



Corporate Risk Report, Quarter 4 2025/26



Q4 Summary position:

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

One risk has increased in score this quarter, and one presenting a reduced score:

- FIN01: Budget Monitoring & Management remains an amber rated risk but has increased from '9' to '12'. The increase in likelihood score reflects the delivery risks of the agreed 2026-27 budget, as seen by the continuation of a budget overspend position within both Adult Social Care and Children's Services at the end of Q4 2025-26, primarily driven by increases in demand and complexity of need
- CF02: Education, Health & Care Plans, SEND compliance & financial impact, has reduced from a red rated risk of '16' to an amber rated risk of '12'. This reduction reflects the increased certainty over the governments approach to Dedicated Schools Grant deficits, noting that whilst the financial risk has been significantly reduced there is still a requirement to determine how the remaining (10%) deficit amount will be funded. Operational challenges continue through increases in EHCP volumes, of both new applications and maintained plans, and consequent challenges related to the sufficiency of provision. The impact of the governments proposed SEND reforms is unknown at this stage and may introduce additional pressures.

Summary overview (page 1 of 2)

Reference	Risk Description	Transformation Priority	Risk Owner	Risk Score	Direction of travel
SI03	Cyber security		Terence Hudson	16	⇒
LGC02	Data processing & access to information		Samantha Lawton	15	⇒
FIN01	Budget monitoring and management		Kevin Mulvaney	12	↑
FIN02	Medium term financial sustainability		Kevin Mulvaney	12	⇒
PS01	Organisational resourcing		Shauna Coyle	12	⇒
SI01	Data integrity		Andy Simcox	12	⇒
LGC04	Contract management	✓	Samantha Lawton	12	⇒
CAS01	Community cohesion, wellbeing & resilience		Jill Greenfield	12	⇒
DEV02	Homelessness and temporary accommodation	✓	Joanne Bartholomew	12	⇒
HN01	Housing safety & quality	✓	Phil Jones	12	⇒
ECC01	Environment & asset resilience		Kat Armitage	12	⇒
DEV03	Economic growth & regeneration		David Wildman	12	⇒
CF02	EHCPs, SEND compliance & financial impact	✓	Jo-Anne Sanders	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	⇒
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 2025-26 budget outturn position is an overspend of £1.8m which includes a number of favourable one-off adjustments
- There are increasing delivery risks to the agreed 2026-27 budget, as seen by the budget overspends within both Adults and Children's Services at the end of Q4 2025-26. Additional funding in 2026-27 budgets to manage cost pressures may be insufficient to fully mitigate with continued volatility across social care demand budgets
- 2025-26 savings initiatives did not deliver in line with forecast and therefore the agreed savings targets were not achieved. The majority of these initiatives are rolled forward to 2026-27 and will require delivery alongside the new targets approved within the budget. 2026-27 savings targets are substantially lower and will be monitored closely

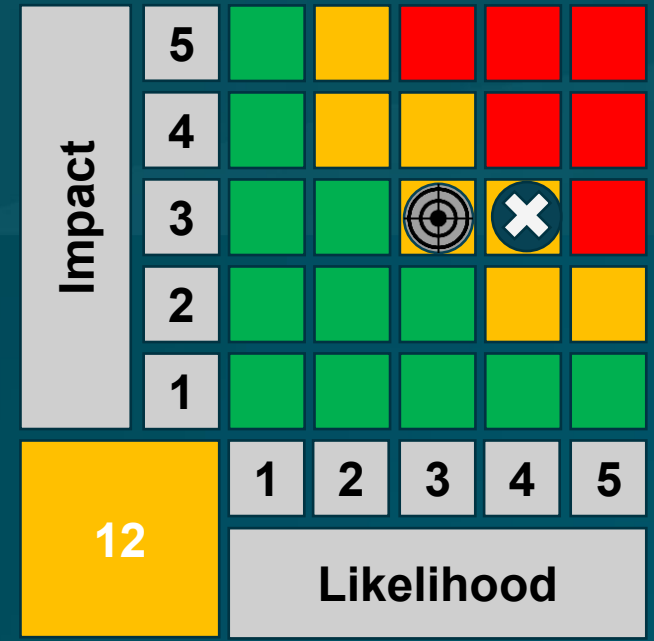
Controls in operation:

1. Approved annual budget, with draft budget book for following year produced in Q3
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. Resourcing 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. 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
2. Further improve budget management through more detailed monitoring of staffing expenditure, including the linking of expenditure to staff structure on SAP, changes to Resourcing Panel support from a recruitment point of view
3. Progress simplification agenda through reduction in the number of cost centres and ledger codes, to commence in 2026-27
4. Continued challenge and refinement of capital plan to deliver increased certainty of impacts on revenue financing costs
5. Consideration of likely impacts and risks associated with US / Iran conflict including review of assumptions regarding inflation and interest rates.

 **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 remains the same as Q3 reflecting continued stability in the council budget position and increased certainty on funding
- Approval in Q4 of 2026-27 annual budget and 5-year revenue and capital plan
- The SEND Safety Valve Agreement has ended. Central government will pay 90% of the historic (pre-March 2026) DSG deficits and a plan will be required to fund the remaining 10% contribution
- External Audit of 2024/25 accounts completed, with unqualified opinion provided
- 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



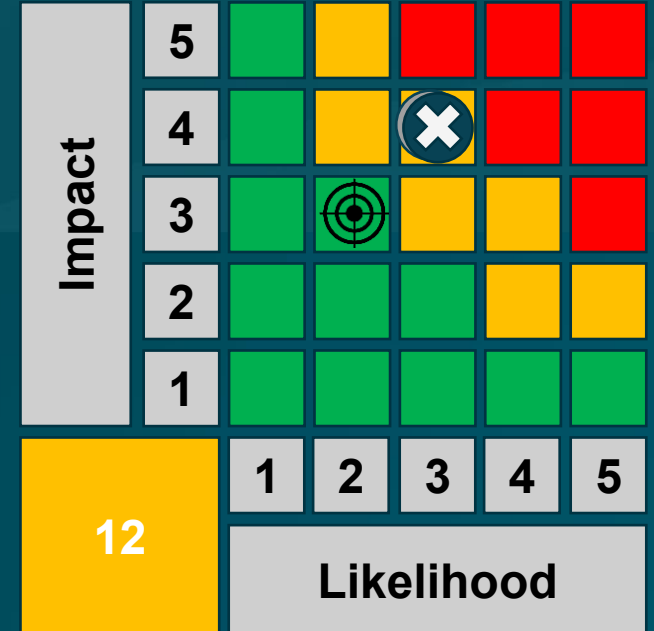
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. Annual update of the Medium-Term Financial Plan - completed in September 2025.
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 strategy and plan recommended to and approved by the Corporate Governance & Audit Committee (CGAC) and Cabinet
6. External Audit of accounts completed annually – unqualified opinion provided on 2024-25 accounts

Further actions underway:

1. SEND High Needs (DSG) Funding and Deficit sustainability
 - SEND action plan to be submitted to the DfE during Q1 outlining the approach to minimise and manage any future deficit position
 - DSG statutory override ends in March 2028 and the options to fund the Councils 10% contribution are being investigated
2. Updates to the Medium-Term Financial Strategy 2027/32 being prepared, to go to Council in Q2

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:

- Score remains the same following the review, prioritisation and reprofiling of the capital plan for approval as part of the 2026-27 budget
- Approved 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



