Official

North West Leicestershire District Council

CORPORATE RISK REGISTER
JUNE 2026

Appendix 1

<table>
<tr><th rowspan="2">Ref</th><th rowspan="2">Risk description</th><th colspan="3">Inherent Risk</th><th rowspan="2">Risk Response</th><th rowspan="2">Risk Owner</th><th colspan="3">Residual Risk</th></tr>
<tr><th>Likelihood</th><th>Impact</th><th>Risk Score</th><th>Likelihood</th><th>Impact</th><th>Risk Score</th></tr>
<tr><td>CR1</td><td>Safeguarding
Risk
Death/serious harm to a vulnerable person receiving a Council service and safeguarding compliance is not followed.
Consequence
A serious case review arising from death/serious harm to a customers and staff. Reputational damage to Council. Loss of confidence in ability of Council to deliver services. Ensuring compliance with Safeguarding legislation and practise.</td><td>4</td><td>3</td><td>12</td><td>Treat</td><td>Head of Community Services, Housing and Head of HR & Organisational Development.</td><td>3</td><td>2</td><td>6</td></tr>
<tr><td>Existing Controls</td><td colspan="9">• An identified Corporate Leads: Head of Community Services and Head of HR and Org Development
• An identified team responsible for Safeguarding (Community Safety) with responsibility embedded into Team Leader role and Community Safety Officer- Safeguarding Lead officer
• An agreed Safeguarding Policy refreshed as required. Updated in 2024, refreshed in 2025
• An identified group of Designated Safeguarding Officers (DSO’s) and Safeguarding Service advisors
• A mandatory training programme for DSOs and service advisors every three years and quarterly team meetings, updates and training
• A mandatory online training programme is in place for all staff with refresher training carried out every three years.
• Safer Recruitment training is carried out for managers and safer recruitment is included within the Recruitment Guidelines.
• The DBS and Barring Policy is in place and up to date.
• A quarterly senior management review by the Head of Community Services of all cases to check progress/close cases.
• Annual report to CLT and Corporate Scrutiny as required by exception.
• A case management review meeting by Leisure and Communities Team Manager and Community Safety Team Leader to ensure all cases progressed with the Safeguarding lead officer.
• Commitment to raise awareness of the scale and extent of modern slavery in the UK and ensure our contracts and supplies don't contribute to modern day slavery and exploitation.
• A computerised system of reporting and managing reports introduced in 2019, ensures constant reminders of new cases, sending alerts at all points in the procedure.
• There is now a requirement for suppliers to provide details of their safeguarding policies or agreed to adopt the Council’s safeguarding policies as part of the Council’s tender process.
• Health and Safety Policy</td></tr>
</table>

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	• Managers within the relevant services have a legal requirement to conduct regular risk assessments. • Staff induction training. • Annual reminders to complete/update health and safety risk assessments • Review of the referral process for safeguarding referrals has been implemented in 2024/2025 • Review of the performance indicators for the safeguarding referral service has been implemented • Training provided for new DSO's and refresher training for existing DSO's in July and August 2025. Safeguarding lead officer continues with meeting all DSO's and provides relevant updates and information sharing, best practice etc. Further training available for new DSO recruitment and refresh		
Planned mitigating actions		**Delivery timescales**	Ongoing
		Reason for delay in delivery	
Comments and progress on actions	**Stable** **Annual CLT Safeguarding update report in May 2026**		

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR2	**Management of Council finances** **Risk** Reduced funding from Government. Increased demand for services, coupled with high inflation and pay awards has led to a funding gap over the medium term. Government plans reduction in business rates share to the Council. Changes to the local authority financial settlement. Economic downturn / recession. Commercial opportunities not progressed. Changing rent policies. The new Food Waste collections to be introduced in 2025/26 has a risk of insufficient revenue funding from Government being provided. The Council's consultations in respect of Business Rates Retention and the Fair Funding Review issued in 2025, suggest that the Council may face significant losses in terms of business rates growth. The Council's finance system, Unit4, requires enhancements following implementation in April 2023 to ensure that financial information is timely and accurate to support decision making. **Consequence** Possible cessation of services or reduction of services provided. Central government intervention and special measures if Council issues a S114 notice. Inability to deliver Council Delivery Plan as resources are restrained. Potential staff redundancies.	4	3	12	**Treat**	Head of Finance	2	2	4

