this remains an overspend
- Continued focus to ensure effective governance and clear accountability is in place to maintain ongoing monitoring of the budget position and ensure required actions are progressed at pace
- 2025-26 savings targets continue to be implemented and monitored as part of monthly reporting to ELT, where slippage occurs in operational delivery savings have been rolled over as part of 2026-27 budget setting process
- There remains volatility in social care demand budgets, which is being closely monitored

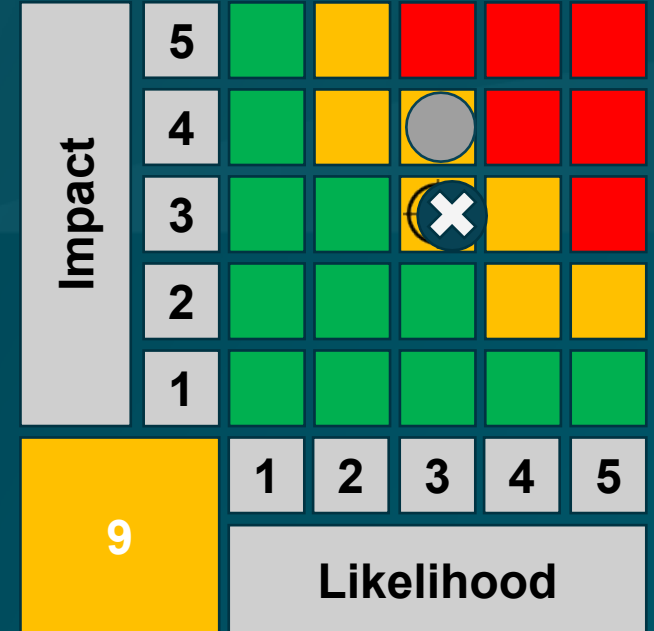
Controls in operation:

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, now includes payroll monitoring
5. Check & Challenge approach in place led by Chief Executive & CFO
6. People Panel in place to review all recruitment
7. Regular review of reserves and other balances with appropriate action where no longer required / not utilised

Further actions underway:

1. Draft 2026-27 budget book was produced and published in November 2025 to ensure continuation of improved control environment into new financial year
2. Further improve budget management through more detailed monitoring of staffing expenditure, including the linking of expenditure to staff structure on SAP
3. Progress simplification agenda through reduction in the number of cost centres and ledger codes, to commence in 2026-27
4. Further refinement of capital plan which increases certainty of impacts on revenue financing costs

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



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 reduced reflecting greater stability in the council budget position and increased certainty on funding
- The Local Government Finance Settlement has been published which is favourable to Kirklees and provides funding certainty for 3 years. The settlement is materially better than assumptions within the MTFs published in September 2025 with budget gap reduced from £56m to <£30m
- Emerging clarity on process for removal of the of the Dedicated Schools Grant (DSG) statutory override and treatment of accrued DSG deficits
- General fund reserves increased by £20m over the next 5 years providing greater resilience
- Additional £40m to cover budget pressures has been included within 2026-27 budget



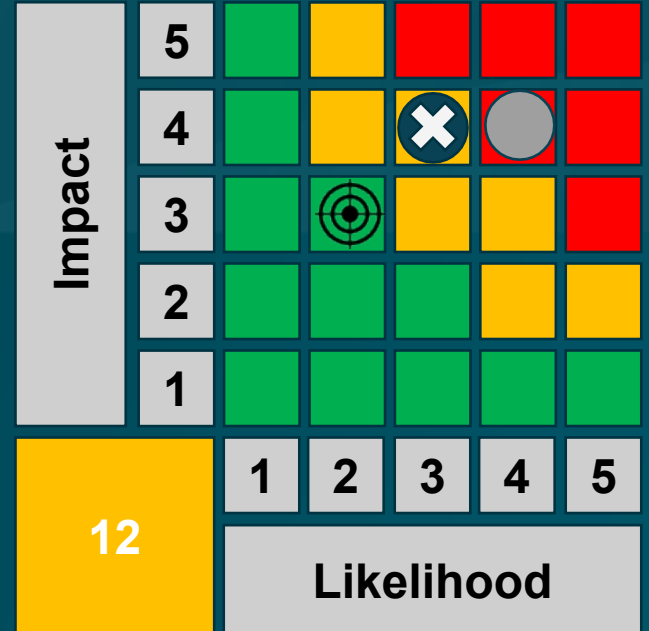
Current risk score



Previous risk score



Target risk score



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 of 2024/25 accounts completed, unqualified opinion provided

Further actions underway:

1. Balanced budget proposals submitted to Cabinet & Council in February with lowest savings targets for a number of years
2. Continued monitoring of SEND position. Safety Valve Agreement has been extended and will now end in 2029-30, statutory override runs to 2027-28. Awaiting publication of the delayed Schools White Paper.
3. Final settlement to be reviewed when published in February to consider any further impacts on budget

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:

- Reduction in score following the review, prioritisation and reprofiling of the capital plan for the December draft budget report
- Proposed capital plan is deemed affordable over the medium term
- Continued assessment of further capital investment recognising the need for any borrowing to be affordable over the medium – long term within overall resource envelope



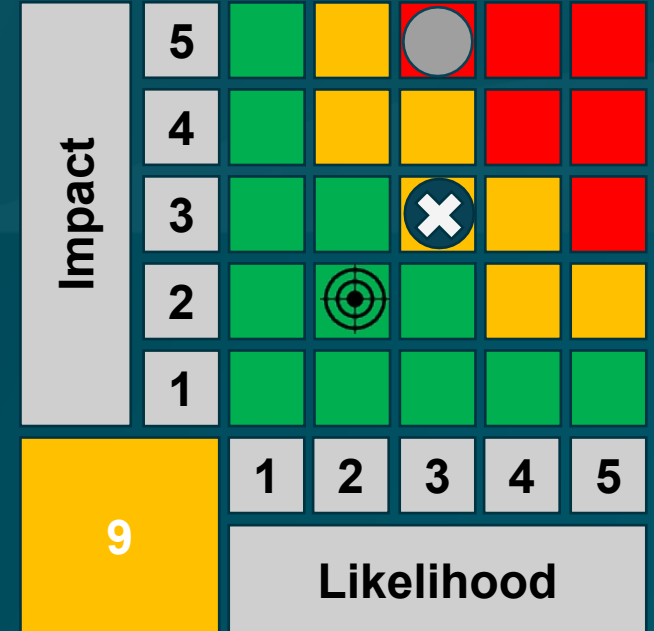
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Capital Assurance Board (CAB) meet monthly to provide strategic oversight of the Council's Capital Plan, chaired by Chief Finance Officer
2. 5-year Capital Plan developed and agreed, monitored through CAB
3. Detailed monitoring of Treasury Management budgets to assess ongoing affordability of the capital plan
4. Monitoring of asset disposals: Annual capital receipts targets agreed, and reported, at CAB
5. Business Cases required to gain authorisation of capital expenditure by CAB

Further actions underway:

1. Reassessment of baseline capital expenditure for 2026-27
2. CFO to set targets for % of revenue budget for capital financing (MRP + Interest) – need for restatement of previous comparative position for benchmarking
3. Review of capital governance across the Council to support timely delivery and improve accountability through improved capital monitoring to SLTs, ELT and Cabinet – priority action for 2026-27
4. Increased focus on phasing and forecasting of spend to improve accuracy remains a priority