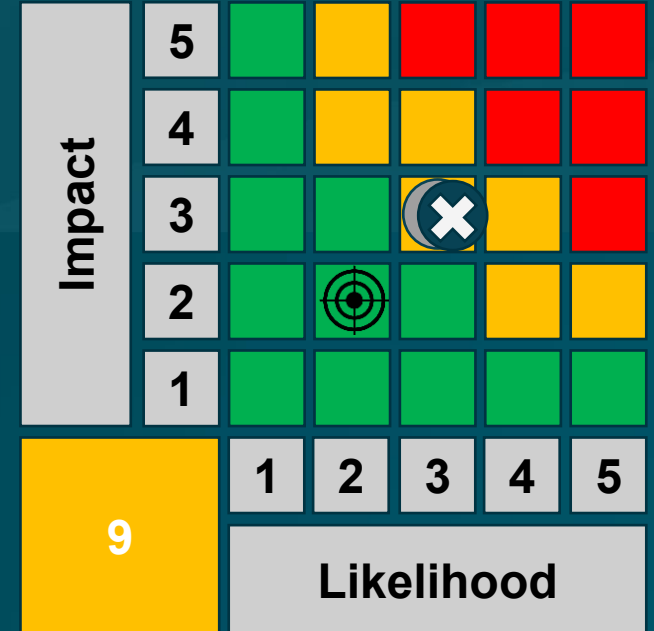
Current risk score



Previous risk score



Target risk score



Controls in operation:

1. 5-year Capital Plan developed and agreed, including reassessment of baseline capital expenditure for 2026-27
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 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. CFO to set targets for % of revenue budget for capital financing (MRP + Interest) – need for restatement of previous comparative position for benchmarking.
2. 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
3. Working with services to increase focus on forecasting and phasing of capital spend to improve accuracy

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:




- Further development and embedding of workforce planning supports a less reactive approach to recruitment and continues to target areas of greatest need and is reaching more areas with identified resourcing challenges
- Where external recruitment is required, these roles continue to be hard to fill and the process is increasingly impacted by candidate / agency use of AI significantly increasing volumes of non appointable candidates
- Refreshed Resourcing Panel arrangements in place, more information now being provided by recruiting areas on structure and budgets to support recruitment requests
- 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

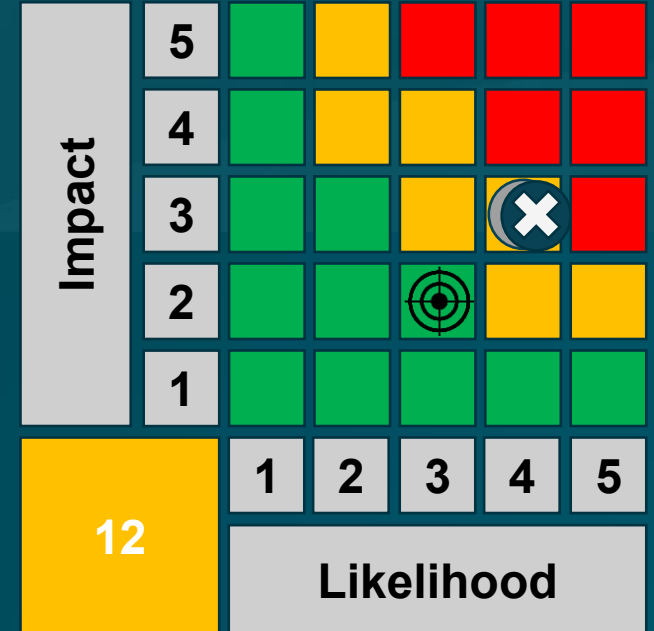
Controls in operation:

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

Further actions underway:

1. 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.
2. Introducing 6 monthly review at ELT of Market Rate Supplements and Retention Payments
3. Participation in local government recruitment campaign and national LGA talent transformation workshops to develop solutions to common recruitment and retention challenges. Initial phase commencing in Q1 focusses on data development to better understand any blockages and opportunities to increase pace
4. Close monitoring of retention metrics, including exit interview insight to identify trends and implement mitigating actions if appropriate.
5. Development of lifecycle data (Q1/Q2) from onboarding through to exit, once metrics and data sources confirmed will move to dashboard development (Q3/Q4)
6. Targeted activity to address reputation / perception issues in specific recruitment markets, utilising LinkedIn to develop pipelines for hard to fill roles

 **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
- Work to progress handbook changes has moved forward a step but discussions with the TUs have not yet commenced
- The 2026 pay award has been rejected – conversations are ongoing



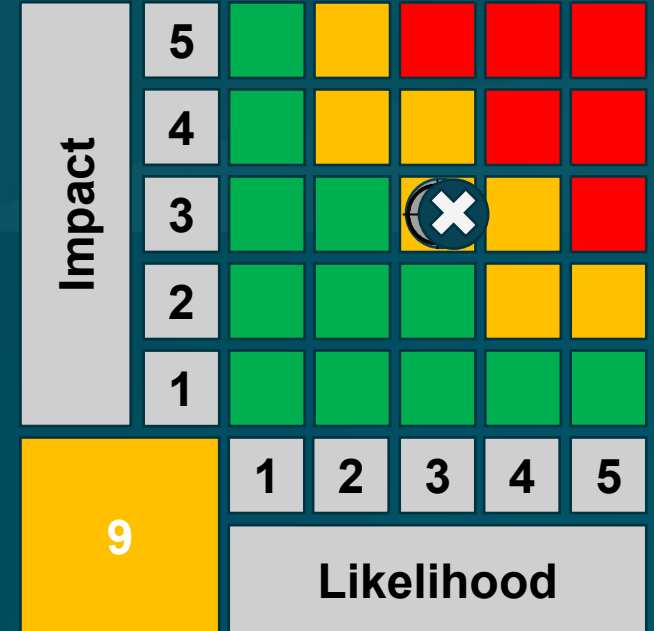
Current risk score



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 and progressing well
2. On going training of staff to cover legislation changes – Employment Rights Act update provided to Leadership Connect Plus in Q4, further updates planned as required through until 2027
3. Reviewing and updating TU membership – completed during Q1 26/27
4. Actions are underway to understand and address Equal Pay emerging risk and potential consequences
5. Work is underway at the early stages to review the Employee Relations framework and re-write the TU facility time agreement, initial engagement with TU commencing Q2 26/27

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: Andy Simcox, Service Director Strategy & Innovation

Quarterly update:

The council has considered the findings from the externally commissioned digital review, Phase 1 of the Digital programme has been agreed, which includes priority projects to improve our existing data governance and data management,. The findings of the review in relation to current capacity, skills and 'data' roles in comparison with other local authorities 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.



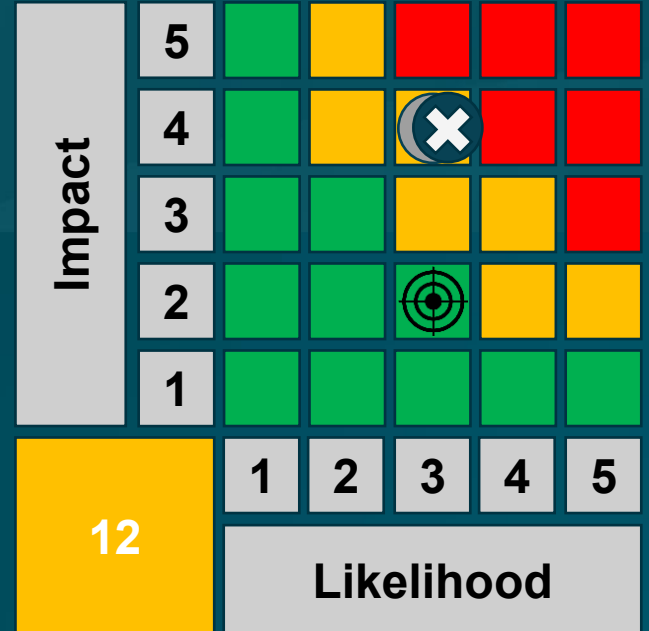
Current risk score



Previous risk score



Target risk score



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. External Audit provides assurance of key financial data
4. Internal Audit validation of accuracy on UKSPF and WYCA grant funding submissions