	Funding of external groups is withdrawn. Potential breach of statutory duties/ability to deliver objectives compromised.
Existing Controls 4	• Regular financial reporting to CLT and quarterly to Cabinet. Improved narrative on reports to Cabinet as well as additional reporting which tracks progress against savings targets. • Audit and Governance Committee have received regular reports regarding the Council's progress in respect of completing the Statement of Accounts for 2023/24 and 2024/25, the last report being considered by the Audit and Governance Committee on 12 November 2025. • Financial Regulations form part of the Council's Constitution. Contract Procedure Rules were updated and approved by full Council in February 2025 to reflect the Procurement Act 2023 which was introduced on 24 February 2025. • Financial planning processes are documented and reviewed regularly. • No risky investments. • Capital is funded from the Council's business rates growth. • Enhanced governance around capital strategy spending, monitored/scrutinised by Capital Strategy Group. • Monthly Statutory Officer meeting. • Robust level of general fund and earmarked reserves. • External support for technical finance/accounting i.e. Arlingclose (Treasury Management) and PSTax (VAT). • Medium Term Financial Plan in place and is updated as part of the budget setting process. • A clear financial strategy was established as part of the budget setting for 2023/24. • Head of Finance monitoring of Local Government funding reviews - business rates review not expected until 2026/27 and fair funding review delayed again. • Funding advisor engaged. • Participation in Business Rates Pooling. • Accessing external funding where appropriate. • Income collection procedures in Revenues and Benefits Service and Housing sound. Leicestershire Revenues and Benefits Partnership has two trained officers working solely on Council Tax Reduction Scheme Fraud and act as Single Point of Contact for Department of Work and Pensions (DWP) referrals. • Capital Strategy to use business rates reserve to fund the capital programme • Transformation Programme in train to support the closing of the funding gap. • Contingency budget was created in 2025/26 budget to manage the risk of insufficient ongoing revenue funding for food waste • The Statement of Accounts 2021/22 and 2022/23 were signed off by Audit Committee on 9 December 2024. • The Statement of Accounts 2023/24 and 2024/25 were signed off by Audit Committee on 26 February 2026. • The Council is liaising actively with officials from Government to negate a 'cliff edge' funding loss over the medium term. • The Council responded to the Fair Funding Review 2.0 Consultation, details of which were reported to Cabinet in September 2025. • Work is ongoing with S151 Officers across the county to consider the financial implications of moving to Local Government Reorganisation. The group meets on a regular basis. • In response to recent delayed payment of invoices to some suppliers, the Council has implemented temporary resource. The implementation of an automated invoice payment system in September 2025 will speed up the payment of invoices. Where appropriate, the Council is working with suppliers to ensure prompt payment. • The Council has an internal Steering Group in place to oversee enhancements to the Unit4 system.

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<table>
<tr><td></td><td colspan="3">Priorities have been identified for Unit4 enhancements and work has been ongoing with the implementation partner to implement necessary changes.
A dedicated temporary Project Manager has been employed to oversee system enhancements
The support contract for the Unit4 system has been renewed with a new supplier.
Statement of Accounts 2024/25 published on 15 January 2026
Provisional Finance Settlement 2026/27 provides a three-year finance settlement. The Council can set a balanced budget for each of the next three financial years whilst also building reserves to support one-off investment.</td></tr>
<tr><td rowspan="2">Planned mitigating actions</td><td rowspan="2">Address internal control weaknesses identified in a range of finance audits
Action Plan developed to address financial management weaknesses which is monitored by the Finance Leadership Team
Unit 4 to be developed to provide timely and accurate budget monitoring for all key stakeholders. Project manager with Unit 4 experience employed to address outstanding issues with priorities identified.</td><td>Delivery timescales</td><td>April 2027</td></tr>
<tr><td>Reason for delay in delivery</td><td></td></tr>
<tr><td>Comments and progress on actions</td><td colspan="3">Stable

A project board oversees the financial systems work.</td></tr>
</table>

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR3 9	**People (employment) Related risks** **Risk and consequences** • **Trade Union Disputes & Industrial Action-** Risk of industrial unrest due to employee relations issues. Could disrupt services if not well-managed. • **Equal Pay and Pay Equity-** Potential breaches of the Equality Act leading to financial liabilities, tribunal claims, and reputational damage. • **Work-Related Stress** High risk of mental health-related absence, legal claims, decreased productivity, and reputational impact. • **Sickness Absence Not Being Managed** Leads to operational disruption, higher costs, potential discrimination risks, and missed early-intervention opportunities. • **Performance Not Being Managed** Increases legal risks, reduces productivity, harms team morale, and results in missed development opportunities. • **Misconduct Not Being Proactively Managed** Risk that poor behaviour escalates, causing operational disruption, reputational damage, legal claims, and cultural decline. • **Recruitment Challenges**- risk if posts not filled, reduced service delivery capacity, increased reliance on agency staff, higher employment costs, and challenges in maintaining statutory and strategic commitments • **Turnover-** Increased turnover due to LGR	2	4	8	**Treat**	Head of HR and OD	2	2	4

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Existing Controls	• Early engagement and consultation with recognised trade unions to build trust and transparency. • Dispute resolution mechanisms, including use of ACAS or internal mediation, to resolve issues before escalation. • Contingency planning to maintain essential services during industrial action (e.g., reallocation of duties, temporary staffing within legal limits). • Clear communication with staff and union representatives about the implications and legal boundaries of industrial action • Equal pay audits, transparent pay structures, communication of pay policies, action plans for pay equity • Develop action plans to address gender or ethnicity pay gaps • Regularly updating HR policies and procedures in line with new laws. • Training managers and leaders on legislative changes • Ongoing monitoring of legislative developments. • Conducting stress risk assessments. • Referrals to Occupational Health and use of Employee Assistance Programmes. • Reviewing workloads and early-intervention mechanisms. • Clear sickness absence policy and procedures. • Training managers in early-intervention and return-to-work processes. • Monitoring absence trends to identify underlying issues. • Ensuring compliance with policy, discrimination law, and reasonable adjustments. • Consistent application of performance management frameworks. • Regular one-to-one meetings and feedback cycles. • Clear documentation of concerns, support plans and outcomes. • Manager training to ensure fair, unbiased processes. • Clear disciplinary policy and procedures followed consistently. • Early intervention to prevent escalation. • Thorough and timely investigations. • Manager training on conduct expectations and legal risks. • Streamlined end-to-end recruitment processes to reduce time-to-hire, • New agency request process to reduce reliance on agency workers and ensure permanent recruitment takes place. • Strengthened employer branding and targeted attraction campaigns. • Fair and transparent selection processes with proper documentation. • Workforce planning and skills forecasting to anticipate demand. Utilising specialist agencies for hard to fill roles • Managers bite size briefing sessions – weekly on a range of topics • Regular HR clinics between HR and managers to discuss concerns • Refreshed team leaders and staff forums • Monthly policy working group with trade unions. • Working with pathways to planning for hard to fill roles, including graduate schemes and support with hard to fill roles.

