

# Agenda

## Audit and Risk Assurance Committee

**Thursday, 29 September 2022 at 5.30 pm**  
**At Council Chamber - Sandwell Council House, Oldbury**

**1 Apologies for Absence**

**2 Declarations of Interest**

Members to declare any interests in matters to be discussed at the meeting.

**3 Minutes** 5 - 16

To confirm the minutes of the meeting held on 21 July 2022.

**4 Urgent Business**

To consider any urgent business.

**5 Law and Governance Directorate Risk Register Risk** 17 - 34

To receive and comment regarding the Law and Governance Directorate Risk Register.

**6 Strategic Risk Register Update** 35 - 62

To receive and comment on the Strategic Risk Register.



7	<b>Adult Social Care Directorate Risk Register Report</b>	63 - 82
	To note and comment on the Adult Social Care directorate risk register.	
8	<b>Council Improvement Plan Progress</b>	83 - 158
	That Audit and Risk Assurance Committee considers and comments upon the progress of the Improvement Plan up to 4 August 2022.	
8.1	Improvement Plan Risk Register	159 - 168
	To receive and comment on the Improvement Plan Risk Register.	
9	<b>Local Government and Social Care Ombudsman's Annual Report 2021/22</b>	169 - 194
	To receive and comment on the Local Government and Social Care Ombudsman's Annual Report 2021/22.	
10	<b>Audit and Risk Assurance Committee Annual Report</b>	195 - 206
	To receive and comment on the Audit and Risk Assurance Committee Annual Report.	
11	<b>Cabinet Forward Plan</b>	207 - 238
	Standing item to consider items on the Cabinet Forward Plan	
12	<b>Work Programme</b>	239 - 242
	Standing item to consider the work programme of the Committee.	

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**Managing Director Commissioner**  
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West Midlands

**Distribution**

Councillor Preece (Chair)  
Councillors Ager, Anandou, Choudhry, L Giles, Hinchliff, Khatun, Melia and Hussain

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## Minutes of Audit and Risk Assurance Committee

**21 July 2022 at 5.30pm**  
**In the Council Chamber at Sandwell Council House**

- Present:** Councillor Preece (Chair);  
Councillors Anandou, Choudhry, Khatun MBE, and Hinchliff,  
Mr Hussain (Independent Member).
- Officers:** Rebecca Maher (Head of Finance); Maria Price (Legal Services Service Manager); David Wilcock (Governance Review Consultant); Chris Reynolds (Procurement Strategy Officer); Chris Hilton (Interim Service Manager Strategic Assets and Land); Peter Farrow (Audit Services Manager); John Matthews (Audit Client Lead); Lisa Reid (Audit Client Lead); Mark Stocks (Head of Public Sector Assurance - Grant Thornton); Philip Tromans (Counter Fraud Investigator); Narinder Phagura (Business Partner for Audit, Fraud, Risk and Insurance); Mandip Chahal (Senior Joint Commissioning Manager for Statutory Children's Services); Elaine Newsome (Service Manager for Democracy); Matt Powis (Senior Democratic Services Officer); Ant Lloyd (Democratic Services Officer); John Swann (Democratic Services Officer).

### 32/22 **Apologies for Absence**

An apology was received from Councillor L Giles.

### 33/22 **Declarations of Interest**

There were no declarations of interest.



**Resolved**

That, the minutes of the previous meeting held on 28 June 2022 be confirmed as a correct record.

**Urgent Business**

There was no urgent business for discussion.

**Constitutional Review (Contract Procedure rules and Financial Regulations)**

The Committee received an overview of the proposed changes to the Council's Constitution which were considered as part of the Council's Governance Review.

Members noted the key proposals which included changes to the Council's key decision threshold to the following:

- The key decision threshold be raised to £1m, meaning that all procurement costs below this figure would not require Cabinet approval.
- That individual Cabinet Members be delegated to make financial decisions between £500,001 and £1m.
- Financial delegations for Chief Officers be increased to £500,000.

In respect of the revisions to the Council's Contract and Procurement Procedure Rules, it was highlighted that references to European law had been removed from the procedure rules following the United Kingdom's departure from the European Union. It was reported that roughly 70 proposed alterations had been identified, in particular the rules relating to contract procurement and ethical decision making were strengthened.

The revised Contract Procedure Rules document, in particular enhanced the procedure to make existing contracts and



procurement management frameworks more easily identifiable, mitigate conflicts of interests and promote industry in the Borough. The changes would ensure suppliers based in Sandwell would be considered in the first instance, failing this, the wider West Midlands region.

On the issue of sale of land and assets, the Council was governed by legislation. However, new protocols had been proposed for the selling of council owned properties to the improve transparency and accountability of land and asset disposal. Members noted the complex contractual arrangements which had been included within the revised procedure rules. This change would mitigate the risk to the Council when dealing with land owners and developers which would ensure contracts were formatted accordingly thus reducing liability.

The disposal process of land and asset management required the consultation of the Land and Asset Management Committee. However, the Committee's involvement would only occur once the value of the proposed land met the threshold of the disposal. It was noted that upon receipt of the appropriate valuation, the Cabinet or relevant Cabinet Member was authorised to dispose of the land in question. This disposal process would be in accordance with the valuation criteria of the Royal Institute of Chartered Surveyors professional standards and requirements.

The following was noted in response to members' comments and questions:

- The Land and Asset Disposal Protocol outlined the requirements of the disposal of land in respect of sales at less than best value;
- The Director of Regeneration and Growth had the sole delegation to decide whether an internal or external valuation was required depending on the case in question. This was subject to the Director satisfaction that no conflict of interest existed;
- The disposal method would be dependent on a case by case basis which would take into account best value, social value and corporate priorities of the Council.
- Procurement card holders were required to receive training prior to being issued with a card.



- The Council had implemented an auto-block feature which would be activated if there was evidence of non-compliance with the Council's policies and procedures.

There was a consensus that good record keeping was an important aspect of achieving transparency with land and asset management and governance. It was agreed for the Council to incorporate good working practices in future.

The Committee thanked officers for their attendance.

**Resolved and recommended to Full Council:**

- (1) That, the Committee recommend the following changes be made to the Council's constitution:
  - a. That the Key Decision threshold be amended and raised to £1m;
  - b. That, the relevant Cabinet Member(s) be delegated to make financial decisions between £500k and £999k;
  - c. That, the limit of Chief Officers' financial delegations be raised to £500k.
- (2) That, the Contract and Procurement Procedure Rules be revised and amended as proposed in Appendix 1.
- (3) That, the Protocol for the disposal of Council Owned Land and Buildings, forming part of the Financial Regulations and Procedures, be revised and amended as proposed in Appendix 2.
- (4) Subject to recommendations (1), (2) and (3) the Director of Law and Governance & Monitoring Officer, consultation with the Director of Finance and Section 151 Officer, be authorised to make all necessary consequential changes to the Council's Constitution to give effect to the approved changes.



## Counter Fraud Update

The Counter Fraud Investigator gave an overview of the work carried out by the Counter Fraud Unit.

The Committee were updated on local trends including a Sandwell school fraudulent payment incident which took place in July 2022 which targeted school finance staff. Following which the Counter Fraud Unit sent notifications to all schools in the Borough to make them aware of the threat. In this instance, the school staff identified the fraud, reported it to the Council and no payment was made.

The Committee were also updated on the Counter Fraud Units work as part of the Covid-19 Grant and support payments. The Council had delivered grant payments worth over £58 million to businesses within the Borough. The grant applications were subject to pre-payment and post-payment checks which prevented £350,000 worth of grants being paid and identified £65,000 of grants, which were overpaid and currently subject to recovery action. It was noted that, post-pandemic the risk around Covid-19 related Business Support Grants had been reduced to green in the updated fraud risk register.

The unit had been actively involved with the National Fraud Initiative, from which a number of data matches had been identified using information shared from Government agencies such as the Department for Work and Pensions, resulting in estimated savings of £268,000.

The Counter Fraud Investigator concluded that the unit had participated in the BBC One TV series, Fraud Squad which worked to deter fraudsters from targeting the Council

The Committee noted the Fraud Risk Register which accompanied the report. This report identified 24 risks with the following red risks identified

- Housing Tenancy - Subletting, providing false information to gain a tenancy, wrongful tenancy assignment and succession, failing to use the property as the principle home;



- Council Tax – Fraudulently claiming for discounts and exemption such as the single persons discount, local council tax support;
- Personal budgets/ Direct Payments – Fraudulent claims by carers using direct payments for personal gain and carers continuing to receive direct payments after a person dies, duplicate applications to multiple councils;
- Procurement – Collusion (Staff and bidders), false invoices, overcharging, inferior goods and services and duplicated invoices;
- Cyber Crime – Cyber enabled fraud and use of cyber resulting in loss of services, resources, as well as reputational harm.

The following was noted in response to members' comments and questions:

- The Fraud Risk Register was compiled following intelligence sharing with neighbouring local authorities, local knowledge and national benchmarking exercises;
- Providing false information to gain a Council house tenancy agreement was identified as one of the highest areas for fraud;
- While there was no dedicated Cyber Security team within the Council, the unit were able to liaise with the Council's ICT team on cyber security matters where necessary and appropriate;
- In respect of the Fraud Risk Register, the Counter Fraud Investigator confirmed that the Counter Fraud team would look to adapt the risk register reporting to include more details around the assessment of impact and likelihood;
- As part of a discussion around Anti-Money Laundering an overview of the submission of a Suspicious Activity Reporting (SAR) figures would be reported, where appropriate at future meetings;
- It was nationally recognised that the current cost of living crisis may see an increase in potential attempted fraudulent activity;





- Cyber Crime was constantly developing and as such would remain a key risk for the Council in future.

Councillor Choudhry left the meeting at this point at 6.38p.m.

**Resolved** that the Counter Fraud update be noted.

## 38/22 Internal Audit Report 2021/2022

The Committee received the Annual Internal Audit Report for 2021-2022, which summarised the work carried out by Audit Services throughout the year and provided an opinion on the adequacy and effectiveness of the Council's governance, risk management and control processes.

As a result of a number of key governance issues raised predominately in the findings from the Grant Thornton Value for Money Review. The Council's Internal Audit team were unable to provide reasonable assurance for 2021 to 2022 and the Council had fully adequate and effective governance processes.

In respect of the Council's risk management and internal control processes, the Internal Audit Team were satisfied that both areas remained reasonable.

The Committee noted that following the decision of the Government to appoint Commissioners to the Council, a number of activities and actions had been implemented as part of the Council's road to improvement journey which included:

- Appointment of statutory Government Commissioners including a new Leadership team;
- Comprehensive single Council Improvement Plan which embedded recommendations from a number of reviews including the Local Government Association's (LGA) Corporate Peer Challenge.

Members noted the delays in respects of the completion and signing off the Council's Statement of Accounts for 2020/2021 and



2021/2022. As a result, the finalisation of the Annual Government Statement had been delayed.

There was acknowledgement of the issues relating to procurement, contract compliance and the disposal of land. However, it was stated that following reviews into each area, the Council had incorporated changes into various protocols and processes to strengthen governance and decision-making.

The following was noted in response to members' comments and questions:

- It was proposed that Statement of Accounts would be presented at a future meeting of the Committee as soon as practicable;
- Whilst the procurement process included the completion of individual Conflicts of Interests forms as part of each separate procurement exercise, and that the Council maintained a general register of interests, it was understood that any declared conflicts of interests as part of the procurement processes were not held centrally in a register. It was requested that this be considered and as such provide written response to the Committee prior to the next scheduled meeting.
- An action plan had been produced following the concerns identified from the SEND Transport contract review. Due to the changes with the Council's Contract Procedure Rules, it was anticipated that all contracts would be processed through intend. In addition, additional training was due to be provided to Council staff in this respect.
- There was a discussion around ensuring that the Internal Audit Plan included an appropriate balance between strategic governance and operational reviews. The Audit Services Manager indicated that the current plan had a sufficient balance, and that governance across the Council was a high-profile area over the coming year and was being monitored through a number of routes.
- There was concern that there was no appeal process for the SEND procurement process.





**Resolved** that the Internal Annual Report for 2021 to 2022 be noted.

## 39/22 **Auditors Annual Report on Sandwell Council – Interim 20/21**

The Committee received an overview of the of the Interim 2020 and 2021 Auditors Annual Report on Sandwell Council which was presented by Grant Thornton.

The Committee identified three themes of from the Annual Report:

- Financial Sustainability;
- Governance;
- Improving economy, efficiency and effectiveness.

It was noted that the Council's balance sheet and reserves were positive and were likely to strengthen the Council's financial position considering the upcoming challenges faced by Local Authorities across the country.

Within the area of governance, lack of performance monitoring and long-term planning were both key issues that were identified for improvements. In addition, three statutory recommendations had been made, notably regarding procurement and contract management.

It was acknowledged that some improvements had been made. However, there were noticeable challenges such as workforce retention, general recruitment issues and adhering to budgetary constraints.

It was noted that the Council had responded well to corporate challenges such as the performance issues identified with the Council's waste collection contract and the contract relating to Sandwell Leisure Trust.

The Chair queried whether the Head of Public Sector Assurance, Partner had confidence that the Council's Improvement Plan would address the recommendations suggested by Grant Thornton. In response, it was confirmed that Grant Thornton agreed with the



Council's improvement plan with a proviso that the Council fully addressed the actions identified with an overarching culture change.

Members noted that once the Council's Statement of Accounts were finalised, the Auditor's Annual Report would be submitted to the Committee for consideration.

**Resolved** that the interim 2020 and 2021 Auditors Annual Report on Sandwell Council be noted.

#### 40/22 **Children's Services Directorate Risk Register.**

The Committee received and noted the contents of the Children's Services Directorate Risk Register.

The Committee reviewed the risk register and noted that two service areas remained red:

- High Needs Block, increase in children with special educational needs in Sandwell;
- Special Educational Needs and Disabilities Transport – Overspend in this area due to increasing costs and rise in statutory age at which SEN Transport must be provided up to 25 years of age.

Members noted that findings of the external consultant review into the SEND passenger transport would be submitted to Cabinet in Autumn 2022.

**Resolved** that the Children's Services Directorate Risk Register be noted.

#### 41/22 **Cabinet Forward Plan**

The Forward Plan was presented for information and to allow the Committee an opportunity to contribution to any items or raise any issues with the Executive.



## 42/22      **Work Programme**

The Committee noted the work programme for 2022/23.

Meeting ended at 7.45pm.

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## Audit and Risk Assurance Committee

**29 September 2022**

<b>Subject:</b>	Law and Governance Directorate Risk Register Report
<b>Director:</b>	Director of Law and Governance Surjit Tour
<b>Contact Officer:</b>	Mark Satchwell, Service Manager Registration & Bereavement Services Maria Price, Service Manager Legal & Governance Elaine Newsome, Service Manager Democracy Koser Shaheen, Equalities, Diversity and Inclusion Manager Audit Services Business Partner Narinder Phagura <a href="mailto:Narinder_phagura@sandwell.gov.uk">Narinder_phagura@sandwell.gov.uk</a>

### 1 Recommendations

- 1.1 To note and comment on the directorate risks.

### 2 Reasons for Recommendations

- 2.1 Effective risk management is a key element of good corporate governance, as noted in the council's [Code of Corporate Governance](#), and is essential to the overall performance of the council in meeting its corporate plan objectives. Good risk management will ensure that resources are used efficiently and effectively and that assets and resources are protected against risk in the most efficient way.
- 2.2 The role of the ARAC is to provide assurance to the Council that it has a system of governance, risk management and internal control in place



and that the adequacy and effectiveness of these arrangements continue to inform decision making. Thereby, it provides assurance that risks to the delivery of the council's key priorities are being managed.

- 2.3 The Committee will be aware that these risks are managed through the council's risk management process which is set out in its Corporate Risk Management Strategy, and involves the development of risk registers at strategic, directorate, operational and project levels.

Risk hierarchy



- 2.4 Ownership of the individual directorate risks is assigned to the director and service managers, who have responsibility to:



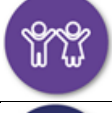



- Consider and agree the risk description
- Assess the current risk score based upon the controls in place and the assurances they have received on the adequacy and effectiveness of these controls
- Implement mitigating actions to reduce the risk scores where necessary, in order to deliver the target risk score by the target date.

- 2.5 The Director is also responsible for keeping the Cabinet Members informed of the relevant risks that fall within their portfolio and the implementation of mitigating actions.



- 2.6 Further ongoing reviews of the directorate register are undertaken by the Directorate Management Team on a regular basis.
- 2.7 A summary of the directorate risks is included at Appendix A of this report which notes one risk that is currently assessed as red, five amber risks and six green risks. This summary register should be considered alongside the council's strategic risk register which also includes risks which the Law and Governance directorate has responsibility for managing or will contribute to the management of.

### 3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people
	People live well and age well
	Strong resilient communities
	Quality homes in thriving neighbourhoods
	A strong and inclusive economy
	A connected and accessible Sandwell
The report details the key directorate risks that need to be managed to ensure that they do not negatively impact on the delivery of the directorate business plan and thereby the Corporate Plan objectives.	

### 4 Context and Key Issues

- 4.1 This report updates the Committee on the profile of the key risks currently faced by the directorate.
- 4.2 The risk register is a live document and reflects the risk profile at the time of preparing this report in August 2022. The risks undergo ongoing review to ensure they remain appropriate and are assessed in order to aid informed decision making and resource allocation.



4.3 The directorate risk register may not include all of the risks faced by the directorate. Other risks are captured within service, programme and project risk registers and assessments, in line with the Council's risk management framework as noted above.

4.4 The directorate incorporates the following service areas:

- Equality and diversity
- Legal services
- Monitoring Officer role
- Governance
- Electoral services
- Councillor support
- Democratic services
- Bereavement services and coroner service
- Registrations
- Information governance

4.5 An update of the risks, including the measures in place to mitigate them are included within appendix A.

## 5 Alternative Options

5.1 Whilst this report does not require a decision and therefore, alternative options do not need to be considered, when measures are being considered for the mitigation of each of the directorate risks, this takes into account any alternative options available.

## 6 Implications

<b>Resources:</b>	The authority's budget planning process incorporates financial and other resources required to manage the authority's risks and deliver the priorities within the corporate plan.
<b>Legal and Governance:</b>	There are numerous standards applicable to the management of risk within the local authority sector. Included amongst these is guidance from CIPFA/Solace, the British Standards Institute (BSI) and a set of joint standards published by the Institute





	of Risk Management (IRM), Alarm (The public sector risk management association) and AIRMIC (Association of Risk Managers in Industry and Commerce). Evidence that robust management of the authority's risks is being undertaken demonstrates compliance with these standards.
<b>Risk:</b>	The report itself is an update of the key risks facing the directorate.
<b>Equality:</b>	As a decision is not being sought in this report, it is not necessary to undertake an Equality Impact Assessment. However, when measures and decisions are being considered for the mitigation of risks, risk owners must take into account any equalities impact and whether an equalities impact assessment is required.
<b>Health and Wellbeing:</b>	The management of risk takes into account where appropriate, the implications on health and wellbeing of our communities.
<b>Social Value</b>	The actions and decisions that are being considered for the mitigation of the risks, will take into account where appropriate, the meeting of the Council's social value commitments.

## 7. Appendices

Appendix A – Directorate risk register summary as at August 2022

## 8. Background Papers

None



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1. Best start in life for children and young people



2. People live well and age well



3. Strong resilient communities




4. Quality homes in thriving neighbourhoods






5. A strong and inclusive economy




6. A connected and accessible Sandwell

Risk Ref	Risk Title and Description	Previous risk score (May 2022)	Movement in risk score	Current risk score (August 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)	Key Sources of Assurance
LGDR01(S)	<p><b>Restructure and recruitment</b></p> <p>The service is currently undergoing a restructure. There may be impacts on service delivery and/or business continuity. As a specialist area, nationally, recruitment to some roles can prove difficult.</p> <p>Risk owner: Director and Assistant Directors and Service Managers.</p>	6 (Green)		6 (Green)	4 (Green)  31 <sup>st</sup> March 2023	<p>A restructure within Law and Governance is underway.</p> <p><b>Current and ongoing controls</b></p> <p>The restructure is designed to meet committed efficiency savings, realignment of resources to meet the identified business need and mitigate so as far possible the risks facing the directorate.</p> <p>Proposals are out for consultation and may be subject to change. Consultation has concluded and the restructure will be finalised and implemented 1 November 2022.</p> <p><b>Further Actions</b></p> <ul style="list-style-type: none"> <li>Finalise and implement the final restructure.</li> <li>Embed a performance management framework which will include revised SLAs with client departments, new/revised KPIs, and further improvements to budget monitoring arrangements.</li> <li>L&amp;G Management will monitor improvements, demands and outcomes delivered.</li> <li>Making interim arrangements pending permanent recruitment.</li> </ul>	<p>L&amp;G Re-structure proposals</p> <p>Directorate Business case</p>


LGDR02(S)	<p><b>Business Continuity</b></p> <p>There is an imperative given the nature of services provided to ensure the continuation in the delivery of key enabling and frontline services at re-defined acceptable levels following a disruptive incident are maintained and mitigating systems of prevention and recovery to deal with potential threats are in place.</p> <p>Risk owner: Director and Assistant Directors and Service Managers</p>	6 (Green)		6 (Green)	4 (Green) 31 <sup>st</sup> December 2022	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Business Continuity Plans are in place for all services within the directorate.</li> <li>The Directorate is currently going through a restructure.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Business continuity plans will be reviewed and updated following the restructure and updated where necessary to ensure they align with any changes to the structure of the service areas.</li> <li>Business Continuity, local emergency mortuary arrangements and excess death plans will be reviewed periodically.</li> <li>Regular consultation and communications with staff.</li> </ul>	<p>Business Continuity Plan</p> <p>Standard Operating Procedures</p> <p>Test exercises</p>
LGDR03(S)	<p><b>Corporate improvement plan and governance review.</b></p> <p>The pace of delivery and resources required for the delivery programmes are intensive. There is a risk that the directorate may be unable to deliver the programme which could also impact on business as usual activities.</p> <p>Risk owner: Director and Assistant Directors and Service Managers</p> <p>Service area: across directorate</p>	8 (Amber)		8 (Amber)	6 Green 31 <sup>st</sup> March 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Regular monitoring of progress against actions/deliverables; An officer project working group and a cross-party member working group have been established to co-ordinate the strands of the governance review.</li> <li>A number of work strands and Improvement Plan actions have been completed and many others are in progress and on target for completion within confirmed timescales.</li> <li>Additional support brought in to assist.</li> <li>Leadership Team monitoring progress.</li> </ul> <p><b>Further actions</b></p> <p>Linked to LGDR01(S) above)</p> <ul style="list-style-type: none"> <li>Regular monitoring against actions.</li> </ul>	<p>Improvement Plan Monitoring Reports</p> <p>Cabinet and Council oversight Scrutiny Board oversight</p> <p>Audit &amp; Risk Assurance Committee oversight</p>



						<ul style="list-style-type: none"> <li>• Further resources are being sought to help manage demands on service and ensure timescales are met, whilst maintaining routine business need/requirements.</li> <li>• Implementation of learning and development plans in relation to both officers and members.</li> <li>• Maintain current approach, incorporating flexibility to meet any new/additional business need.</li> </ul>	
LGDR04(S)	<p><b>Budget and resources within L&amp;G</b></p> <p>The directorate delivers a number of statutory functions and supports many services provided by other directorates. Insufficient budget allocation will impact on the ability of the directorate to meet the expected business need.</p> <p>Risk owner: Director and Assistant Directors and Service Managers</p> <p>Service area: whole directorate</p>	8 (Amber)		8 (Amber)	4 (Green) 28 <sup>th</sup> February 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>• A zero-based budgeting exercise has been partly undertaken in order to identify required resources. However, the exercise requires completion to address underlying budget issues. This is subject to further discussion as part of corporate budget planning processes. Some financial mitigation has been secured; however further mitigations are required.</li> <li>• Income generation is subject to a number of variables in the Directorate.</li> </ul> <p><b>Further actions:</b></p> <ul style="list-style-type: none"> <li>• Zero based budget exercise to be completed to address underlying budget issues and to meet corporate demands.</li> <li>• Restructure will assist realignment of resources to meet the business need.</li> <li>• Star Chamber budget sessions to provide challenge and review budget and explore other potential efficiencies/opportunities.</li> </ul>	L&G Re-structure Directorate Business case Periodic budget monitoring