Further actions underway:

1. The findings of the Digital Review have been reviewed, and Phase 1 of the Digital Programme has been agreed, this includes improvements to data governance and data management. Work is underway to refine the project scopes with project commencing implementation, in a sequenced manner, expected to commence shortly.
2. The council's new Digital Strategy, is scheduled for sign off in Q2 2026/27, wider engagement is being undertaken to develop the strategy further.
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, ranging from data apprenticeships through to spotlight sessions and MyLearning modules

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:

- Engagement to strengthen strategic partnership working, a revised set of outcome indicators were shared with Partnership Executive in Q4. The draft indicators reflect the government's Local Outcomes Framework, launched in February.
- Significant changes in the health system continue, including changing focus and less capacity in the local ICB as well as more emphasis on neighbourhood health services. We are continuing to coordinate and plan together.
- Partnership working with WYCA continues to evolve ahead of the English Devolution & Community Empowerment Bill
- Following approval of three-year funding for community anchors and networks in the 2026 Budget, we have worked with Third Sector Leaders to refocus community infrastructure funding based on data around deprivation and inequality.
- Strategic economic collaboration event took place in Dewsbury with input from the council, Kirklees College, WYCA, business & community groups



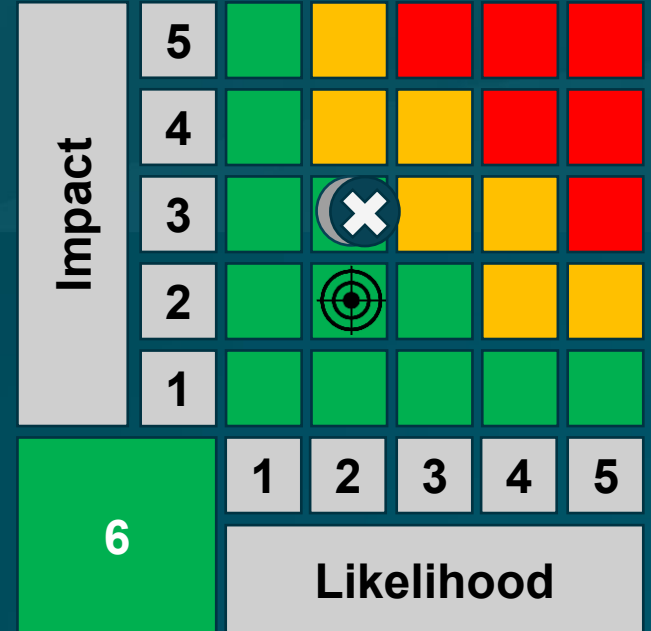
**Current
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**Previous
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**Target
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Controls in operation:

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 to support intelligence-informed and action-focused strategic partnership working, including our borough vision, shared outcomes, outcome indicators, 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 such as how to inform and engage a wider group of councillors in regional working.
3. 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 engagement with business and economic partners on the Inclusive Economy Strategy continues.
4. Joint working with ICB colleagues on neighbourhood level collaboration across council services and local health services
5. Following approval of longer-term funding for community anchors and networks, we are working with Third Sector Leaders to confirm the refreshed anchor network and community networks. This is due for confirmation in mid-May.

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:

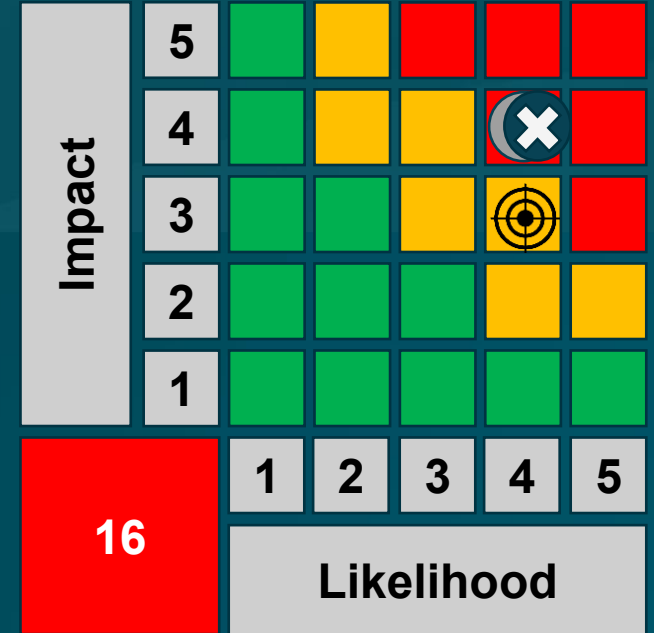
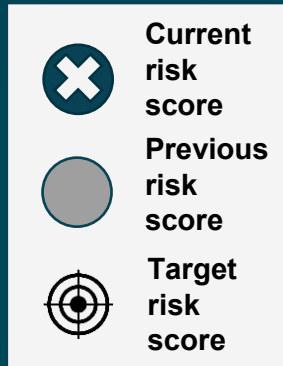
- Regular national briefings, local intelligence and event driven updates indicate threat levels continue to increase in terms of sophistication and requirements of response, with complexity of attacks increasing with use of AI
- Microsoft 365 E5 licences applied to all Corporate users and some P2 security features have been enabled. IT team working with Microsoft to appoint partner to assist with implementation of other P2 benefits.
- 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. Ongoing monitoring of the threat landscape, utilising multiple sources including local WARPs (Warning, Advice and Reporting Point)
3. Adherence to National Cyber Security Centre (NCSC) guidance, self assessment and independent validation of our cyber risk 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
9. Supplier Assurance Procedure & Policy to ensure suppliers that have access to our data have robust cyber security and data management controls in place

Further actions underway:

1. Consideration of cyber security risk throughout the development of the new Kirklees Council Digital Strategy (target sign off Q2). Evaluation of the risks and opportunities involved with the usage of Artificial Intelligence as part of this strategy
2. 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 same, to conclude 2027-28
3. Embedding of the Supplier Assurance Procedure & Policy, which delivers robust pre-contract assurance and ongoing assessment of control adequacy and performance, to ensure it is applied consistently across the council
4. Completion of cyber controls self assessment to aid market review of cyber insurance with consideration given to cover, exclusions and value for money – Q2
5. Cyber Assessment Framework (CAF) implementation continues with sections A & D nearing completion and B & C being planned in the work programme. MHCLG provided £100k funding to improve CAF measures in Q4



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:

- Constitution working Group updates to constitution supported by CGA and approved at full Council in March 2026
- Member Development Programme approved by Full Council (March 2026)
- Governance Officers are attending SLT's to promote good governance and re reinforce procedures.
- Planning for May 2026 full council elections is in progress

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. Constitution Working Group (CWG), will continue into the new municipal year as part of the updating of the Constitution by the Monitoring Officer
2. Training on decision making/governance/code of conduct to be delivered as part of induction and via the newly approved Member Development Programme
3. Mandatory training to now take place for all Members of Appeals Panel and CGA (in addition to existing training on regulatory committees/panels)