Planned mitigating actions	• Updating our recruitment policy and creating guidelines for managers • Additional wellbeing support introduced, including an improved employee assistance programme, Counselling and Physio support • Refreshed NWL leaders' programme. • Updating capability procedure.	**Delivery timescales**	April 2026
		Reason for delay in delivery	
Comments and progress on actions	**Stable**		

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Ref	Risk description	Inherent Risk: Likelihood	Inherent Risk: Impact	Inherent Risk: Risk score	Risk Response	Risk Owner	Residual Risk: Likelihood	Residual Risk: Impact	Residual Risk: Risk score
CR4	**Personal data breach** **Risk** Loss or unlawful use of personal data constituting a breach of data protection legislation. Systems not in place to protect sensitive data. Staff are not properly trained in managing information and do not follow internal procedures. **Consequences** Monetary penalties from Information Commissioners Office (ICO), adverse publicity, private litigation and personal criminal liability of officers.	4	3	12	Treat	Head of Legal and Support Services	2	2	4

Existing Controls	• Policies and procedures are in place and rolled out to all staff • The Information Governance polices have been reviewed and brought together under an Information Governance Framework which was approved by Cabinet in September 2024 Corporate Governance training is undertaken annually and includes information governance as appropriate to reflect changes in legislation. eLearning module updated and rolled out as mandatory annual training for all staff. Information Governance training delivered to leaders in November 2023. • The Council has a dedicated Senior Information Risk Officer (SIRO) and Data Protection Officer (DPO). • Quarterly meetings with Information Governance team and SIRO • Annual SIRO report considered by Audit and Governance Committee in April 2025 – provided overview of the Council's compliance in relation to regulatory requirements, management of information risk across the Council and work done over the year. • Training on information governance and data protection was delivered to the Corporate Leadership Team and Extended Leadership Team in November 2024 as part of the Corporate Governance training programme.

Planned mitigating actions	• Information Governance Team to cooperate with the supervisory authority and monitor compliance with Data Protection laws. • Quarterly meetings with Information Governance team and SIRO to continue • Annual SIRO report 2025/26 to be taken to Audit and Governance Committee in April 2026 • Information Governance Framework will be reviewed in 2025/26 alongside other corporate governance policies.	**Delivery timescales**	Ongoing
		Reason for delay in delivery	

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	• Corporate Governance training programme in November 2025 ~~to~~ included an update on information governance and data protection.		
Comments and progress on actions	**Stable**		

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Ref	Risk description	Inherent Risk: Likelihood	Inherent Risk: Impact	Inherent Risk: Risk score	Risk Response	Risk Owner	Residual Risk: Likelihood	Residual Risk: Impact	Residual Risk: Risk score
CR5	**Procurement and management of contracts** **Risk** Contracts have not been adequately secured and administered. This can lead to a range of issues, including suboptimal terms, potential legal disputes, and financial losses. Legal and procurement teams are not consulted when contractors are engaged. Procurement procedures are not followed. The Council contributes to modern slavery via its contracts and supplies. Insufficient resources to monitor and implement contractual arrangements. The Council fails to the meet the requirements of the Procurement Act 2023. **Consequences** Council liable to incur additional costs, contract overrun, litigation and potential health & safety issues as well as service disruptions. Failure to meet the requirements of the Procurement Act 2023 may lead to fines, sanctions or other legal actions, as well as reputational damage to the Council.	3	3	9	Treat	Strategic Director of Resources	2	3	6
Existing Controls	• Oversight board structure in place to oversee major project work and compliance group now in place to oversee these elements of contracted work. • Corporate procurement support and legal team to support where necessary on contract management. • Review of procurement compliance undertaken leading to enhanced contract register and updated strategy. • Processes have been reviewed and procurement templates revised. • V4 have been employed as the Council's Procurement partner to provide day-to-day advice and support. • A refreshed Procurement Strategy was approved by Cabinet on 25 March 2025. • Contract Procedure Rules updated and approved by Council in February 2025 to reflect the Procurement Act 2023. • Procurement Officer and V4 meet quarterly with Directors to discuss pipeline projects. • A suite of procurement training has taken place throughout 2025 to ensure officers are aware of the changes to processes as a result of the introduction of the Procurement Act 2023.								

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Planned mitigating actions	• Procurement toolkit to be produced to cover majority of lower value procurements with high value and complex procurements to be supported by specialised function. • Implement wider procurement response outside of financial to determine the competency of a contractor to undertake work – Health and Safety (H&S) competency, training, quality, environmental etc. • Review of the Contract Procedure Rules as part of the constitution review to address any changes required since they have been operating in practice. • Contract management training for relevant officers to be delivered. • HRA Procurement Officer to be recruited to support the service in the development of housing contracts.	**Delivery timescales**	December 2025
		Reason for delay in delivery	
Comments and progress on actions	**Stable but delayed**		