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 LinkedIn 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

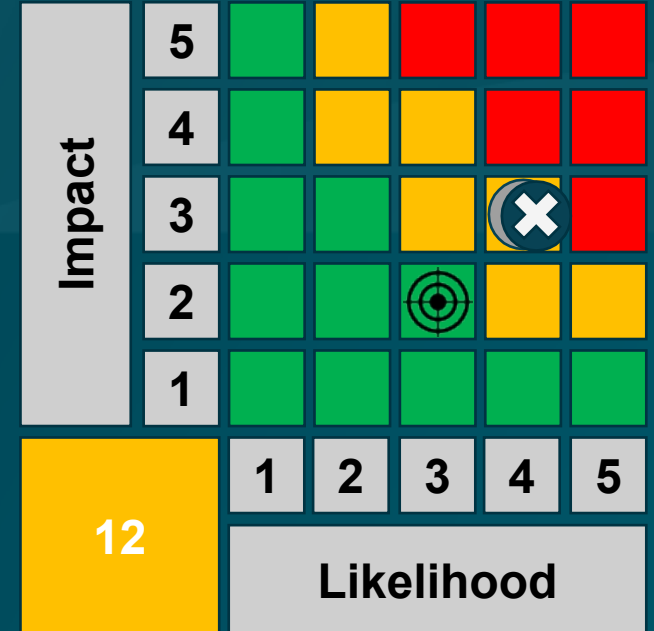
Controls in operation:

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 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. Performance management and probation process ensuring under performance/absences are addressed in an appropriate and timely manner

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

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



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
- Consultation underway for Schools Support Staff Negotiating Body (SSSNB) and Adult Social Care Fair Pay



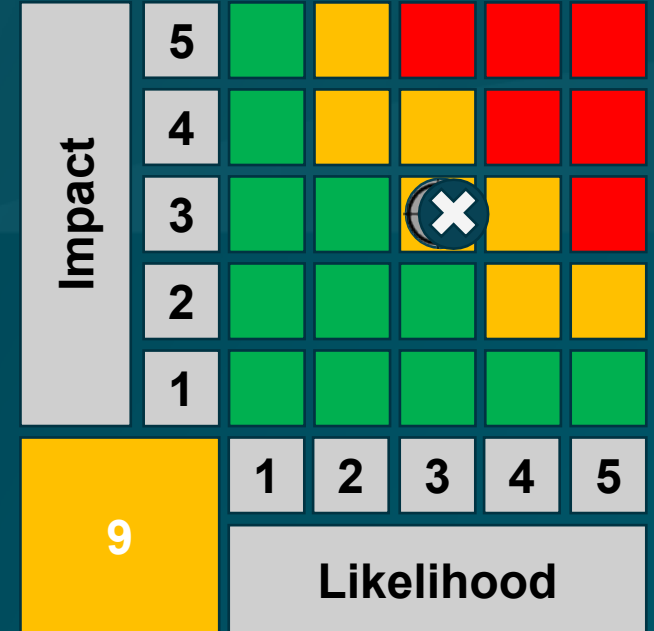
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Service change consultation meetings taking place with local and regional TU reps.
2. TU and Senior Leaders liaison arrangements – JCG's, TU 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. Action plan to implement legislative changes associated with the new Employment Rights Act in place
2. On going training of staff to cover legislation changes – Employment Rights Act update to be delivered in Q4
3. Reviewing and updating TU membership and facilities time
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:

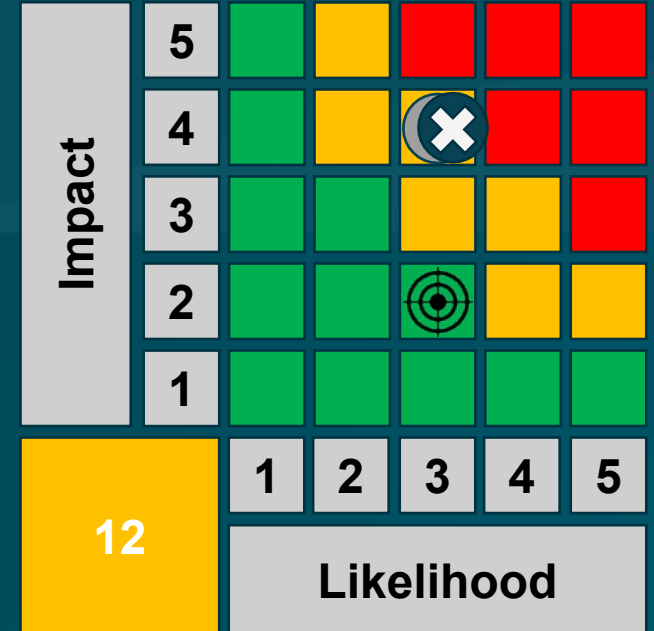
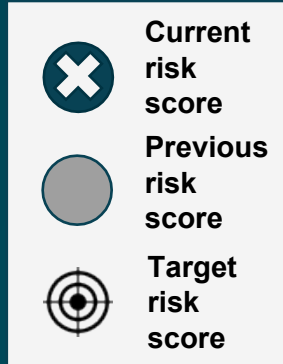
- The council is considering the findings from an externally commissioned digital review which included an assessment of the council's existing data governance and data management, plus the current capacity, skills and 'data' roles in comparison with those recommended for a local authority such as Kirklees. This will lead to actions in the coming months to address related risks and issues.
- Loss of key staff within the Data and Insight Service has reduced the level of support that can be provided to service areas with the identification of data management issues and associated remedial actions currently reactive only. Several recruitment activities are underway to find capacity to manage immediate priorities. Where current capacity leads to specific service impact risks these are/will be raised and managed.

Controls in operation:

1. Regular prioritisation of Data and Insight resources and activity to ensure they reflect council priority areas
2. Targeted interventions to improve the management and integrity of data are being applied on a case-by-case basis in high risk/profile areas
3. 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
4. External Audit provides assurance of key financial data
5. Internal Audit validation of accuracy on UKSPF and WYCA grant funding submissions

Further actions underway:

1. The findings of the Digital Review are being considered for prioritisation and action, including in areas such as data governance and data management. These will form a key part of the council's Digital Transformation Programme in 2026/27 (and onwards).
2. Related actions will be key to implementing the council's new Digital Strategy, which is scheduled for sign off in Q4 2025/26.
3. Investment in tools and technology to improve the council's governance and management of data is being considered as a result of the above. The review has highlighted the importance of effective data management and potential opportunities for further practices and technologies to enable this.
4. Continued focus on raising awareness and improving knowledge of data governance and data management within services across the council
5. 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 still underway to refresh our 'partnership framework', which includes our borough vision, shared outcomes, and how we work together.
- Changes to the focus and funding of national health organisations are still underway at a fast pace, with a significant reduction in local capacity.
- Partnership working with WYCA is evolving ahead of an integrated funding settlement in April 2026. This includes adjustments to decision-making processes and committees in order to streamline decision-making.
- 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.