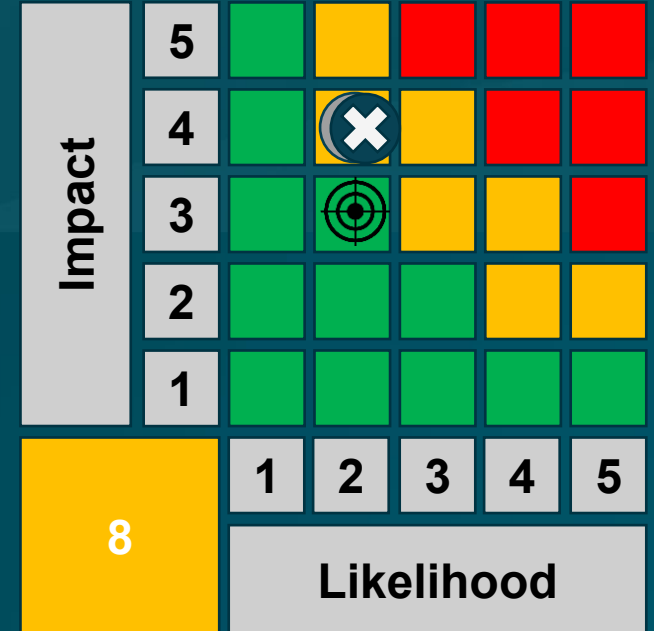
Current risk score



Previous risk score



Target risk score



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:

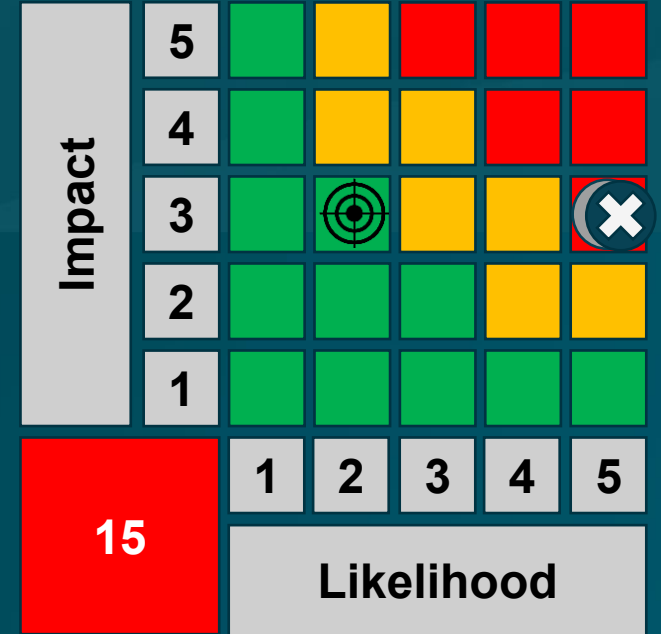
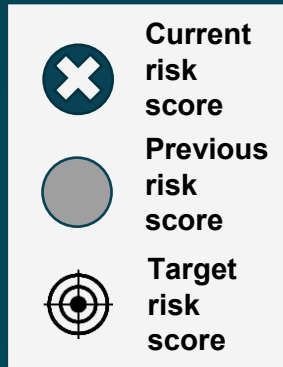
- Risk score is maintained due to the backlog of Subject Access Requests. The ICO recognise the challenges that we face and are monitoring the situation closely. Failure to resolve satisfactorily may result in formal reprimand or other action from the ICO
- FOI request numbers remain stable following a significant peak in Q2, but numbers continue to be inflated on previous years
- Continuing to fulfil the requirements of the data sharing audit action plan
- IG Mandatory training compliance rose to 80% for desk-based staff

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 was agreed and is set to be published on the Kirklees website early Q1 2026/27
2. A business case to implement a technical solution to support with SARs management is complete and will be presented to the Technology Board in Early Q1 2026/27
3. Resources within the IG team are being reviewed to create additional capacity at the grade required to assist with focus on the backlog, noting that two members of the IG Team left at the end of Q4
4. Work continues on the 2025/2026 DSPT submission (due by 30 June 2026) with internal audit scheduled for Q1 2026/27



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, indicating continued stability in this area
- The updated Contract Procedure Rules for 2026/27 have now been published
- The service continues to support the delivery of Our Council Priorities through a category management approach, ensuring procurement activity is strategically planned and focused on achieving the best outcomes for the Council



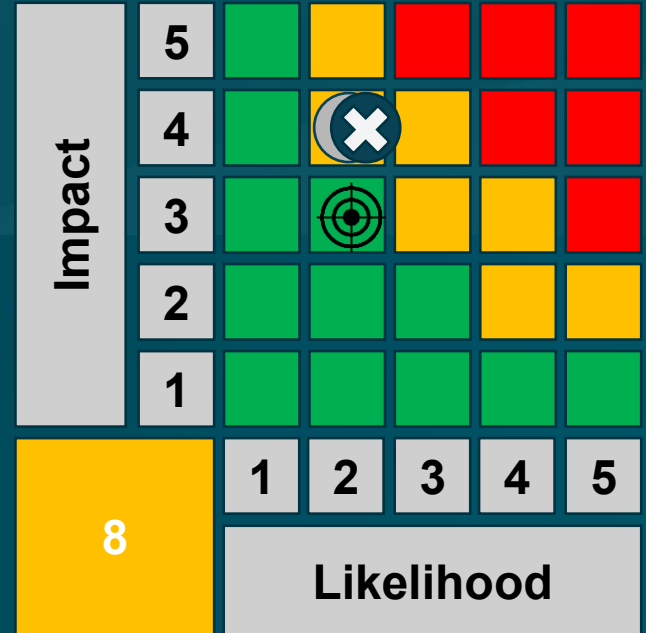
**Current
risk
score**



**Previous
risk
score**



**Target
risk
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Controls in operation:

1. Procurement Strategy
2. Contract Procedures Rules, reviewed and approved on an annual basis (April 2026 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 - expected to launch in Summer 2026
2. Continuation of work with Data & Insight to identify instances of off-contract spend and develop controls to prevent reoccurrence

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 risk score remains unchanged this quarter. Work is progressing on phase 2 of the Contract Management Transformation Project, which will produce a Contract Management Skills Action Plan to identify capability gaps, highlight areas requiring support and recommend targeted interventions for improvement.
- The Contracts Register dashboard has now been developed and is being rolled out to Leadership Connect to enhance visibility of current contracts and upcoming renewals.
- Ongoing communications to promote the contract management framework and available training via MyLearning.
- Close monitoring of the impacts of continued geopolitical uncertainty, responding to requests for contract variations / modifications driven predominantly by fuel / transport cost increases

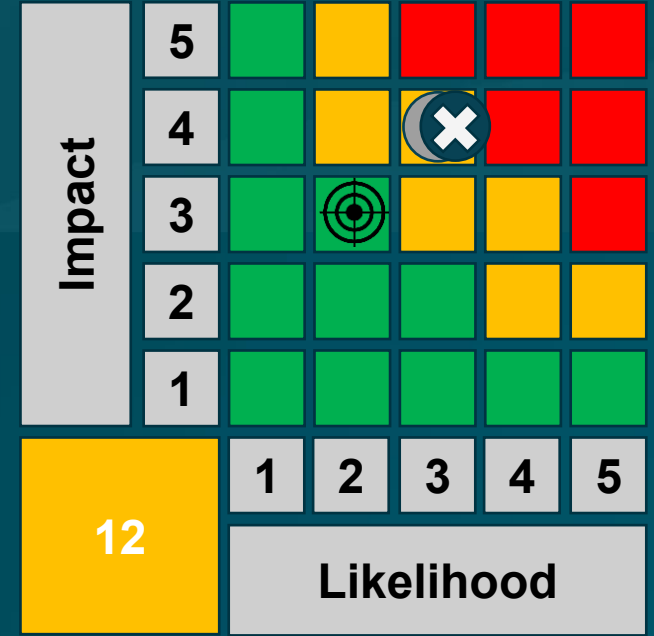
Controls in operation:

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, every contract has assigned contract manager
7. Dedicated resource is in place within some Directorates which provide guidance, consistency and rigour in approach

Further actions underway:

1. Contracts Register Dashboard to support regular review within services and provide assurance / identify issues across all active contracts is currently being rolled out
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. Development and formalising of approach, including resourcing requirements, to ensure best outcomes from high value/high risk contracts, including PFI contracts as they approach termination, involving all relevant stakeholders
5. Phase 2 of Contract Management Review underway which will develop contract management capability and capacity via skills audit and development of a Contract Management Network to support colleagues involved in contract management throughout the organisation.