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Ref	Risk description	Inherent Risk: Likelihood	Inherent Risk: Impact	Inherent Risk: Risk score	Risk Response	Risk Owner	Residual Risk: Likelihood	Residual Risk: Impact	Residual Risk: Risk score
CR6	**Emergency response** **Risk** Failure to respond to an emergency event in an appropriate manner. Lack of planning, training and exercising of Emergency plans. **Consequences** General public at risk of harm or unable to access relevant services (e.g. emergency accommodation or rest centre).	3	3	9	Treat	Head of Human Resources and Organisation Development	2	2	4
Existing Controls	• Business continuity plans have been reviewed and updated at Head of Service level as part of the 2026/27 business plans process. LRF and Council emergency plans and arrangements are being constantly updated and have been used during recent storm flooding events that have affected the district in late 2023 and early 2024. Exercises also take place at regional and national level for a variety of emergency planning scenarios. • The LRF partnership arrangement with all Leicestershire and Rutland authorities provides resilience during civil emergency situations. • Business Continuity exercises show the readiness of the Council to deal with emergencies. System of ICO / FLM duty rotas is in place and continued reassessment for ongoing incidents. • LRF delivered training to the Corporate Leadership Team and Extended Leadership Team in 2025/26 • Senior managers attend LRF situational based training. • ICO's and FLM's issued with guidance documentation to support their roles. • Continual development training and updates provided by Local Resilience Forum								
Planned mitigating actions					**Delivery timescales**	Ongoing			
					Reason for delay in delivery				

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Comments and progress on actions	**Stable**

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR7	**Cyber-attack** **Risk** Systems not in place or kept current to deflect any foreseeable cyber-attack, including those attackers using generative AI, which is increasing in the industry. Limited staff awareness of possible threats. Lapse in security awareness and basic processes from a technical AI and human perspective **Consequences** Business as usual" would not be possible. Cost of repelling cyber threat and enhancing security features.	4	4	16	Treat	Head of ICT	2	2	4
Existing Controls	• The Council receives security and cyber-attack feeds daily from various sources including LGA (local government association), NCSC (National Cyber Security Centre), EWARPG (East Midlands Warning, Advise and Reporting Group), ACD (Active Cyber Défense) early warning system, this helps us remain on the front foot when it comes to being alerted to potential vulnerabilities and cyber-attacks. • Fully resilient network environment in place with no single points of failure for core systems. Systems which are running on premise have a daily off-site backup regime. In the case of on-premises systems which become unavailable for any reason, services would need to revert to their service BCP's to resume service. • Yearly IT security health check and PEN (penetration) testing is carried out, by an Identity Attack Surface Management (IASME) security accredited supplier, with remediation action plan in place to mitigate any risks found. In 2025 the Council had 0 critical, 5 high, 6 medium and 31 Low issues. These have been remediated with only 3 medium risks remaining. The Council has also passed our Public Services Network (PSN) accreditation for 24/25 and working on 25/26 renewal, due in April 26. • Phishing campaigns run four times a year to test staff security awareness and feedback results to CLT, with improvement plans in place for those who have not passed the test. Campaigns will now include members as they were excluded previously. The quarterly results from these phishing campaigns shows that we are moving in the direction when it comes to user security awareness and education. • Quarterly Cyber security awareness training held for staff and new starters, to protect staff at home and in the office. • Yearly mandatory information security training conducted for all staff on the Skills gate training system. • New business systems are run in remote fully resilient data centres and existing systems are being progressively migrated to cloud computing centres • Diversity of environments used to avoid single point of failure risk, with backups now in the cloud, for Office 365 and storage data. • Improved business recovery arrangements have been implemented to minimise recovery time. • Accreditation to Cyber Essentials and the Public Services Network. • Latest audit / assessments all confirm secure environment with reasonable assurance. Some formalisations of processes required and review of backups restoration window.								

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<table>
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<td colspan="3">

Purchase of external vulnerability scanner now in place. This allows the Council to scan and monitor its external perimeter daily and proactively mitigate issues. Cloud Centre of Excellence (CCOE) latest scan showed 36 medium and 92 Low Vulnerabilities, which the Council is working to mitigate using the tool which it has been purchased.
An annual external IT audit assessed the organisation’s IT arrangements in a range of areas against best practice. The outcome of the audit in 2024 was, limited assurance, with two critical recommendations and twelve mediums, The two high recommendations have been resolved, as well as the nine mediums. One remediation is due for completion in December.
The Council has signed up to the Cyber Assessment framework (CAF), which is another cyber assessment carried by Cabinet Office. This has now been completed successfully, and we are starting the 2nd phase of the CAF framework assurance.
Backups are now stored in the cloud as “offline backups”, this is for all Council data and Office 365 tenancy
Active Directory (AD) password complexity has increased from eight characters to 12 characters. This makes it harder for password to be cracked
Replacement of firewalls now in place providing NEXGEN protection
Password protection now implemented so that when staff change AD passwords, they are checked against a Microsoft database of known weak passwords. This will prevent the use of insecure and weak password in the Council.
Internal audit recommendations one remaining to be completed by Dec
IT risk register has been updated to capture specific cyber risks and mitigations.

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<tr>
<td rowspan="2">Planned mitigating actions</td>
<td rowspan="2">

Need a list of business-critical systems in order of restoration priority, in conjunction with CLT
Introduction of Microsoft Co-Pilot AI, AI governance controls, and guard rails required before implementation of AI
Review AI threat landscape and attack vector

</td>
<td>Delivery timescales</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Reason for delay in delivery</td>
<td></td>
</tr>
<tr>
<td>Comments and progress on actions</td>
<td colspan="3">Stable
Development of Cyber Security Strategy document as per external audit recommendation completed
Good progress on keeping staff and the business secure.</td>
</tr>
</table>

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CR8	**Project Management Processes** **Risk** Projects are poorly managed. Failure of proposed projects could result in failure to achieve overall objectives. Inefficient use / waste of resources. **Consequences** Failure to implement project management techniques. Poor corporate oversight of projects. Inadequate controls on expenditure and poor budget monitoring. Inadequate monitoring of external contracts. Failure to engage project management expertise when required	2	3	6	Treat	Director of Resources	2	2	4

Existing Controls

- Greater use of professional project managers for key projects.
- Work ongoing to address project methodologies deployed across the Council.
- Greater use of external / non-subject board members.
- Board structure covering all major projects in place.
- Properly convened project teams with PID and project plan in place, including project risk registers. Progress on corporate projects scrutinised by CLT. Implementation of contract management framework for outsourced services.
- Scrutiny of quarterly monitoring reports on capital expenditure.
- Deploying Internal Audit to audit individual projects and assess project management effectiveness.
- Scrutiny of risk registers or project management framework of individual projects by Corporate Risk Group.
- Project management guidance has been developed and published, as well as a suite of templates.
- Guidance has been developed to ensure that projects report to the appropriate boards or steering groups.
- Project Management Training was delivered to key officers in September 2024.