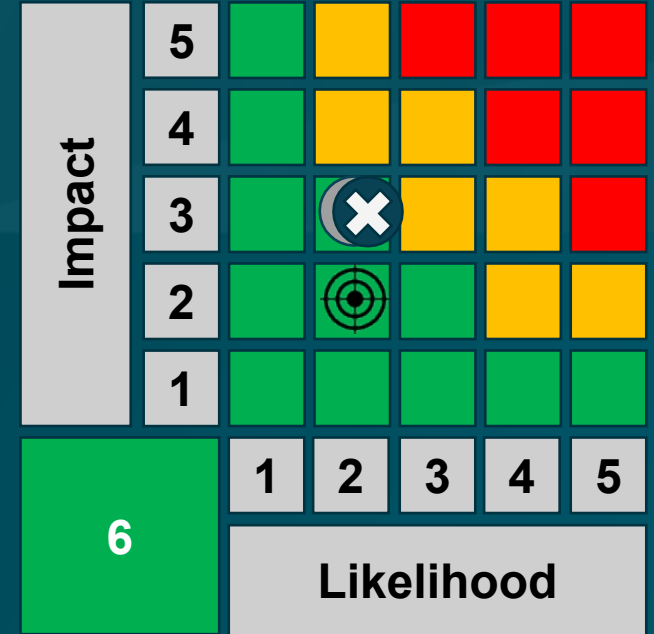
Controls in operation:

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
9. Regular coordination meetings with Third Sector Leaders.

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. Bilateral conversations to address issues and opportunities relating to specific areas of collaboration. This includes with WYCA and other West Yorkshire local authorities
3. Building connections between teams to support broader relationships and connections, minimising the risk associated with individual relationships and points of contact
4. As part of the corporate peer challenge action plan, we will be reviewing existing business and economy engagement mechanisms to identify areas for improvements, and engaging with business and economic partners on the Inclusive Economy Strategy
5. Joint working with ICB colleagues on neighbourhood level collaboration across council services and local health services
6. Proposal of funding for voluntary and community capacity included in the council's proposed budget which will mitigate the impact of the end of UKSPF.

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



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:

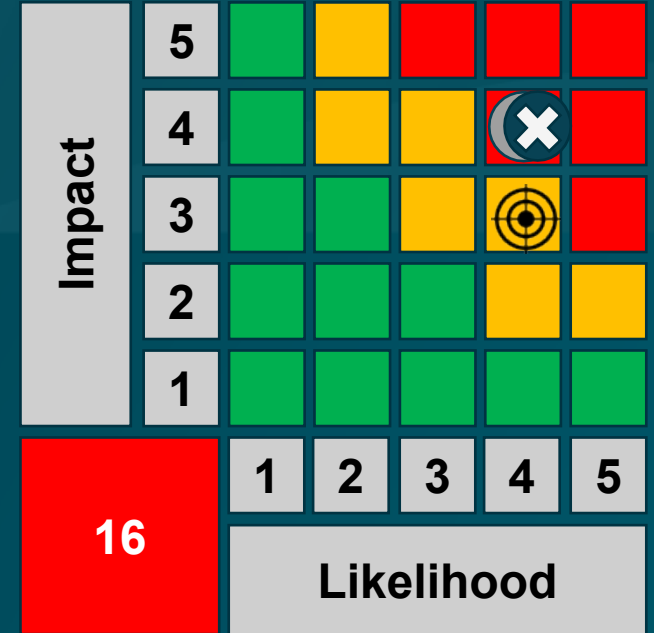
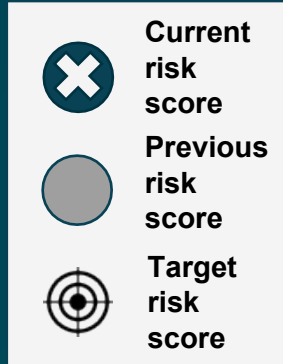
- National update indicates threat levels remain and complexity of attacks increasing with use of AI
- Cyber Assessment Framework (CAF) implementation continues
- MHCLG will provide £100k funding to improve CAF measures in Q4
- Major incident plan will be updated following joint IT and Emergency Planning event
- Microsoft 365 E5 has been procured as of 1st January 2026 following approval of business case and governance process. Work will start with Microsoft partner in Q4 to start implementation of security pack
- PSN penetration testing is complete and remedial action plan 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

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
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 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
- Planning for May 2026 full council elections is in progress



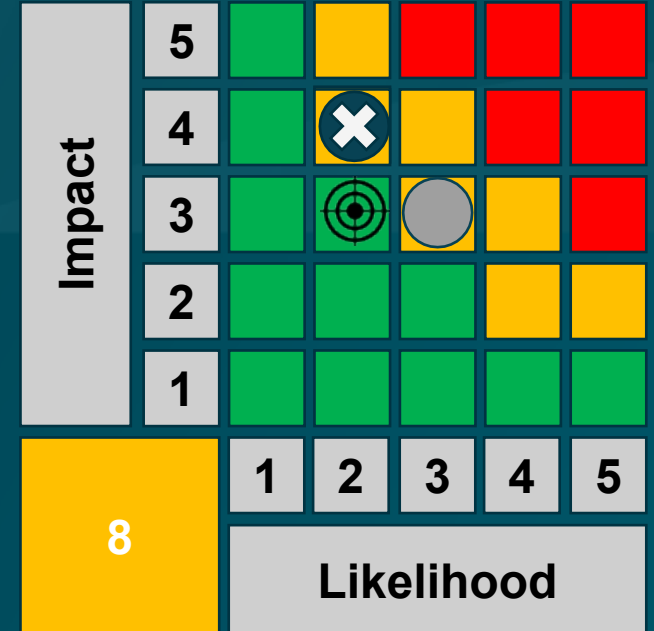
Current risk score



Previous risk score



Target risk score



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 Corporate Governance & Audit Committee and Council as part of the updating of the Constitution by the Monitoring Officer
2. KPI's have been developed 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 Data Processing & Access to information

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:

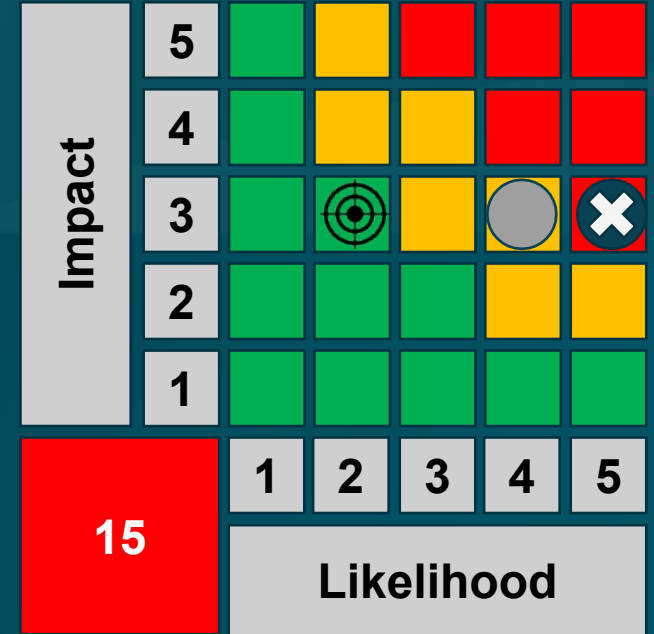
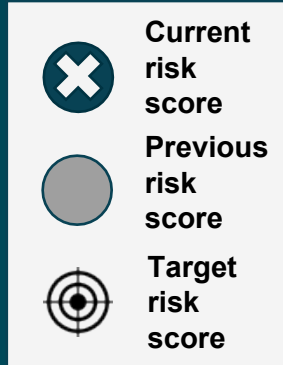
- Risk score has increased reflecting the growing backlog of Subject Access Requests. The ICO recognise the challenges that we face and are monitoring the situation closely. Failure to resolve satisfactorily may result in formal reprimand or other action from the ICO
- FOI request numbers have reduced back to recent levels in Q3 (from a peak in Q2) but numbers continue to be inflated on previous years
- One data incident was reported to the ICO in Q3
- Continuing to fulfil the requirements of the data sharing audit action plan