 **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:

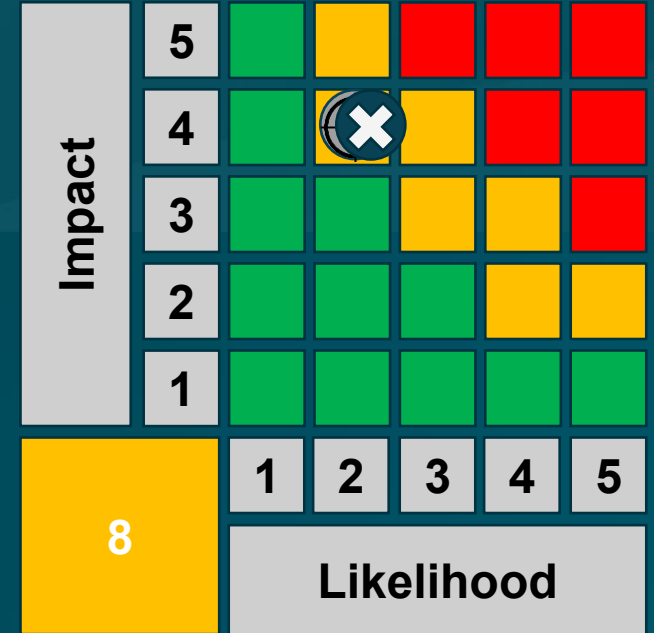
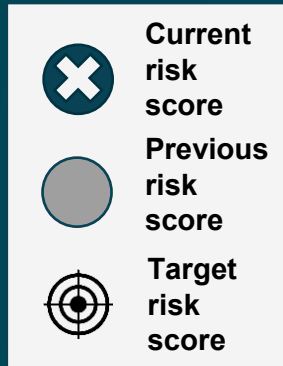
- Embedding Protect and Prepare workstreams within the council and stakeholders
- Continue to monitor the impact of local NHS reorganisation on Kirklees Place
- Embedding newly developed event booking system and monitoring the effectiveness of SAG triaging process
- New Protect and Prepare group structure out for consultation with key stakeholders
- Monitor the new WY Resilience Forum structure and how this may impact on Kirklees through reduction in subgroups with more activity taking place at management group level

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. New BC Plan template to be rolled out. Working with IT to test our response to a VPN outage.
2. Working with key stakeholders and local communities to raise awareness and impacts of flooding in high-risk locations in Kirklees. Equipment in place to protect property.
3. Continue to embed the principles of Protect and Prepare within the council, key stakeholders and the district. Action Counters Terrorism (ACT) and See Check and Notify (SCaN) training being rolled out internally and with key partners across the District.



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:

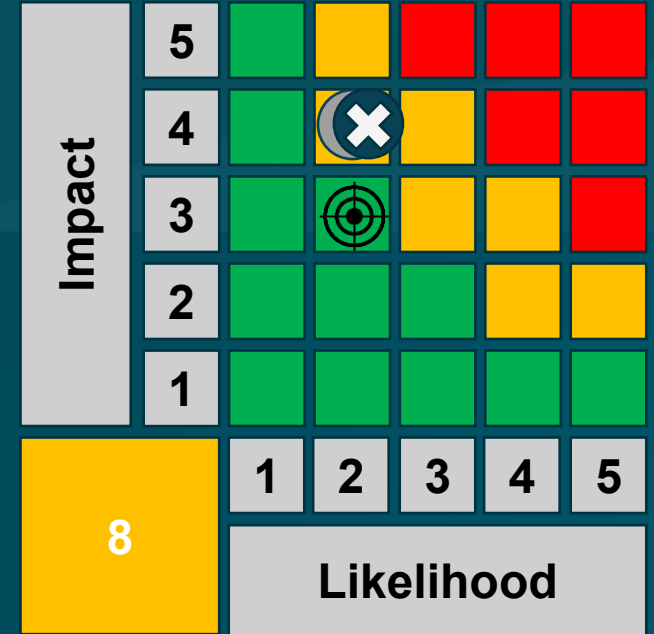
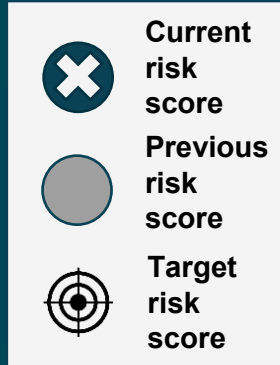
- 70% target for H&S Awareness training achieved
- Assurance report for training records for the dispersed workforce to be tabled at the next H&S Oversight (requested by the chair at the last meeting)
- 83 sites have been identified for Radon monitoring; 700 detectors will be deployed and the findings monitored
- Big 6 risks split down into component parts so that they can be monitored via H&S Oversight Board
- IOSH for Senior Executives training continues, currently 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. New target of 80% target for completion of H&S Awareness training for 2026/27 to be proposed to H&S Oversight Board.
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. Report back on the findings of Radon monitoring. To complete in Q2 26-27
4. Continue to encourage Kirklees Leadership Team complete the IOSH Managing Safely for Senior Executives training
5. Self-auditing approach being piloted to improve ownership of H&S management. Update to May H&S Oversight Board



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 Family help, Safeguarding and Permanence

Quarterly update:




- Families First Partnership (FFP) Programme making good progress with agreed roadmap to meet April 2027 implementation date. Includes implementation of multi disciplinary Family Help Service and Multi-Agency Child Protection Team (MACPT) - Structures to be built throughout April & May with a view to begin consultation in September 26, ready for implementation by end of March 27.
- Family Group Decision Making (FGDM) model signed off by FFP Board in March
- Increased vacancies in Assessment & Intervention is having an impact on caseloads.

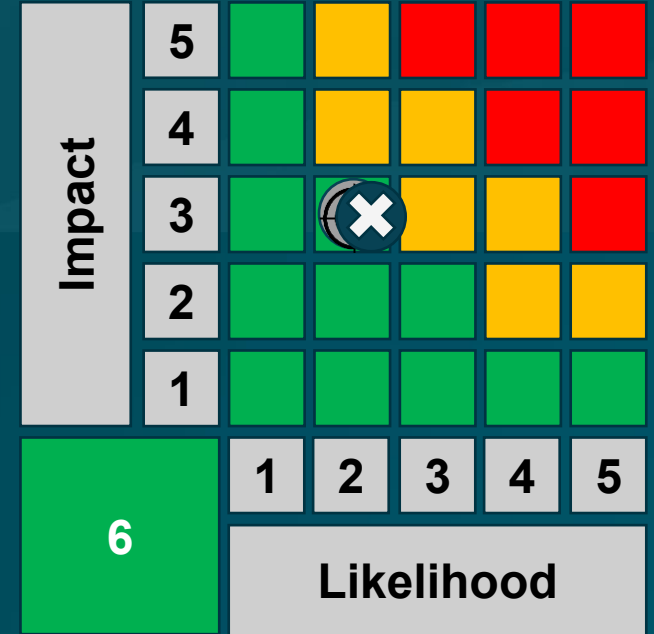
Controls in operation:

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. Currently working with Asset Management on suitable locality locations for multi-disciplinary teams
2. FGDM model to be shared with young people for feedback to shape the training offer – target date end of Q3 26/27
3. Practice Guidance in development – target completion date end of Q3 26/27
4. Review of key child protection decision making in line with the guidance set out in the reforms – target date end of Q3 26/27
5. Children's Wellbeing and Schools Act is now law with staged implementation commencing in September 2026, we are 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 and Inclusion