	• A schedule of all projects across the Council has been developed and is monitored by the Transformation Steering Group.	**Delivery timescales**	April 2026

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Planned mitigating actions	• E-learning module is being developed. • Key communication to all staff on the decision-making process across the organisation. • A range of internal steering groups are in place for major projects/initiatives. • Review of contractor selection and management to ensure competency.	**Reason for delay in delivery**	
Comments and progress on actions	**Stable**		

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR9	**Ultra vires decisions/Local authority failure** **Risk** Council makes ultra vires (beyond the Council's powers and functions) decisions or those which it does not have the correct permissions to undertake. Staff / Members proceeding without established governance arrangements. Failure to consult with Legal / Monitoring Officer. There is greater focus from Government and regulators on the local government sector. There is a risk of an impact of an adverse external assessment on the Council. If this risk materialised it could impact on service delivery, performance levels, governance, reputation and decision-making arrangements. Greater focus on the local government sector from Government and regulators following high profile council 'failures'. **Consequences** Potential challenge to decision/litigation against the Council, resulting in increased costs / compensation. Financial, reputational, legal and political damage to the Council.	4	3	12	Treat	Head of Legal and Support Services	1	4	4
Existing Controls	• Constitution reviewed annually last reviewed 2025/26 and approved at Council in Feb 26. • Legal advice provided to officers and legal implications considered in reports to members as appropriate. • Statutory Officer checks take place on reports to Council, Cabinet, Scrutiny, Licensing, Planning and Audit and Governance Committees. • Advice provided to members by the MO/Dep MO as needed on matters being considered by Council/Committees. • Policies and procedures in place, governance processes are documented and in operation, ongoing assessments and reviews are performed. • Completion of the Annual Governance Statement. • Corporate governance training on decision making provided in 2025 to CLT/ELT, as part of the mandatory training programme. • The Council has in place a range of controls including financial procedures, governance framework, performance management framework, project management methodology, strategies, controls underpinning its operations, clear communication with staff, Statutory officer meetings and internal audit plan. • "Golden triangle" of Statutory Officers is in place with monthly meetings of Statutory Officers taking place. • Recognised in case study by the LGA for having good governance in place. • LGA Peer Review completed June 2024. • Finance Leadership Team meet regularly to track recommendations.								

This document is official, handle appropriately

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	• Where specific regulatory regimens are in place additional oversight and control implemented – e.g. Housing Improvement Board. • The Council has completed the Office for Local Government Best Value Self-Assessment and is performing well against the measures. • "in session" video in respect of Governance/decision-making recorded and shared with staff in January 2025. • Governance toolkit for officers updated with guidance on decision-making and internal governance processes. • A training programme has been delivered to members, including in relation to specific roles.		
Planned mitigating actions	• Legal advice provided to officers and legal implications considered in reports to members as appropriate. • Statutory Officer checks to take place on reports to Council, Cabinet, Scrutiny, Licensing, Planning and A and G Committees • Guidance and training to be provided to report authors • Report authors guide to be refreshed and rolled out for officers • ~~Member training programme being developed and delivered to members, including in relation to specific roles e.g. Audit and Governance Committee members~~	**Delivery timescales**	Ongoing
		Reason for delay in delivery	
Comments and progress on actions	**Stable**		

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CR10	**Fraud** **Risk** Council is subject to serious fraud, corruption or theft. Lack of checks and balances within financial regulations. Poor budget / contract management. Poor monitoring of / adherence to financial systems. Changes in working practises causing unintended risk/exposure. **Consequences** Financial, reputational and political damage to Council.	4	3	12	Treat	Strategic Director of Resources, Heads of Service and all Team Managers.	2	3	6
Existing Controls	• A policy framework that includes Anti-Fraud and Corruption Policy, Confidential Reporting (Whistleblowing) Policy and Anti-Money Laundering Policy. Policies refreshed annually. Approved by Cabinet in September 2025. • The Internal Audit annual planning process takes into account high risk areas, which considers fraud risks. Fraud risks are considered as part of specific audits and, if detected, additional work will be directed towards the identification of consequent fraud or other irregularities. The Council is also subject to External Audit. Internal control and governance arrangements such as segregation of duties, schemes of delegation, bank reconciliations of fund movements, and verification processes. • Participation and strengthening of involvement in National Fraud Initiative (mandatory) • Information on how to report fraud is on the website including relevant links. • A Fraud module is available on Skillgate and is refreshed every two years.								
Planned mitigating actions	• Fraud discussions and promotion of Fraud policies to be included by internal audit when attending team meetings.				**Delivery timescales**	Ongoing			
					Reason for delay in delivery				
		Inherent Risk					**Residual Risk**		

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<tr><td>CR13</td><td>Political Administration

Risk

No overall control of the Council following the May 2023 elections could lead to instability in the decision-making process which could impact adversely on service delivery. The election in May 2023 changed the political make-up of the Council. The Council is subject to LGR in 2028.