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. A UK GDPR complaints process has been developed and expected publication is in Q4 2025/26
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. Further review of resources within the IG team is being considered to ensure it can meet demand and address backlog issues
4. Work continues on the 2025/2026 DSPT submission (due by 30 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 remains unchanged this quarter, reflecting ongoing stability in this area.
- Guidance for buyers is available on the Procurement intranet page, outlining the key elements of the procurement process.
- The refreshed 2025 Procurement Strategy has now been published.
- Work is progressing on a procurement eLearning module for the MyLearning Portal, which should be ready to launch alongside the updated CPRs in Q1 2026/27.
- The service continues to support the delivery of Our Council Priorities through a category management approach, ensuring procurement activity is strategically planned, properly resourced and focused on achieving the best outcomes for the Council.

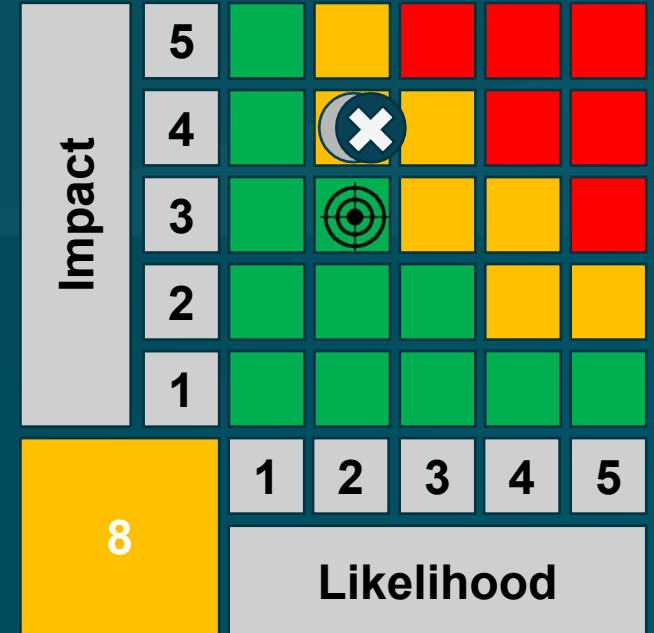
Controls in operation:

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

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



LGC04 Contract Management

Risk that suppliers do not provide goods / services in line with contractual agreements and / or a failure to identify, control and manage risks arising through supplier / contractor activity due to lack of robust oversight and quality assurance arrangements.

Risk Owner: Samantha Lawton, Service Director Legal & Commissioning

Quarterly update:




- The likelihood of this risk occurring has reduced slightly this quarter due to the completion of the first stage of the Contract Management Review, supported by the Transformation Team.
- Updated Contract Management Framework is now published, offering templates and guidance for Contract Managers.
- An introductory training module is now available on MyLearning and has been promoted through the intranet and SLT meetings.
- Work is underway to develop a contract dashboard to provide more visibility of contracts in place to SLTs which should be in place during Q4.

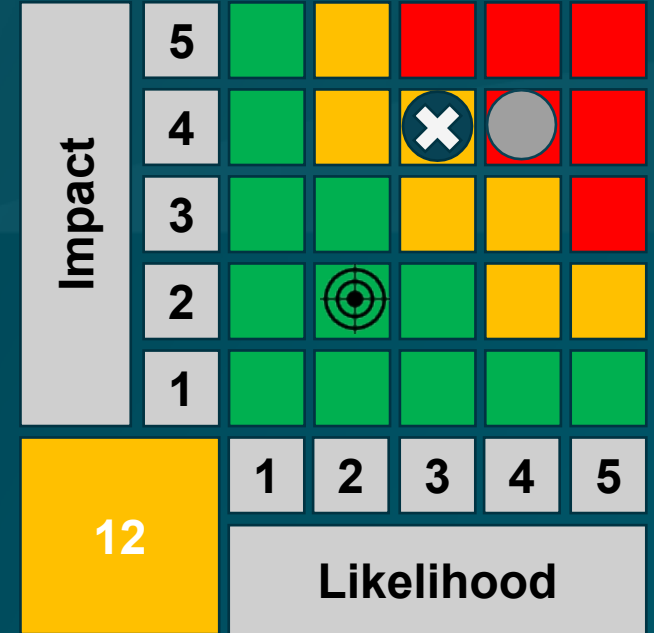
Controls in operation:

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 precontract 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

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



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:




- NHS re-organisation with focus on Emergency Preparedness, Resilience & Response (EPRR) discussed at Kirklees Health Protection Board and will be monitored until clarity/assurances received.
- The annual report for the multi agency Protect and Prepare Group, was presented to Gold CONTEST during Q3
- Participated in the additional days for national Exercise Pegasus.
- Workshops delivered in preparation for Martyn's Law with internal and external attendees

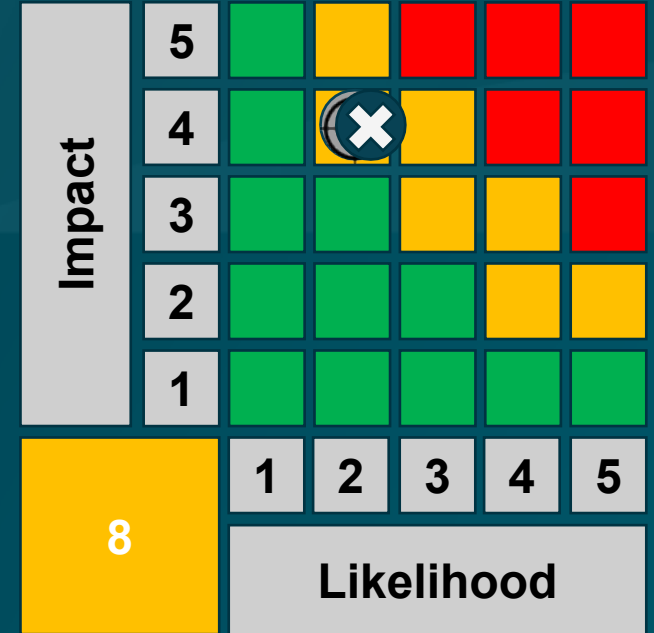
Controls in operation:

1. Embedded emergency management system that aligns to national guidance
2. Readiness and competencies are monitored through completion annually of the NHS EPRR self-assessment audit, outcome is submitted to the ICB
3. Governance through Kirklees Health Protection Board and Local Resilience Forum, collaborative working and information sharing with key stakeholders
4. West Yorkshire Resilience Forum Community Risk Register
5. Business Continuity Resilience 'pulse check' completed on a monthly basis by all Services, submissions reviewed and actions allocated if required
6. Review and testing of Service level Business Continuity Plans is monitored with training and support provided to Services where data indicates issues
7. Major Incident Plan and associated appendices in place with rolling work programme in place to ensure content and contacts remain up to date
8. Personal Security Maturity Assessment completed for the organisation