LGDR05	<p><b>Burial capacity</b></p> <p>The Council through its Registration Services has identified that burial space in some towns in Sandwell is running out.</p> <p>Risk owner: Director and Assistant Director</p> <p>Service area: Registration Services</p>	8 (Amber)		8 (Amber)	4 (Green)  Dec 2024	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Options appraisals of potential development sites concluded a new cemetery for Rowley Regis on part of Powke Lane open space and a new cemetery for West Bromwich on part of Forge Mill Farm are the preferred options for development.</li> <li>The development of a new cemetery for Rowley Regis (RR) on part of Powke Lane open space is now in main construction phase with an anticipated completion date of Summer 2022. Project team established and main contractor now on site. Work is progressing well with risks accounted for and reviewed at project team.</li> <li>The development of a new cemetery for West Bromwich (WB) on part of Forge Mill Farm and alterations to Sandwell Valley crematorium have planning consent in place with capital allocation partly identified and secured Project team and plan established. Subject to the necessary authorities on revenue implications and the construction it is anticipated that work will be completed by the end of 2024.</li> </ul> <p><b>Further Actions:</b></p> <ul style="list-style-type: none"> <li>RR -Established project team to continue to have oversight on key milestones in accordance with project plan and liaison with main construction contractor. Periodic review of project risks to be undertaken accounting for budget allocation and associated constraints.</li> <li>WB - Impact of capital and revenue implications need to be accounted for. SIU to review and appraise business case with a view of proposals to be completed and approved by Council to account for the</li> </ul>	<p>Highlight progress reports to project board.</p> <p>Risk Register</p> <p>Project plans</p> <p>Budget monitoring</p> <p>Cabinet decision to be taken related to cemetery construction</p> <p>Risk registers</p> <p>Project plans</p> <p>Assessment by Strategic Investment Unit</p>
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						construction and operation of the new cemetery.	
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LGDR06	<p><b>Midland Metropolitan Hospital</b></p> <p>The Midland Metropolitan Hospital is planned to open in Spring 2024 which will see many health care services move from City Hospital in Birmingham to the new Midland Metropolitan Hospital in Smethwick. This will increase both the number of birth and death registration events in Sandwell. In addition, an increase in Public Health act funerals will very likely occur as will the complexity and volume of cases referred to the Black Country Coroner</p> <p>Risk owner: Director and Assistant Director Service area: Registration Services</p>	12 (Red)		8 (Amber)	4 (green) Spring 2024	<p><b>Current and ongoing controls</b></p> <p>It is anticipated that near 5,000 registration events and other registration related services will be impacted by the transfer of services to the MMH.</p> <ul style="list-style-type: none"> <li>Accommodation at the Register Office has been updated to account for the additional appointments that will need to be facilitated by Sandwell as a Local Registration Service.</li> <li>Service reviews to account for regulatory amendments in response to COVID 19 to redefine our operating model related to deaths has been completed and is now embedded.</li> <li>Staff development is ongoing.</li> <li>Coroners facilities reviewed with design proposals completed.</li> <li>Area coroner appointed.</li> <li>New case management system implemented.</li> <li>Staff resources accounted for as part of budget setting 22/23</li> </ul> <p><b>Further actions:</b></p> <ul style="list-style-type: none"> <li>Impact of revenue and capital implications are to be reviewed to ensure they meet the business need.</li> <li>Service reviews to be completed for Birth and ceremonies to help establish consistency and redefined operating model in response to regulatory changes.</li> <li>Staff recruitment and development to be completed by end of 2023 as part of the directorate restructure.</li> </ul>	<p>Impact included in scrutiny work program 2022/2023.</p> <p>Resource implications accounted for in directorate restructure.</p> <p>Annual reporting to Registrar General related appointment availability performance for births and deaths.</p>
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LGDR07	<p><b>Children's Social Care</b></p> <p>National issues in relation to resources and demand in retaining social workers. Specific service level agreements are in place with Sandwell's Children's trust, which the Law and Governance directorate are obliged to meet.</p> <p>The Council remains responsible for the statutory duty to safeguard children.</p> <p>Risk owner: Director and Assistant Director</p>	6 (Green)		6 (Green)	4 September 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Competition for experienced childcare lawyers remains high with an inherent risk to resource the demands of the service.</li> <li>The service provision is currently being delivered very well with significant improvements in the service which is recognised as a leader in the region by the judiciary.</li> <li>Permanent Career Grade posts and Advocates have significantly reduced the reliance on external agents and counsel and provided a consistency in the legal advice and support provided to children's services. The team is fully staffed and provides high level effective support to the Trust. A strong relationship has been established with the courts along with early warning for any issues to mitigate the impact on the legal team.</li> </ul> <p><b>Further actions:</b></p> <ul style="list-style-type: none"> <li>Continue monitoring resources and demands.</li> </ul>	Report to OPB, SPB Board L&G Re-structure Court KPI's
LGDR08	<p><b>Effective delivery of elections</b></p> <p>Elections take place on an annual cycle, subject to any agreed change to the elections cycle by Full Council in Oct 2022. Management of elections, including external elections (WMCA/PCC/UKPGE)</p>	8 (Amber)		4 (Green)	4 (Green)  Achieved	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Corporate project team established to deliver the elections.</li> <li>There are effective regional and national networking arrangements in place.</li> <li>The Council has a positive working relationship with associated national bodies and works to best practice.</li> <li>Individual risk registers are established and maintained for each election, as there</li> </ul>	Individual risk registers per each election are held in service Statutory KPIs Electoral Commission oversight AEA membership

	<p>There is a risk that if the elections are not sufficiently or appropriately resourced this would result in risk to the statutory requirement for the delivery of elections and associated significant reputational harm to the Council.</p> <p>Risk owner: Returning Officer (supported by Director and Assistant Director) Service area: Democracy</p>					<p>are unique risks and mitigations applied dependent upon the election to be administered.</p> <ul style="list-style-type: none"> <li>Restructure underway to strengthen resources in the electoral team.</li> </ul> <p><b>Further actions:</b></p> <ul style="list-style-type: none"> <li>Maintain current approach and build in lessons learned from each election.</li> <li>Continuous improvement drive to be maintained.</li> <li>Subject to any change in the electoral cycle, assess the impact and implications and take all necessary steps to ensure the effective delivery of elections.</li> </ul>	
LGDR09	<p><b>Annual delivery of the canvass</b></p> <p>Electoral registration activity is undertaken on a rolling monthly basis with a householder and individual electoral registration "canvass" carried out annually. This is a statutory function and the risks of non-compliance would result in reputational harm to the Council.</p> <p>Risk owner: Electoral Registration Officer (supported by Director and Assistant Director)</p>	<p>8 (Amber)</p>		<p>4 (Green)</p>	<p>4 (Green)</p> <p>Achieved 30<sup>th</sup> November 2022</p>	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>An action plan and schedule of activity to deliver both the monthly and annual registration activity is in place</li> </ul> <p><b>Further actions:</b></p> <ul style="list-style-type: none"> <li>Maintain current approach. The restructure will address identified capacity issues</li> </ul>	<p>Action Plan</p> <p>Statutory KPIs</p> <p>Electoral Commission oversight</p> <p>AEA membership</p>

LGDR10	<p><b>Implementation of the Election Act 2022</b></p> <p>The Election Act 2022 is a new piece of legislation that will introduce a number of new statutory obligations and requirements on local authorities, including the introduction of voter identification. Secondary legislation has not yet been placed on the parliamentary timetable, however, there is a known government intention for the provisions to be enacted in advance of the 2023 elections. The late introduction of legislation or national guidance would require the Council to respond to any implemented changes on a shortened timescale with an impact on capacity and resilience. The absence of national guidance exposes the Returning Officer to potential inconsistent working practices and therefore greater public challenge</p> <p>Risk owner: Returning Officer &amp; (supported by Director and Assistant Director)</p>	12 (Red)		12 (Red)	8 (Amber) May 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Sandwell's electoral services manager is a member of the national board, co-ordinated by Cabinet office, on the development of an approach to the new legislation.</li> <li>Updates will be provided to the Elections Returning Officer as the legislation and subsequent procedural processes develop towards implementation.</li> <li>Work is underway to identify the potential electorate that may require the provision of voter identification.</li> </ul> <p><b>Further actions:</b></p> <ul style="list-style-type: none"> <li>Maintain current approach until additional confirmation is received.</li> <li>Action Plan to be developed.</li> </ul>	Electoral Commission oversight AEA membership
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LGDR11	<b>Ensuring effective decision making</b>  Failure to comply with good practice and/or statutory deadlines can undermine the Council's decision-making processes.  Risk owner: Director and Assistant Director	8 (Amber)		8 (Amber)	4 Ongoing	<b>Current and ongoing controls</b> <ul style="list-style-type: none"> <li>The service has introduced a new committee management system (Mod.Gov) and is developing the system further to help improve decision-making in the council.</li> <li>Learning and development interventions for officers are being designed in tandem to provide for a broader corporate understanding of decision-making requirements.</li> <li>The decision-making arrangements will also form part of the wider Governance Review.</li> </ul> <b>Further actions:</b> <ul style="list-style-type: none"> <li>Delivery of functionality within the platform and roll-out of corporate training programme.</li> <li>Complete Constitution Review.</li> <li>Monitoring outcome of the Governance Review to inform continuous improvement.</li> </ul>	Action Plan Statutory KPIs
LGDR12	<b>School admissions and appeals</b>  School admission appeals are a core function of the service. The number of appeals varies on an annual basis and is influenced by factors outside the service, including the number of first and second preference school placements. This can impact on the services	6 (Green)		6 (Green)	6 Achieved	<b>Current and ongoing controls</b> <ul style="list-style-type: none"> <li>Working with colleagues in the Education, the service is exploring alternative delivery models in line with the government academisation proposals.</li> <li>Resources are being reviewed as part of the restructure in Law &amp; Governance.</li> </ul> <b>Further actions:</b> <ul style="list-style-type: none"> <li>The Law and Governance restructure will aim to mitigate risks related to resilience and resource capacity issues.</li> </ul>	L&G Re-structure Action Plan Statutory KPIs

	ability to plan and resource  Risk owner: Director and Assistant Director						
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## Audit and Risk Assurance Committee

**29 September 2022**

<b>Subject:</b>	Strategic Risk Register Update Report
<b>Director:</b>	Director of Finance Simone Hines
<b>Contact Officer:</b>	Audit Services Business Partner Narinder Phagura Narinder_phagura@sandwell.gov.uk

### 1 Recommendations

- 1.1 To note and comment on the strategic risks prior to reporting to Cabinet on 28 September 2022.







### 2 Reasons for Recommendations

- 2.1 Effective risk management is a key element of good corporate governance, as noted in the council's [Code of Corporate Governance](#), and is essential to the overall performance of the council in meeting its corporate plan objectives. Good risk management will ensure that resources are used efficiently and effectively and that assets and resources are protected against risk in the most efficient way.
- 2.2 The role of the ARAC is to provide assurance to the Council that it has a system of governance, risk management and internal control in place and that the adequacy and effectiveness of these arrangements continue to inform decision making throughout the emergency and recovery period.





### 3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people People live well and age well Strong resilient communities
	Quality homes in thriving neighbourhoods A strong and inclusive economy A connected and accessible Sandwell
	The report details the key strategic risks that need to be managed to ensure that they do not negatively impact on the delivery of the Corporate Plan objectives.
	
	
	

### 4 Context and Key Issues

- 4.1 This report updates the Committee on the profile of the key risks currently faced by the Council since they were last reported in June 2022.
- 4.2 The risk register is a live document and reflects the Council's risk profile at the time of preparing this report in August 2022. The risks undergo ongoing review to ensure they remain appropriate and are assessed in order to aid informed decision making and resource allocation.
- 4.3 The Strategic risk register does not include all of the risks faced by the Council. Other risks are captured within directorate, programme and project risk registers in line with the Council's risk management framework.
- 4.4 The review and assessment of each strategic risk, has been discussed with the risk owners and discussed with the Leadership Team and Cabinet Members. A summary of the strategic risk register is included at appendix A. The following changes are noted since the last update to the Committee:



- Risk 4 – Children’s Social Care has reduced from 12 (red) to 8 (amber) following the publication of the recent Ofsted report on the Inspection of Local Authority Children’s Services in Sandwell, which took place in May 2022. This reported a judgement of the service moving from an assessment of ‘Inadequate’ to one of ‘Requiring Improvement’. The report highlights areas of positive change but also notes further work which needs to take place to improve practice and outcomes for vulnerable children and their families.
- Risk 6a- Emergency Preparedness has reduced to green. The risk is deemed to be low as emergency Plans are in place and regularly reviewed for the identified risks.
- Risks 27 and 27b – Medium Term Financial Plan and Budget Management 2022/23 have increased from 12 (red) to 16 (red) and from 8 (amber) to 12 (red) respectively, as a result of the impact of the current and forecast levels of inflation on the council’s finances.
- Risk 54- Special Educational Needs and Disabilities Transport has also reduced from 12 (red) to 8 (amber), following the successful completion of the procurement for SEND transport. The residual risk reflects the budget pressure to ensure that any overspends are managed.
- Risk 56a – Towns Fund Programme phase 2- this is a new risk which reflects the next phase / delivery phase of the programme following the ministerial decisions in respect of the funding that has now been secured.
- Risks 60 – Health and Safety continues to be assessed as green. As such, this risk has been de-escalated from the strategic risk register to the appropriate directorate register.
- Risk 63a – Establishment of a Local Authority Trading Company (LATC) to Manage Nine of the Council’s Leisure Centres – this is a new risk reflecting the decision made by Cabinet to secure the delivery of a sustainable leisure model in the form of a separate LATC, once the current arrangement with Sandwell Leisure Trust comes to an end in May 2023.



- Risk 64 – Workforce Recruitment and Retention – this is a new risk which reflects the regional and national picture of workforce recruitment and retention challenges in certain specific employment sectors.
- A new risk – risk 065 in respect of inflation and the impact of this on the cost of living for residents and the demand for council services has been highlighted and identified as a separate risk in the strategic risk register.

4.5 An update on these risks, including the measures in place to mitigate them are included within appendix A.

## 5 Alternative Options

5.1 Whilst this report does not require a decision and therefore, alternative options do not need to be considered, when measures are being considered for the mitigation of each of the strategic risks, this takes into account any alternative options available.

## 6 Implications

<b>Resources:</b>	The authority's budget planning process incorporates financial and other resources required to manage the authority's risks and deliver the priorities within the corporate plan.
<b>Legal and Governance:</b>	There are numerous standards applicable to the management of risk within the local authority sector. Included amongst these is guidance from CIPFA/Solace, the British Standards Institute (BSI) and a set of joint standards published by the Institute of Risk Management (IRM), Alarm (The public sector risk management association) and AIRMIC (Association of Risk Managers in Industry and Commerce). Evidence that robust management of the authority's strategic risks is being undertaken demonstrates compliance with these standards.



<b>Risk:</b>	The report itself is an update of the key risks facing the Council.
<b>Equality:</b>	<p>As a decision is not being sought in this report, it is not necessary to undertake an Equality Impact Assessment.</p> <p>However, when measures and decisions are being considered for the mitigation of risks, risk owners must take into account any equalities impact and whether an equalities impact assessment is required. The Council recognises that its workforce is instrumental in assisting the organisation in managing the strategic risks noted within this report (as set out in Appendix A) and thereby delivering the Council's priorities. As such, the Council must ensure that equalities implications and how they affect the workforce as well as the wider community are considered and underpin all decisions and risk mitigating actions.</p>
<b>Health and Wellbeing:</b>	The management of risk takes into account where appropriate, the implications on health and wellbeing of our communities.
<b>Social Value</b>	The actions and decisions that are being considered for the mitigation of the strategic risks, will take into account the meeting of the Council's social value commitments.

## 7. Appendices

Appendix A – Strategic risk register summary as at August 2022

## 8. Background Papers

None



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1. Best start in life for children and young people



2. People live well and age well



3. Strong resilient communities




4. Quality homes in thriving neighbourhoods




5. A strong and inclusive economy





6. A connected and accessible Sandwell


Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
4 07/12	<p><b>Children's Social Care</b></p> <p>If the Council does not put in place robust arrangements and receive appropriate assurances to ensure that the Sandwell Children's Trust (SCT) addresses the areas of poor or inconsistent performance, as outlined by Ofsted (and as required by the Statutory Direction served on the Council on 6 October 2016), with rigour and pace, then the Council will fail in its responsibilities to:</p> <ul style="list-style-type: none"> <li>Safeguard vulnerable children</li> <li>Promote and improve the outcomes of children in its care</li> <li>Manage any adverse financial consequences arising from the failure to create favourable outcomes for children within the resources available to it</li> <li>Improve the continued adverse affect on the Council's reputation.</li> </ul> <p>Risk Area – Children's Services Risk Owners – Director of Children and Education <b>Objectives impacted: 1 and 3</b></p>	12 (red)		8 (amber)  Requires Improvement	4 (green)  Good Outcome of ILACS inspection by 2025	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>Performance and contract management against KPIs and the improvement plan. The KPIs are being reviewed (to take effect from 1 April 2023) as part of the contract review process and will take into account the Ofsted findings, as well as any findings from the recent national review by Josh McAllister around early help, children's social care and partner collaboration.</li> <li>The most recent Ofsted inspection of the Fostering service, rated all areas as 'Good', demonstrating a positive direction of travel.</li> <li>Completion of case file audits and learning from the audit and the resultant activity is used to ensure practice improvement.</li> <li>Ongoing measures to improve staffing levels and recruitment.</li> <li>The Inspection of Local Authority Children's Services (ILACS) took place in May 2022 and reported a judgement of 'Requires Improvement to be Good' and has informed the risk score.</li> <li>Contract review commenced in April 2022 resulting in a recommendation being made to the Secretary of State not to invoke the break clause within the Service Delivery Contract.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Implementation of actions in respect of SCT, arising from the recent Grant Thornton- Value for Money Governance Review 2021, including joint working on areas such as Early Help and Corporate Parenting (ongoing).</li> <li>Consideration of the impact of the government's full response to the Josh McAllister Care Review once published which government stated would be later this year.</li> </ul>	<p>Operational Partnership and Strategic Partnership Boards</p> <p>Key Performance Indicators</p> <p>Ofsted monitoring visits</p> <p>Improvement Board</p> <p>Sandwell Local Safeguarding Children's Board Annual Report</p> <p>Grant Thornton – Value for Money Governance Review 2021</p> <p>Reports to Scrutiny</p> <p>ILACS Ofsted inspection July 2022</p>


Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
6a 10/07	<p><b>Emergency Planning</b></p> <p>If the Council does not put in place effective arrangements to plan and mitigate against national, regional or local emergencies as defined by Part 1 of the Civil Contingencies Act 2004 (CCA) then this will result in:</p> <ul style="list-style-type: none"> <li>Actual or anticipated failure to adequately protect vulnerable persons</li> <li>Failure to support the emergency services</li> <li>Loss of public confidence in the Council</li> <li>Failure to fulfil Civil Contingencies Act responsibilities</li> </ul> <p>Risk Area – Neighbourhoods and Communities</p> <p>Risk owner – Director of Borough Economy</p> <p><b>Objectives impacted: All</b></p>	8 (amber)		4 (green)	4 (green)  Achieved	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>Participation in the West Midlands Local Resilience Forum (LRF).</li> <li>Contribution to the Community Risk Register (CRR) via the Risk Assessment Working Group. The CCR which is approved by the LRF, informs the capabilities and plans required of partners.</li> <li>The Council has plans in place for identified risks. These include the Sandwell Emergency Plan; Rest Centre Plan; Humanitarian Assistance Centre Plan; Sandwell Flood Plan; Reservoir Plan; Extreme Weather Plan; Black Country Excess Deaths Plan; h Evacuation Plan; media crisis plan; emergency mortuary Plan and the Emergency Transport Plan.</li> <li>These plans are continually reviewed and a training, testing and exercise programme approved by the Leadership Team informs the current risk score.</li> <li>The extreme weather plan was activated and no issues with the arrangements in place were identified.</li> <li>Exercise Shelby took place to validate elements of the Solvay Solutions emergency plan, including testing of the new incident room activation and functionality.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>An update of the civil contingencies legislation is due to be put forward in the current parliament. Once the legislation is published an update on the changes and what it means to the Council will be undertaken.</li> <li>Ongoing review, testing and exercise.</li> <li>Our Guidance for Elected Members will be reviewed with an aim to conduct a Cabinet Workshop by March 2023.</li> </ul>	Community Risk Register Risk assessments Emergency Committee Post incident reports Test exercises





Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
6b 04/18	<p><b>Business Continuity Management (BCM)</b></p> <p>If the Council does not develop, review, monitor and test plans and capabilities that seek to maintain the continuity of key functions in the event of an unplanned disruptive incident, then it will be unable to perform critical business functions which will impact the provision of Council services and result in potential financial loss and loss of public confidence in the Council.</p> <p>Risk Area – All Council services Risk owner – Director of Borough Economy <b>Objectives impacted: All</b></p>	12 (red)		12 (red)	6 (green)  Dependent upon the actions required following the lessons learned report	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>Business continuity plans are in place to mitigate the denial of; staff (e.g. illness, industrial action), ICT (e.g. software failure, cyber attack), facilities (e.g. building closure), stakeholders (e.g. suppliers, partners). These plans identify the criticality of each council service and the arrangements in place to restore services in the event of an unplanned incident.</li> <li>The pandemic has continued to provide some assurances around the robustness and effectiveness of the continuity of key functions over the last two years, through a shift to working remotely.</li> <li>Following an incident in the ICT suite in May 2022 the council is revisiting its resilience arrangements- in particular in relation to its Oracle business system, to ensure robust measures are in place to reduce both the likelihood and impact of a similar risk materialising in the future. This also includes a review of the arrangements in place in respect of the management and supervision of the council's contractors. Further details in respect of the actions taken are being presented to the Committee as a separate agenda item.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>As noted in the separate briefing paper.</li> <li>All directorate business plans have been requested to review their Plans and incorporate any learning from the ICT incident noted above. Once completed and assurance has been sought, this will enable the risk assessment to be reduced.</li> <li>Support from the cyber team to work with the resilience team to further improve all service area business continuity plans (ongoing).</li> </ul>	<p>Emergency Committee Resilience team reports to Leadership Team</p> <p>Post incident reports</p> <p>Test exercises including cyber exercise</p>

Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
21a 06/15	<p><b>Compliance with the Data Protection Act 2018 (DPA 2018), the General Data Protection Regulations (GDPR) and Freedom of Information Act 2000 (FOIA)</b></p> <p>If the Council does not ensure it has a robust framework in place to comply with the DPA 2018 (which includes GDPR) or FOIA then it faces significant external action from the Information Commissioner's Office for failing to undertake its statutory duty. Further, failing to comply will result in negative public reaction and reputational damage, significant monetary penalties, loss of confidential data and potentially legal action.</p> <p>Risk Area – Legal &amp; Governance Risk Owner- Director of Law and Governance <b>Objectives impacted: 3</b></p>	12 (red)		12 (red)	8 (amber)  March 2023 (officers)  June 2023 (members)	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>The Information Governance Board which is chaired by the Senior Information Risk Owner (SIRO) meets monthly to monitor progress of the information governance (IG) workplan.</li> <li>IG framework sets out the Council's policies, requirements, standards and best practice that apply to the handling of information.</li> <li>Information Asset Registers capture the information held by the Council service areas.</li> <li>Information champions disseminate, feedback, facilitate and co-ordinate IG activity.</li> <li>Annual completion of and compliance with the NHS self- assessment toolkit -NHS Digital which demonstrates the Council processes in place to meet the requirements of the NHS's data protection standards and sharing arrangements.</li> <li>Annual data protection and cyber security training for all staff which has been completed by over 90% of staff to date.</li> <li>Compliance with the Council's data retention policy which was approved by Cabinet on 23 February 2022 is being implemented across all directorates and should be completed by March 2023.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>A further programme of work to ensure compliance by elected members will also commence in January, which will be completed by June 2023.</li> <li>Ensure continued improvement in response times of FOI requests, with a target of 95% compliance by March 2023 for the Council.</li> </ul>	<p>Information Governance Board Information asset registers Information Commissioner's Office Internal Audit review 2019/20 Information incident log Cabinet Report and Resolutions</p>

Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
27 06/09	<p><b>Medium Term Financial Plan (MTFP) and Resource Allocation</b></p> <p>Local Government continues to operate in an uncertain financial environment arising from reducing central government funding, increasing demand for services, Covid-19 and more recently the impact of the high levels of inflation being reported. If the Council is unable to identify sufficient savings and put in place the necessary policies, processes and actions to manage pressures, inflation and manage its plans, then this will impact on the Council's financial resilience and its ability to effectively discharge its statutory responsibilities including the setting of a balanced budget for future years.</p> <p>Risk Area – Finance &amp; Resources Risk owner- Director of Finance <b>Objectives impacted: All</b></p>	12 (red)		16 (red)	8 (amber)  Dependent upon announcements of Comprehensive Spending Review	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>Local government settlement announced for one year only.</li> <li>A balanced budget for 2022/23 was approved by Council on 1 March 2022 and includes savings totalling £14.6m for implementation in 2022/23.</li> <li>Directorate and service business plans in place.</li> <li>The recent review by CIPFA on the Council's financial management and governance arrangements, noted that the Council is a progressive two-star (out of five) authority. The review also looked at financial resilience and concluded that the Council is financially stable and in recent years has been able to contribute towards reserves through achieving a balanced budget or an underspend.</li> <li>A fundamental review of the MTFP (in line with the CIPFA recommendations), is being undertaken and will be completed in September, to ensure the council understands the challenges ahead and to ensure that the MTFP matches the ambitions of the corporate plan and regeneration plans for Sandwell. A further review will then be undertaken once the local government settlement is announced.</li> <li>The review will also include an assessment of the impact the high levels of inflation currently being experienced and are forecast, are having on the MTFP and the mitigating measures that need to be considered to manage this pressure.</li> <li>The MTFP will be presented for approval by Cabinet in October. This will also form the basis for the 2023/24 budget and the transformation work required for the council's improvement journey.</li> </ul> <p><b>Further actions</b></p>	Budget and Corporate Scrutiny Board External Audit CIPFA financial management review


Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
						<ul style="list-style-type: none"> <li>Further details on central government's proposed funding reform and consultations are awaited and this, alongside the impact of inflation will be considered in 2022/23 to assess the impact on the MTFP.</li> <li>Finalisation and implementation of the action plan developed following the CIPFA review (as per the improvement plan timetable).</li> </ul>	
27a 06/21	<p><b>Future Government Policies and Funding Sources</b></p> <p>If the government does not provide local authorities clarity over the future plans for health and social care reforms, the public health grant, Better Care Fund, future years funding and continuing, with one year funding settlements then this inhibits local authorities to effectively manage medium term/ three year plans and put in place the necessary processes and actions to manage future pressures. This will impact on the Council's ability to deliver sustainable services to the people of Sandwell and effectively discharge its statutory responsibility to set a balanced budget for future years</p> <p>Risk Area – Finance Risk owner- Interim Chief Executive</p> <p><b>Objectives impacted: All</b></p>	16 (red)		16 (red)	8 (amber)  Dependent upon future government announcements	<p><b>Current and Ongoing Controls</b></p> <p>This risk was identified as a consolidation of previous risks within the strategic risk register and the Covid-19 risk register in respect of a national funding solution for children's social care; risks around the government providing local authorities with one year settlements, the health and social care reforms; government funding for school place planning and future funding plans for public health and the Better Care Fund.</p> <p>Due to the uncertainties that are currently prevalent around all of these funding sources, in addition to the national political uncertainties around central government leadership, policies and priorities as well as the issue of the high level of inflation, and whether this will be reflected in future funding policies, the risk continues to be assessed as very high.</p> <p><b>Further actions</b></p> <p>The Council continues to horizon scan and consider the impacts of potential government initiatives and policies on future funding sources and demand for council services. (Ongoing)</p> <p>The Department of Levelling Up, Housing and Communities (DLUHC) is expected to consult on reforms to Local Government in Spring/ Summer 2022 and this will inform the review of the MTFP and budget setting process for 2022/23. However, no consultation has been released and there is no update from DLUHC on plans for funding</p>	

Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
						reform or the Local Government Finance Settlement for 2023/24.	
27b 10/21	<b>Budget Monitoring and Management 2022/23</b> If the Council does not put in place effective arrangements to monitor and manage the current year's budget to ensure that planned savings are achieved and efficiencies realised, then it will result in overspends and the resilience of the Council's finances.  Risk Area – Finance & Resources Risk owner- Director of Finance <b>Objectives impacted: All</b>	9 (amber)		12 (red)	6 (green)  March 2023	<b>Current and Ongoing Controls</b> <ul style="list-style-type: none"> <li>The financial management and monthly budgetary control processes in place</li> <li>Regular reporting of financial performance to Budget Board, Scrutiny and Cabinet.</li> <li>The year end 2021/22 position was expected to report an underspend after adjusting for reserves, corporate resources and the application of the centrally held Covid -19 grant. Whilst this would have informed a reduction in the current assessment to green, the underspend was higher than expected and as such, further work needs to be carried out to understand the reason for this and to consider any improvements that maybe required to the monthly budget monitoring process.</li> <li>As noted above, a review by CIPFA on the Council's financial management and governance arrangements was recently completed and an action plan is being developed to address the recommendations made. This is being monitored by the Corporate Improvement Board.</li> </ul> <b>Further actions</b> <ul style="list-style-type: none"> <li>The budgetary position for 2022/23 is now the focus for budget management and informs the risk assessment going forward. The current assessment reflects the impact of inflation.</li> <li>The council is currently forecasting an overspend as at Quarter 1, driven predominantly by high inflation. Leadership Team is working to identify corrective action to bring the budget back to a balanced position.</li> <li>Implementation of the action plan developed following the CIPFA review. This will include a review of budget</li> </ul>	Budget and Corporate Scrutiny Board CIPFA financial management review External Audit Annual Internal Audit review- budgetary control


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						monitoring processes and reporting and is being supported by an Interim Finance Improvement Manager to provide additional capacity to progress the action plan.	
42a 02/17	<b>Cyber Security</b> If the Council does not have a co-ordinated approach and understanding of its existing cyber security controls or those available to it, together with an analysis of identifiable gaps, then this could expose the Council to cyber-attack resulting in: <ul style="list-style-type: none"> <li>The inability of the Council to deliver services, particularly critical services for a significant period of time</li> <li>The loss of corporate and sensitive personal data (including bank details)</li> <li>Enforcement action</li> <li>Significant financial loss and</li> <li>Reputational damage</li> </ul> Risk Area – Information Governance and ICT Risk Owner – Director of Business Strategy and Change	12 (red)		12 (red)	8 (amber)  Mar 2023	<b>Current and Ongoing Controls</b> <ul style="list-style-type: none"> <li>Cyber Board in place which monitors progress against the cyber improvement plan.</li> <li>Quarterly updates on all work undertaken to the Leadership Team and Corporate Scrutiny Board.</li> <li>Training for all staff through the implementation of the meta-compliance annual training</li> <li>Regular communications continue to be sent to employees around the risks of remote working, password security, etc.</li> <li>Attendance at national C-TAG forum, DLUHC cyber clinics and West Midlands Warning, Advice and Reporting Point (WARP) where members can receive and share up-to-date advice on information security threats, incidents and solutions.</li> <li>Adoption of the Active Cyber Defence tools provided by the National Cyber Security Centre</li> <li>Modern technology is in place to assist in the mitigation of this risk</li> </ul> <b>Further actions</b> Additional measures to manage the risk (some of which will be dependent upon securing additional budget allocation and/ or implementation partner timelines) include <ul style="list-style-type: none"> <li>Refreshing and replacing technology as it reaches end of vendor support (ongoing)</li> <li>Development of a second data centre to enhance business resilience (Mar 23).</li> </ul>	Cyber Board LGA Cyber Assessment NHS Digital PSN certification


Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
	Objectives impacted: All					<ul style="list-style-type: none"> <li>• Procurement of new contact centre telephony to replace unsupported hardware and software (Jan 23)</li> <li>• Certification of the Public Services Network which remains in deferred status at present (Mar 23).</li> <li>• Working with Leadership Team to develop business cases to enable risk based decisions to be made in respect of the purchase and implementation of further protective technologies (Oct 22).</li> <li>• Developing and signing off a council wide Cyber Security Improvement Programme to enhance all elements of cyber security – Identification, Protection, Detection, Response and Recover phases (Oct 22).</li> <li>• Expanding the current cyber team in ICT to provide additional workforce capacity and skills to manage cyber security (Oct 22).</li> <li>• Utilising our Local Digital Cyber Fund capital award to address high priority improvements across the ICT infrastructure (Mar 23)</li> </ul> <p>Submission of the financial business cases will enable these to be considered for building into the budget planning for 2023/24 and as such a target date of March 23 is appropriate.</p>	




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50 01/18	<p><b>Sandwell Aquatic Centre</b></p> <p>If the Council fails to deliver this project to scope, timescales and cost, then this will result in significant reputational damage to the Council.</p> <p>Risk Area – Regeneration Risk Owner – Director of Regeneration and Growth</p> <p><b>Objectives impacted: 2, 5 and 6</b></p>	8 (amber)		8 (amber)	4 (green)  Summer 2023	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>Project governance and management arrangements in place</li> <li>Work on site continues to progress well with handover of the site to the Council from the main contractor Wates completed in April 2022.</li> <li>The Aquatics Facility to date is being delivered on time and on budget and successfully hosted the Commonwealth Games in August 2022. starts.</li> <li>The project now has moved into the legacy phase which involves the work to provide local leisure facilities for Sandwell residents which is expected to be completed by summer 2023.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Completion of legacy phase (summer 2023).</li> </ul> <p>The project continues to be assessed as amber due to the impact of risks identified elsewhere in this report including:</p> <p>(a) Volatility in construction supply chains – there continues to be the ongoing risk of shortages in certain materials and this can lead to delays in construction. There are no significant issues currently identified, but this position can change. The construction partner does plan ahead to secure the necessary materials.</p> <p>(b) Increasing costs of utilities -The pools need to be kept to a minimum temperature and will cost more than originally planned due to significant increases in utility costs. All steps are being taken to minimise consumption.</p> <p>(c) It is critical that the LA Trading Company for Leisure Services is in place and operational in order that the Aquatics Centre can be transferred for operational use. This is a risk to the overall project until this entity is established. The Project team are working closely with Leisure Services to mitigate this risk.</p>	Project Board





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53 04/18	<p><b>Oracle e-Business Suite</b></p> <p>If the appropriate project governance arrangements are not put in place to ensure that the project is delivered to time, scope and budget, then this may result in:</p> <ul style="list-style-type: none"> <li>The Council's business system being unsupported</li> <li>Inability to transform services that would enable processes to be more efficient</li> <li>Non compliance/ misalignment with other Council policies and projects such as Organisational development, the digital strategy, Work Place Vision and the IT transformation programme.</li> </ul> <p>Risk Area – Finance &amp; Resources</p> <p>Risk Owners – Director of Finance</p> <p><b>Objectives impacted: All</b></p>	12 (red)		12 (red)	8 (amber)  August 2023	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>The project has been temporarily paused to enable the council to take stock and have a clearer understanding of where the project is at and to enable it to have the appropriate focus and resource for it to be implemented successfully.</li> <li>Project management and governance arrangements continue to be in place including a Project Board, team and a project sponsor.</li> <li>The project has experienced significant delays as well as significant cost overruns and a number of issues have been highlighted in the Grant Thornton governance review.</li> <li>At its meeting on 13 April 2022, Cabinet approved renewal of the existing contract for Oracle business suite software until 30 April 2023.</li> <li>Health Check of the status of the previous implementation has been undertaken and the recommendations are being implemented by the Programme Board.</li> <li>Revised governance model with additional roles.</li> <li>The Council is receiving a package of support from Socitm Advisory to ensure the governance and project plans meet best practice.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Contact is now awarded to Support Implementation Partner with mobilisation underway in September.</li> <li>Finalise recruitment to new governance model (end of August).</li> <li>Change and Benefit Realisation Plan being prepared with support from SOCITM (September).</li> </ul>	Project Board Grant Thornton – Value for Money Governance Review 2021

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54 05/21	<p><b>Special Educational Needs and Disabilities (SEND) Transport</b></p> <p>If the Council is not able to appropriately support children with Special Educational Needs and Disabilities transport within the budget available, the impact on their life chances will be affected, the Council will likely be subject to increased Tribunals, and the Council's reputation will be adversely impacted.</p> <p>Risk Area – Children's Services</p> <p>Risk Owners — Director of Children and Education</p> <p><b>Objectives impacted: 1 and 3</b></p>	12 (red)		8 (amber)	4 (green)  When budget for SEND transport managed	<p><b>Current Controls</b></p> <ul style="list-style-type: none"> <li>Programme Board and project team established to deliver the new framework to ensure new SEND Transport contracts are in place for September 2022</li> <li>The new framework encompasses recommendations from Children's Services and Education Scrutiny Board review and Grant Thornton's, Value for Money Governance review ensuring the focus remains on quality of provision for children and their families but builds in financial and service resilience.</li> <li>An action plan is in place and is monitored to ensure it delivers on the outcomes required.</li> <li>The procurement tender exercise for a new contract(s) to commence in September 2022 has been completed. Contracts have been awarded to suppliers and will commence in September 2022.</li> <li>The Council's Children's Services and Education Scrutiny Board carried out a review into SEND transport which was considered by the Board. Recommendations were made to Cabinet and responses have been received covering the commissioning of SEND Transport for the end of the current extended contract period, matters relating to the longer-term delivery of SEND Transport and other, more general, recommendations on the topic.</li> <li>Additional reviews into the procurement process for SEND transport were also conducted by the Council's Internal Audit service and by the Audit and Risk Assurance Committee. The Council's external auditors Grant Thornton reported on this as part of their recent Value for Money Governance Review.</li> </ul> <p><b>Further actions</b></p> <p>In the summer 2023, the procurement cycle will commence again in order that the two year contract has</p>	<p>SEND Strategic and Operational Groups</p> <p>SEND Transport Working Group</p> <p>Scrutiny Board</p> <p>Audit and Risk Assurance Committee</p> <p>Internal Audit Review</p> <p>Grant Thornton – Value for Money Governance Review 2021</p>


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						time to run whilst providing sufficient time to re-set the procurement process at the end of this period.	
56a 06/22	<p><b>Towns Fund Programme (Delivery)</b></p> <p>If the Council does not manage the programme to ensure that all projects are delivered to scope, time and budget, then this could result in financial implications, the inability to regenerate our town centres, create sustainable economic growth and create long term economic prosperity, and also reputational harm to the Council.</p> <p>Risk area- Regeneration and Growth</p> <p>Risk owner – Director of Regeneration and Growth</p> <p><b>Objectives impacted – 2, 3, 4, 5 and 6</b></p>	n/a	n/a	6 (green)	4 (green)  Programme completion of all projects and delivery of intended outcomes	<p>This is a new risk setting out the next phase of the programme following the ministerial approvals received by the Council for all 16 business cases that were submitted.</p> <p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>Robust governance in place to oversee the programme throughout the delivery phase including three Town Deal Boards (one per Town Deal Area), that have inherited Superboard roles and responsibilities. Revised governance arrangements for Delivery Phase were reviewed and approved by Cabinet in May 2022.</li> <li>The Council is the Accountable Body for the Town Deal funding. The Director of Regeneration and Growth chairs a Towns Fund Programme Board (which is also attended by the Director of Finance/ representative and officers from procurement and legal as well as all project leads) to review risks and provide a forum for resolution of issues, as well as seeking assurances on the management of risk.</li> <li>Fortnightly engagement with advisors from DLUHC</li> <li>Programme management arrangements in place including appointment of a permanent programme manager, programme support officer, dedicated monitoring officer resource, programme risk register and project risk registers for agreed business cases, which are updated quarterly.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Implement delivery phase of projects and programme plan.</li> <li>Ongoing reviews of financial profiles to manage supply chain issues and implications of cost inflation.</li> </ul>	<p>Town Deal Boards</p> <p>Department Of Levelling Up, Housing and Communities (DLUHC)</p> <p>Audit and Risk Assurance Committee Deep Dive Jan 2022</p> <p>Scrutiny Reviews</p> <p>Monitoring and reporting of outcome indicators, with processes in place to manage changes and risks during delivery stage.</p>


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57 06/21	<p><b>New Operating Model</b></p> <p>If the Council does not put in place effective arrangements to support new working styles for employees this could result in a detrimental impact on the health, well-being and motivation of employees as well as having a negative impact on the productivity and attendance of the workforce and effective delivery of key frontline services.</p> <p>Risk area- Transformation</p> <p>Risk owner – Director of Business Strategy and Change</p> <p><b>Objectives impacted - All</b></p>	6 (green)		6 (green)	6 (green)  Achieved	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>Staff, Managers and Trade Unions actively engaged and contributing to the new operating model.</li> <li>Regular communication and engagement with all stakeholders is ongoing.</li> <li>Existing HR policies and procedures are in place that provide the safety net and guidance, and where appropriate, a review of corporate policies in relation to working from home with amendments made as appropriate to ensure the right support is available to employees in the new operating model, is also underway.</li> <li>Clear and managed health and safety policies and practices and risk assessments being in place.</li> <li>The employee engagement survey was circulated to all employees in February 2022. Analysis of the employee responses is currently underway.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Once the analysis is completed, the results will be reported to Leadership Team, directors and service managers and action plans will be drafted to implement any areas for improvement.</li> <li>Consideration of a corporate solution and policies to support ongoing working from home.</li> </ul>	Work Place Vision Board Employee Engagement Survey 2022

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58 06/21	<p><b>Equalities</b></p> <p>If the Council fails to meet its legal obligations in respect of the Equality Act 2010 and the Public Sector Equality Duty ensuring fairness is adhered to and is unable to demonstrate and evidence compliance with its obligations, then this will result in potential legal consequences for non compliance, reputational harm to the Council as well as potential impact on recruitment and retention.</p> <p>Risk area- Legal</p> <p>Risk owner – Director of Law and Governance</p> <p><b>Objectives impacted - 5</b></p>	9 (amber)		9 (amber)	6 (green)  March 2023	<p><b>Current, Ongoing Controls and Further actions</b></p> <ul style="list-style-type: none"> <li>• An Equalities Commission has been set up with agreed Terms of Reference and Chair.</li> <li>• The Commission will report to the Leader of the Council and the interim Chief Executive.</li> <li>• Four Stakeholder Groups, also with Terms of Reference have been set up including an Ethnic group; LGBT+ group, a Disabilities stakeholder group and a Women's group.</li> <li>• Funding has been secured and posts have been recruited to.</li> <li>• A review of the Equality policy has been carried out and will be considered by Cabinet on 12 October.</li> <li>• An action plan has been developed based on feedback provided by employees across the Council along with gaps identified in the workforce diversity data as well as best practice put forward by other public-sector organisations.</li> <li>• A robust governance framework to help monitor and review the objectives and actions in the plan is also in place.</li> <li>• An Equalities Calendar has been developed and implemented that details many EDI events to raise awareness of the agenda.</li> <li>• Various events such as Black History Month, LGBTQ+ History Month have been successfully delivered leading to improved awareness and understanding.</li> <li>• The council is engaging with WMCA in relation to its Race Equalities taskforce.</li> </ul>	Employee Engagement Survey 2022 Equalities Commission

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59a 02/22	<p><b>Council's Improvement Plan</b></p> <p>If the Council does not put in place and successfully implement an improvement plan to address the concerns raised by the Secretary of State in respect of the Council's best value duty and the recommendations made by the recent external reviews carried out by the Council's external auditors, Grant Thornton, CIPFA and the LGA Peer Review then this may result in a loss of confidence in the Council's corporate governance arrangements, government intervention, future audits providing a qualified opinion, a lack of trust in the Council's ability to deliver its corporate priorities and reputational harm to the Council.</p> <p>Risk area- All services</p> <p>Risk owner – Managing Director</p> <p><b>Objectives impacted - All</b></p>	8 (amber)		8 (amber)	4 (green)  Tbc once phase 2 of the plan agreed	<p><b>Current Controls</b></p> <p>This risk reflects and consolidates the government intervention as well as the findings and recommendations arising from recent reviews including the Grant Thornton – Audit Findings Report 2019/20, Grant Thornton - Value for Money Governance Review 2021, CIPFA Financial Management review and the LGA Peer review.</p> <ul style="list-style-type: none"> <li>Two Commissioners have been appointed to oversee the improvement journey and to address the longstanding issues identified by the Grant Thornton review. The Commissioners will report directly to the Secretary of State on the improvement progress, with the first report to be submitted within three months.</li> <li>A new performance management framework was approved by the council in April 2022 to help monitor performance and track progress on the delivery of the strategic outcomes in the Corporate Plan.</li> <li>A high level improvement action plan has been approved by full council on 7 June 2022. Funding to implement the actions and deliver the improvement plan has been set aside.</li> </ul> <p>The above measures have resulted in the reduction of the assessment of this risk.</p> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>A further detailed report on the progress against the improvement plan to be submitted to the Secretary of State by December 2022</li> <li>Ongoing implementation and monitoring of the progress made against the plans.</li> </ul>	<p>Grant Thornton- Audit Findings Report 2019/20</p> <p>Grant Thornton – Value for Money Governance Review 2021</p> <p>CIPFA Financial Management and Governance Review 2021</p> <p>LGA Peer Review 2022</p> <p>Audit and Risk Assurance Committee</p>



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61 10/21	<p><b>Partner Organisations / Contractors Service Delivery</b></p> <p>The Council works closely with partners and contractors to provide services to its residents and businesses.</p> <p>In the event Partner organisations or contractors do not provide the required level of service to the public this may result in:</p> <ul style="list-style-type: none"> <li>• Efficient / good value for money / high quality services not being delivered</li> <li>• Enforcement action</li> <li>• Significant financial loss and</li> <li>• Reputational damage</li> </ul> <p>Risk Area – All Services</p> <p>Risk Owner – Interim Chief Executive and Leadership Team</p> <p><b>Objectives impacted: All</b></p>	12 (red)		12 (red)	8 (amber)  Sept 2022	<p><b>Current Controls</b></p> <ul style="list-style-type: none"> <li>• Leadership Team is progressing a reporting structure for the Council's key contracts and partnership arrangements.</li> <li>• All actions from the recommendations of the Economy, Skills, Transport and Environment Scrutiny Board review (in Feb 22) of the performance and management of the waste partnership contract with Serco are being implemented and progress updated quarterly. The first contract quarterly report was presented to Leadership Team in July 2022.</li> <li>• An annual report from Serco is due to be reported to Cabinet in September 22.</li> <li>• Arrangements for scrutiny consideration of the Council's key contracts is in progress.</li> <li>• An annual review of the Serco key performance indicators has concluded that the indicators remain appropriate.</li> <li>• In respect of SCT, as noted above (in risk 4), the KPIs were reviewed as part of the contract review process.</li> </ul> <p><b>Further Actions</b></p> <ul style="list-style-type: none"> <li>• Identification of the Council's key partners and contracts through the Council's procurement system.</li> <li>• Establishment of consistent contract management for both significant capital and service contracts.</li> <li>• Review of the current arrangements in place for each key contractor to ensure they remain fit for purpose and that the partnership objectives are aligned to the refreshed corporate plan.</li> </ul>	<p>Grant Thornton – Value for Money Governance Review 2021</p> <p>CIPFA Financial Management and Governance Review 2021</p> <p>LGA Peer Review 2022</p> <p>Economy, Skills, Transport And Environment Scrutiny Board review of the performance and management of the waste partnership contract - 11 February 2022</p>

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62 01/22	<p><b>Climate Change</b></p> <p>Failure to achieve the Council's commitments in relation to Climate Change, including the pledge to make Council activities (corporate buildings (excluding housing and commercial estate), fleet, schools and street lighting) net-zero carbon by 2030 may result in:</p> <ul style="list-style-type: none"> <li>• reputational damage</li> <li>• financial impact</li> <li>• increased demand for Council resources (in the event of extreme weather) and</li> <li>• a loss in public confidence.</li> </ul> <p>In addition, managing the effects of climate change will also have significant financial impact which the Council will need to address.</p> <p>Risk Area – All Services</p> <p>Risk Owner – Director of Regeneration and Growth</p> <p><b>Objectives impacted: All</b></p>	12 (red)		12 (red)	8 (amber)  2023/24	<p><b>Current Controls</b></p> <ul style="list-style-type: none"> <li>• Climate Change strategy 2020- 2041 in place which sets out the 2030 target for the Council.</li> <li>• Member steering group in place to oversee implementation of the climate change action plan.</li> <li>• Climate change champions in place (officer level) and a Cabinet Member and member advisor champions in place.</li> <li>• An action plan for implementing the strategy was approved by Cabinet on 23 March 2022.</li> <li>• Establishment of programme governance arrangements, including the Cabinet approval to the appointment of cross party membership to the Climate Change Committee to monitor the implementation of the action plan, A Climate Change Programme Board (represented by service managers from across the Council) will lead on measures within the action plan.</li> </ul> <p><b>Further Actions</b></p> <ul style="list-style-type: none"> <li>• Gap analysis to be conducted to assess the councils' ability to implement the action plan, followed by a report on available options which will be addressed in 2023/24.</li> <li>• The delivery of the action plan is the key measure that determines the current risk assessment. The deliverability of the Plan is heavily dependent upon future government initiatives and the availability of financial resources which will be the key driver in achieving the Council's 2030 target.</li> </ul>	Climate Change Programme Board Member Steering Group Economy, Skills, Transport And Environment Scrutiny Board review – Climate Change Implementation- March 2021



Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
63a 07/22	<p><b>Establishment of a Local Authority Trading Company (LATC) for the Management of Nine of the Council's Leisure Centres</b></p> <p>If the Council does not manage the project to establish a LATC in a timely and effective manner, then there is a risk of:</p> <ul style="list-style-type: none"> <li>• value for money / high quality services not being delivered</li> <li>• Significant financial loss and</li> <li>• Reputational damage</li> </ul> <p>Risk Area – Leisure and Sport</p> <p>Risk Owner – Director of Borough Economy and Leadership Team</p> <p><b>Objectives impacted: All</b></p>	n/a	n/a	8 (amber)	4 (green)  May 2023	<p>In June 2022, Cabinet agreed to the establishment of a LATC to provide leisure services in Sandwell and operate nine of its leisure centres from May 2023, when the current contract with Sandwell Leisure Trust ends.</p> <p><b>Current Controls</b></p> <ul style="list-style-type: none"> <li>• Project arrangements are in place which include, project board, project team, project sponsor, project plan and a risk register.</li> <li>• Project plan implementation has been in process since July 2022.</li> <li>• The project team involves representation from across the council including, Leisure Services, Finance, Legal and HR.</li> <li>• Partnership working with SLT around communications and transition planning,</li> <li>• Retained consultant support around legal and leisure support.</li> <li>• A detailed and full transition plan is in place.</li> </ul> <p><b>Further Actions</b></p> <ul style="list-style-type: none"> <li>• Progress transition planning and communications with SLT (This is in progress with regular meetings with SLT based on data requirements and delivery of the communication plan- ongoing to May 23).</li> </ul>	Project Board

Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
064 08/22	<p><b>Workforce Recruitment and Retention</b></p> <p>The council is required to recruit and retain a skilled, qualified and experienced workforce in order to provide and deliver services to Sandwell residents. If the council is unable to recruit and retain its workforce and deliver its statutory obligations to meet the needs of the community this could result in loss of reputation, penalties, litigation and in some cases imprisonment.</p> <p>Risk area – All council services Risk owner – Director of Business Strategy and Change <b>Objectives impacted: All</b></p>	n/a	n/a	9 (amber)	6 (green)  March 2023	<p>This risk concerns issues that are largely a reflection of the regional and national position also and not unique to the council.</p> <p><b>Current and ongoing controls:</b></p> <ul style="list-style-type: none"> <li>Recruitment and selection refresher training for hiring managers in order to share best practice in recruiting qualified and skilled employees.</li> <li>Pre-employment checks are carried out in line with requirements for the job role including any statutory requirements.</li> <li>Regular 121 meetings (supervision) and annual appraisal process is in place to ensure employees are engaged and can raise any concerns.</li> <li>Regular employment engagement (full) and pulse surveys are undertaken and plans are developed and implemented to address any areas requiring further action.</li> <li>Directorates to continue to undertake comprehensive workforce planning at least annually, as part of business planning processes, with a focus on creating and nurturing talent pipelines.</li> <li>Pay benchmarking to ensure the council is competitive relative to the relevant job market in sectors where there are specific and critical challenges to recruitment and retention.</li> <li>Future Talent Strategy to be developed as part of the Organisational Development strategy – to build on current Apprenticeships and Graduates strategy and incorporate succession planning and talent development framework for all employees.</li> <li>Renew participation in Job Fairs and regional job promotions to raise the council's profile as an employer of choice.</li> </ul>	<p>Employee Engagement Survey</p> <p>Pulse surveys</p> <p>HR related KPIs and data</p> <p>Appraisal process</p>

Risk Ref	Risk Title and Description	Previous score (June 2022)	Movement in risk score	Current risk score (Aug 2022)	Target risk score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk and action date)	Key Sources of Assurance
065 08/22	<b>Inflation</b> Risk that the high levels of inflation are having on the cost of living for residents and their financial wellbeing and the impact of this on the demand for council services and resources.  Risk area – All council services Risk owner – Interim Chief Executive <b>Objectives impacted: All</b>	n/a	n/a	12 (red)	9 (amber)  March 2023	<b>Current and ongoing controls</b> <ul style="list-style-type: none"> <li>The council continues to offer its residents and businesses essential support to the cost of living crisis, responding to emerging needs and issues to support financial wellbeing and resilience.</li> <li>Continued distribution of government support packages and initiatives.</li> <li>A Working Group is being established to identify what further support can be offered to residents and businesses.</li> </ul>	

## Audit and Risk Assurance Committee

**29 September 2022**

<b>Subject:</b>	Adult Social Care Directorate Risk Register Report
<b>Director:</b>	Director of Adult Social Care Rashpal Bishop
<b>Contact Officer:</b>	Anna Kaur Adult Social Care Health and Wellbeing Business Manager <a href="mailto:Anna_kaur@sandwell.gov.uk">Anna_kaur@sandwell.gov.uk</a>  Audit Services Business Partner Narinder Phagura <a href="mailto:Narinder_phagura@sandwell.gov.uk">Narinder_phagura@sandwell.gov.uk</a>

### 1 Recommendations

- 1.1 To note and comment on the directorate risks.