Consequences

Financial, reputational and political damage to the Council. Slower decision making.</td><td>3</td><td>3</td><td>9</td><td>Treat</td><td>Chief Executive</td><td>2</td><td>3</td><td>6</td></tr>
<tr><td>Existing Controls

22</td><td colspan="9">• There has been extensive work by officers to work with all Groups to minimise the impact. This work has been supplemented by external engagement with the Local Government Association. The work undertaken to date includes regular briefings with all Groups, a member induction programme, a continuing training programme for councillors, clarity on the roles of councillors on each committee and engaging with staff to raise their awareness in dealing with/responding to/working with councillors.
• The Strategy Group meets fortnightly to review and steer strategic initiatives. Core membership includes the Leader, Deputy Leader, and Chief Executive, with other alliance members invited as needed. The Chief Executive also holds regular meetings with opposition members to ensure broader engagement.
• The Council has in place a range of controls including financial procedures, governance framework, performance management framework, project management methodology, strategies, controls underpinning its operations, clear communication with staff, Statutory officer meetings and internal audit plan. Monthly Statutory Officer meetings
• Scrutiny protocol developed and being trialled to improve relationship between Cabinet and Scrutiny now that the Scrutiny Committees are chaired by opposition members</td></tr>
<tr><td rowspan="2">Planned mitigating actions</td><td colspan="4" rowspan="2">• Council allocated £2m in 2026/7 budget to resource LGR work/ programmes
• Continued engagement with all groups/members.
• Advice provided to members on Constitution to enable members to undertake their roles.</td><td>Delivery timescales</td><td colspan="4">ongoing</td></tr>
<tr><td>Reason for delay in delivery</td><td colspan="4"></td></tr>
<tr><td>Comments and progress on actions</td><td colspan="9">Stable</td></tr>
</table>

North West Leicestershire District Council

CORPORATE RISK REGISTER

JUNE 2026

Ref	Risk description	Inherent Risk: Likelihood	Inherent Risk: Impact	Inherent Risk: Risk score	Risk Response	Risk Owner	Residual Risk: Likelihood	Residual Risk: Impact	Residual Risk: Risk score
CR15 23	**Climate Change/Zero Carbon Delivery** **Risk** Inability to deliver programme due to resource / financial / operational / procedural process. Inability to gain action by partners **Consequences** The failure of the Council to achieve carbon neutrality for its operations by 2030 and carbon neutrality for the District by 2050. This may have long term impacts on both the financial picture of the council and the ability of key service provision in the long term.	3	4	12	Treat	Head of Community Services	2	2	4

Existing Controls	• Achievement of the carbon reduction ambitions are mainly vested in our Zero Carbon Policy and Roadmap. The Action Plan contains planned and programmed actions and will be reviewed annually. It will quantify the estimated net financial costs and net carbon savings associated with the contents of the Plan. Attaining the targets in the Plan is one of the Council Delivery Plan Key Performance Indicators. Whilst the action plan has been agreed it does contain several actions where funding has not been committed. The Strategy and Plan have identified the main carbon emissions sources. The Council will be alive to the many and various windfall opportunities for interventions in between the annual Plan revisions where these are considered likely to make significant impacts on reducing emissions. Emerging statute and government policy will exert significant influence over the Council's operations and indirect influence in relation to climate change.		
Planned mitigating actions	• Work is ongoing to understand the costs of zero carbon delivery which in turn will help to understand the risks.	**Delivery timescales**	April 2026
		Reason for delay in delivery	
Comments and progress on actions	**Stable**		

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR16	**Changes in national priorities and legislative/regulatory change** **Risk** Changes in national priorities given the new Government elected in July 2024. This could include changes in delivery of statutory services. Changes in Legislation (e.g., Employment Rights Bill 2024). The Council is subject to LGR in 2028. **Consequences** Council may not have the necessary resources to deliver on key projects. Projects may adversely affect local residents. Introduction of new statutory duties may change the strategic direction of the Council, entail additional workload for officers, change the way existing services are delivered and increase financial pressures.	3	3	9	Treat	Chief Executive	2	2	4
Existing Controls	• Briefings to officers on relevant changes • Working alongside other stakeholders and partner organisations to keep informed of developments such as the Local Government Association, District Councils Network and Leicestershire Chief Executives Group • A range of officers are actively involved in the business case development for Local Government Reorganisation (LGR) in Leicestershire. Significant communication and engagement has taken place with key stakeholders • Members are briefed and debate has taken place at the full Council meeting in respect of LGR • Staff have been provided with regular updates, and a staff hub has been established to share information as LGR proposals are developed. • The Council promoted public consultation via the North, City, South website, where residents could review the proposals and provide feedback. The consultation period ran form 9 June to 20 July 2025. • The Council working with the other districts and borough councils and Rutland County Council submitted its North, City, South proposal by the Government's deadline of 28 November. • The Government consultation on three proposals for Leicestershire, Leicester and Rutland concluded on 26 March. Final decisions are due in July 2026. • Performance Team to provide regular updates on progress in respect of the Local Government Outcome Framework (LGOF) as these progress and are finalised and to facilitate benchmarking/self-assessment against the agreed metrics.								