Further actions underway:

1. Programme of activity to embed security procedures for corporate assets and regular communications to maintain awareness. Prevent and ACT training now added to compliance learning suite
2. Continue to monitor the NHS reorganisation on Kirklees and ensure governance structures prepare for and reflect revised organisational structure
3. Review of Safety Advisory Group (SAG) triaging process for events in Kirklees to ensure the correct events are escalated for consideration by SAG
4. Martyn's Law comes into force in April 2027. Engagement with sites (including commercial, community and council owned) across Kirklees that will be impacted

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



HP02 Health & Safety

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

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

Quarterly update:

- 70% target for H&S Awareness training, part of the suite of Compliance Learning, agreed at H&S Oversight Board.
- Grey Fleet H&S guidance note issued.
- New Headteacher H&S induction completed.
- IOSH for Senior Executives training continues with new colleagues and as existing qualification requires renewal



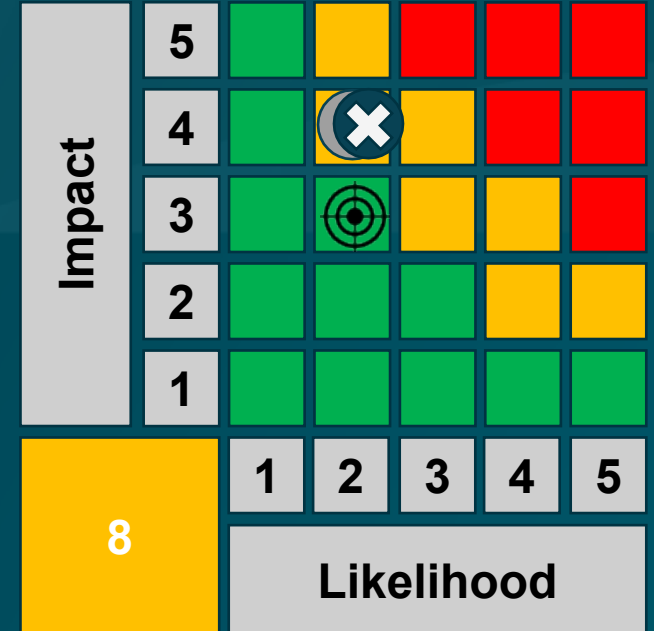
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Policy, Strategy and associated guidance reviewed regularly. Legal compliance is the accepted minimum standard
2. Governance through H&S Oversight Board which meets quarterly and is chaired by Strategic Director. Board reports onwards to ELT with six monthly corporate H&S performance report
3. Mandatory training matrix specifies minimum level of 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. Close monitoring of progress against 70% target for completion of H&S Awareness training by the end of Q4 2025/26. Determine target for end of Q4 2026/27 evidencing continuous improvement through increased compliance
2. Gain assurance over robustness of arrangements that are in place for recording training for staff without access to a computer. Completion for all staff is recorded within MyLearning, records updated once evidence provided
3. Agree timeline with for implementation of Radon monitoring within corporate assets.
4. Work with Homes & Neighbourhoods to further develop monitoring, reporting and oversight of the core building safety compliance risks to gain assurance that risks are being effectively managed
5. Continue to encourage Kirklees Leadership Team complete the IOSH Managing Safely for Senior Executives training

CF01 Children's Safeguarding

Children and young people being at risk of harm and poor outcomes due to increased complexity, referral volumes and a lack of service capacity to respond to the assessed need leading scrutiny by inspection bodies and associated reputational & financial impacts

Risk Owner: Vicky Metheringham, Service Director Child Protection & Family Support

Quarterly update:




- Families First Partnership (FFP) Programme progressing with agreed roadmap to meet April 2027 implementation date. This will develop a multi agency lead practitioner approach, a multi agency family help service and embed family group decision making. Governance and oversight in place with Programme Board established
- Collation of Q3 data return is on track for submission January 2026
- Phase 2 of delivery plan completed and submitted to DfE in Dec 25, in advance of meeting in Q4
- Service wide engagement session took place in Q3, outlining required service developments
- Working with neighbouring authorities to share best practice and identify potential issues

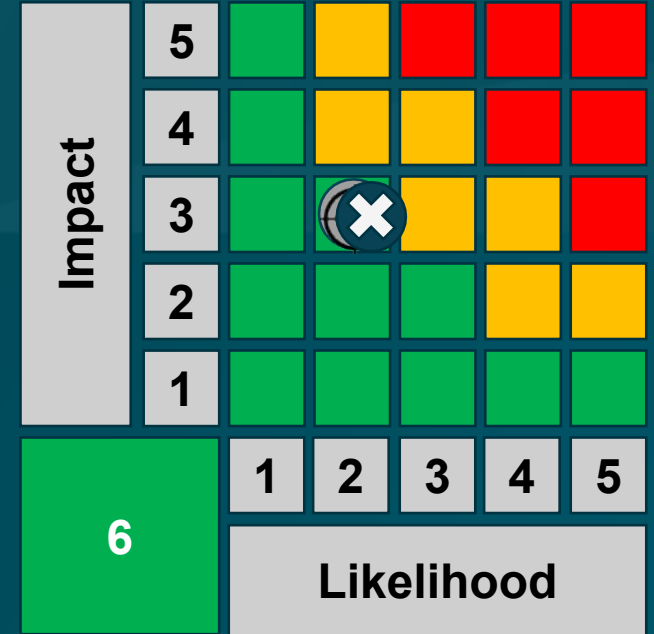
Controls in operation:

1. Kirklees Safeguarding Children Partnership (KSCP) with Safeguarding & Effectiveness Group leading on inter and intra agency audits for assurance
2. Clear oversight, governance and escalation of performance through Quality Assurance Panel, Children's Ambition Board and Children's Scrutiny Panel.
3. Local Authority Designated Officer (LADO) procedures in place
4. Training & supervision, Learning Conversations, Practice Learning Days, annual practice week and a clear procedure for implementing enhanced oversight of practice if required
5. Caseload management and oversight, with effective scrutiny and challenge from Independent Reviewing Officers
6. Robust Quality Assurance process, including Quality Assurance Panel, is well embedded and informs senior leaders about areas for development

Further actions underway:

1. Actions centre on the implementation of FFP and updated Working Together guidance in line with DfE expectations for delivery:
 - Discussions with partners regarding roles and responsibilities in Multi Agency Child Protection Teams and an integrated family help service.
 - Drafting new practice models such as the family group decision making approach to support children staying at home.
 - Engagement with young people, parents & carers to take place
 - Scheduled DfE catch up in Feb 26
2. Planning activity is underway preparing for the Children's Wellbeing and Schools Bill, utilising regional networks and establishing appropriate oversight and governance arrangements to track required outcomes

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



CF02 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:

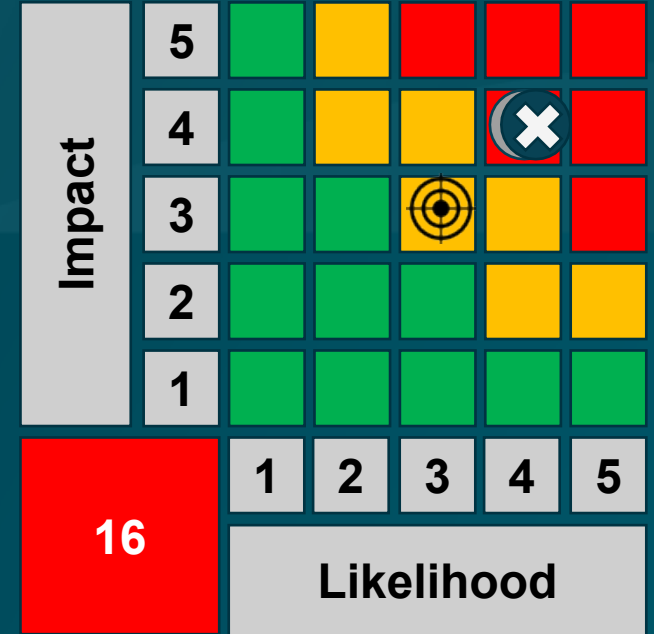
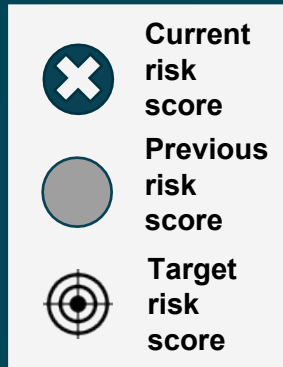
- Post inspection partnership action plan agreed and published as 'The Big Plan part 3'
- The EHCP cumulative performance at 20 weeks for 2025 remains ahead of England's national average however, the increasing numbers of open assessments over 20 weeks, will result in further pressure on compliance figures in the opening months of the new stats year
- Annual reviews, which remain below national averages, being prioritised at change of phase to enable requirements to be up to date, however this remains an area of pressure
- Cost of placements continue to exceed budget, and impact on budget lines held elsewhere

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. 'EHCP tribunal and witness requests' group established to increase grip on cases and identifying areas where further information is required
3. Recruitment underway for locum Education Psychologists to support EHCP compliance
4. 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
5. Engagement with partners and relevant bodies to prepare for and respond to Schools White Paper that is expected in Spring 2026 (delayed / date tbc)



CF03 Sufficiency of Children's Care

Risk of insufficient provision to meet the assessed needs of Looked After Children and Children in Need in local, appropriately supported placements leading to poor outcomes, budgetary implications, scrutiny from regulatory bodies and reputational damage

Risk Owner: Vicky Metheringham, Service Director Child Protection & Family Support

Quarterly update:




- Residential Home capacity has increased with Woodlands now open, and work underway to open a further 2 bedded home
- Despite strong performance recruiting new foster carers the number of resignations / deregistration's outweighs the numbers being recruited. The process of onboarding and assessing new foster carers means the benefit of increased capacity is not immediate
- We continue to see the cohort of children coming into care being older children with more complex behaviours and needs or larger sibling groups. It is difficult to match these children to residential / other care provision

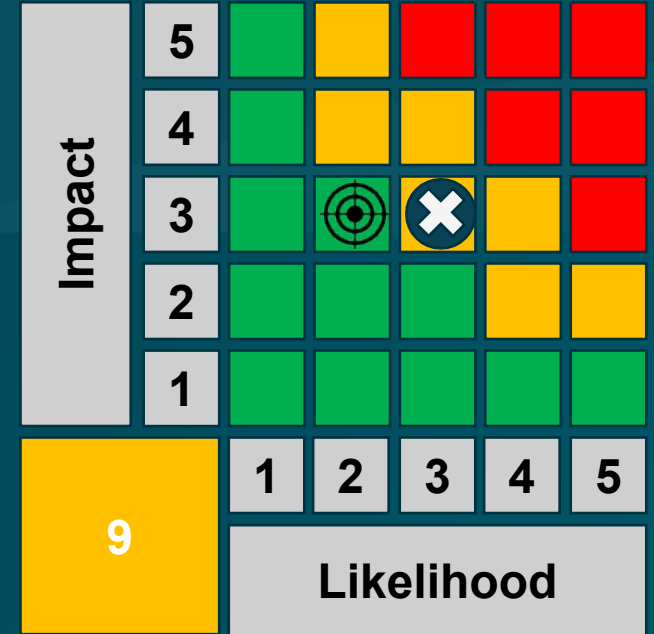
Controls in operation:

1. OFTED inspection of ILACS, supporting annual self evaluation (SEF) Annual Conversation with Ofsted
2. Placements approval process detailing levels of delegated authority and oversight
3. Clear process in place to manage unregulated provision, if required. Weekly meeting to review each child with representatives from across the service to monitor position and to ensure children move on as soon as they are matched. Increased visits by social workers provides assurance about these children ensuring they are safe and to check accommodation quality.
4. Fortnightly External placement and 16+ overview panel in place – holding responsibility for allocation of resources and monitoring of all placement budgets
5. Risk assessment process in place if we are required to place Care Leavers in Temporary Accommodation
6. Provider uplift requests actively managed as part of contract management

Further actions underway:

1. Preparation for Annual Peer Challenge (Q1 2026-27)
2. Targeted recruitment activity for residential homes staff
3. Fostering service developments including emergency foster carers
4. Development of an edge of care service to reduce children coming into care so soon
5. Enhancing care leaver transitions to avoid the use of temporary accommodation.

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



AH01 Adults Safeguarding

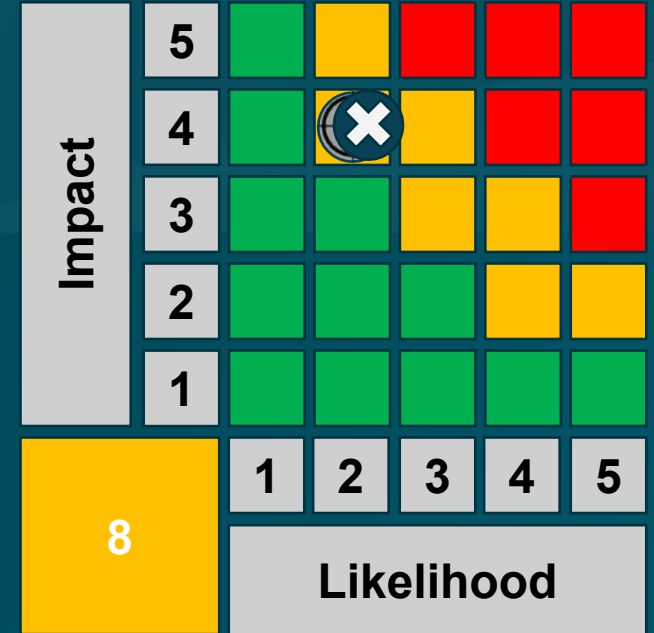
Failure to adequately safeguard vulnerable adults from harm, abuse and neglect because of increased complexity, referral volumes and a lack of service capacity to respond to the assessed need.