### 2 Reasons for Recommendations

- 2.1 Effective risk management is a key element of good corporate governance, as noted in the council's [Code of Corporate Governance](#), and is essential to the overall performance of the council in meeting its corporate plan objectives. Good risk management will ensure that resources are used efficiently and effectively and that assets and resources are protected against risk in the most efficient way.
- 2.2 The role of the ARAC is to provide assurance to the Council that it has a system of governance, risk management and internal control in place and that the adequacy and effectiveness of these arrangements



continue to inform decision making. Thereby, it provides assurance that risks to the delivery of the council's key priorities are being managed.

- 2.3 The Committee will be aware that these risks are managed through the council's risk management process which is set out in its Corporate Risk Management Strategy, and involves the development of risk registers at strategic, directorate, operational and project levels.

Risk hierarchy









- 2.4 Ownership of the individual directorate risks is assigned to the director and service managers, who have responsibility to:
- Consider and agree the risk description
  - Assess the current risk score based upon the controls in place and the assurances they have received on the adequacy and effectiveness of these controls
  - Implement mitigating actions to reduce the risk scores where necessary, in order to deliver the target risk score by the target date.
- 2.5 The Director is also responsible for keeping the Cabinet Members informed of the relevant risks that fall within their portfolio and the implementation of mitigating actions.
- 2.6 Further ongoing reviews of the directorate register are undertaken by the Directorate Management Team on a regular basis.



- 2.7 A summary of the directorate risks is included at Appendix A of this report which notes three risks that are currently assessed as red, seven amber risks and three green risks. This summary register should be considered alongside the council's strategic risk register which also includes risks which the directorate has responsibility for managing or will contribute to the management of.

### 3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people
	People live well and age well
	Strong resilient communities
	Quality homes in thriving neighbourhoods
	A strong and inclusive economy
	A connected and accessible Sandwell
The report details the key directorate risks that need to be managed to ensure that they do not negatively impact on the delivery of the directorate business plan and thereby the Corporate Plan objectives.	

### 4 Context and Key Issues

- 4.1 This report updates the Committee on the profile of the key risks currently faced by the directorate.
- 4.2 The risk register is a live document and reflects the risk profile at the time of preparing this report in September 2022. The risks undergo ongoing review to ensure they remain appropriate and are assessed in order to aid informed decision making and resource allocation.
- 4.3 The directorate risk register may not include all of the risks faced by the directorate. Other risks are captured within service, programme and



project risk registers and assessments, in line with the Council's risk management framework as noted above.

4.4 The directorate incorporates the following areas:

- Commissioning and Integration
- Better Care Fund
- Prevention and reablement
- Direct Services
- Assessment and care planning
- Mental Health
- Young Adults Team
- Safeguarding
- Sandwell Safeguarding Adults Board
- Social Work Practice

4.5 An update of the risks, including the measures in place to mitigate them are included within appendix A.

## 5 Alternative Options

5.1 Whilst this report does not require a decision and therefore, alternative options do not need to be considered, when measures are being considered for the mitigation of each of the directorate risks, this takes into account any alternative options available.

## 6 Implications

<b>Resources:</b>	The authority's budget planning process incorporates financial and other resources required to manage the authority's risks and deliver the priorities within the corporate plan.
<b>Legal and Governance:</b>	There are numerous standards applicable to the management of risk within the local authority sector. Included amongst these is guidance from CIPFA/Solace, the British Standards Institute (BSI) and a set of joint standards published by the Institute





	of Risk Management (IRM), Alarm (The public sector risk management association) and AIRMIC (Association of Risk Managers in Industry and Commerce). Evidence that robust management of the authority's risks is being undertaken demonstrates compliance with these standards.
<b>Risk:</b>	The report itself is an update of the key risks facing the directorate.
<b>Equality:</b>	As a decision is not being sought in this report, it is not necessary to undertake an Equality Impact Assessment. However, when measures and decisions are being considered for the mitigation of risks, risk owners must take into account any equalities impact and whether an equalities impact assessment is required.
<b>Health and Wellbeing:</b>	The management of risk takes into account where appropriate, the implications on health and wellbeing of our communities.
<b>Social Value</b>	The actions and decisions that are being considered for the mitigation of the risks, will take into account where appropriate, the meeting of the Council's social value commitments.

## 7. Appendices

Appendix A – Directorate risk register summary as at September 2022

## 8. Background Papers

None





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## Appendix A

Profile of Current Strategic Risk Scores

RED	25, 48, 49
AMBER	3, 4, 30, 40, 41, 42, 47
GREEN	11, 23, 26

### Summary Directorate Risk Register @ September 2022



1. Best start in life for children and young people



2. People live well and age well



3. Strong resilient communities



4. Quality homes in thriving neighbourhoods




5. A strong and inclusive economy





6. A connected and accessible Sandwell



## Adult Social Care directorate business plan priorities

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1. Joined up health and social care.	2. Accommodation to support needs and enable independence	3. Learning disability - equality and opportunity	4. Adult safeguarding	5. Transformation of social work and therapy	6. Workforce strategy for social work and therapy	7. Manage quality, safety, price and capacity	8. Integrate with health partners-digital offer	9. New domiciliary care contract
Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)		
003	<p><b>Strategic Workforce Development</b></p> <p>A workforce strategy is in place and links directly with workforce planning and training. This offers existing staff training opportunities to ensure that they are qualified and competent to face service needs. If recruitment and retention are not prioritised within the service and amongst service providers, then there will not be the skilled staff necessary to deliver appropriate social care.</p> <p>Risk owner – Interim Assistant Director - Adult Social Care</p> <p><b>Priorities impacted: 6</b></p>	9 (amber)		9 (amber)	6 (green)  March 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>• Career development pathway in place to support social care retention and succession planning.</li> <li>• An Occupational Therapist student programme in place to secure university placements. Programmes with Worcester and Wolverhampton Universities.</li> <li>• Student programme and the Assessed and Supported Year in Employment for Social Workers.</li> <li>• A quality team that delivers bespoke training to providers of social care services</li> <li>• Apprenticeships utilising the Apprenticeship Levy to access accredited qualifications.</li> <li>• An apprenticeship programme for social work is in place.</li> <li>• National Minimum Data Set for social care online system used to collect intelligence on workforce data.</li> <li>• Qualification Sponsorship scheme to support employees to obtain recognised qualifications to enhance their work performance and skills.</li> <li>• Annual Training Needs Analysis</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>• A high-level draft Workforce Strategy for Adult Social Care has been completed, however this document will need to be reviewed against the council wide development of vision and culture for the council prior to specific service area action plans being developed (November 2022).</li> </ul>		


Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)
						<ul style="list-style-type: none"> <li>An apprenticeship programme for Occupational Therapy is being developed.</li> <li>To implement Adult Social Care restructure social work and therapy proposals which will deliver the career pathway (November 2022).</li> </ul>
004	<p><b>Social Work and Therapy services not responsive to changes in need and demand</b></p> <p>If Social Work and Therapy services are not responsive to changes in need and demand, then support provided to local people will deteriorate and performance will suffer.</p> <p>Risk owner – Interim Assistant Director-Adult Social Care</p> <p><b>Priorities impacted: 6</b></p>	9 (amber)		9 (amber)	6 (green)  March 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Ongoing review of systems to accommodate changes in government policy and matters of performance.</li> <li>Independent Living Team and social work meetings held with Joint Consultative Committee monthly.</li> <li>Internal Performance and Quality Meetings held monthly.</li> <li>Performance monitoring through the Sandwell Adult's Safeguarding Board.</li> <li>A Principle Social Worker post is in place to support development in practice.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Workforce Strategy to be fully implemented (March 2023)</li> </ul>



Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)
011	<b>Industrial relations and Staff Deployment</b> There is a risk that there will be industrial relations and staff deployment issues associated with the magnitude of forthcoming changes as a consequence of service transformation and as a result of any changes in working practice due to Covid-19.  Risk owner – Assistant Director of Direct Services  <b>Priorities impacted: All</b>	6 (green)		6 (green)	3 (green)  October 2022	<b>Current and ongoing controls</b> <ul style="list-style-type: none"> <li>Monthly meeting of Adult Social Care Joint Consultative Committee and associated subgroups.</li> <li>Close liaison with members to brief and advise on progress.</li> <li>Regular staff briefings by Managers.</li> <li>Increased utilization of inhouse services has reduced risk of industrial tensions within the service.</li> <li>Service Design for our in-house Learning Disability Services has been completed and will go live in October 2022.</li> </ul> <b>Further actions</b> <ul style="list-style-type: none"> <li>STAR review currently taking place and will be completed by October 2022.</li> <li>Transport review ongoing taking into account the future use of the fleet on a corporate needs basis.</li> </ul>



Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)
023	<p><b>Procurement and contract management</b></p> <p>If management of the procurement process and ongoing contract management across Directorates is not effective, it can potentially result in a challenge from unsuccessful bidders.</p> <p>Risk owner – Service Manager-Business Management</p> <p><b>Priorities impacted: 2, 4, 5, 7 and 9</b></p>	4 (green)		4 (green)	4 (green)  Achieved	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Legal support is in place.</li> <li>All key service area procurement activity has been identified.</li> <li>Local systematic checks and balances implemented along with governance arrangements. Revised policies and procedures for procurement to ensure compliance with revised legislation.</li> <li>Expert advice from QC sought and external legal opinion in relation to specific contracts and awards when required.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Step to step guide to support consistency of practice (October 2022).</li> <li>Ensure all staff are familiar with the recent changes to the Council's Procurement and Contract Procedure Rules (August 2022).</li> </ul>
025	<p><b>Resilience in the Care Market</b></p> <p>If appropriate ongoing assurances regarding the financial and operational viability of companies commissioned by the Authority to provide services are not obtained, then there could be significant implications and unplanned financial consequences for the Authority if the providers cease to operate.</p> <p>Risk owner – Assistant Director - Commissioning, Integration &amp; Safeguarding Board</p> <p><b>Priorities impacted: 2, 4 and 7</b></p>	16 (red)		16 (red)	12 (red)  December 2022	<p>This risk is concerned with the financial viability of social care providers which has a potential for the provider being unable to continue operating, thereby the existing market and handing back contracts for the provision of care to the council. The risk has become more significant due to increased cost pressures providers are facing which include, the introduction of the National Living Wage; apprenticeship levy; auto enrolment and increased pension costs and care worker travel and sleep in costs, and this is reflected in the assessment of this risk. This is now further exacerbated by the current inflation cost of living expenses and spiralling fuel cost.</p> <p>The market is experiencing critical pressures in the recruitment and retention of care and nursing staff.</p>


Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)
						<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Financial and supply chain risk assessments are undertaken at tender and pre-qualification stages of the procurement process.</li> <li>Robust performance and contract management arrangements are in place for individual contracts.</li> <li>Ongoing collation and review of 'soft information' on providers to identify any providers of concern prior to becoming operationally unviable.</li> <li>All new procurements undertaken with PQQ and financial assessment as standard, where the legislation permits.</li> <li>Review of supported living and day care provider markets completed, framework of providers and payment schedule established.</li> <li>Cost of Care exercise completed and Cabinet approval for payment to care providers received in July 2022.</li> <li>Protocol for market failure has been drafted. Business Continuity Plans in place.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Need to engage with the market and implement the framework. Need to cap supported living that is equivalent to the domiciliary care rate (September 2022).</li> <li>Take market failure protocol through governance at the Black Country Integrated Care Board before presenting it to the Commissioning Board (December 2022).</li> <li>Distribution of an additional workforce grant to be distributed once guidance and allocation is confirmed (September 2022).</li> <li>Produce an ongoing live market position statement (September 2022).</li> </ul>



Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)
026	<p><b>Strategic Safeguarding and Partnership Working</b></p> <p>If partners in the Sandwell Safeguarding Adults Board (SSAB) and other related Boards fail to engage in the Safeguarding agenda then they will fail to meet their statutory responsibilities, and this could have an adverse impact on the systems designed to safeguard adults with care and support needs, resulting in poorer direct outcomes of Sandwell citizens.</p> <p>Risk owner – Principal Social Worker</p> <p><b>Priorities impacted: 1, 4, 7 and 8</b></p>	6 (green)		6 (green)	3 (green)  December 2022	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Multi agency procedures are in place that align to West Midlands agreed procedures as well as national guidance and legislation, including the Care Act 2014. Compliance with these procedures is monitored by the Sandwell Safeguarding Adults Board.</li> <li>Learning and implementation of actions from Safeguarding Adult Reviews to ensure that improvements are made in the way organisations work together and share information.</li> <li>Sandwell based response to Care Act Easements developed including advice and guidance to staff regarding appropriate application and impact of ethical framework.</li> <li>All Statutory Board and Partnership Managers are working together to share effective strategies.</li> <li>Annual review of the place-based plan.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Develop a Strategic Plan which sets out the key priorities for the Safeguarding Adults Board and member organisations (December 2022).</li> <li>A comprehensive multi-agency learning and development plan is being developed on the basis of any corporate learning needs analysis undertaken (October 2022).</li> </ul>

Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)
030	<p><b>Deprivation of Liberty Safeguards (DoLS)</b></p> <p>If we do not identify sufficient funding and engage independent assessors to complete the number of DoLS received, then the authority will not discharge its statutory responsibility, putting vulnerable individuals at risk and placing the authority open to a legal challenge.</p> <p>Risk owner – Interim Assistant Director-Adult Social Care</p> <p><b>Priorities impacted: 3, 4 and 7</b></p>	8 (amber)		8 (amber)	4 (green)  October 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>The Council has a supervisory body in place that meets quarterly.</li> <li>Budget identified and allocated for 2022-2023.</li> <li>Best Interest Assessor Framework in place.</li> <li>Mental Health Assessors Framework in place and contract with Black Country Mental Health Partnership Trust.</li> <li>Contract with POhWER that's supports DoLS service. This contract is in force until April 2023 and includes the aspects of the new legislation of Liberty Protection Safeguards (LPS).</li> <li>Attendance at Regional Deprivation of Liberty (DoLS) Group.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Recruitment of AMCP posts which will reduce reliance on external Best Interest Assessors in the lead up to the implementation on LPS (March 2023).</li> <li>New contract to cover the new legislation of LPS (October 2023).</li> </ul>
040	<p><b>Personal Budgets/Direct Payments</b></p> <p>Audit undertook a review of personal budgets in Adult Social Care which concluded in February 2021, this identified limited assurance over the adequacy over the controls used as part of the processes to mitigate risks to an acceptable level. If the recommendations are not implemented further audits may continue to give limited assurance.</p> <p>Risk owner Service Manager- Business Management</p>	9 (amber)		9 (amber)	6 (green)  October 2022	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Consideration of the audit has been undertaken and a detailed action plan has been submitted. Additional staffing resource is required to undertake the necessary actions identified.</li> <li>Project Review Officer and two additional Payment Review Officers now in post.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Procedural matters and recommendations have been implemented and work is currently being undertaken to identify a work programme for the next months.</li> </ul>

Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)
	<b>Priorities impacted: 5</b>					
041	<p><b>Appointeeship Unit</b></p> <p>Notifications received that the prepaid card issuing bank is to close with effect from October 2022, a new card holder provider needs to be identified, contracted and in place by this date. There are currently 400 service users that this affects, services required to provide access to funds by clients. In addition, SMBC currently has approximately £2 million of clients' money invested with this provider and needs to make arrangements to remove and re-invest.</p> <p>Risk owner – Service Manager-Business Management</p> <p><b>Priorities impacted: 7</b></p>	9 (amber)		9 (amber)	3 (green)  October 2022	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Alternative investment provider has been identified.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>To develop a programme strategy to move money and bank accounts to new provider (October 2022).</li> <li>Currently working with provider to implement and resolve issues with timescale in relation to implementation and transfer of bank details and provision of staff training.</li> <li>Extension sought from existing provider.</li> </ul>
042	<p><b>Community Care Business Unit (CCBU) - Non Residential Charging (NRC)</b></p> <p>If the council does not comply with the Care Act 2014 and in particular following a court ruling in December 2020 (Norfolk) which directed that councils were required within their charging policy to adhere to the Care Act guidance 2014 and to consider whether the policy disproportionately disadvantaged particular routes of the community, then this could result in inappropriate charging and reputational harm.</p>	9 (amber)		9 (amber)	6 (green)  February 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Counsel advice has been sought to identify issues and consider how to resolve.</li> <li>Permission sought, and consultant engaged to facilitate to review policy and development of operational procedures.</li> <li>A review of the existing non-residential charging practice has been undertaken.</li> <li>Report went to Cabinet on 18 May 2022, approval granted for consultation on three models of charging, immediate clarification of current policy and principles for future models.</li> </ul>

Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)
	<p>Risk owner – Service Manager-Business Management</p> <p><b>Priorities impacted: 2</b></p>					<ul style="list-style-type: none"> <li>Detailed operational procedure notes for CCBU NRC staff have been reviewed and agreed</li> <li>A communications Plan is in place.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>A consultation outcome report due back to cabinet on the 16 November 2022 for implementation in February 2023.</li> </ul>
047	<p><b>Liberty Protection Safeguards (LPS)</b></p> <p>If the Council does not respond to the changes in the Mental Capacity (Amendment) Bill 2019, (initially to be enacted from the 1st April 2022 and now delayed) then the council would not be legally compliant with our statutory duties.</p> <p>Risk owner – Interim Assistant Director-Adult Social Care</p> <p><b>Priorities impacted: 3, 4, 5 and 7</b></p>	8 (amber)		8 (amber)	4 (green)  June 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Completion of the Liberty Protection Safeguards (LPS) Equality Impact Assessment to support the proposed LPS Model in Sandwell.</li> <li>Extension of the existing POHWER Contract to support the wider remit of the IMCA Advocacy role across the local area of Sandwell.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>To extend the current IMCA Advocacy Service to meet the assumed modelling of increased demand and wider remit for IMCA's to support Liberty Protection Safeguards (June 2023).</li> <li>To develop a workforce strategy to implement Liberty Protection Safeguards that includes recruitment of staff into specialist Approved Mental Capacity Professional (AMCP) roles with a regulatory framework for all AMCP roles across the Local area. (March 2023).</li> <li>To develop an operating model in accordance with Cabinet approval (June 2023).</li> <li>To develop a Training Matrix for the implementation of Liberty Protection Safeguards in Sandwell and Competency Framework (November 2022).</li> <li>To develop an LPS Organisational Readiness Audit Tool and share with partners for their use in their own organisational preparedness and provide a baseline for potential to establish an integrated team (November 2022).</li> </ul>

Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)
						<ul style="list-style-type: none"> <li>To develop a Memorandum of Understanding with Health Trust, Clinical Commissioning Groups and Children's Trust (December 2022).</li> <li>Awaiting confirmation from DHSC of funding for the implementation of Liberty Protection Safeguards and any ongoing funding (March 2023).</li> </ul>
048	<p><b>Adult Social Care Charging Reform</b> From October 2023 the government plans to introduce a new £86,000 cap on the amount on anyone in England will have to spend on their personal care over their lifetime.</p> <p>The impact of the care cap will create a significant increase in the number of social work assessments required and additional staffing.</p> <p>The business needs new ways of working and IT solutions to administer charging in accordance with the guidance prior to October 2023.</p> <p>Risk owner – Service Manager-Business Management/ Interim Assistant Director- Adult Social Care</p> <p><b>Priorities impacted: 6 and 7</b></p>	n/a	n/a	16 (red)	8 (amber)  October 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Guidance has been issued to councils setting out how this will work.</li> <li>The Cost of Care Board and the Charging Reform Board have been established as the decision-making bodies for this project.</li> <li>Resource requirement identified and programmed at Adult Social Care Systems Governance Board.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>The Council needs to assess and understand the market and implement procedures and processes to ensure that they are able to meet this requirement.</li> <li>Once the Minimum Viable Product specification (MVP) has been agreed by the government for development by IT providers the council will work with LAS/CONTROCC to purchase and implement the solution enabling the assessment and metering of clients towards the cap (ongoing).</li> <li>Once the base data is understood, a timeline will be developed to meet the changes (October 2022).</li> <li>The Council will need to assess the impact of the additional work within Adult Social Care and CCBU and make any necessary adjustments to staff in advance of the soft go live in April 2023 and full implementation by October 2023.</li> </ul>

Risk Ref	Risk Title and Description	Previous score (June 22)	Movement in score	Current score (Sept 22)	Target score and date	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)
049	<p><b>Fair Cost of Care</b></p> <p>The Government has mandated that every local authority must complete a fair cost of care exercise for domiciliary care and older peoples residential and nursing home care. This has to be concluded by October 2022, reported to the Department of Health and Social Care and published on the council's website.</p> <p>There is a further requirement to produce a market sustainability plan in draft by October 2022 and a final version published in February 2023.</p> <p>The outcome of the fair cost of care exercise will result in a significant financial pressure for the council in the region of £15 million. Although government funding is available for a three-year period, it is not expected to cover these increased costs.</p> <p>There is then a further risk that the remaining elements of the care and support market currently excluded from the fair cost of care exercise will not be sustainable without further significant investment, so a further internal cost of care exercise will need to be completed.</p> <p>Risk owner – Assistant Director - Commissioning, Integration &amp; Safeguarding Board</p> <p><b>Priorities impacted: 7</b></p>	n/a	n/a	16 (red)	8 (amber)  April 2023	<p><b>Current and ongoing controls</b></p> <ul style="list-style-type: none"> <li>Working with ARCC HR Limited to complete the fair cost of care exercise and market sustainability plan.</li> <li>Cabinet report will be presented to cabinet on the 12 October 2022. This will outline the impact of the cost of care exercise and how we intend to support the market with the government allocations that have been made to date.</li> <li>Engagement event to be planned with market to consider options of none financial support elements which could support their sustainability, such as support with recruitment and retention of staff.</li> </ul> <p><b>Further actions</b></p> <ul style="list-style-type: none"> <li>Plan how we can work towards meeting cost of care once government allocations for 2023/24 and 2024/25 have been confirmed (April 2023).</li> <li>Ongoing dialogue with legal to ensure compliance with statutory Care Act duties and consideration of affordability (December 2022).</li> </ul>





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## Report to Audit and Risk Assurance Committee

**29 September 2022**

<b>Subject:</b>	Improvement Plan Progress
<b>Director:</b>	Managing Director Kim Bromley-Derry
<b>Contact Officer:</b>	Strategic Lead – Service Improvement Kate Ashley <a href="mailto:Kate1_ashley@sandwell.gov.uk">Kate1_ashley@sandwell.gov.uk</a>  Senior Lead Officer – Service Improvement Rebecca Jenkins <a href="mailto:Rebecca_jenkins@sandwell.gov.uk">Rebecca_jenkins@sandwell.gov.uk</a>

### 1. Recommendations

- 1.1. That Audit and Risk Assurance Committee considers and comments upon the progress of the Improvement Plan up to 4 August 2022.
- 1.2. That any recommendations or comments are reported to Cabinet at their meeting on 28 September 2022 for their consideration.
- 1.3. That the Committee considers any additional areas of focus for its work plan.

### 2. Reasons for Recommendations






- 2.1 This report provides a quarterly update on progress against the Improvement Plan agreed by Council on 7 June 2022. The Improvement Plan incorporates all recommendations from the Grant Thornton Governance Review, the LGA Corporate Peer Challenge and the CIPFA Financial Management Review, as well as the Statutory Directions from the Secretary of State for Levelling Up, Housing and Communities.



- 2.2 On 28 June 2022, Audit and Risk Assurance Committee received the Improvement Plan and accompanying risk register and requested regular updates on progress.
- 2.3 As part of the governance and assurance arrangements for the Improvement Plan, Audit and Risk Assurance Committee and Budget and Corporate Scrutiny Management Board will review progress of the Improvement Plan and utilise the plan for work programming purposes. Both Committees are due to consider progress at their meetings in September. Any recommendations or comments Budget and Corporate Scrutiny Management Board wish to make to Cabinet can be presented for Cabinet's consideration on 28 September.

### 3. How does this deliver objectives of the Corporate Plan?

- 3.1 Sandwell Council's Improvement Plan focuses on the governance arrangements of the council and areas of improvement across the organisation. The underpinning objective of the Improvement Plan is to ensure that the council is able to deliver on the aims and priorities as set out in the Corporate Plan. The deliverables set out in this Improvement Plan will achieve long-term sustainable improvements in how the council operates and is able to make effective decisions focused on improving outcomes for residents and experiences of service users. Therefore, this impacts on the council's ability to deliver all the objectives in the Corporate Plan.