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	• HR team undertake regular CPD to identify the impact of changes to legislation on policy and Practice.		
Planned mitigating actions	• Circulation of relevant briefings to key officers on proposed/new legislation • Effective business continuity planning • Regular updates to Members on developments and potential changes in legislation • Coordination and sharing of information with other local authorities through various networks and forums • Continued staff, member and stakeholder engagement on LGR as proposals develop. • Shadow Project Management arrangements have been put in place by the 10 Leicestershire and Rutland Councils to prepare for LGR. These will be reviewed from July when a decision on the LGR geography is known. A list of "no regret" activities is being worked through at the request of government. • £2m has been set aside in the 2026/7 budget to prepare for LGR. • LGR decision announced 16 July. Implementation team being formally stood up with immediate effect.	**Delivery timescales**	Ongoing
		Reason for delay in delivery	
Comments and progress on actions	**Stable**		

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR17	**Housing Landlord Function** **Risk** That the Council fails to deliver services in compliance with the new regulatory standards and the longer-term arrangements for the service. **Consequences** Loss of control of service provision, loss of function, unlimited fines, reputational and political risk.	3	4	12	Treat	Head of Housing	2	3	6

Existing Controls	• Control over the major areas of compliance exist in general sense – achieved through system control, process and evidenced through auditing processes and self-assessment • Greater burdens to provide assurance that performance management is robust, and intervention taken when performance drops. Assurance the data is correct, timely and is being seen and understood by the appropriate governing body • High level of external oversight and reporting to regulatory bodies – including engagement with the same on regular basis • Adherence to policy and improvement of policy in line with new guidance and process from regulator • Comprehensive Audit Plan for service in place • Increased member oversight via Housing Improvement Board • Regulator of Social Housing Inspection concluded a C2 grading, the outcome being an Improvement Strategy scheduled to be adopted by Cabinet in May 2026. • Monthly progress meetings with the Regulator of Social Housing		
Planned mitigating actions	• Housing Improvement Plan in place and regularly reviewed with oversight from Cabinet, Scrutiny and Housing Improvement Board – this sets out a phased improvement plan to address regulatory change and service change as a whole • Engagement of external bodies to assist with third party view and development of detailed plans in areas of focus featured in the Improvement Plan. • Monthly oversight of the Housing Improvement Plan by the Regulator of Social Housing	**Delivery timescales**	April 2028 – completion of improvement strategy
		Reason for delay in delivery	
Comments and progress on actions	**Stable**		

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Ref	Risk description	Inherent Risk: Likelihood	Inherent Risk: Impact	Inherent Risk: Risk score	Risk Response	Risk Owner	Residual Risk: Likelihood	Residual Risk: Impact	Residual Risk: Risk score
CR18	**Health and Safety** **Risk:** The Council fails to comply with health and safety legislation and does not adequately manage associated risks in the delivery of its services, including risks to employees, service users, contractors, and the public. This includes failure to identify, assess, and mitigate hazards such as unsafe working environments, inadequate training, poor incident reporting, lack of emergency preparedness, and insufficient monitoring of compliance across departments." **Consequences** Legal Action: Risk of fines, prosecution, and imprisonment for serious breaches. Financial Loss: Increased insurance costs, compensation claims, and service disruption. Reputational Damage: Loss of public trust and negative media attention. Human Impact: Potential injury, illness, or death affecting staff, contractors, and the public. Operational Risk: Enforcement notices, reduced productivity, and possible service shutdowns. Leadership Accountability: Senior staff may face disqualification or personal liability or custodial sentence	3	4	12	Treat	Head of HR and Organisational Development	2	3	6
Existing Controls	• Corporate Health and safety policy in place and reviewed annually. • Supporting policies, Fire, Legionella, Asbestos, Lone Working, Managing Violent persons (PVP) in place. • Teams undertake risk assessments and record on the SHE Assure system to identify and implement controls to reduce risk. • Health and safety training programme implemented with further development progressing. • Health and safety discussion forms part of regular meetings with CLT, Management Teams, JTUCC and Union safety reps.								

	• CLT members have received Health and safety Leadership training • Health Surveillance (Noise and hand arm vibration)		
Planned mitigating actions	• Further development of a H&S management system in line with ISO 45001 • Introduction of H&S guidance notes and introduction of H&S page as a single point to access H&S information. • Social media campaign planned to highlight that the Council will not tolerate threatening behaviour • Consideration of body cams for front line staff where appropriate • Consideration of call recording on all telephony platforms • Structural alteration to the Customer Centre where areas of risk have been identified • Overarching corporate review of policies relating to these areas. • The Council achieved the Royal Society for the Prevention of Accidents (RoSPA) Gold accreditation for its health and safety work in April 2026.	**Delivery timescales**	• April 2026 •
		Reason for delay in delivery	
Comments and progress on actions	**Stable**		