Risk Owner: Cath Simms, Service Director Adult Social Care Operations

Quarterly update:

- Safeguarding received a “good” rating in the CQC published report
- Professional portal backlog cleared and options appraisal for improved online offer being developed.
- Safeguarding team changes (Early Intervention and Safeguarding Team) fully embedded
- Kirklees Safeguarding Adults Board (KSAB) agreed 2026/27 priorities with expanded Officer membership at all KSAB sub-groups
- Whilst volumes remain low, there has been an increase in the number of Safeguarding Adult Reviews (SARs) undertaken, these are being monitored closely, with resourcing impacts currently manageable

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



Controls in operation:

1. Corporate Safeguarding Policy, monitored by Corporate Safeguarding Oversight Group with further oversight and assurance through ELT and Scrutiny
2. Oversight and governance through Kirklees Safeguarding Adults Board (& subgroups) and Health & Adult Social Care Scrutiny Panel
3. Adult Social Care representation on all strategic and operational groups related to safeguarding (eg: Prevent, Domestic Abuse and Modern Slavery)
4. Operational dashboards used by Service Managers and SLT to monitor performance and prioritise / escalate cases as required
5. Self-neglect policy and pathway in place. Self-neglect cases managed through the multi-agency risk escalation conferences
6. Waiting Well Policy in place with S42 enquiries allocated within 5 working days
7. Care Home Early Support & Prevention (CHESP) process is well embedded to manage any care home concerns and Large-scale Safeguarding Enquiry policy will be reviewed in 2026-27
8. Learnings from SAR and Domestic Abuse Related Death Review Reports & Improvement Plans
9. Safeguarding training is part of the council's compliance learning for all staff; Directorate training matrix identifies training need by job role, additional training offer from KSAB for partners

Further actions underway:

1. Safeguarding professional portal and care homes portal are being reviewed with options appraisal presented to the Tech Board in January for steer
2. Improvements to Safeguarding pathways within Mosaic have been scoped with implementation on track for the end of Q1 2026/27. These will deliver improved data quality for safeguarding referrals, concerns and S42 enquiries.
3. Person in position of trust (PIPOT) policy drafted with input from Legal. Formal sign-off planned in Q4 via SCLT. Policy ensures internal processes are clear and in line with parallel Council procedures. Programme of comms and training to follow to ensure embedded operationally.
4. KSAB self assessment underway prior to challenge event

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:




- Continuing to raise awareness across Council Services on how to report tensions to Safer Kirklees Community Safety Partnership and Partnership Intelligence Portal (PIP)
- Ongoing monitoring of national movements, local impact and tensions through partnership governance
- Prevent training with schools continues, counter-terrorism e-learning for council staff now mandatory
- Prevent Home Office projects in planning stages with commissioned providers for specific groups
- Awareness campaigns have taken place on hate crime, women's safety and domestic abuse
- Strategic Intelligence Assessment in progress, data and insight being gathered and analysed to assess risk, system pressure to help inform priorities for the new Partnership Plan

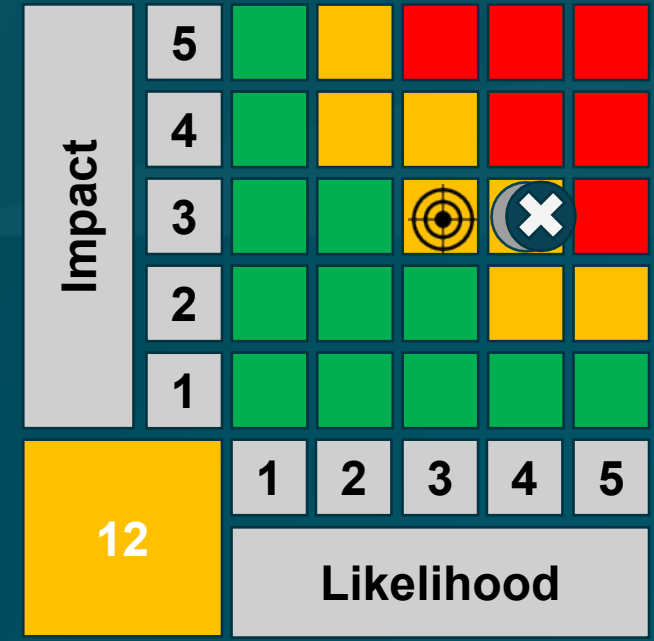
Controls in operation:

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 Prevent, Domestic Abuse and Sexual Violence alongside partners – Q4 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 Action Plan to be refreshed at Prevent Silver Group – Q4 25/26
5. Prevent E-Learning offer to all organisations to be launched via Corporate MyLearning (Currently via Adults/Children Safeguarding Boards Website) – Q4 25/26
6. 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 2026 ahead of developing the full plan – Q2 26/27

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



DEV01 Corporate Assets portfolio management

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:

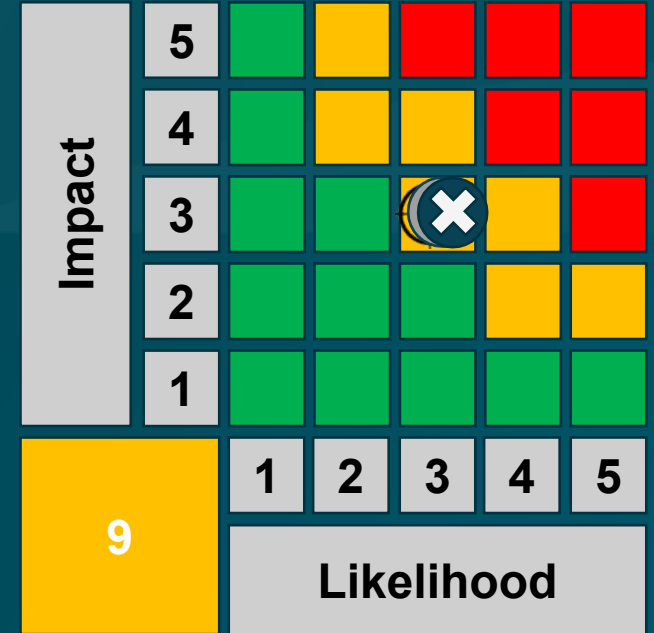
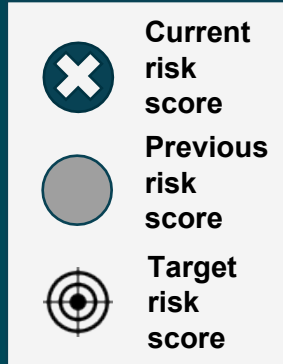
- Building Safety compliance levels continue to improve and meet current regulations
- Asset rationalisation continues to progress well and on track to meet income target
- External review of council assets has concluded with recommendations being developed that will deliver a sustainable property estate, 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 26/27. 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 programmes for schools and corporate capital investment being developed and will follow approval flightpath from February 2026.
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
 - At due diligence stage following procurement, projected implementation April 2026
 - Data upload to begin once implemented
2. Asset Strategy & Core Estate review
 - Asset Strategy being considered alongside ongoing review of Arcadis recommendations
 - Asset portfolio review underway, initially ward review data cleansing, then to review alongside K2 data, full cleanse following this to create core data.
3. Continued focus on addressing issues at high priority assets including Dewsbury Sports Centre, Cleckheaton Town Hall, Batley Town Hall & Batley Library
4. Work underway regarding savings proposals which were reported and approved
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:




- Risk score has reduced as whilst demand pressures result in continued usage of Temporary Accommodation (TA), the number of households in B&B (and families in particular) has continued a positive downward trend. At the end of Q3 - 374 in TA overall, 106 of which in B&B. 22 families in B&B of which 8 over six weeks
- 3-year funding award for homelessness announced by Govt in December 2025 – 2026/7 allocation is £2.1m for homeless prevention and rough sleeping, an increase on previous years
- Government published its national strategy for homelessness in December 2025
- Housing supply, and availability of move-on accommodation remain major concerns with consequent impacts on temporary accommodation usage