	Best start in life for children and young people
	People live well and age well
	Strong resilient communities
	Quality homes in thriving neighbourhoods
	A strong and inclusive economy





## 4 Context and Key Issues

### 4.1 Background

- 4.1.1 The council's external auditors Grant Thornton conducted a Value for Money Review into the council's governance arrangements over the period August to October 2021 and reported their findings of this review to Full Council in January 2022. In response, Council approved a Governance Improvement Plan in January 2022 to address the recommendations made by Grant Thornton and the proposed reporting mechanisms to ensure progress is managed effectively.
- 4.1.2 Since the approval of this Governance Improvement Plan findings were received from the CIPFA Financial Management Review, LGA Corporate Peer Challenge along with the Statutory Directions from the Secretary of State for Levelling Up, Housing and Communities.
- 4.1.3 A single Improvement Plan was agreed by Council on 7 June 2022 which addresses the recommendations from all the external reviews and the Statutory Directions. The Improvement Plan provides the organisation with a clear direction for sustainable improvement under six thematic headings. The single Improvement Plan has superseded the Governance Improvement Plan.
- 4.1.4 To ensure that senior officers and members have oversight of delivery against the Improvement Plan, Council approved that progress will be monitored by Leadership Team monthly and reported to Cabinet quarterly. This will continue until all actions have been completed, or changes have been embedded into business as usual.
- 4.1.5 This report is the first quarterly update to Audit and Risk Assurance Committee on overall progress of the Improvement Plan and the second update to Audit and Risk Assurance Committee on the Improvement Plan risk register.
- 4.1.6 At the meeting of the Audit and Risk Assurance Committee on 28 June 2022, the Chair of the Committee outlined that a distinct approach to the



Improvement Plan had been agreed with the Chair of the Budget and Corporate Scrutiny Management Board to avoid overlap with oversight. Primarily the Audit and Risk Assurance Committee will focus on the assurance and risk management of the plan whereas the Scrutiny Board will focus on challenging policy and performance.

4.1.7 At the meeting on 28 June 2022, Audit and Risk Assurance Committee requested to review the detailed monitoring tool that is used to capture progress of the Improvement Plan, and for the governance structure to be presented in a visual format. These are included at Appendix 1 and Appendix 4.

## 4.2 Specific Recommendations from External Reviews relating to Audit

4.2.1 The Statutory Directions set out that the Council must secure improvement in relation to the proper functioning of the scrutiny and associated audit functions.

4.2.2 In the Value for Money Governance Review, Grant Thornton set out specific recommendations relating to audit as follows:

- **Key Recommendation 7:** Members in key statutory roles, in particular in relation to Cabinet, scrutiny, standards and audit, need to be provided with effective development training and support. The Member Development Programme should be reviewed to ensure corporate governance forms part of the training for members with governance roles
- **Improvement Recommendation 12:** Officer and Member Relationships – There is a need to ensure that members of scrutiny and audit committees are aware of their governance roles including how to interrogate reports and the right questions
- **Improvement Recommendation 14:** Officer and Member Relationships – the forward plan of the Cabinet should be shared with the Audit Committee and Scrutiny Board to help structure their agenda planning
- **Improvement Recommendation 134:** Audit Committee – now that the Audit and Risk Assurance Committee has agreed the action to bring this long-standing matter to resolution [*review into the Wragge Report*], it will be important that – as the Audit and



Governance Panel recognised – the Council manages its position so that the matter does not resurface, so that it can move on and focus on its corporate objectives

4.2.3 The CIPFA Financial Management Review and LGA Corporate Peer Challenge did not make any direct recommendations around the role and function of audit.

### 4.3 Audit Actions within Improvement Plan

4.3.1 The Improvement Plan contains a workstream focusing on the role and function of scrutiny and audit within the decision-making theme.

4.3.2 In relation to audit, the Improvement Plan sets out actions around managing the position on historic issues through Officers working with the ARAC Chair, and the completion of ARAC recommendations in relation to governance issues raised around SEND Transport.

4.3.3 A measure of success within the Improvement Plan is for there to be evidence that audit input is driving assurance and improvement across the Council.

### 4.4 Improvement Plan Progress

4.4.1 Summary of achievements:

- Significant progress made on long-standing service issues to implement decisions taken by Cabinet between December 2021 and July 2022: Sandwell Leisure Trust and establishment of Arms-Length Trading Company, Sandwell Children's Trust, the waste service, the ERP system and Lion Farm
- SEND Transport Contracts awarded and preparations for commencement from September 2022. The procurement has incorporated lessons learned from previous procurement
- Regular meeting structures in place to enable development of positive and constructive working relationships between officers and members
- Learning taken from commercial decisions, procurement and contract management and national best practice is being included





in refresh of Corporate Governance Documents. The first wave of policies were approved by Council in July 2022 with others to follow this year.

- Approval of Performance Management Framework that underpins the delivery of the Corporate Plan. Q1 performance report will be made to Cabinet in September
- Approval of the single Improvement Plan that addresses the recommendations of all three external reviews and aims to improve how the council operates
- Regular reporting on budget monitoring, performance information and Improvement Plan in place
- Approval of Regeneration Strategy and Pipeline to encourage and deliver significant investment in Sandwell
- Launch of the Early Help Strategy with partners
- Employee engagement survey conducted and being used to shape Organisational Culture theme of the Improvement Plan
- Council representatives actively participating in key regional and sub-regional bodies
- Capacity in Finance – specialist training delivered, and a restructure completed to ensure there is sufficient capacity to manage the council's financial reporting responsibilities.
- Completion of New Member induction
- Review of Arms-Length Companies complete
- Children's Services Ofsted judgment and specific comments around the improved governance and effective relationships between Council and Trust
- Commencement of Consultation on 4-yearly election cycle following Council's approval in July
- Commencement of Consultation in relation to the Budget
- Search Consultancy engaged to commence Chief Executive recruitment

4.4.2 A comprehensive monitoring tool has been developed to monitor progress of the Improvement Plan. This tool includes both a risk rating for each main action within the Improvement Plan and a progress status rating for all actions. The Improvement Plan Monitoring Tool is included at Appendix 1. The monitoring tool provides quick reference around





which actions are on track for delivery, as well as highlighting areas that may require remedial action or additional levels of assurance.

4.4.3 Progress against each theme of Improvement Plan is summarised within Appendix 2. This includes an overall status rating, a description of workstream progress, commentary on progress against milestones and achievements. The theme ratings and a summary of any issues is provided below.

#### 4.4.4 Organisational Culture

4.4.4.1 Overall Status Rating Green: Progress is being made across all workstreams. Of the 7 actions with an amber risk rating, all sub-actions to deliver the action are on track

4.4.4.2 Organisational Culture Progress Issues: None to report – all workstreams on track.

#### 4.4.5 Corporate Oversight

4.4.5.1 Overall Status Rating Amber: Progress is being made across all workstreams with some slippage/issues.

4.4.5.2 One area has a red risk rating, with sub-actions on track with little or no slippage. This relates to **Performance Management Framework**.

##### **Performance Management Framework**

- The risk status is red due to need to recruit a dedicated corporate performance management resource. Whilst the dedicated resource is being recruited to, significant progress has been made to further embed the corporate performance management framework agreed by Council in April 2022, with the first quarterly performance report due to be presented to Cabinet on 28 September 2022

4.4.5.3 One area of amber risk is experiencing a medium level of slippage and/or issues. This relates to **Oracle Fusion**.

##### **ERP (Oracle Fusion)**

- Procurement of the new Oracle Fusion provider evaluation period being extended by 3 weeks, due to the need for further financial evaluation, clarification needed from bidders.



- Due to the evaluation period extension, there is slippage on the support provider being in place and delivery.

#### 4.4.6 Strategic Direction

4.4.6.1 Overall Status Rating Red – Progress is being made across workstreams but there are many areas with slippage/issues.

4.4.6.2 There are 6 actions with an amber risk rating. Of the 6 actions with an amber risk rating:

- 2 have sub-actions that have or will experience significant slippage or issues. These actions relate to **Equality Policy approval** and **Locality Working: Pilot of Town Co-ordinator role**
- 4 have sub-actions that have or will experience medium slippage or issues. These actions relate to **Corporate Asset Management Strategy Development, Commercial Strategy, Corporate Parenting Strategy, and Review of Equality and Diversity Policy**

#### Equality and Diversity

- Slippage in approval of Equality Policy due to consideration of best practice models. Policy is being prepared for October approval

#### Developing a model for locality working

- Pilot of town co-ordinator role has not taken place due to recruitment issues and is being reconsidered in line with community hubs approach

#### Corporate Asset Management Strategy Development

- Strategy is being prepared for September in line with original schedule.
- Confirmation of funding for remaining Workplace Vision components is pending
- Surplus Assets Portfolio Cabinet report has been delayed but is being prepared September Cabinet



- Implementation of asset database is on track however there is a risk of slippage on timeline

### **Develop and Implement the Commercial Strategy**

- Work ongoing with Commercial Strategy but slippage from original timescales due to need for further training
- Strategy is in draft and will be reviewed following training with C CO and approval by Leadership Team. Five potential workstreams are within the draft. Leisure Local Authority Trading Company will be added to the draft workstreams.

### **Refresh of Corporate Parenting Strategy**

- Strategic priorities to be confirmed by Corporate Parenting Board ahead of September Board. Corporate Parenting Strategy due to be approved in September 22 by Board Members.

## **4.4.7 Decision Making**

4.4.7.1 Overall Status Rating Amber: Progress is being made across all workstreams with significant progress made this month through Council's approval of first wave of changes to Corporate Governance Documents, and agreement to consult on 4-yearly election cycle.

4.4.7.2 Of the 5 main actions with an amber risk rating:

- 1 sub-action has or will experience significant slippage or issues. This action relates to **Revised Financial Regulations**
- 1 sub-action has or will experience medium slippage or issues. This relates to the **Completion of ARAC recommendations in relation to SEND Transport.**
- 1 sub-action has or will experience medium slippage or issues which is due to an error in the dates recorded. This relates to **Approval of changes to scrutiny**

### **Revised Financial Regulations**



- Financial Regulations are being reviewed. Priority for change was in relation to thresholds for decisions which were approved by Council in July. Further amendments to Financial Regulations will be presented to Council in October.

### **Completion of ARAC recommendations in relation to SEND Transport**

- All contracts have now been offered and accepted in line with commencement from new academic year. Issues were encountered due to providers returning contracts which has been resolved. Internal audit has included a review of compliance with contract procedure rules as part of their work programme. Lessons learnt regarding procurement exercises to take place.

### **Approval of changes to scrutiny**

- The review of scrutiny had been due to complete in October 2022, however the end date of July 2022 had been included in the Improvement Plan approved by Council in June. The correct date has been included through the agreed change control process, and progress will now be monitored against the expected completion date of October 2022.

## **4.4.8 Procurement and Commercial**

4.4.8.1 Overall Status Rating Amber: Progress is being made but there is some slippage in delivery timescales.

4.4.8.2 Of the 5 actions with an amber risk rating, there are 2 sub-action that have or will experience medium slippage or issues. These relate to: **Lion Farm Options Agreement, and Implementation of ARAC and Scrutiny recommendations in relation to SEND Transport.**

### **Lion Farm Options Agreement**

- Some slippage due to legal representatives of both sides taking longer than expected to agree terms for the Expert Determination process



## Implementation of ARAC and Scrutiny recommendations in relation to SEND Transport

- All contracts have now been offered and accepted in line with commencement from new academic year. Issues were encountered due to providers returning contracts which has been resolved. Internal audit has included a review of compliance with contract procedure rules as part of their work programme. Lessons learnt regarding procurement exercises to take place.

### 4.4.9 Partnerships and Relationships

4.4.9.1 Overall Status Rating Amber: Progress is being made but there is some slippage in delivery timescales.

4.4.9.2 Of the 4 actions with an amber risk rating: 4 have sub-actions that have or will experience medium slippage or issues. These actions relate to: **SCT Governance Arrangements, Review partnership structures within the 'People's sphere', Corporate Review of Grant Funding**

#### SCT Governance Arrangements

- SMBC have drafted Key Performance Indicators (KPIs) which were reviewed in July and confirmed KPIs will be included in the revised contract.
- Review of contract to be concluded in Autumn (change to original timescale) to take into account the ability to be more flexible, and to align with Department for Education schedule.
- Monthly four-way meetings diarised throughout the year.
- Ofsted Judgement 'require improvement to be good' with comments around the improved governance and effective relationships between Council and Trust.

#### Review partnership structures within the 'People's sphere'

- Project manager to be appointed to the partnership restructures to transition from children's to adults services in place- post has been advertised.
- Partnership discussions taking place for scoping of work with partners around partnership structures in children's sphere.
- Joint approach between Health & Wellbeing Board and Sandwell Health & Care Partnership (SHCP).



- Health and Wellbeing Strategy in draft form and will be presented to the next Health and Wellbeing Board in September
- Substance Misuse deep dive presented to SHCP Board and currently being written up as a stakeholder report.

## Corporate Review of Grant Funding

- Decision required on how savings will be delivered for 2023/24.

## 4.5 Statutory Recommendations

4.5.1 The Value for Money Governance Review made three statutory recommendations that the council has a legal obligation to respond to. These recommendations are incorporated into the single Improvement Plan and are embedded across each of the six themes.

4.5.2 To provide an overview of progress against these three specific recommendations, Appendix 3 extracts the key actions that respond to each of the recommendations and they are summarised below.

4.5.3 **Statutory Recommendation 1** - It is imperative that senior officers and senior members take effective corporate grip of long-standing service issues highlighted by the findings in this report (including SLT, SCT, the waste service, the ERP system, and Lion Farm) and prioritise corporate effort in managing the issues identified and embed the solutions into the Council.

### *Progress update:*

- Continuing to implement strategies to address the service issues highlighted in the Grant Thornton report.
  - SLT – progressing the approach agreed by Cabinet in June 2022 to transfer services to a Local Authority Trading Company.
  - SCT – Governance arrangements remain in place. Joint work in place with SCT in relation to corporate parenting and early help.
  - Waste Contract – Contract Monitoring framework progressing well. Review of the Contract has commenced.
  - ERP (Oracle Fusion) – Tender evaluation period has been extended for support provider. Project Management and Governance arrangements are in place.





- Lion Farm – action plan to implement Cabinet decision made on 12 January 2022 is on track. Responsibilities for council and developer are clearly set out.
- Regeneration Strategy and Pipeline to underpin significant regeneration in Sandwell approved by Cabinet 23 March 2022. First monitoring update due in November.

**4.5.4 Statutory Recommendation 2** - The Council must ensure that the learning in relation to commercial decisions, procurement and contract management highlighted in this report are understood through the organisation.

*Progress Update*

- The Governance Review of key documents within the council's Constitution is well underway. Approval in July to revised procurement and contract procedure rules, thresholds for decisions and sale of land and buildings protocol.
- Corporate Governance Training - Programme of training and development on effective decision-making, good governance, and revised contract procedure rules commencing in September 2022.
- Development of a Commercial Strategy continues
- Corporate Asset Management Strategy in development.

**4.5.5 Statutory Recommendation 3** - Senior leadership, both officers and members, must demonstrate that they can continue to work together effectively, that they operate in line with the Council's values, codes, policies and procedures, and that there is zero tolerance to inappropriate behaviours. This includes changing the organisational culture in relation to complaints so that they restore balance and proportionality.

*Progress Update*

- Member Development – New Member induction complete and Member Development Plan approved and being delivered.
- Officer Development – A consolidated programme of fundamental training for managers on Corporate Governance matters is being developed for delivery from Autumn onwards
- Organisational Culture – consultancy engaged and champion recruitment underway





- Work has commenced to design the Senior Leadership Team development programme which will feed into the new Management Development Programme to ensure consistency across all levels of management.
- Meeting structures to facilitate Cabinet Member and Leadership Team cross-working re-established following election.

## 4.6 Reporting Framework and Governance

- 4.6.1 To ensure that senior officers and members have oversight of delivery, Council approved the reporting mechanism for the Improvement Plan in June 2022. This set out that progress will be monitored by Leadership Team monthly and reported to Cabinet quarterly until all actions have been completed, or changes have been embedded into business as usual. The diagram included at Appendix 4 sets out the governance framework.
- 4.6.2 Two quarterly updates on progress of the Governance Improvement Plan were provided to Cabinet in April 2022 and July 2022. The first quarterly update to Cabinet on the single Improvement Plan will be considered on 28 September.
- 4.6.3 The government Directions require reporting on the delivery of the Improvement Plan at six monthly intervals to the Secretary of State from the council and the Commissioners. The next report is due in December 2022.
- 4.6.4 The report to Council seeking approval of the Improvement Plan stated that existing member-led committees, such as the Governance & Constitution Review Committee, Audit & Risk Assurance Committee and Scrutiny Committees, will be used for decision making and maintaining oversight of the actions and implementation of the Improvement Plan.
- 4.6.5 The Governance & Constitution Review Committee and cross-party Working Group have been integral to the development and review of the governance documents, ahead of decisions taken by Council in July and due in October this year.



- 4.6.6 Audit & Risk Assurance Committee received an introduction to the Improvement Plan and the Improvement Plan Risk Register on 28 June 2022 to support the committee's work programming. The Improvement Plan Risk Register and overall progress will be reported to the Audit & Risk Assurance Committee regularly. The Committee will focus primarily on assurance and risk management of the Plan.
- 4.6.7 Scrutiny Boards have now developed their work programmes. Budget & Corporate Scrutiny Management Board has included several elements of the Improvement Plan on their work programme as well as regular reports on overall progress. Budget & Corporate Scrutiny Management Board will receive a report on overall progress of the Improvement Plan on 14 September 2022.
- 4.6.8 Following the first progress report to Audit & Risk Assurance Committee and Budget & Corporate Scrutiny Management Board, those members will identify areas for further exploration and reporting. Any recommendations or comments from these committees will be presented at Cabinet's meeting on 28 September 2022.
- 4.6.9 External assurance will continue to play a part in our improvement journey. Grant Thornton, CIPFA and the LGA have been invited back in Autumn 2022 to monitor our progress in addressing the recommendations in their reviews.

## 4.7 Risk Management

- 4.7.1 The Improvement Plan Risk Register underpins the council's strategic risk relating to the council's Improvement Plan (59a 02/22) and is currently rated as an overall Amber risk. The risk register is reported monthly to Leadership Team and quarterly to Cabinet.
- 4.7.2 The current risk register is attached as Appendix 5. The main risks are associated with:
- **Resources** – for delivery of key components of the plan including the performance management framework, asset management system implementation and culture change programme. The financial resources required have been identified and were approved by Council in June.
  - **Organisational Culture** – If the organisational culture doesn't change, this will limit the improvements that can be made. A theme within the Improvement Plan focuses on organisational culture. It



includes plans for a comprehensive engagement programme with staff and members to define a collectively owned culture. We will then embed the conditions for this culture to thrive.

- **Communication** – to ensure everyone is aware of their respective roles and responsibilities. A detailed communication plan will be developed to ensure effective and timely communication with stakeholders
- **Constitutional Changes** – key corporate governance documents are being reviewed and the first set were approved in July with others to follow in October. Once approved, these policies will provide an important foundation for improvement.
- **Performance Management Framework** – to ensure that we can effectively monitor progress and evidence improvement. Each theme includes an outline of how success will be evidenced. Processes for monitoring progress are in place, and processes for capturing and using evidence of improvement will be developed.
- **Historic Issues** – if there is a continued focus on and resource directed towards historic issues this will hinder improvement. The improvement plan contains actions to bring historic issues to a conclusion and embed lessons learnt.
- **Progress Monitoring and Risk Management approach** – if assessment of progress and risk assessment contains optimism-bias, this will prevent an accurate and realistic view of progress. Assurance mechanisms will help manage this risk.

## 4.8 Changes to the Improvement Plan

4.8.1 The Improvement Plan is intended to be a live document updated to take account of progress and relevant changes.

4.8.2 The Improvement Plan report to Council in June 2022 set out that changes (which may include the addition of new workstreams or objectives, or the amendment of timescales for delivery of actions) will be tracked through programme management mechanisms and that Cabinet will retain oversight of changes through regular formal reporting.

4.8.3 Changes are considered by Leadership Team at on a quarterly basis. Appendix 6 contains details of all the changes made to the Improvement Plan this quarter and are summarised as follows:

- 3 changes made to address errors in the Improvement Plan
- 15 changes made to amend delivery timescales



- 1 change to add a new action
- 1 change to amend the delivery lead

## 5 Implications

<b>Resources:</b>	<p>Resources to deliver the Improvement Plan have been allocated from within existing commitments in the majority of cases. Where one-off funding is required to deliver improvements, this will either be funded from the Improvement and Capacity Fund or from earmarked reserves created from 2021/22 underspend position. Allocation of this funding was approved by Council with the Improvement Plan on 7 June 2022.</p> <p>Where funding is required for longer-term change, this will be incorporated into the Medium-Term Financial Strategy.</p> <p>There are no land or building implications associated with the Improvement Plan as a whole.</p>
<b>Legal and Governance:</b>	<p>On 22 March 2022, The Secretary of State for Levelling Up, Housing and Communities issued Directions under Section 15(5) and (6) of the Local Government Act 1999 (the 1999 Act) in order to ensure that the council can comply with the requirements of Part 1 of the 1999 Act. Failure to comply with these Directions may lead to further intervention measures for the council.</p> <p>The regular reporting development and approval of this Improvement Plan will mean that the council has achieved one of the elements within the Directions within the specified timescales.</p> <p>The delivery of the Improvement Plan and achievement of the desired outcomes will meet the remainder of the Directions.</p>



	<p>Ultimately, the changes made through the Improvement Plan will enable the council to effectively deliver its strategic priorities and ensure it is delivering value for money for Sandwell.</p> <p>Audit and Risk Assurance Committee's consideration of progress of the Improvement Plan and the risk register, contributes to the governance and assurance framework of the Improvement Plan.</p>
<b>Risk:</b>	<p>If the Council fails to take appropriate action to meet the requirements set out in the government Direction, or the Commissioners appointed by the Secretary of State do not have sufficient confidence that appropriate actions are being taken to implement and sustain the required improvements, then the council risks not having appropriate arrangements in place to comply with its best value duty under Part 1 of the 1999 Act. This could lead to further government intervention, increased costs and damage to reputation.</p> <p>A risk register will be maintained for the duration of the Improvement Plan which will underpin the council's strategic risk relating to the council's Improvement Plan (59a 02/22). This is reported monthly to Leadership Team, quarterly to Cabinet, and will be regularly reported to Audit and Risk Assurance Committee.</p>
<b>Equality:</b>	<p>The successful delivery of the Improvement Plan will require the development and review of many of the council's policies and procedures. These changes will build in consideration of the impact on equalities throughout the development and will include an Equality Impact Assessment where appropriate.</p>
<b>Health and Wellbeing:</b>	<p>The underpinning objective of the Improvement Plan is to ensure the council is able to achieve the strategic priorities as set out in the Corporate Plan. These priorities focus on improving the health and wellbeing</p>





	of our residents and tackling health inequalities in a multi-faceted way. Therefore, any improvements to the council's governance structures will strengthen the council's ability to deliver services that will improve the health and wellbeing of Sandwell.
<b>Social Value</b>	Within the Improvement Plan, the council is committed to developing its Social Value Policy in conjunction with the refresh of the Procurement & Contract Procedure Rules. Through strengthening our asks of contractors through this Social Value Policy and linking them to the Corporate Plan objectives, the council will be able to maximise its social value return.

## 6 Appendices

1. Improvement Plan Monitoring Tool July 2022
2. Improvement Plan Theme Progress Summary July 2022
3. Statutory Recommendations Reporting July 2022
4. Improvement Plan Governance Diagram
5. Improvement Plan Risk Register July 2022
6. Changes to the Improvement Plan

## 7 Background Papers

Sandwell Council Governance Improvement Plan

- [Adopted January 2022](#)
- [Quarterly Monitoring April 2022](#)
- [Quarterly Monitoring July 2022](#)

Sandwell Council Improvement Plan [Report to Council 7 June 2022](#)

Appendices:

- [Sandwell Council Improvement Plan](#)
- Grant Thornton Value for Money Governance Review Report December 2021
- CIPFA Financial Management Review Report January 2022
- LGA Corporate Peer Challenge March 2022
- Sandwell Directions under Section 15(5) and (6) of the Local Government Act 1999, 22 March 2022



- Sandwell Directions - Explanatory Memorandum





Progress against Plan Status Rating	Definition	Leadership Team Action as a result
On Track	Progress against the action is in line with the delivery date with no or minor (of less than a month) actual/projected slippage that does not impact on any dependencies	Leadership Team note progress and seek assurance that on track
Medium progress	Progress on the action is being made but there is actual/projected slippage of between 1-2 months, or any minor slippage presents a risk to dependencies	Leadership Team watching brief and review impact on dependencies
Significant issues / slippage	Progress on the action is or projected to be behind schedule by more than 2 months, or any slippage (actual or projected) presents a risk to critical milestones	Leadership Team review and remedy
Not due to start	Work on the action is not due to start	N/a
Complete	Action is complete	N/a
Closed	Action is complete and there is evidence that the measures of success have been fulfilled	Evidence to be provided
N/A	Update not required at this time	N/a



#### Action Risk Score (Use Corporate Risk Matrix)

Score	Impact - Higher of			Likelihood (the proximity of the risk at the time of assessment)
	Financial	Reputation	Service Delivery	
4 (High)	>20% of budget	National media coverage – permanent impact on reputation	>80% Serious service or programme failure directly affecting vulnerable groups, requiring intervention by Members.	Almost certain It is reasonable to expect that the event will undoubtedly happen or recur, possibly frequently or at least within the next six months A more than 50% chance of the risk occurring
3 (Medium)	11% to 20% of budget	Local media and TV coverage- long term local reputation affected	50%-80% Significant service or project disruption requiring intervention by Corporate Directors / Management Board	Probably / likely The event is more than likely to occur. It will probably happen in the next year but is not a persisting issue. The chance of the event occurring is between a 25% to 50% likelihood
2 (Low)	5% to 10% of budget	Local newspaper coverage – reputation affected temporarily	25%-49% Noticeable disruption to outputs requiring intervention by a relevant Director / Service Manager	Possible Little likelihood of the event occurring. It might happen in the next 18 months or recur occasionally. The chance of the event occurring is between a 10% to 24% likelihood.
1 (Very Low)	<5% of budget	Local gossip/ reputation affected internally	<25% Short term service disruption requiring intervention by a unit or project manager or equivalent	Unlikely The event is not expected, There is no expectation that the event will occur, but it is possible that it might do so. The chance of the event occurring is less than 10%.