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<table>
<tr><th rowspan="2">Ref</th><th rowspan="2">Risk description</th><th colspan="3">Inherent Risk</th><th rowspan="2">Risk Response</th><th rowspan="2">Risk Owner</th><th colspan="3">Residual Risk</th></tr>
<tr><th>Likelihood</th><th>Impact</th><th>Risk score</th><th>Likelihood</th><th>Impact</th><th>Risk score</th></tr>
<tr><td>CR20</td><td><h2>Local Plan</h2>Risk
The preparation and implementation of the Local Plan may face significant delays and challenges due to a combination of factors including loss of staff, insufficient capacity, insufficient budget, lack of political ownership, non-compliance with legal requirements, potential legal challenges, environmental issues, changes in housing requirements, administrative shifts, delays in critical studies, slow responses from statutory consultees, infrastructure policy constraints, lack of support for specific provisions, changes in national approaches, and incomplete transport modelling.
Consequences
These issues collectively threaten the deliverability, viability, and timely completion of the Local Plan, potentially leading to unmet needs, increased costs, and compromised development strategies.</td><td>3</td><td>4</td><td>12</td><td></td><td>Head of Planning and Infrastructure</td><td>2</td><td>3</td><td>6</td></tr>
<tr><td>Existing Controls</td><td colspan="9">• Local Plan Project Board oversees preparation of Local Plan and meets quarterly.
• Risk register reviewed at Project Board meetings.
• Portfolio Holder and Shadow Portfolio Holder briefed on a monthly basis.
• Key pieces of evidence commissioned and~~or~~ in process of being finalised.~~commissioned~~.</td></tr>
<tr><td rowspan="2">Planned mitigating actions</td><td colspan="4" rowspan="2">• Additional capacity has been secured utilising the grant provided by government in 2024/25.
• Local Plan Implementation Funding 2026 – This further government funding, £36,585, has been provided to support Local Planning Authorities that are progressing a local plan in the legacy plan-making system and who intend to submit their plan for examination by 31 December 2026.
• In the absence of a Planning Policy Team Manager, the Council has engaged planning consultancy Hyas to provide additional support and capacity to the Planning Policy team to enable submission of the Local Plan by December 2026 and this is working well.
• ~~A programme for agreeing~~ T~~t~~he draft Local Plan (Regulation 19) for consultation was~~has been~~ agreed at~~–~~ Local Plan Committee on 4th June 2026, and Cabinet ~~23rd June 2026~~ and~~,~~ Council on 11~~30~~th June 2026.</td><td>Delivery timescales</td><td colspan="4">April – December 2026</td></tr>
<tr><td>Reason for delay in delivery</td><td colspan="4"></td></tr>
</table>

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	• Consultation on the Regulation 19 Plan from is anticipated to start on 16th July ~~to September~~ 2026 for ~~as~~ period of eight weeks. Responses will be reported to Council in November with a view to ~~and~~ submit the plan ~~ssion~~ for examination by the end of December 2026.		
Comments and progress on actions	**New**		

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Ref	Risk description	Inherent Risk: Likelihood	Inherent Risk: Impact	Inherent Risk: Risk score	Risk Response	Risk Owner	Residual Risk: Likelihood	Residual Risk: Impact	Residual Risk: Risk score
CR21	**Driver and fleet compliance** **Risk** Non-compliance with DVSA, Health and Safety at Work Act, and corporate manslaughter legislation. Failure to meet conditions of the O-Licence including vehicle safety, driver hours, and record-keeping. **Consequences** Fines, licence revocations, criminal charges, and director liability.	4	4	16	Treat	Chief Executive/Director of Communities	4	4	16

Existing Controls	• New starter checks to include DVLA check from Oct 2025 • Maintenance and servicing of vehicles • Health and wellbeing (including eyesight) is monitored in waste • Transport manager in post

Planned mitigating actions	• Monitoring of driver behaviour • Organisation wide monitoring of health and wellbeing • Driver training • New driver policy under development and following approval process • Driver handbook under development and following approval process • Additional resource secured for Project manager capacity to review systems, processes and procedures.	**Delivery timescales**	Ongoing
		Reason for delay in delivery	

Comments and progress on actions	**Stable** **Reviewed 2/3/26 at Fleet Management and Driver Compliance Project Team – no change to ratings**

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Assessing the likelihood of exposure

1. Low	Likely to occur once in every ten years or more
2. Medium	Likely to occur once in every two to three years
3. High	Likely to occur once a year
4. Very High	Likely to occur at least twice in a year

Assessing the impact of exposure

1. Minor	Loss of a service for up to one day. Objectives of individuals are not met. No injuries. Financial loss over £1,000 and up to £10,000. No media attention. No breaches in Council working practices. No complaints / litigation.
2. Medium	Loss of a service for up to one week with limited impact on the general public. Service objectives of a service unit are not met. Injury to an employee or member of the public requiring medical treatment. Financial loss over £10,000 and up to £100,000. Adverse regional or local media attention - televised or newspaper report. Potential for a complaint litigation possible. Breaches of regulations / standards.

3. Serious	Loss of a critical service for one week or more with significant impact on the general public and partner organisations. Service objectives of the directorate of a critical nature are not met. Non-statutory duties are not achieved. Permanent injury to an employee or member of the public Financial loss over £100,000. Adverse national or regional media attention - national newspaper report. Litigation to be expected. Breaches of law punishable by fine.
4. Major	An incident so severe in its effects that a service or project will be unavailable permanently with a major impact on the general public and partner organisations. Strategic priorities of a critical nature are not met. Statutory duties are not achieved. Death of an employee or member of the public. Financial loss over £1m. Adverse national media attention - national televised news report. Litigation almost certain and difficult to defend. Breaches of law punishable by imprisonment.

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Risk matrix

		Likelihood			
		1	**2**	**3**	**4**
Impact	**4**	4	8	12	16
	3	3	6	9	12
	2	2	4	6	8
	1	1	2	3	4

Traditionally in risk management there are four ways to mitigate the risks to the organisation, these being typically referred to as **Treat, Tolerate, Transfer and Terminate** and are known collectively as the “Four Ts”.

- **Tolerate** means the risk is known and accepted by the organisation. In such instances the senior management team should formally sign off that this course of action has been taken.
- **Transfer** means the risk mitigation is transferred i.e. it is passed to a third party such as an insurer or an outsourced provider, although it should be noted that responsibility for the risk cannot be transferred or eliminated.
- **Terminate** means we stop the process, activity, etc or stop using the premises, IT system, etc which is at risk and hence the risk is no longer relevant.
- **Treat** means we aim to reduce the likelihood of the threat materialising or else reduce the resultant impact through introducing relevant controls and continuity strategies.