Quarterly update:




- Government announcement of national SEND reforms has outlined treatment of the SEND deficit with funding for 90% of the High Needs Block overspend to be provided, subject to acceptance of action plan due in Q1 2026/27
- Focus has been on preparation of the plan required on behalf of the local area partnership for the SEND reforms. Two system wide workshops have been held and a working group established.
- The impact of the Governments SEND proposals is unknown at this stage, however, these may introduce additional pressures through the development of and transition to a new delivery framework
- The EHCP monthly compliance performance to the end of Q4 is at 24.6%
- Cost of independent school placements continue to exceed budget lines held in the High Needs Block

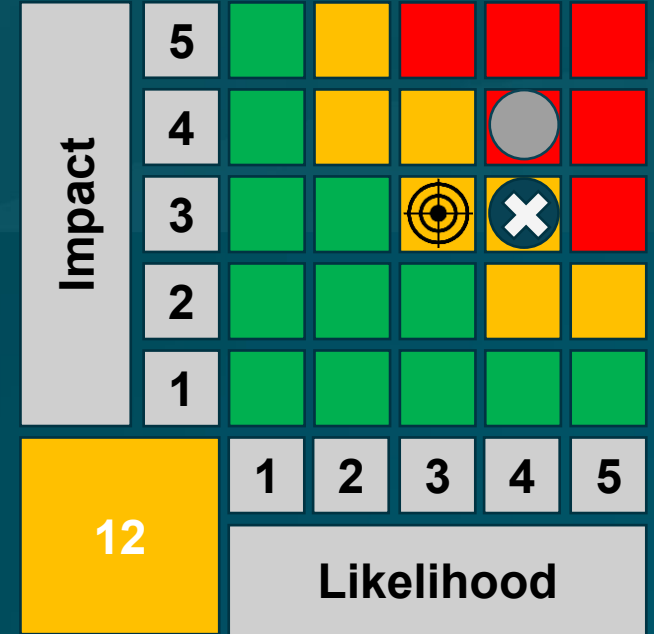
Controls in operation:

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 at Service Director level
4. Safety Valve arrangement end on 1st April with revised financial trajectories and expectations forming part of the requisite DfE implementation planning that will require DfE sign off and then be subject to monitoring.
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 with a revised analysis of need in process

Further actions underway:

1. SEND Transformation programme in place to support change delivery complemented with interim Implementation plan working group
2. SEND reform plan in progress. Acceptance and sign off will result in 90% funding to address High Needs deficit – deadline of June 2026 for submission
3. EHCP tribunal and witness requests group established to increase grip and identify areas where further information is required, active tribunals remain a pressure
4. Recruitment underway for substantive Education Psychologists to support EHCP compliance as well as securing locum capacity.
5. Local provision will be enhanced by delivery of two new special schools (both 2027), which should contribute to an improvement in local sufficiency, further sufficiency planning (including post 16 opportunities and ARPs) underway
6. Engagement with partners and relevant bodies to prepare for and respond to Schools White Paper consultation, and maturity matrix in place.
7. Confirmation received to develop the DfE approved AP Free School agreed.

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



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 Family help, Safeguarding and Permanence

Quarterly update:

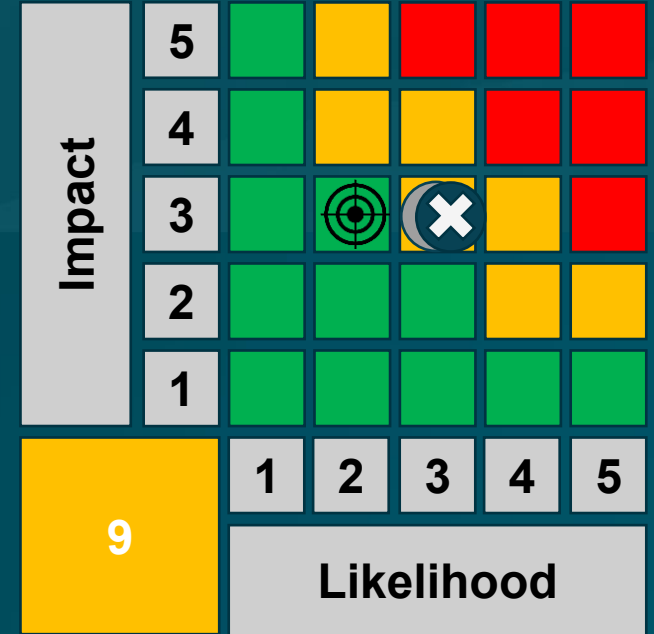
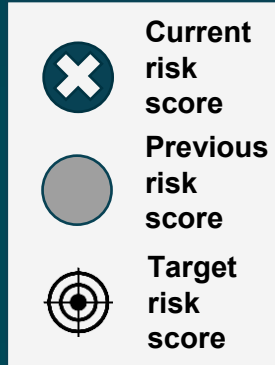
- Residential Home capacity has increased with Woodlands now open and work underway to open a further 2 bedded home estimated end of Oct 2026. Recruitment for Residential Manager and Practitioners is in progress
- Awaiting annual report on foster carer movements. Continued elevated number of retirements / resignations outweigh the impact of successful recruitment programme for new foster carers. The process of assessing and onboarding new foster carers means the increased capacity is not immediate

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. Fostering service developments include increasing the provision of emergency foster carers that can take CYP at short notice
2. Continued work with Housing Services, and other council services to improve care leaver transitions and to avoid the use of temporary accommodation
3. New Sufficiency Board has been established and will meet in Q1 26/27 to provide oversight and assurance across the Sufficiency Delivery Plan, supported by Transformation
4. Ongoing work to develop an Edge of Care service to reduce children coming into care so soon



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:

- Person in a Position of Trust (PiPOT) policy signed off and implemented with immediate effect
- KSAB self-assessment for challenge event submitted and discussed with Independent Chair
- Internal Audit of safeguarding processes and practice commenced
- Expanded Officer membership at all KSAB sub-groups embedded
- Thematic review of self-neglect cases following SARs completed with full, improvement plan developed
- The number of SARs while low is still increasing – an additional one identified this quarter



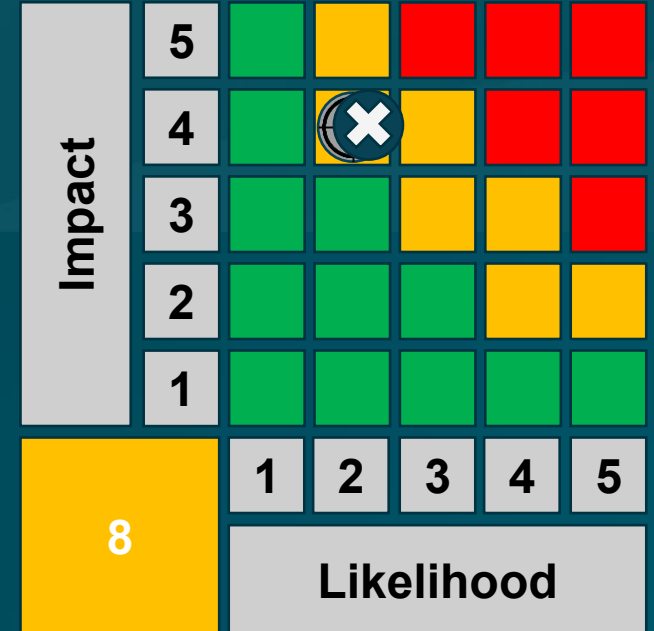
Current risk score



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 to be improved in line with findings from review – T&F group established and links to D&I reporting identified
2. Improvements to Safeguarding pathways within Mosaic continue to be developed, implementation on track for the end of Q1 2026/27. These will deliver improved data quality for safeguarding referrals, concerns and S42 enquiries.
3. Self-neglect pathway improvement plan to be fully implemented
4. Transitional Safeguarding review scoped as part of DCB Transitions project