#### Risk Categorisation

Likelihood	High (4)	Medium (3)	Low (2)	Very Low (1)
	4	8	12	16
	3	6	9	12
	2	4	6	8
Impact (Higher of financial, reputation and service delivery)	Very Low (1)	Low (2)	Medium (3)	High (4)
	1	2	3	4

**Red risks** are those that require immediate action to reduce their likelihood and/or impact. These risks should be monitored on at least a monthly basis to ensure that the further actions necessary to reduce the level of risk are completed within appropriate timescales. These risks should be escalated / reported as appropriate to ensure that they are brought to the attention of the Management Board and members.

**Amber risks** are those that require action to ensure that the effectiveness of existing control measures are monitored and improvements made if required to reduce the likelihood and/or impact to green. These risks should be reviewed on at least a quarterly basis.

**Green risks** are those that should be monitored on a less frequent basis, either six monthly or annually, to ensure that existing control measures continue to be effective.

## Theme 1 -Organisational Culture

Doc type	Monitoring Document
Project	Sandwell Council Improvement Plan
Report Date	Jul-22
Owner	Leadership Team



Static data			Owners				Dates		Main Action Risk		Progress against plan	Evidence of status rating	July Updates	
Workstream	Ref	Action	Director Lead	Cabinet Member	Other Leads	Update Owner (if different)	Start date	Due date	Main Action Risk	Description	Status (June 2022)	Update (June 2022)	Status (July 2022)	Update (Initial and Date) (July 2022)
Establishing Organisational Culture	OC.A1.0	Establish the desired organisational culture for Sandwell Council	Director – Business Strategy and Change	Deputy Leader		Head of HR	May 2022	Dec 2022	Low Risk	Failure to agree desired organisational culture	N/A	N/A	N/A	N/A
Establishing Organisational Culture	OC.A1.1	Phase 1 Engagement: Starting the Conversation	Director – Business Strategy and Change	Deputy Leader		Head of HR	Jun 2022	Jul 2022	N/A	N/A	On Track- little or no slippage	Consultancy engaged. Working Group in place and meeting. Stakeholder mapping complete. Phase one measures identified - to be refined	On Track- little or no slippage	Engagement and Culture Champion recruitment underway. On track for Listening Groups to commence late August/through September
Establishing Organisational Culture	OC.A1.2	Phase 2 Engagement: Determining Desired Culture	Director – Business Strategy and Change	Deputy Leader		Head of HR	Aug 2022	Dec 2022	N/A	N/A	Not due to start	Not due to start	On Track- little or no slippage	Consultancy support engaged. Success measures identified. Engagement timetable established
Establishing Organisational Culture	OC.A1.3	Approval of document setting out the desired organisational culture	Director – Business Strategy and Change	Deputy Leader		Head of HR	Autumn 2022	Autumn 2022	N/A	N/A	Not due to start	Not due to start	Not due to start	Not due to start
Establishing Organisational Culture	OC.A2.0	Create the right environment for that organisational culture to thrive	Director – Business Strategy and Change	Deputy Leader					Medium Risk	Lack of engagement to embed desired culture	N/A	N/A	N/A	N/A
Establishing Organisational Culture	OC.A2.1	Organisational Development Strategy and Plan Approved	Director – Business Strategy and Change	Deputy Leader		Head of HR	TBC	End 2022	N/A	N/A	Not due to start	Not due to start	Not due to start	Not due to start
Establishing Organisational Culture	OC.A2.2	Other actions as a result of engagement phases	Director – Business Strategy and Change	Deputy Leader		Head of HR	TBC	TBC	N/A	N/A	Not due to start	Not due to start	Not due to start	Not due to start
Officer Learning and Development	OC.B1.0	Design and deliver Corporate Governance Training for Officers	Director – Business Strategy and Change	Deputy Leader	Director- Law & Governance				Low Risk	Failure to deliver required training within agreed timescales	N/A	N/A	N/A	N/A
Officer Learning and Development	OC.B1.1	Scope of Corporate Governance Training for Officers approved (including comprehensive finance and governance training tailored to those with different levels of financial responsibility)	Director- Law & Governance	Deputy Leader	Director – Business Strategy and Change Director - Finance		May-22	Jun-22	N/A	N/A	Duplicate/ link to another action	See update to OC.B2.1 below	On Track- little or no slippage	incorporated within update to OC.B2.1 below on management development programme
Officer Learning and Development	OC.B1.2	Revision of Corporate Induction	Director – Business Strategy and Change	Deputy Leader	Director- Law & Governance		Jun-22	Jul-22	N/A	N/A	Significant issues / actual/projected slippage- more than 2 months	Corporate Induction will be updated when the relevant learning interventions relating to Governance Training have been developed. RJ 07.07.22: Likely change control on dates for sequencing with Management Development Programme	Significant issues / actual/projected slippage- more than 2 months	As June. Governance training planning discussions are underway. RJ 01/08/22: Change control to sequence dates with Management Development Programme - linked to OD Strategy and Plan
Officer Learning and Development	OC.B1.3	Effective decision-making training	Director- Law & Governance	Deputy Leader	Director – Business Strategy and Change		Jul-22	Sep-22	N/A	N/A			On Track- little or no slippage	Incorporated within Management Development Programme and progress rating reflected within that action(see update to OC.B2.1 below) As individual constitutional changes are approved, training will be rolled out to follow. First approvals due at July Council.
Officer Learning and Development	OC.B1.4	Procurement of Delivery Partner (corporate governance training)	Director- Law & Governance	Deputy Leader	Director – Business Strategy and Change		Jun-22	Aug-22	N/A	N/A	Duplicate/ link to another action	See update to OC.B2.1 below	On Track- little or no slippage	Discussing with LGA possible support around corporate governance training. Progress incorporated within Management Development Programme and progress rating reflected within that action(see update to OC.B2.1 below)
Officer Learning and Development	OC.B1.5	Delivery of Corporate Governance Training	Director – Business Strategy and Change	Deputy Leader	Director- Law & Governance		Autumn 2022	Dec-22	N/A	N/A	Not due to start	Not due to start	Not due to start	Not due to start
Officer Learning and Development	OC.B1.6	Annual Refresher of Corporate Governance Training	Director – Business Strategy and Change	Deputy Leader	Director- Law & Governance		TBC 2023	TBC 2023	N/A	N/A	Not due to start	Not due to start	Not due to start	Not due to start
Officer Learning and Development	OC.B2.0	Develop a clear programme of management development	Director – Business Strategy and Change	Deputy Leader	Director- Law & Governance				Low Risk	Lack of engagement from managers with the programme	N/A	N/A	N/A	N/A

Officer Learning and Development	OC.B2.1	Management Development Programme Designed	Director – Business Strategy and Change	Deputy Leader	Director- Law & Governance Director - Finance	Head of HR HR Team Manager L&D/OD	Aug-22	Dec-22	N/A	N/A	On Track- little or no slippage	RJ 08.07.22: Procurement and budget holder training in development. Currently finalising dates with LGA for Officer-Member relationship support. Sessions with other Officer-tiers are being designed with the intention that an output from the training will be a series of pledges made by Officers and Members. Governance and Decision Making training will follow Council approvals. These initial strands of work will become a 'Managers Fundamentals/Essentials' programme with the broader Management Development Programme to be delivered in 2023 following the approval of an OD strategy and Plan.	On Track- little or no slippage	As per June. Dates for Member-Officer relationship support from LGA confirmed for September (6th and 20th)
Officer Learning and Development	OC.B2.2	Budget Holder Role Profile Approved	Director - Finance	Deputy Leader	Director- Law & Governance	Finance Improvement Manager		May-22	N/A	N/A	On Track- little or no slippage	Approved and launched at SM briefing. Will be discussing with Directorate Management Teams. SH 1/7/22	Complete	complete
Officer Learning and Development	OC.B2.3	Incorporate training on company roles and responsibilities in senior officer development plan	Director- Law & Governance	Deputy Leader		Head of HR HR Team Manager L&D/OD	Aug-22	Dec-22	N/A	N/A	Not due to start	Not due to start	Not due to start	Not due to start
Officer Learning and Development	OC.B2.4	Management Development Programme Delivery	Director – Business Strategy and Change	Deputy Leader	Director- Law & Governance		2023	2023	N/A	N/A	Not due to start	Not due to start	Not due to start	Not due to start
<b>Officer and Member Relationship</b>	<b>OC.C1.0</b>	<b>Continue regular weekly meetings between Cabinet Members and Leadership Team</b>	<b>Director- Law &amp; Governance</b>	<b>Leader of the Council</b>	<b>Director- Law &amp; Governance Chief Executive Leader Cabinet Members Leadership Team</b>				<b>Low Risk</b>	If formalised meeting structures aren't in place, opportunities may be missed for issues to be discussed. Other regular meetings are taking place.	N/A	N/A	N/A	N/A
Officer and Member Relationship	OC.C1.1	Regular meetings of Commissioners, Monitoring Officer, Section 151 Officer and Chief Whips commence	Director- Law & Governance	Leader of the Council	Director- Law & Governance Chief Executive Leader Cabinet Members Leadership Team		May 2022	May 2022	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	1.1 Meetings have been taking place. Awaiting confirmation of Conservative Group whip. Formal schedule of meetings will be scheduled to start from September.	Medium Progress- actual/ projected slippage of 1-2 months	Update as per June. Conservative Group whip to be identified.
Officer and Member Relationship	OC.C1.2	Meeting structures to support regular dialogue between Senior Leadership (Officer and Member) confirmed for new Municipal Year	Director- Law & Governance	Leader of the Council	Director- Law & Governance Chief Executive Leader Cabinet Members Leadership Team		May 2022	Jun 2022	N/A	N/A	On Track- little or no slippage	Regular weekly meetings in place between Directors and Executive and agreed for Municipal Year	On Track- little or no slippage	In place. To be reviewed throughout year to ensure structures are fit for purpose.
<b>Officer and Member Relationship</b>	<b>OC.C2.0</b>	<b>Continue to adopt star chamber approach for Cabinet Members and Chief Officers as part of budget setting approach</b>	<b>Director - Finance</b>	<b>Deputy Leader</b>			<b>2021</b>	<b>Summer 2022</b>	<b>Low Risk</b>	On track	Not due to start	Not yet due. Star Chambers to be booked for August/early September	On Track- little or no slippage	Booked for August and September
<b>Officer and Member Relationship</b>	<b>OC.C3.0</b>	<b>Engage LGA to support Officers and Members to develop the relationship going forward including continuation of LGA Cabinet Member mentoring programme</b>	<b>Director- Law &amp; Governance</b>	<b>Leader of the Council</b>			<b>May 2022</b>	<b>Dec 2022</b>	<b>Medium Risk</b>	If cultural and behavioural historic issues that have affected the Council's ability to deliver could return if the relationship between Officers and Members is not addressed.	On Track- little or no slippage	On track. Sessions being planned August and September for all Members. Regular dialogue with LGA. Plans are progress.	On Track- little or no slippage	Sessions have been scheduled for 6th and 20th Sep for Members. LGA will be supporting sessions with Officers around the Member-Officer Relationship. Confirming dates.
<b>Officer and Member Relationship</b>	<b>OC.C4.0</b>	<b>Ward and Casework Management</b>	<b>Director- Law &amp; Governance</b>	<b>Deputy Leader</b>	<b>Director- Law &amp; Governance</b>		May 2022	Oct 2022	<b>Medium Risk</b>	Risk relates to reputational harm where Members are unable to have their case work addressed in a timely manner	N/a	N/A	N/a	N/A
Officer and Member Relationship	OC.C4.1	Process and approach review –completed as part of customer feedback review	Director- Law & Governance	Deputy Leader	Director- Business Strategy & Change			Complete	N/A	N/A	Complete		Complete	
Officer and Member Relationship	OC.C4.2	Leadership Team conversation to identify mechanisms to embed and sustain the required approach and process for ward and casework (linked to desired organisational culture)	Director- Law & Governance	Deputy Leader	Director- Business Strategy & Change				N/A	N/A	On Track- little or no slippage	RJ 06.07.22: Action to be pursued in Sep/Oct linked to organisational culture work. Approach to be discussed by NC and ST.	On Track- little or no slippage	Work around Member-Officer relationship is progressing but it is recognised that Member portal requires further development to meet Members' expectations. Options appraisal underway for customer management system. Action to be pursued in Sep/Oct linked to organisational culture work. Approach and timescales to be discussed by NC and ST.
<b>Member Learning and Development</b>	<b>OC.D1.0</b>	<b>Deliver Member Development Programme including Finance Training Programme</b>	<b>Director- Law &amp; Governance</b>	<b>Deputy Leader</b>					<b>Medium Risk</b>	If we do not ensure Members have the required knowledge and skills to undertake their roles, the Council is at risk	N/A		N/A	

Member Learning and Development	OC.D1.1	Service Showcase	Director- Law & Governance	Deputy Leader				18-May-22	N/A	N/A	Complete		Complete	
Member Learning and Development	OC.D1.2	New Member Induction	Director- Law & Governance	Deputy Leader			May-22	Jun-22	N/A	N/A	On Track- little or no slippage	New Member Induction Completed	Complete	Completed and positive feedback received from Members on changes. Further improvements are being identified for next year's induction
Member Learning and Development	OC.D1.3	Approval of Member Development Programme	Director- Law & Governance	Deputy Leader			Jul-22	Jul-22	N/A	N/A	On Track- little or no slippage	Approved by Ethical Standards and Member Development Committee. MDP is a dynamic document that will be regularly reviewed and refreshed by the Committee.	On Track- little or no slippage	Approved by Ethical Standards and Member Development Committee. MDP is a dynamic document that will be regularly reviewed and refreshed by the Committee. It has also been shared with LGA and Commissioners. Discussions are taking place with LGA around
Member Learning and Development	OC.D1.4	Deliver Member Development Programme	Director- Law & Governance	Deputy Leader			Jul-22	Mar-23	N/A	N/A	On Track- little or no slippage	Ongoing activity as part of the Municipal Year.	On Track- little or no slippage	Ongoing activity as part of the Municipal Year is taking place. Member attendance has been good to date. Positive experience for Members and Officers. We will continue to consider feedback and look at improvements and feed this into the review of the MDP.
Member Learning and Development	OC.D2.0	Design and deliver Corporate Governance Training for Members	Director- Law & Governance	Leader of the Council	Director- Finance				Medium Risk	If there is insufficient understanding of corporate governance arrangements, this will leave the Council open to reputational and potential legal challenge.	N/A	N/A	N/A	N/A
Member Learning and Development	OC.D2.1	Scope of Corporate Governance Training for Members approved	Director- Law & Governance	Leader of the Council	Director- Finance		Mar-22	Jun-22	N/A	N/A	On Track- little or no slippage	ST 05.07.22: MDP contains Corporate Governance training and was agreed in June. It will be rolled out throughout Municipal Year and updated as changes are implemented (e.g. scheme of delegation, fin regs, CPRules). Member Development Plan will incorporate these requirements.	Complete	Governance Review Approvals are now being implemented
Member Learning and Development	OC.D2.2	Effective decision-making training	Director- Law & Governance	Leader of the Council	Director- Finance		Jul-22	Sep-22	N/A	N/A	On Track- little or no slippage	Training around decision making will be delivered throughout the municipal year as part of improvements and continuous improvement around decision-making	On Track- little or no slippage	If Council approves key decision making thresholds in July, training will then follow for Executive around effective decision-making (by September). Role of scrutiny in the decision making process forms part of the scrutiny review that is underway and will be concluded in October
Member Learning and Development	OC.D2.3	Procurement of delivery partner (for Corporate Governance Training)	Director- Law & Governance	Leader of the Council	Director- Finance		Jul-22	Sep-22	N/A	N/A	Not due to start	Not due to start	On Track- little or no slippage	Discussing with LGA possible support around corporate governance training. Progress incorporated within Management Development Programme and progress rating reflected within that action(see update to OC.B2.1 below)
Member Learning and Development	OC.D2.4	Delivery of Corporate Governance Training	Director- Law & Governance	Leader of the Council	Director- Finance		Autumn 22	Dec-22	N/A	N/A	Not due to start	Not due to start	Not due to start	as above
Member Learning and Development	OC.D2.5	Annual Refresher and inclusion in new Member induction	Director- Law & Governance	Leader of the Council	Director- Finance		Sep-22	Oct-22	N/A	N/A	Not due to start	Not due to start	On Track- little or no slippage	Annual Refresher of Code of Corporate Governance Training planned in November in readiness for Code of Corporate Governance being considered by Council at its Dec Meeting. Change control: Revise date to November
Member Learning and Development	OC.D3.0	Continue forward plan for all Member briefings based on themes of work / areas for development	Director- Law & Governance	Leader of the Council					Low Risk	Risk relates to insufficient forward planning leading to missed opportunities	N/A	N/A	N/A	N/A
Member Learning and Development	OC.D3.1	Forward Plan for All Member Briefings in place for new Municipal Year	Director- Law & Governance	Leader of the Council			May-22	Jun-22	N/A	N/A	On Track- little or no slippage	Agreed and in place.	On Track- little or no slippage	In place and no issues. Regular review
Member Learning and Development	OC.D3.2	Leadership Team Review of All Member Briefings to ensure they are meeting needs	Director- Law & Governance	Leader of the Council			Mar-22	Ongoing	N/A	N/A	On Track- little or no slippage	Picked up through Leadership Team discussions (within and outside meetings)	On Track- little or no slippage	Picked up through Leadership Team discussions (within and outside meetings)
Member Learning and Development	OC.D4.0	Induction training for Leader and Cabinet Members on appropriate processes relating to the employment of Chief Officers, and in particular Statutory Officers	Director- Law & Governance	Leader of the Council			Jun-22	Jul-22	Low Risk	If there is insufficient knowledge and training for Chief Officers Terms and Conditions Committee, then recruitment and selection may result in an unsuitable appointment.	Medium Progress- actual/ projected slippage of 1-2 months	Action not yet commenced. Approach to be agreed in July ahead of commencement of Chief Executive Recruitment. Change Control: action is in relation to Chief Officer Terms and Conditions Committee Members	Medium Progress- actual/ projected slippage of 1-2 months	Intention to deliver training in August for Chief Officer Terms and Conditions Committee Members.

[illegible]

Theme 2- Corporate Oversight

Doc Type	Monitoring Document
Project	Business Strategy
Doc ID	2022-001
Version	1.0



Item data			Owner			Dates		Main Action Risk	Progress against plan	Evidence of status setting		Progress against plan		Evidence of status setting	
Workstream	Ref	Action	Director Lead	Cabinet Member	Other Leads	Update Owner if different	Start date	Due date	Risk	Description	Status (June 2022)	Update (June 2022)	Status (July 2022)	Update (July 2022)	Status (July 2022)
00	00.A.0	Implement Oracle Fusion	Director- Finance	Deputy Leader	Director- Business Strategy & Change	Director- Finance	Dec-21	Apr-23	Medium risk	Implementation date depends on support and mobilisation. Likely to be at least 12-month implementation from mobilisation of new 9 contract.	N/A	N/A	N/A	Change Control - change implementation date to August 2023	
	00.A.1	Cabinet approval for action plan to continue implementation of Oracle Fusion	Director- Finance	Deputy Leader	Director- Business Strategy & Change	Director- Finance		Complete	N/A	N/A	Complete		Complete		
	00.A.2	Terminate implementation partner contract with looklags	Director- Finance	Deputy Leader	Director- Business Strategy & Change	Director- Finance		Complete	N/A	N/A	Complete		Complete		
	00.A.3	Implement robust project management arrangements	Director- Finance	Deputy Leader	Director- Business Strategy & Change	Director- Finance		Complete	N/A	N/A	Complete		Complete		
	00.A.4	Review operational team to ensure there are appropriate resources in place during implementation phase	Director- Finance	Deputy Leader	Director- Business Strategy & Change	Director- Finance		Complete	N/A	N/A	Complete		Complete		
	00.A.5	Project management training for all of project team, including Project Sponsors	Director- Finance	Deputy Leader	Director- Business Strategy & Change	Director- Finance		Jan-22	N/A	N/A	Initial cohort trained in project management (DS 000002)	On Track- little or no change	Further training to be arranged if required.		
	00.A.6	Procure new support provider to deliver Oracle Fusion	Director- Finance	Deputy Leader	Director- Business Strategy & Change	Director- Finance		Jan-22	N/A	On Track- little or no change	Tender currently being evaluated. Due to be awarded in July 2021	Medium Progress- actual/ projected slippage of 3-2 months	Evolution period extended by 3 weeks due to need to financial evaluation	On Track- little or no change	
00	00.A.7	Support provider in place and delivery commences	Director- Finance	Deputy Leader	Director- Business Strategy & Change	Director- Finance	Jan-22	Apr-23	N/A	On Track- little or no change	Tender currently being evaluated. Due to be awarded in July 2021	Medium Progress- actual/ projected slippage of 3-2 months	Evolution period extended by 3 weeks due to need to financial evaluation	On Track- little or no change	
Improvement Planning, Monitoring and Learning	00.B.0	Single Improvement Plan Phase 1	Leadership Team	Leader of the Council			Mar-22	Jan-22	Low risk	If approved by Council to start. Remaining risks to be effective progress monitoring of the 47 and submissions to CCL.	N/A	N/A	N/A		N/A
Improvement Planning, Monitoring and Learning	00.B.1.1	Council approval of Improvement Plan	Leadership team	Leader of the Council		Strategic and Service Improvement Plan		Jan-22	N/A	N/A	Complete		Complete		
Improvement Planning, Monitoring and Learning	00.B.1.2	Commissioners Report prepared	Commissioners	Leader of the Council		Chief of Staff- Commission team		By 22 June 2022	N/A	N/A	Complete		Complete		
Improvement Planning, Monitoring and Learning	00.B.1.3	Commissioners Report to Secretary of State	Commissioners	Leader of the Council		Chief of Staff- Commission team		By 22 June 2022	N/A	N/A	Complete		Complete		
Improvement Planning, Monitoring and Learning	00.B.2.0	Single Improvement Plan Phase 2	Leadership team	Leader of the Council			Jan-22	Jan-23	Low risk	Risk relates to timely development and approval, and learning lessons from Phase 1	N/A	N/A	N/A		N/A
Improvement Planning, Monitoring and Learning	00.B.2.1	Council approval of Improvement Plan Phase 2	Leadership team	Leader of the Council		Strategic and Service Improvement Plan			N/A	N/A	Not due to start		Not due to start		
Improvement Planning, Monitoring and Learning	00.B.3.0	Continuous Improvement Plan	Director- Business Strategy & Change	Leader of the Council					Low risk	Risk relates to timely development and approval linked to organisational culture change	N/A	N/A	N/A		N/A
Improvement Planning, Monitoring and Learning	00.B.3.1	Develop a Continuous Improvement Plan	Director- Business Strategy & Change	Leader of the Council			Autumn 2022	Spring 2023	N/A	N/A	Not due to start		Not due to start		
Performance Management	00.C1.0	Performance Management Framework (PMF)	Director- Business Strategy & Change	Deputy Leader			Sep-22	Ongoing	High risk	Risk relates to capacity to deliver PMF. Council approval of resources to start. Recruitment underway	N/A	N/A	N/A		N/A
Performance Management	00.C1.1	Council approval of PMF	Director- Business Strategy & Change	Deputy Leader		Strategic and Service Improvement Plan		Complete	N/A	N/A	Complete	Completed	Complete		Completed
Performance Management	00.C1.2	CG performance report	Director- Business Strategy & Change	Deputy Leader		Strategic and Service Improvement Plan		Aug-22	N/A	N/A	On Track- little or no change	As 00-01-21. Preparations underway and on track for CG report to be made to Cabinet in September	On Track- little or no change	Underway and on track for CG report to be made to Cabinet in September	
Performance Management	00.C2.0	Budget Monitoring	Director- Finance	Deputy Leader			Mar-22	Ongoing	Low risk	On track	N/A	N/A	N/A		N/A
Performance Management	00.C2.1	Report format agreed by Leadership Team	Director- Finance	Deputy Leader				Complete	N/A	N/A	Complete	Completed	Complete		Completed
Performance Management	00.C2.2	CG budget report to Leadership Team, Cabinet and Scrutiny	Director- Finance	Deputy Leader				Aug-22	N/A	N/A	On Track- little or no change	Not yet due	On Track- little or no change		On track
Performance Management	00.C2.3	Monthly Budget monitoring	Director- Finance	Deputy Leader				Ongoing	N/A	N/A	On Track- little or no change	On track	On Track- little or no change		On track
Organisational Structures and Enabling Corporate Data	00.D.0	Restructuring	Leadership Team	Deputy Leader			Dec-20		Not yet raised	N/A	N/A	N/A	N/A		N/A
Organisational Structures and Enabling Corporate Data	00.D.0.1	Directorate level restructuring	Director- Business Strategy & Change	Deputy Leader		Head of HR			N/A	N/A	On Track- little or no change	On track	On Track- little or no change	As per June update. Decisions need to be made by 00-01-22 regarding ownership of the action and to provide risk score.	
Organisational Structures and Enabling Corporate Data	00.D.0.2	Embedding Finance Business Partner role	Director- Finance	Deputy Leader			Jan-22	Aug-22	Low risk	On track	N/A	N/A	N/A		N/A
Organisational Structures and Enabling Corporate Data	00.D.0.1	Restructure of financial services section to provide a greater focus on business partnering completed	Director- Finance	Deputy Leader				Jan-22	N/A	N/A	On Track- little or no change	Implemented	Complete		Complete
Organisational Structures and Enabling Corporate Data	00.D.0.2	Expectations on financial services section established	Director- Finance	Deputy Leader				Jan-22	N/A	N/A	On Track- little or no change	Budget holder roles completed and launched and Service Manager briefing	Complete	Complete	
Organisational Structures and Enabling Corporate Data	00.D.0.3	Workforce development plan implemented for financial services section	Director- Finance	Deputy Leader	Finance Improvement Manager	Finance Improvement Manager		Sep-22	N/A	N/A	On Track- little or no change	Will follow Restructure implementation	On Track- little or no change	On track	
Organisational Structures and Enabling Corporate Data	00.D.0.4	KPIs and standards developed for financial services section	Director- Finance	Deputy Leader	Finance Improvement Manager	Finance Improvement Manager		Aug-22	N/A	N/A	On Track- little or no change	On track	On Track- little or no change	On track	
Organisational Structures and Enabling Corporate Data	00.D.0.5	Reduction of financial/transactional activity	Director- Finance	Deputy Leader			Jan-22	Mar-23	Low risk	On track. External support provided	N/A	N/A	N/A		N/A
Organisational Structures and Enabling Corporate Data	00.D.0.1	Business process re-engineering resources approved	Director- Finance	Deputy Leader				Complete	N/A	N/A	Complete	Completed	Complete		Completed
Organisational Structures and Enabling Corporate Data	00.D.0.2	Review of internal charges	Director- Finance	Deputy Leader				Jan-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	As 00-01-21. Review is underway. Will not be completed by end of June 2022	Complete	COPA initial review complete but recommendations arising from that will need further work.	
Organisational Structures and Enabling Corporate Data	00.D.0.3	Review of corporate debt recovery processes completed	Director- Finance	Deputy Leader				Jan-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	Benefits 3M has been procured on Energy Refill and Household Support Fund scheme due to government policies. Change to October 2022	Medium Progress- actual/ projected slippage of 1-2 months	As June update	
Organisational Structures and Enabling Corporate Data	00.D.0.4	Programme of end to end process review	Director- Finance	Deputy Leader				May-22	Mar-23	N/A	On Track- little or no change	Investment underway. Review support and working provided	On Track- little or no change	As June update	
Organisational Structures and Enabling Corporate Data	00.D.0.5	Resolve issues relating to the completion and sign off of final accounts	Director- Finance	Deputy Leader			Jan-22	May-22	Medium risk	Some progress made	N/A	N/A	N/A		N/A
Organisational Structures and Enabling Corporate Data	00.D.0.1	External review of 2020/21 Statement of Accounts	Director- Finance	Deputy Leader				Complete	N/A	N/A	Complete	Completed	Complete		Completed
Organisational Structures and Enabling Corporate Data	00.D.0.2	New suite of working papers to support the 2021/22 year end process agreed	Director- Finance	Deputy Leader				Complete	N/A	N/A	Complete	Completed	Complete		Completed
Organisational Structures and Enabling Corporate Data	00.D.0.3	Additional resources in place for 2021/22 year end process	Director- Finance	Deputy Leader				Complete	N/A	N/A	Complete	Completed	Complete		Completed
Organisational Structures and Enabling Corporate Data	00.D.0.4	Training for key members of the Finance Team complete	Director- Finance	Deputy Leader				Complete	N/A	N/A	Complete	Completed	Complete		Completed
Programme and Project Management	00.E1.0	Programme and Project Management	Director- Business Strategy & Change	Deputy Leader			Dec-21	Life 2022	Medium risk	Action to embed consistent approach which provides appropriate oversight of all key projects and consistent approach to risk management	N/A	N/A	N/A		N/A
Programme and Project Management	00.E1.1	Agree a Corporate approach to Project Management, including	Director- Business Strategy & Change	Deputy Leader				Complete	N/A	N/A	Complete	Completed	Complete		Completed
Programme and Project Management	00.E1.2	Suite of Programme and Project Documentation Agreed	Director- Business Strategy & Change	Deputy Leader				May-22	N/A	N/A	Complete	Completed	Complete		Completed
Programme and Project Management	00.E1.3	Corporate Transformation PMO established	Director- Business Strategy & Change	Deputy Leader				Life 2022	N/A	N/A			On Track- little or no change	As 00-01-21. Transformation appointed. Endorsement of BIC. Accurate agreed enabling the establishment of a corporate transformation function.	
Programme and Project Management	00.E1.4	Programme and Project Management System Implementation	Director- Business Strategy & Change	Deputy Leader				Life 2022	N/A	N/A			On Track- little or no change	As 00-01-21. Implementation and market testing of potential solutions. No endorsement.	