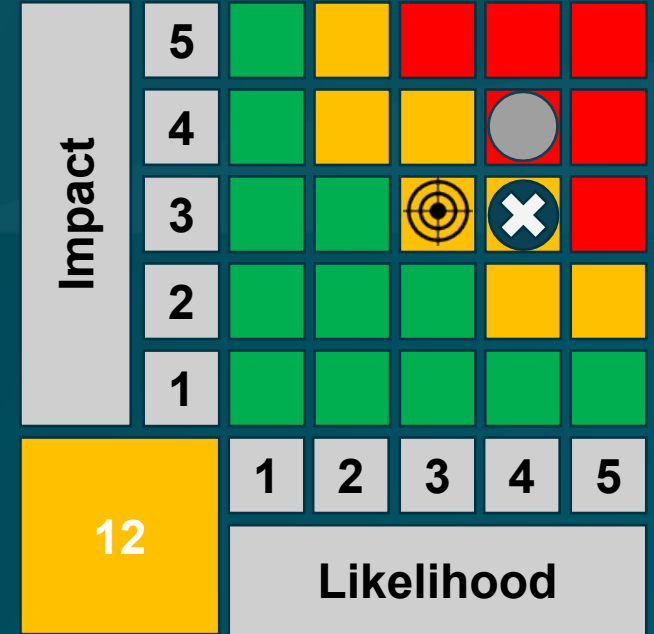
Controls in operation:

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. Transformation priority, with focus on reduction of B&B usage, expected to continue to support into 2026/7
4. Effective utilisation of 2025/6 grants to maximise homeless prevention. Work to determine spend plans for new 2026/7 grant allocation.
5. Options to secure additional supply of TA through acquisition or lease from other landlords / providers reviewed on continuous basis

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



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:

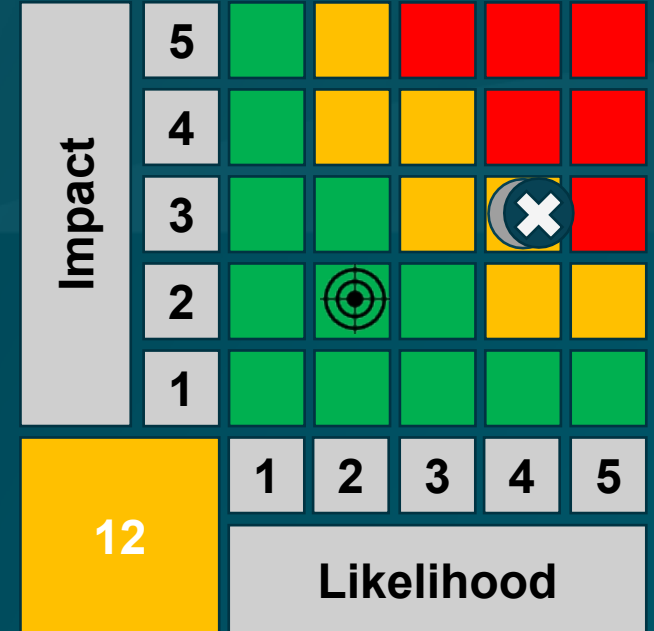
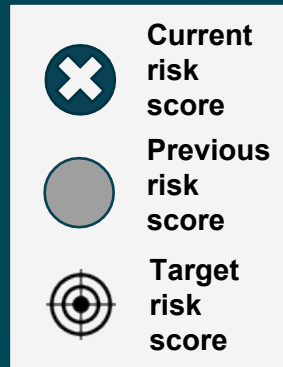
- Public and media interest in schemes and emerging masterplans remains high
- Our Cultural Heart on track for phase one opening in summer 2026 and George Hotel progressing to final stage of contract signing to enable works to commence early in 2026 following planning approval
- Progressing approval of plans for Huddersfield Market, ensuring the £16.5m Levelling Up funding secured is not at risk, with ongoing engagement and consultation as required
- Dewsbury Town Plan investment projects at Station Apartments, Civic space public realm, and Arcade progressing; procurement progressing on Market and awaiting outcome of Pride in Place
- Cooper Bridge scheme progresses, discussions ongoing with WYCA and Calderdale Council re: transfer of powers

Controls in operation:

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

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 – to complete in Q4 2025/26
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:

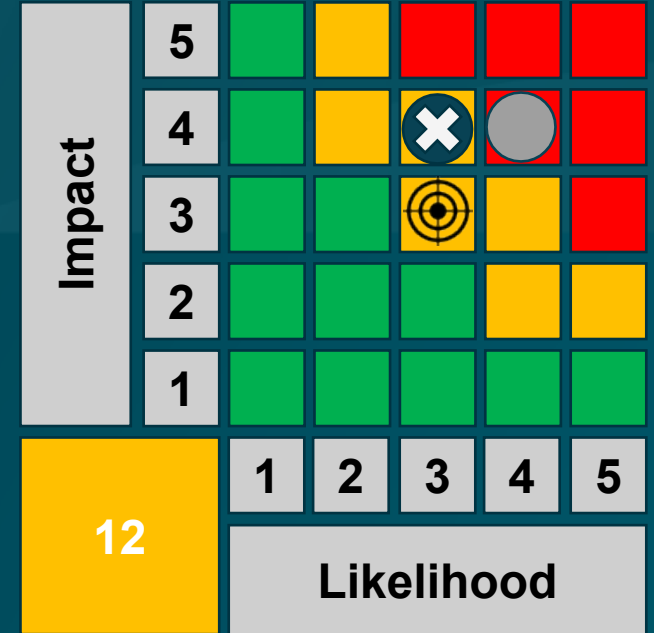
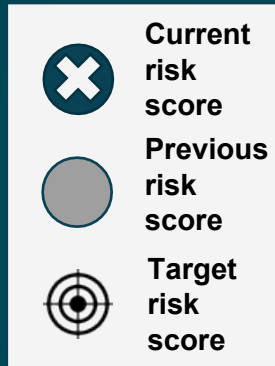
- Risk score reduced reflecting progress on focus areas of fire safety, damp, mould & condensation and water quality
- Continued compliance with Awaab's Law with cases below business-as-usual level
- Fire Risk Assessment programme has now completed and has moved to a BAU cyclical programme. Tranche 1 of the fire remedial programme has commenced
- Stock condition programme is now under way with hazards reported as necessary and tracked to remediation.
- Water quality programme is completed, and all stock has been assessed as low risk
- Voids improvement plan in place with multidisciplinary team located within Property Services

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 has completed with proposed governance structure at Cabinet in January for approval.
2. Review of 5 year Capital Investment Plan (£160m) completed 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 the new 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 reduced reflecting that appointments have been made, increasing resourcing levels, however it should be noted that a senior vacancy remains which continues to impact on the council's ability to access and utilise grant funding opportunities for climate related projects
- Notification received that Kirklees has retained 'CPD Cities' A grade for sustainability for 2025
- External consultancy to undertake an in-depth review is still being considered, supported by Gainshare resources

Controls in operation:

1. Environment & Climate Change Scrutiny Panel in place
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

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. Review of the upcoming electricity contract and decisions for 2026 onwards.
3. LEVI (Local Electric Vehicle Infrastructure) funded electric vehicle infrastructure in delivery phase and 148 new charging points to be installed over the next 18 months
4. 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

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