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 (CSP) and Partnership Intelligence Portal (PIP) 2 sessions delivered during Q4 with 300 officers invited to attend and resources to be shared wider ahead of local elections
- Prevent awareness week in February 2026 and work in communities and conversations took place including parents, carers and digital safety
- Prevent E-learning for council staff now mandatory and significant take up in Q4 of 3,000 officers
- Strategic Intelligence Assessment signed off at Scrutiny in Q1, a revised CSP Plan is being developed for Q2 to go forward to full council Q3/4

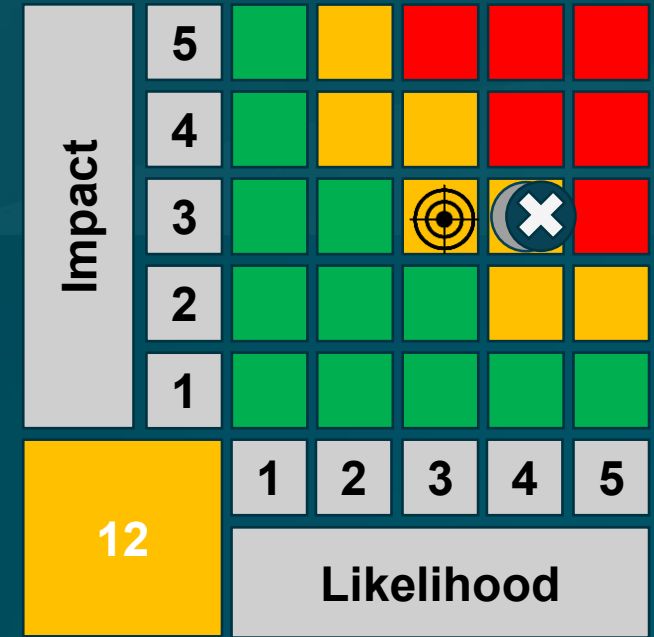
Controls in operation:

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 Safety 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 - briefings due imminently and for this to be a continuous reminder
2. Deliver awareness campaigns for Safeguarding week including Prevent, Domestic Abuse and Sexual Violence alongside partners
3. Violence Reduction partnership high priority area work to support direction of resources, community engagement including commissioning of interventions – Q1 26/7 - this is a new approach cutting across violence, VAWG, Domestic Abuse and Prevent
4. Prevent Action Plan to be refreshed at Prevent Silver Group – Q1 26/7
5. Strategic Intelligence Assessment (SIA) to now inform the development of a new /revised community safety partnership plan – Q2 26/27 and high-level delivery plans for each priority area of the CSP
6. Approach of 'Safe People Safe Places' to be developed Q1/Q2 - working alongside partners and developing an approach to reduce harm through working alongside communities

 **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:

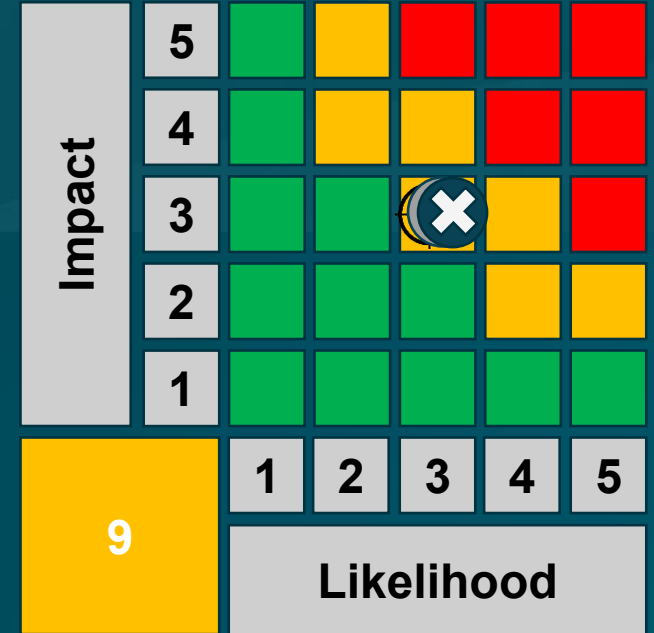
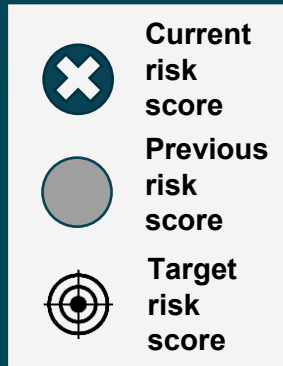
- Building Safety compliance levels continue to improve and meet current regulations
- Moved to a position where asset repairs will now be undertaken only where they are necessary to address identified health & safety risks, due to reduced capital and revenue budgets
- Asset rationalisation continues to progress well and on track to meet income target
- Internal review of council assets underway following Arcadis review. Recommendations being developed that will deliver a sustainable property estate, of appropriate size and condition, within available financial constraints
- PPP Expiry team requires further consideration, funding required for additional posts due to increased workloads

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 now at contract stage with implementation on track for summer 2026. Data cleanse to begin once implemented
2. Asset Strategy being considered alongside ongoing review of Arcadis recommendations
3. Asset portfolio review & workshops underway, ward review data cleansing, then to review alongside K2 data, full cleanse following this to create core data.
4. Continued focus on addressing issues at high priority assets including Dewsbury Sports Centre, Cleckheaton Town Hall, Batley Town Hall & Batley Library
5. 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:

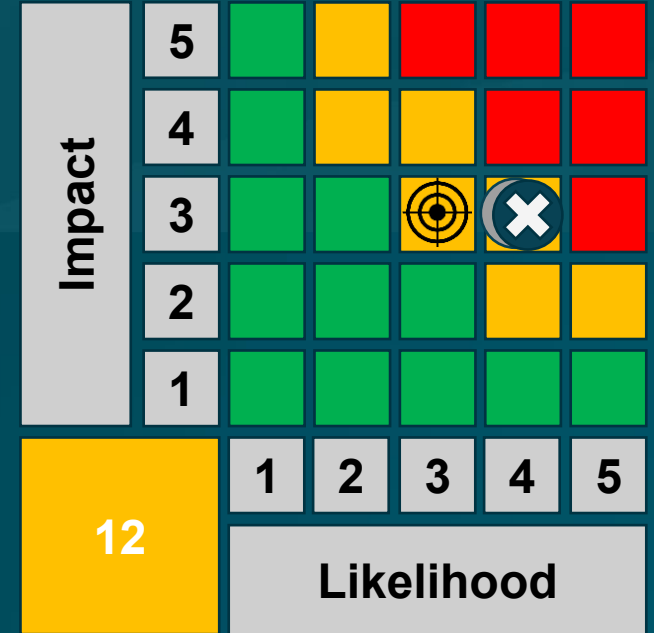
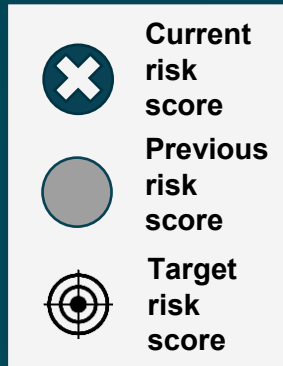
- Risk score is unchanged as whilst demand pressures result in continued usage of Temporary Accommodation (TA), the number of households in B&B (and families in particular) has continued a positive downward trend. At the end of Q4 - 379 in TA overall, 105 of which in B&B. 25 families in B&B of which 4 over six weeks
- 3-year funding award for homelessness, 2026/7 allocation is £2.1m for homeless prevention and rough sleeping, an increase on previous years. Government also due to award extra EARP funding to Kirklees for TA reduction
- Kirklees no longer required to produce B&B Elimination Plan however measures introduced will continue
- 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 – two stage approval process embedded
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. Requirement to secure additional supply of TA through acquisition or lease from other landlords / providers with funding implications and need for legal support – options to progress this action being considered
3. Determine spend plans to ensure effective utilisation of 2026/7 grants to maximise homeless prevention
4. Transformation priority, with focus on reduction of B&B usage
5. Implementation of Renters' Rights Act – tenancy relations functions linked to homeless prevention