## Theme 3 -Strategic Direction

Doc type	Monitoring Document
Project	Sandwell Council Improvement Plan
Start date	Jul-22
Owner	Leadership Team



Static data			Owners				Dates		Main Action Risk		Progress against plan	Evidence of status rating	Progress against plan	Evidence of status rating
Workstream	Ref	Action	Director Lead	Cabinet Member	Other Leads	Update Owner (if different)	Start date	Due date	Main Action Risk	Description	Status (June 2022)	Update (June 2022)	Status (July 2022)	Update (Initial and Date) (July 2022)
Strategy development and refresh	SD.A1.0	Regen Pipeline Development and Delivery	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth			Autumn 2021	Apr-27	Low Risk	Clear progress on key Pipeline projects; governance arrangements being finalised.	N/A	N/A	N/A	N/A
Strategy development and refresh	SD.A1.1	Cabinet Approval of Regen Strategy and Pipeline 2022-27	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth				Complete	N/A	N/A	Complete		Complete	
Strategy development and refresh	SD.A1.2	Pipeline projects monitored on a 6-monthly basis	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth				Ongoing	N/A	N/A	On Track- little or no slippage	TMG 27.06.22: On track: First Update will cover April - September 2022 and be available during November 222	On Track- little or no slippage	First Update will cover April - September 2022 and be available during November 2022
Strategy development and refresh	SD.A1.3	Internal infrastructure established for delivery:	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth			Mar-22	Mar-23	N/A	N/A	Medium Progress-actual/ projected slippage of 1-2 months	RJ 28.06.22: Updates within SDA1.3a-d. Amber overall rating reflects slippage in programme management software procurement (SD.A1.3b)	Medium Progress-actual/ projected slippage of 1-2 months	Amber status: Software procurement not yet taken place and interviews / recruitment to key Project Manager positions only just taken place but not in post yet.
Strategy development and refresh	SD.A1.3a	o Programme and Project Management Structures in place	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth					N/A	N/A	On Track- little or no slippage	Project and Programme Management Boards Terms of Reference agreed and all established.	On Track- little or no slippage	Project and Programme Management Boards Terms of Reference agreed and all established.
Strategy development and refresh	SD.A1.3b	o Programme Management Software Procurement	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth					N/A	N/A	Medium Progress-actual/ projected slippage of 1-2 months	TMG 27.06.22: Delay due to Corporate Directorate needs	Medium Progress-actual/ projected slippage of 1-2 months	This procurement has been delayed due to Corporate issues about software but now proceeding and preparation for procurement process now in train
Strategy development and refresh	SD.A1.3c	o Project Management Software procurement	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth					N/A	N/A	On Track- little or no slippage	TMG 27.06.22: MS Project is in place and used now.	On Track- little or no slippage	MS Project is the preferred project management software for key projects and is in use. This action should be closed now.
Strategy development and refresh	SD.A1.3d	o Microsite creation for information around priority projects for stakeholders	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth					N/A	N/A	On Track- little or no slippage	TMG 27.06.22Supplier selected and On track with Comms and Regeneration	On Track- little or no slippage	Collating information to publish on Microsite and working with company to format and organise info and graphics. Aim is to go live in September 2022
Strategy development and refresh	SD.A2.0	Corporate Asset Management Strategy Development	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager: Strategic Asset & Land	Autumn 2021	Sep-22	Medium Risk	If timescales are not met, there will be a period during which the Council will not have a fit-for-purpose asset database	N/A	N/A	N/A	N/A

July Update



Strategy development and refresh	SD.A2.1	<b>Work Place Vision</b>	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager-Strategic Asset & Land			N/A	N/A	N/A	N/A	N/A	N/A
Strategy development and refresh	SD.A2.2	Confirmation of funding for remaining Workplace Vision components	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager-Strategic Asset & Land		Autumn 22 linked to MTFP	N/A	N/A	On Track- little or no slippage	Not yet formally approved.	Medium Progress- actual/ projected slippage of 1-2 months	Funding has not been approved for further phase of WVP. Therefore, nothing is being taken forward at this stage until Project Board / CEO / Leader decide if the next phase is happening.
Strategy development and refresh	SD.A2.3	<b>Transforming Local Services</b>	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager-Strategic Asset & Land			N/A	N/A	N/A		N/A	
Strategy development and refresh	SD.A2.4	Cabinet Workshop to provide steer	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager-Strategic Asset & Land	Mar-22	Complete	N/A	N/A	Complete	Complete	Complete	Complete
Strategy development and refresh	SD.A2.5	Options for hub locations identified	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager-Strategic Asset & Land	Jun-22	Sep-22	N/A	N/A	On Track- little or no slippage	Local Hubs Workshop led by Director of Housing arranged with Cabinet in July 2022	Medium Progress- actual/ projected slippage of 1-2 months	Community hub services have been broadly scoped, but locations not yet identified.
Strategy development and refresh	SD.A2.6	<b>Asset Review</b>	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager-Strategic Asset & Land			N/A	N/A	N/A		N/A	
Strategy development and refresh	SD.A2.7	Procurement of asset database	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager-Strategic Asset & Land		Complete	N/A	N/A	Complete	Complete	Complete	Complete
Strategy development and refresh	SD.A2.8	Implementation of new Asset Database	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager-Strategic Asset & Land	May-22	Dec-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	CH 04.07.22: On track for December but the programme is tight and the risk of slippage is	Medium Progress- actual/ projected slippage of 1-2 months	On track for December but the programme is tight and the risk of slippage is significant.
Strategy development and refresh	SD.A2.9	<b>Surplus Assets &amp; commercial estate</b>	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager-Strategic Asset & Land			N/A	N/A	N/A		N/A	
Strategy development and refresh	SD.A2.10	Maximising Value out of surplus assets portfolio – Cabinet report	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager-Strategic Asset & Land		Jul-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	there have been delays in obtaining confirmation from service areas that none of the assets on the Surplus Assets list have potential to support service delivery. Given that many assets on the list were declared surplus many years ago, it is important to check that they are all still surplus. This exercise is taking time, but it is still intended to obtain Cabinet approval in the autumn to commence the detailed review.	Medium Progress- actual/ projected slippage of 1-2 months	This report has been delayed due to challenges of finalising list of surplus corporate assets. This is now scheduled for Cabinet in September as part of the AMS.

Strategy development and refresh	SD.A2.11	Corporate Asset Management Strategy Approved	Director-Regeneration & Growth	Cabinet Member for Regeneration and Growth		Service Manager- Strategic Asset & Land		Sep-22	N/A	N/A	On Track- little or no slippage	Strategy is being drafted for Cabinet in September.	On Track- little or no slippage	Draft strategy discussed at Leadership Team on two occasions for Director input. Strategy document being further updated and informal session on this planned with Cabinet in September 2022
Strategy development and refresh	SD.A3.0	Communications and Corporate Affairs Strategy Development and Delivery	Director - Business Strategy and Change	Leader of the Council			Autumn 2021	Ongoing	Low Risk		N/A	N/A	N/A	need a general update whilst milestones are being prepared
Strategy development and refresh	SD.A3.1	Corporate Communications Strategy approved	Director - Business Strategy and Change	Leader of the Council				Complete	N/A	N/A	Complete	Complete	Complete	Complete
Strategy development and refresh	SD.A3.2	Communications Team restructure concluded to focus resources on key workstreams of Communications Strategy	Director - Business Strategy and Change	Leader of the Council				May-22	N/A	N/A	Complete	Complete	Complete	Complete
Strategy development and refresh	SD.A4.0	Refresh and embed the Corporate Procurement Strategy	Director- Finance	Deputy Leader		Interim Procurement Strategy Manager	Autumn 2021	Jul-22	Low Risk		N/A		N/A	
Strategy development and refresh	SD.A4.1	Procurement & Contract Procedure Rules approved	Director- Finance	Deputy Leader		Interim Procurement Strategy Manager		May-22	N/A	N/A	On Track- little or no slippage	Review completed but may be slippage in Council approval to September following Governance Working Group	Complete	Completed - approved at July Council
Strategy development and refresh	SD.A4.2	Training developed	Director- Finance	Deputy Leader		Interim Procurement Strategy Manager	Aug-22	Oct-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	May be slippage if revised Contract Procedure Rules not approved by Council in July. SH 30/06	On Track- little or no slippage	Now that Council has approved the CPR's training can now be prepared/planned
Strategy development and refresh	SD.A4.3	Training delivered	Director- Finance	Deputy Leader		Interim Procurement Strategy Manager	Autumn 22	Dec-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	May be slippage if revised Contract Procedure Rules not approved by Council in July. SH 30/06	On Track- little or no slippage	As above
Strategy development and refresh	SD.A5.0	Develop and Implement the Commercial Strategy	Director- Finance	Deputy Leader			Autumn 2021	Jul-22	Medium Risk	Strategy has been drafted but limited opportunities for business streams have emerged. Training to be undertaken as next step to give relevant officers the appropriate skills and knowledge to review opportunities again	N/A	N/A	N/A	Change control - change target date to October 2022
Strategy development and refresh	SD.A5.1	Commercial Strategy Approved	Director- Finance	Deputy Leader				Jul-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	Commercial Strategy drafted but given limited opportunities arising from work so far, C Co are delivering training and then will revisit draft Strategy and action plan so likely to be a further iteration before approval SH 30/06	Medium Progress- actual/ projected slippage of 1-2 months	C Co have delivered training and progressing with business case development. Strategy is in draft but will be reviewed following the above and approved by LT. RJ 04/08/22: 4 Potential workstreams are in the draft strategy. LATC (Leisure provision) will be added as a strand to the commercial strategy.
Strategy development and refresh	SD.A5.2	Business Cases Presented for commercial workstreams	Director- Finance	Deputy Leader				Jun-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	One business stream developed. Others to be revisited after training.	Medium Progress- actual/ projected slippage of 1-2 months	C Co are now developing business cases following the workshops and training.

Strategy development and refresh	SD.A6.0	HRA 30 year Business Plan	Director- Housing	Cabinet Member for Housing	Assistant Directors - Housing Management and Asset Management		Autumn 2021	Apr-23	Low Risk	Plan is necessary for long term planning but delivery of asset improvements still continues without the plan	N/A	N/A	N/A	N/A
Strategy development and refresh	SD.A6.1	Review of compliance and stock data	Director- Housing	Cabinet Member for Housing	AD, Asset Management and Improvement			May-22	N/A	N/A	On Track- little or no slippage	Review completed but has shown that stock condition surveys are required. These will now be procured.	Medium Progress- actual/ projected slippage of 1-2 months	Review of stock conditions data is complete but has identified that there is a need to procure 7,000 surveys to improve data quality. Decision to procure is scheduled in the Forward Plan for 28/9/22
Strategy development and refresh	SD.A6.2	HRA Business Plan developed	Director- Housing	Cabinet Member for Housing	ADs		May-22	Mar-23	N/A	N/A	On Track- little or no slippage	Workshop held with Savills June 2022 to provide content for business plan and check assumptions in the draft plan	On Track- little or no slippage	Financial modelling has been produced but needs further work to build in rent and service charges increases for 2023/24 and beyond.
Strategy development and refresh	SD.A6.3	HRA Business Plan approved (in line with budget approval 2023-24)	Director- Housing	Cabinet Member for Housing				Apr-23	N/A	N/A	On Track- little or no slippage	as per A6.2	On Track- little or no slippage	Work with Savills is on track
Strategy development and refresh	SD.A7.0	Refresh the Early Help Strategy	Director- Children & Education	Cabinet Member for Children and Education			Autumn 2021	Mar-22	Low Risk	The strategy has been refreshed ahead of the launch in March 2022.	N/A	N/A	N/A	N/A
Strategy development and refresh	SD.A7.1	Launch of Early Help Strategy	Director- Children & Education	Cabinet Member for Children and Education				Complete	N/A		Complete	The strategy was launched on 17 March 2022 attended by 180 organisations and agencies.	Complete	
Strategy development and refresh	SD.A8.0	Refresh Corporate Parenting Strategy	Director- Children & Education	Cabinet Member for Children and Education			Jan-22	Sep-22	Medium Risk	The Corporate Parenting Strategy Board are considering the refresh of the current strategy ahead of the implementation in September 2022.	N/A	N/A	N/A	N/A
Strategy development and refresh	SD.A8.1	Re-focusing of strategic priorities	Director- Children & Education	Cabinet Member for Children and Education				Sep-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	The Corporate Parenting Board will confirm the strategic priorities ahead of the September Board meeting.	Medium Progress- actual/ projected slippage of 1-2 months	As June update
Strategy development and refresh	SD.A8.2	Corporate Parenting Strategy approved	Director- Children & Education	Cabinet Member for Children and Education				22-Sep	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	The Corporate Parenting Strategy will be approved by Board Members in September 2022.	Medium Progress- actual/ projected slippage of 1-2 months	As June update
Equality and Diversity	SD.B1.0	Equality and Diversity	Director- Law & Governance	Leader of the Council			Autumn 2021	Ongoing	Medium Risk	If the Council does not comply with the Equality Act 2010 there is a risk of reputational damage.	N/A	N/A	N/A	N/A
Equality and Diversity	SD.B1.1	Continue to embed Equality, Diversity and Inclusion (EDI) staff networks	Director- Law & Governance	Leader of the Council			Ongoing	Ongoing	N/A	N/A	On Track- little or no slippage	Ongoing. No issues arising	On Track- little or no slippage	Ongoing. No issues arising
Equality and Diversity	SD.B1.2	Establish Women's network and Faith & Belief staff network	Director- Law & Governance	Leader of the Council			Jun-22	Dec-22	N/A	N/A	On Track- little or no slippage	Progressing the establishment of the two new networks	On Track- little or no slippage	Progressing the establishment of the two new networks
Equality and Diversity	SD.B1.3	Continue to deliver on Equalities Commission Board priorities	Director- Law & Governance	Leader of the Council			Ongoing	Ongoing	N/A	N/A	On Track- little or no slippage	Ongoing. No issues arising.	On Track- little or no slippage	Ongoing. No issues arising.

Equality and Diversity	SD.B1.4	Equality Policy reviewed	Director- Law & Governance	Leader of the Council			May-22	Jun-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	Equalities Policy has been reviewed. Draft being prepared for new Equalities Policy. Due to be considered by Executive and Equalities Commission ahead of consideration by Council in October. Change Control: change delivery date.	Medium Progress- actual/ projected slippage of 1-2 months	Equalities Policy has been reviewed. Draft being prepared for new Equalities Policy. Due to be considered by Executive and Equalities Commission ahead of consideration by Council in October. Change Control: change delivery date from June to October.
Equality and Diversity	SD.B1.5	Equality Policy approved	Director- Law & Governance	Leader of the Council			Jul-22	Jul-22	N/A	N/A	Significant issues / actual/projected slippage- more than 2 months	As above	Significant issues / actual/projected slippage- more than 2 months	As above. Due to be presented to Council in October. Change Control: change delivery date from June to October.
Equality and Diversity	SD.B1.6	EDI Workforce action plan review	Director- Law & Governance	Leader of the Council			Jun-22	Dec-22	N/A	N/A	On Track- little or no slippage	Work has commenced and is ongoing.	On Track- little or no slippage	Work is ongoing.
Equality and Diversity	SD.B1.7	Approval of EDI Workforce plan	Director- Law & Governance	Leader of the Council			Mar-23	Mar-23	N/A	N/A		Not due to start		Not due to start (annual approval)
Equality and Diversity	SD.B1.8	Review approach to Equality Impact Assessments	Director- Law & Governance	Leader of the Council			Summer 2022	Autumn 2022	N/A	N/A	On Track- little or no slippage	Initial consideration has commenced.	On Track- little or no slippage	Initial consideration has commenced.
Equality and Diversity	SD.B1.9	Review of Council EDI decision making process	Director- Law & Governance	Leader of the Council			Summer 2022	Autumn 2022	N/A	N/A		Not due to start		Not due to start
Equality and Diversity	SD.B1.10	Equality, Diversity and Inclusion Strategy approved	Director- Law & Governance	Leader of the Council			Autumn 2022	Autumn 2022	N/A	N/A	On Track- little or no slippage	Work is underway and is on track.	On Track- little or no slippage	Work is underway and is on track.
Equality and Diversity	SD.B1.11	Embed equalities, diversity and inclusion within Member and Officer Development Programmes	Director- Law & Governance	Leader of the Council			Early 2023	Early 2023	N/A	N/A			On Track- little or no slippage	Looking at initial training with Members in Autumn and with Officers. Further training will follow in the new year.
Locality Working	SD.C1.0	Developing a model for locality working	Director- Housing	Cabinet Member for Housing	Director – Business Strategy and Change		Mar-22	TBC	Medium Risk		N/A		N/A	
Locality Working	SD.C1.1	Cabinet Workshop to provide steer on community hubs model	Director- Housing	Cabinet Member for Housing	Director – Business Strategy and Change		Complete	Complete	N/A	N/A	Complete	Complete	Complete	Complete
Locality Working	SD.C1.2	Pilot of Town Co-ordinator role commences	Director- Housing	Cabinet Member for Housing	Director – Business Strategy and Change		Summer 2022	Summer 2022	N/A	N/A	Significant issues / actual/projected slippage- more than 2 months	Recruitment Unsuccessful. KBD is picking up a conversation with the leader about whether the pilot is shelved and the potential for town co-ordinator is incorporated into the wider proposal for Community Hubs	Significant issues / actual/projected slippage- more than 2 months	This proposal is on hold.
Locality Working	SD.C1.3	Customer Access Strategy Development Commences	Director- Housing	Cabinet Member for Housing	Director – Business Strategy and Change		Sep-22	Sep-22	N/A	N/A		Not due to start		Not due to start
Locality Working	SD.C1.4	Business Cases for hub locations progressed, as appropriate	Director- Housing	Cabinet Member for Housing	Director – Business Strategy and Change		Sep-22	Spring 2023	N/A	N/A		Not due to start		Not due to start
MTFP & Capital Strategy	SD.D1.0	Fundamental review of the Medium Term Financial Plan (MTFP) and Capital Strategy	Director- Finance	Deputy Leader			Jan-22	Autumn 2022	Low Risk	On track for September Cabinet	N/A	N/A	N/A	N/A
MTFP & Capital Strategy	SD.D1.1	Review concluded	Director- Finance	Deputy Leader				Jul-22	N/A	N/A	On Track- little or no slippage	Change to September per headline action	On Track- little or no slippage	On track for September Cabinet
MTFP & Capital Strategy	SD.D1.2	Approval of MTFP and Capital Strategy	Director- Finance	Deputy Leader				Autumn 2022	N/A	N/A	On Track- little or no slippage	On track for September Cabinet SH 30/06	On Track- little or no slippage	As above.
Consultation and Engagement	SD.E1.0	Public Consultation to be carried out as part of budget process for 2023/24	Director- Finance	Deputy Leader	Director Business Strategy and Change		Jan-22	Autumn 2022	Low Risk	On track	N/A	N/A	N/A	N/A
Consultation and Engagement	SD.E1.1	Procurement concluded to provide capacity for a regular Resident's Survey	Director- Finance	Deputy Leader	Director Business Strategy and Change			May-22	N/A	N/A	On Track- little or no slippage	Completed	Complete	complete

[illegible]



## Theme 4 - Decision Making

Doc type	Monitoring Document
Project	Sandwell Council Improvement Plan
Start date	Jul-22
Owner	Leadership Team



Static data			Owners				Dates		Main Action Risk		Progress against plan	Evidence of status rating	Progress against plan	Evidence of status rating
Workstream	Ref	Action	Director Lead	Cabinet Member	Other Leads	Update Owner (if different)	Start date	Due date	Main Action Risk	Description	Status (June 2022)	Update (June 2022)	Status (July 2022)	Update (Initial and Date) (July 2022)
4 Yearly Election Cycle	DM.A1.0	Implement 4-yearly election cycle	Director- Law & Governance	Leader of the Council			May-22	Sep-23	Medium Risk	If we don't reach a decision in October, then there will be a reputational risk associated with delaying making a decision	N/A	N/A	N/A	N/A
4 Yearly Election Cycle	DM.A1.1	Options Paper to Leadership Team	Director- Law & Governance	Leader of the Council				Jun-22	N/A	N/A	On Track- little or no slippage	Report prepared for Council 26th July to seek agreement to commence consultation.	Complete	
4 Yearly Election Cycle	DM.A1.2	Council Decision to implement	Director- Law & Governance	Leader of the Council				TBC	N/A	N/A	On Track- little or no slippage	Planning on October Council decision (subject to 26th July Council agreement to consult)	On Track- little or no slippage	Report to Council 26/07/22 to approve consultation. Further final decision report due October
Constitution and Governance Framework	DM.B1.0	In-depth review and revision to Corporate Governance Documents	Director- Law & Governance	Leader of the Council			Dec-21	Oct-22	Medium Risk	If Corporate Governance Documents are not updated, then other improvement work with Members and Officers will be adversely impacted.	N/A	N/A	N/A	N/A
Constitution and Governance Framework	DM.B1.1	Effective Decision Making Training	Director- Law & Governance	Leader of the Council			Jul-22	Sep-22	N/A	N/A			On Track- little or no slippage	Incorporated within Member Development Programme and Management Development Programme and progress rating reflected within that action(see also updates to OC.B2.1 and OC.D2.2 within Organisational Culture Theme) As individual constitutional changes are approved, training will be rolled out to follow. First approvals due at July Council.
Constitution and Governance Framework	DM.B1.2	Revised Procurement and Contract Procedure Rules agreed	Director- Law & Governance	Leader of the Council				Jul-22	N/A	N/A	On Track- little or no slippage	Preparing to take a report to Council in July, dependent on Member agreement to approach and engagement undertaken. Contingency to schedule a extraordinary Council meeting mid Aug if additional consultation with Members required	On Track- little or no slippage	Council agreed to consider changes on 26th July.
Constitution and Governance Framework	DM.B1.3	Revised Financial Regs agreed	Director- Law & Governance	Leader of the Council				Jul-22	N/A	N/A	On Track- little or no slippage	Preparing to take a report to Council in July, dependent on Member agreement to approach and engagement undertaken. Contingency to schedule a extraordinary Council meeting mid Aug if additional consultation with Members required	Significant issues / actual/projected slippage- more than 2 months	Fin Regs are being reviewed. Key change required was in relation to thresholds for decisions and this component was approved by Council in July. Further amendments will be presented to Council by October. Change Control: Amend date
Constitution and Governance Framework	DM.B1.4	Revised Council Procedure Rules	Director- Law & Governance	Leader of the Council				Jul-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	Preparing to take a report to Council in October following approval to approach from Governance and Constitution Member Working Group. Date to be amended through change control.	On Track- little or no slippage	Approved by Council in July- Note from PMO 01/09/22: An error was made in the July entry to incorrectly state that Council Procedure Rules were approved at Council in July. They are scheduled for October Council. Error is logged and August's monthly report will reflect correct commentary.
Constitution and Governance Framework	DM.B1.5	Revised Sale of Land and Buildings Protocol	Director- Regeneration & Growth	Leader of the Council		Service Manager- Strategic Asset & Land		Aug-22	N/A	N/A	On Track- little or no slippage	RJ 27.06.22: Protocol being prepared for Council approval in July alongside Financial Regulations	On Track- little or no slippage	Approved at July 2022 Council. Action is Complete now.