DEV03 Economic Growth & Regeneration

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:




- Whilst there has been progress made with key schemes entering contract and delivery phases it is noted that ongoing financial and operational challenges remain, for this reason the score remains the same this quarter
- Our Cultural Heart is on track for phase one opening in Summer 2026 incorporating the library and public square, with the food hall estimated to be Spring 2027 and George Hotel is commencing on site 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 in advance of the Planning Committee in April 2026
- Dewsbury Town Plan investment projects at Station Apartments, Civic space public realm, and Arcade progressing; procurement completed on Market and received successful outcome for Pride in Place funding

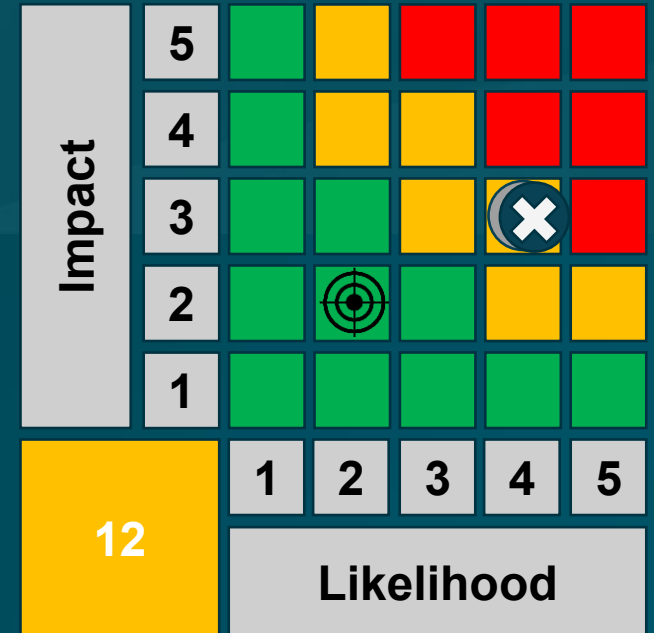
Controls in operation:

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, including utilising external resource (eg Quantity Surveyors) to bolster council position
3. Increasing coordination between services being implemented with cross service programme board engagements between Major Projects, Town Centres and Highways. Additionally, Town Centre Interface meetings are being held
4. Discussions ongoing with WYCA and Calderdale Council on Cooper Bridge scheme re transfer of powers

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



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:

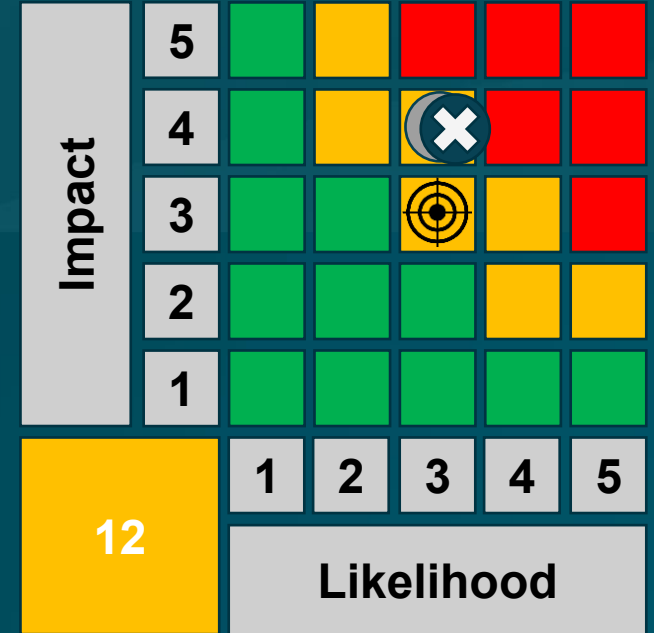
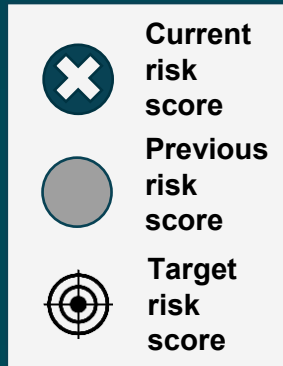
- Risk score is maintained from last quarter, reflecting progress on focus areas of fire safety and damp, mould & condensation but noting known issues with stock condition data quality and weaknesses in decency data validation
- Fire Risk Assessment programme has now completed and has moved to a BAU cyclical programme. The fire remedial programme has reduced from 5 years to 2 years with initiation planned from July, pending procurement
- Continued compliance with Awaab's Law with cases below business-as-usual level, phase 2 planning underway
- Stock condition programme is now under way with hazards reported as necessary and tracked to remediation
- Voids improvement plan in place with initial improvements delivered and 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. Governance structure in place to provide assurance and oversight of Building Safety, with clear escalation routes and accountability points
3. 5-year Capital Investment Plan (£160m) in place with oversight through Housing Revenue & Capital Investment Board
4. Policies and supporting Management Plans in place for all elements of Building Safety and Voids process
5. Fit for purpose operational systems, upgraded as required to ensure they continue to meet operational and compliance reporting standards.
6. 30-year Asset Management Plan – informed by stock condition surveys
7. Quality assurance processes embedded and improvement plans in place.

Further actions underway:

1. Revised governance structure approved at Cabinet during Q4 2025/26
2. 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
3. Development of technology roadmap to understand future technology needs and optimum solutions continues, programme oversight is through newly established Housing Transformation Assurance Board
4. Implementation of the new housing management system, post implementation review of phase 1 is underway with lessons learnt to be considered as part of phase 2 delivery
5. Development of roadmap to ensure adherence to new Decent Homes Standard Policy Statement following publication in January 2026 with initial revisions incorporated into Awaab's Law phase 2 compliance workstream



ECC01 Environment & Asset Resilience

Risk of adverse local impacts, including deterioration of assets, reduced energy security, and increased flood risk, arising from delivery and management of mitigation and adaptation measures, leading to sustained negative impacts on residents, communities, businesses and the natural environment

Risk Owner: Katherine Armitage, Service Director Environmental Strategy & Climate Change

Quarterly update:

- The risk score is retained - 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.
- Mayor's renewable grant has been utilised to install Solar PV onto 3 Council Buildings
- Review and prioritisation of the Climate Change Action Plan underway, taking advantage of funding opportunities

Controls in operation:

1. Environment & Climate Change Scrutiny Panel in place
2. Business continuity plans in place to respond to operational challenges, including severe weather events
3. Environment and climate consideration included within the Integrated Impact Assessment which all new Council funded projects are required to complete
4. Top tier partnership strategy, 'Environment Strategy; Everyday Life' in place following approval by Council in September 2024
5. Training linked to 'Environment Strategy; Everyday Life' is available on My Learning for Officers and Members

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. 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, phase 2b moving towards contract award which will deliver significantly increased capacity
3. Local Area Energy Plan (LAEP) currently under review for release in Summer 2026