Constitution and Governance Framework	DM.B1.6	Revised Scheme of Delegations agreed	Director- Law & Governance	Leader of the Council				Oct-22	N/A	N/A	On Track- little or no slippage	Preparing to take a report to Council in October following approval to approach from Governance and Constitution Member Working Group.	On Track- little or no slippage	Preparing to take a report to Council in October following approval to approach from Governance and Constitution Member Working Group.
Constitution and Governance Framework	DM.B2.0	Refresh existing arrangements for arms-length companies	Director- Law & Governance	Deputy Leader		Governance and Business Support Principal Lead & Solicitor	Jan-22	Jul-22	Low Risk	If we don't ensure that there is sufficient governance and oversight, it can lead to significant and/or unintended consequences for the organisation e.g. reputational issues, Council not discharging legal obligations.	N/A	N/A	N/A	N/A
Constitution and Governance Framework	DM.B2.1	Identify existing arms-length companies, company directors and company administration	Director- Law & Governance	Deputy Leader			Apr-22	Apr-22	N/A	N/A	Significant issues / actual/project ed slippage- more than 2 months	Review has been completed and will be circulated to Leadership Team in July. SCT is the only identified arms-length company.	Complete	
Constitution and Governance Framework	DM.B2.2	Conduct review to ensure appropriate resources are allocated to these organisations	Director- Law & Governance	Deputy Leader			May-22	Jul-22	N/A	N/A	On Track- little or no slippage	Review has been completed and will be circulated to Leadership Team in July. SCT is the only identified arms-length company.	Complete	Report has been circulated to Leadership Team
Constitution and Governance Framework	DM.B2.3	Implement annual reporting arrangements	Director- Law & Governance	Deputy Leader				Jul-22	N/A	N/A	On Track- little or no slippage	In place for SCT. Briefing note to Leadership Team will include guidance and lessons learnt in the event of future	Complete	
Role and Function of Scrutiny and Audit	DM.C1.0	Refresh decision making-arrangements including the role of Scrutiny	Director- Law & Governance	Leader of the Council			Dec-21	Jul-22	Medium Risk	If there isn't an effective overview and scrutiny function in place, then the Council decision-making will not be as effective as it can be.	N/A	N/A	N/A	N/A
Role and Function of Scrutiny and Audit	DM.C1.0	Review of scrutiny arrangements	Director- Law & Governance	Leader of the Council				Oct-22	N/A	N/A	On Track- little or no slippage	Work is ongoing with new Chair of Scrutiny. Agreement to next steps of review. Anticipate completion of review by October and implementation as part of continuous improvement.	On Track- little or no slippage	As per June update. No issues arising. Cllr Moore presented Scrutiny Report at Council on 26/07 and provided Members with an update on changes taking place this Municipal Year. Review due to complete in October and implementation as part of continuous improvement
Role and Function of Scrutiny and Audit	DM.C1.2	Scrutiny Work Planning event	Director- Law & Governance	Leader of the Council				Jun-22	N/A	N/A	On Track- little or no slippage	Events took place in June. All scrutiny boards have an agreed work programme and boards are in the process of delivering their work plans.	Complete	
Role and Function of Scrutiny and Audit	DM.C1.3	Approval of any changes to scrutiny (if required following review)	Director- Law & Governance	Leader of the Council				Jul-22	N/A	N/A	On Track- little or no slippage	Review due to complete in October. Actions will be implemented subsequently. Date to be altered via change control.	Medium Progress- actual/ projected slippage of 1-2 months	Review due to complete in October. Actions will be implemented subsequently. Date to be altered via change control (error in plan).
Role and Function of Scrutiny and Audit	DM.C.2.0	Implementation of Scrutiny Recommendations relating to key issues	Director- Law & Governance	Deputy Leader			Dec-21	Sep-22	Medium Risk	If we don't implement scrutiny recommendations, this undermines the Council's decision making and leaves the Council open to risk and challenge	N/A	N/A	N/A	N/A
Role and Function of Scrutiny and Audit	DM.C2.1	SEND Transport recommendations relating to procurement concluded	Director- Law & Governance	Deputy Leader	Director- Children & Education Scrutiny		Early 2022	Sep-22	N/A	N/A			On Track- little or no slippage	Procurement-related recommendations on track in line with award of contract from 1st September. (see also update in Procurement & Commercial)
Role and Function of Scrutiny and Audit	DM.C2.2	Recommendations relating to Waste Contract concluded	Director- Borough Economy	Deputy Leader	Director- Law and Governance			Dec-22	N/A	N/A	Medium Progress- actual/ projected slippage of 1-2 months	AD 27.06.22 recommendations in progress. Some slippage on provision of key annual plans from Serco has been experienced.	On Track- little or no slippage	Annual plans now provided & review of contract started





[illegible]





Timeline & Deliverables & Relationships										IMPROVEMENT PLAN	
Project	Task	Start Date	End Date	Owner	Status	Priority	Dependencies	Resources	Notes	Owner	Notes
Project A	Task A.1	2023-01-01	2023-01-15	John Doe	Completed	High		John Doe	Task A.1 completed successfully.	John Doe	
Project A	Task A.2	2023-01-16	2023-01-31	John Doe	In Progress	High	Task A.1	John Doe	Task A.2 is currently in progress.	John Doe	
Project A	Task A.3	2023-02-01	2023-02-15	John Doe	Not Started	Medium	Task A.2	John Doe	Task A.3 is not yet started.	John Doe	
Project B	Task B.1	2023-01-01	2023-01-15	Jane Smith	Completed	High		Jane Smith	Task B.1 completed successfully.	Jane Smith	
Project B	Task B.2	2023-01-16	2023-01-31	Jane Smith	In Progress	High	Task B.1	Jane Smith	Task B.2 is currently in progress.	Jane Smith	
Project B	Task B.3	2023-02-01	2023-02-15	Jane Smith	Not Started	Medium	Task B.2	Jane Smith	Task B.3 is not yet started.	Jane Smith	
Project C	Task C.1	2023-01-01	2023-01-15	Mike Johnson	Completed	High		Mike Johnson	Task C.1 completed successfully.	Mike Johnson	
Project C	Task C.2	2023-01-16	2023-01-31	Mike Johnson	In Progress	High	Task C.1	Mike Johnson	Task C.2 is currently in progress.	Mike Johnson	
Project C	Task C.3	2023-02-01	2023-02-15	Mike Johnson	Not Started	Medium	Task C.2	Mike Johnson	Task C.3 is not yet started.	Mike Johnson	
Project D	Task D.1	2023-01-01	2023-01-15	Sarah Brown	Completed	High		Sarah Brown	Task D.1 completed successfully.	Sarah Brown	
Project D	Task D.2	2023-01-16	2023-01-31	Sarah Brown	In Progress	High	Task D.1	Sarah Brown	Task D.2 is currently in progress.	Sarah Brown	
Project D	Task D.3	2023-02-01	2023-02-15	Sarah Brown	Not Started	Medium	Task D.2	Sarah Brown	Task D.3 is not yet started.	Sarah Brown	
Project E	Task E.1	2023-01-01	2023-01-15	David White	Completed	High		David White	Task E.1 completed successfully.	David White	
Project E	Task E.2	2023-01-16	2023-01-31	David White	In Progress	High	Task E.1	David White	Task E.2 is currently in progress.	David White	
Project E	Task E.3	2023-02-01	2023-02-15	David White	Not Started	Medium	Task E.2	David White	Task E.3 is not yet started.	David White	
Project F	Task F.1	2023-01-01	2023-01-15	Emily Green	Completed	High		Emily Green	Task F.1 completed successfully.	Emily Green	
Project F	Task F.2	2023-01-16	2023-01-31	Emily Green	In Progress	High	Task F.1	Emily Green	Task F.2 is currently in progress.	Emily Green	
Project F	Task F.3	2023-02-01	2023-02-15	Emily Green	Not Started	Medium	Task F.2	Emily Green	Task F.3 is not yet started.	Emily Green	
Project G	Task G.1	2023-01-01	2023-01-15	Frank Black	Completed	High		Frank Black	Task G.1 completed successfully.	Frank Black	
Project G	Task G.2	2023-01-16	2023-01-31	Frank Black	In Progress	High	Task G.1	Frank Black	Task G.2 is currently in progress.	Frank Black	
Project G	Task G.3	2023-02-01	2023-02-15	Frank Black	Not Started	Medium	Task G.2	Frank Black	Task G.3 is not yet started.	Frank Black	
Project H	Task H.1	2023-01-01	2023-01-15	Grace Blue	Completed	High		Grace Blue	Task H.1 completed successfully.	Grace Blue	
Project H	Task H.2	2023-01-16	2023-01-31	Grace Blue	In Progress	High	Task H.1	Grace Blue	Task H.2 is currently in progress.	Grace Blue	
Project H	Task H.3	2023-02-01	2023-02-15	Grace Blue	Not Started	Medium	Task H.2	Grace Blue	Task H.3 is not yet started.	Grace Blue	
Project I	Task I.1	2023-01-01	2023-01-15	Henry Red	Completed	High		Henry Red	Task I.1 completed successfully.	Henry Red	
Project I	Task I.2	2023-01-16	2023-01-31	Henry Red	In Progress	High	Task I.1	Henry Red	Task I.2 is currently in progress.	Henry Red	
Project I	Task I.3	2023-02-01	2023-02-15	Henry Red	Not Started	Medium	Task I.2	Henry Red	Task I.3 is not yet started.	Henry Red	
Project J	Task J.1	2023-01-01	2023-01-15	Ivy Purple	Completed	High		Ivy Purple	Task J.1 completed successfully.	Ivy Purple	
Project J	Task J.2	2023-01-16	2023-01-31	Ivy Purple	In Progress	High	Task J.1	Ivy Purple	Task J.2 is currently in progress.	Ivy Purple	
Project J	Task J.3	2023-02-01	2023-02-15	Ivy Purple	Not Started	Medium	Task J.2	Ivy Purple	Task J.3 is not yet started.	Ivy Purple	
Project K	Task K.1	2023-01-01	2023-01-15	Jack Orange	Completed	High		Jack Orange	Task K.1 completed successfully.	Jack Orange	
Project K	Task K.2	2023-01-16	2023-01-31	Jack Orange	In Progress	High	Task K.1	Jack Orange	Task K.2 is currently in progress.	Jack Orange	
Project K	Task K.3	2023-02-01	2023-02-15	Jack Orange	Not Started	Medium	Task K.2	Jack Orange	Task K.3 is not yet started.	Jack Orange	
Project L	Task L.1	2023-01-01	2023-01-15	Karen Yellow	Completed	High		Karen Yellow	Task L.1 completed successfully.	Karen Yellow	
Project L	Task L.2	2023-01-16	2023-01-31	Karen Yellow	In Progress	High	Task L.1	Karen Yellow	Task L.2 is currently in progress.	Karen Yellow	
Project L	Task L.3	2023-02-01	2023-02-15	Karen Yellow	Not Started	Medium	Task L.2	Karen Yellow	Task L.3 is not yet started.	Karen Yellow	
Project M	Task M.1	2023-01-01	2023-01-15	Leo Silver	Completed	High		Leo Silver	Task M.1 completed successfully.	Leo Silver	
Project M	Task M.2	2023-01-16	2023-01-31	Leo Silver	In Progress	High	Task M.1	Leo Silver	Task M.2 is currently in progress.	Leo Silver	
Project M	Task M.3	2023-02-01	2023-02-15	Leo Silver	Not Started	Medium	Task M.2	Leo Silver	Task M.3 is not yet started.	Leo Silver	
Project N	Task N.1	2023-01-01	2023-01-15	Mia Bronze	Completed	High		Mia Bronze	Task N.1 completed successfully.	Mia Bronze	
Project N	Task N.2	2023-01-16	2023-01-31	Mia Bronze	In Progress	High	Task N.1	Mia Bronze	Task N.2 is currently in progress.	Mia Bronze	
Project N	Task N.3	2023-02-01	2023-02-15	Mia Bronze	Not Started	Medium	Task N.2	Mia Bronze	Task N.3 is not yet started.	Mia Bronze	
Project O	Task O.1	2023-01-01	2023-01-15	Noah Gold	Completed	High		Noah Gold	Task O.1 completed successfully.	Noah Gold	
Project O	Task O.2	2023-01-16	2023-01-31	Noah Gold	In Progress	High	Task O.1	Noah Gold	Task O.2 is currently in progress.	Noah Gold	
Project O	Task O.3	2023-02-01	2023-02-15	Noah Gold	Not Started	Medium	Task O.2	Noah Gold	Task O.3 is not yet started.	Noah Gold	
Project P	Task P.1	2023-01-01	2023-01-15	Olivia Platinum	Completed	High		Olivia Platinum	Task P.1 completed successfully.	Olivia Platinum	
Project P	Task P.2	2023-01-16	2023-01-31	Olivia Platinum	In Progress	High	Task P.1	Olivia Platinum	Task P.2 is currently in progress.	Olivia Platinum	
Project P	Task P.3	2023-02-01	2023-02-15	Olivia Platinum	Not Started	Medium	Task P.2	Olivia Platinum	Task P.3 is not yet started.	Olivia Platinum	
Project Q	Task Q.1	2023-01-01	2023-01-15	Peter Diamond	Completed	High		Peter Diamond	Task Q.1 completed successfully.	Peter Diamond	
Project Q	Task Q.2	2023-01-16	2023-01-31	Peter Diamond	In Progress	High	Task Q.1	Peter Diamond	Task Q.2 is currently in progress.	Peter Diamond	
Project Q	Task Q.3	2023-02-01	2023-02-15	Peter Diamond	Not Started	Medium	Task Q.2	Peter Diamond	Task Q.3 is not yet started.	Peter Diamond	
Project R	Task R.1	2023-01-01	2023-01-15	Quinn Ruby	Completed	High		Quinn Ruby	Task R.1 completed successfully.	Quinn Ruby	
Project R	Task R.2	2023-01-16	2023-01-31	Quinn Ruby	In Progress	High	Task R.1	Quinn Ruby	Task R.2 is currently in progress.	Quinn Ruby	
Project R	Task R.3	2023-02-01	2023-02-15	Quinn Ruby	Not Started	Medium	Task R.2	Quinn Ruby	Task R.3 is not yet started.	Quinn Ruby	
Project S	Task S.1	2023-01-01	2023-01-15	Rachel Sapphire	Completed	High		Rachel Sapphire	Task S.1 completed successfully.	Rachel Sapphire	
Project S	Task S.2	2023-01-16	2023-01-31	Rachel Sapphire	In Progress	High	Task S.1	Rachel Sapphire	Task S.2 is currently in progress.	Rachel Sapphire	
Project S	Task S.3	2023-02-01	2023-02-15	Rachel Sapphire	Not Started	Medium	Task S.2	Rachel Sapphire	Task S.3 is not yet started.	Rachel Sapphire	
Project T	Task T.1	2023-01-01	2023-01-15	Sam Ruby	Completed	High		Sam Ruby	Task T.1 completed successfully.	Sam Ruby	
Project T	Task T.2	2023-01-16	2023-01-31	Sam Ruby	In Progress	High	Task T.1	Sam Ruby	Task T.2 is currently in progress.	Sam Ruby	
Project T	Task T.3	2023-02-01	2023-02-15	Sam Ruby	Not Started	Medium	Task T.2	Sam Ruby	Task T.3 is not yet started.	Sam Ruby	
Project U	Task U.1	2023-01-01	2023-01-15	Tina Emerald	Completed	High		Tina Emerald	Task U.1 completed successfully.	Tina Emerald	
Project U	Task U.2	2023-01-16	2023-01-31	Tina Emerald	In Progress	High	Task U.1	Tina Emerald	Task U.2 is currently in progress.	Tina Emerald	
Project U	Task U.3	2023-02-01	2023-02-15	Tina Emerald	Not Started	Medium	Task U.2	Tina Emerald	Task U.3 is not yet started.	Tina Emerald	
Project V	Task V.1	2023-01-01	2023-01-15	Uma Amethyst	Completed	High		Uma Amethyst	Task V.1 completed successfully.	Uma Amethyst	
Project V	Task V.2	2023-01-16	2023-01-31	Uma Amethyst	In Progress	High	Task V.1	Uma Amethyst	Task V.2 is currently in progress.	Uma Amethyst	
Project V	Task V.3	2023-02-01	2023-02-15	Uma Amethyst	Not Started	Medium	Task V.2	Uma Amethyst	Task V.3 is not yet started.	Uma Amethyst	
Project W	Task W.1	2023-01-01	2023-01-15	Victor Topaz	Completed	High		Victor Topaz	Task W.1 completed successfully.	Victor Topaz	
Project W	Task W.2	2023-01-16	2023-01-31	Victor Topaz	In Progress	High	Task W.1	Victor Topaz	Task W.2 is currently in progress.	Victor Topaz	
Project W	Task W.3	2023-02-01	2023-02-15	Victor Topaz	Not Started	Medium	Task W.2	Victor Topaz	Task W.3 is not yet started.	Victor Topaz	
Project X	Task X.1	2023-01-01	2023-01-15	Wendy Garnet	Completed	High		Wendy Garnet	Task X.1 completed successfully.	Wendy Garnet	
Project X	Task X.2	2023-01-16	2023-01-31	Wendy Garnet	In Progress	High	Task X.1	Wendy Garnet	Task X.2 is currently in progress.	Wendy Garnet	
Project X	Task X.3	2023-02-01	2023-02-15	Wendy Garnet	Not Started	Medium	Task X.2	Wendy Garnet	Task X.3 is not yet started.	Wendy Garnet	
Project Y	Task Y.1	2023-01-01	2023-01-15	Xavier Peridot	Completed	High		Xavier Peridot	Task Y.1 completed successfully.	Xavier Peridot	
Project Y	Task Y.2	2023-01-16	2023-01-31	Xavier Peridot	In Progress	High	Task Y.1	Xavier Peridot	Task Y.2 is currently in progress.	Xavier Peridot	
Project Y	Task Y.3	2023-02-01	2023-02-15	Xavier Peridot	Not Started	Medium	Task Y.2	Xavier Peridot	Task Y.3 is not yet started.	Xavier Peridot	
Project Z	Task Z.1	2023-01-01	2023-01-15	Yara Malachite	Completed	High		Yara Malachite	Task Z.1 completed successfully.	Yara Malachite	
Project Z	Task Z.2	2023-01-16	2023-01-31	Yara Malachite	In Progress	High	Task Z.1	Yara Malachite	Task Z.2 is currently in progress.	Yara Malachite	
Project Z	Task Z.3	2023-02-01	2023-02-15	Yara Malachite	Not Started	Medium	Task Z.2	Yara Malachite	Task Z.3 is not yet started.	Yara Malachite	
Project AA	Task AA.1	2023-01-01	2023-01-15	Zoe Aquamarine	Completed	High		Zoe Aquamarine	Task AA.1 completed successfully.	Zoe Aquamarine	
Project AA	Task AA.2	2023-01-16	2023-01-31	Zoe Aquamarine	In Progress	High	Task AA.1	Zoe Aquamarine	Task AA.2 is currently in progress.	Zoe Aquamarine	
Project AA	Task AA.3	2023-02-01	2023-02-15	Zoe Aquamarine	Not Started	Medium	Task AA.2	Zoe Aquamarine	Task AA.3 is not yet started.	Zoe Aquamarine	
Project AB	Task AB.1	2023-01-01	2023-01-15	Adam Smoky Quartz	Completed	High		Adam Smoky Quartz	Task AB.1 completed successfully.	Adam Smoky Quartz	
Project AB	Task AB.2	2023-01-16	2023-01-31	Adam Smoky Quartz	In Progress	High	Task AB.1	Adam Smoky Quartz	Task AB.2 is currently in progress.	Adam Smoky Quartz	
Project AB	Task AB.3	2023-02-01	2023-02-15	Adam Smoky Quartz	Not Started	Medium	Task AB.2	Adam Smoky Quartz	Task AB.3 is not yet started.	Adam Smoky Quartz	
Project AC	Task AC.1	2023-01-01	2023-01-15	Alice Sunstone	Completed	High		Alice Sunstone	Task AC.1 completed successfully.	Alice Sunstone	
Project AC	Task AC.2	2023-01-16	2023-01-31	Alice Sunstone	In Progress	High	Task AC.1	Alice Sunstone	Task AC.2 is currently in progress.	Alice Sunstone	
Project AC	Task AC.3	2023-02-01	2023-02-15	Alice Sunstone	Not Started	Medium	Task AC.2	Alice Sunstone	Task AC.3 is not yet started.	Alice Sunstone	
Project AD	Task AD.1	2023-01-01	2023-01-15	Bob Labradorite	Completed	High		Bob Labradorite	Task AD.1 completed successfully.	Bob Labradorite	
Project AD	Task AD.2	2023-01-16	2023-01-31	Bob Labradorite	In Progress	High	Task AD.1	Bob Labradorite	Task AD.2 is currently in progress.	Bob Labradorite	
Project AD	Task AD.3	2023-02-01	2023-02-15	Bob Labradorite	Not Started	Medium	Task AD.2	Bob Labradorite	Task AD.3 is not yet started.	Bob Labradorite	
Project AE	Task AE.1	2023-01-01	2023-01-15	Charlie Opal	Completed	High		Charlie Opal	Task AE.1 completed successfully.	Charlie Opal	
Project AE	Task AE.2	2023-01-16	2023-01-31	Charlie Opal	In Progress	High	Task AE.1	Charlie Opal	Task AE.2 is currently in progress.	Charlie Opal	
Project AE	Task AE.3	2023-02-01	2023-02-15	Charlie Opal	Not Started	Medium	Task AE.2	Charlie Opal	Task AE.3 is not yet started.	Charlie Opal	
Project AF	Task AF.1	2023-01-01	2023-01-15	Diana Jade	Completed	High		Diana Jade	Task AF.1 completed successfully.	Diana Jade	
Project AF	Task AF.2	2023-01-16	2023-01-31	Diana Jade	In Progress	High	Task AF.1	Diana Jade	Task AF.2 is currently in progress.	Diana Jade	
Project AF	Task AF.3	2023-02-01	2023-02-15	Diana Jade	Not Started	Medium	Task AF.2	Diana Jade	Task AF.3 is not yet started.	Diana Jade	
Project AG	Task AG.1	2023-01-01	2023-01-15	Eve Tourmaline	Completed	High		Eve Tourmaline	Task AG.1 completed successfully.	Eve Tourmaline	
Project AG	Task AG.2	2023-01-16	2023-01-31	Eve Tourmaline	In Progress	High	Task AG.1	Eve Tourmaline	Task AG.2 is currently in progress.	Eve Tourmaline	
Project AG	Task AG.3	2023-02-01	2023-02-15	Eve Tourmaline	Not Started	Medium	Task AG.2	Eve Tourmaline	Task AG.3 is not yet started.	Eve Tourmaline	
Project AH	Task AH.1	2023-01-01	2023-01-15	Frank Zircon	Completed	High		Frank Zircon	Task AH.1 completed successfully.	Frank Zircon	
Project AH	Task AH.2	2023-01-16	2023-01-31	Frank Zircon	In Progress	High	Task AH.1	Frank Zircon	Task AH.2 is currently in progress.	Frank Zircon	
Project AH	Task AH.3	2023-02-01	2023-02-15	Frank Zircon	Not Started	Medium	Task AH.2	Frank Zircon	Task AH.3 is not yet started.	Frank Zircon	
Project AI	Task AI.1	2023-01-01	2023-01-15	Grace Citrine	Completed	High		Grace Citrine	Task AI.1 completed successfully.	Grace Citrine	
Project AI	Task AI.2	2023-01-16	2023-01-31	Grace Citrine	In Progress	High	Task AI.1	Grace Citrine	Task AI.2 is currently in progress.	Grace Citrine	
Project AI	Task AI.3	2023-02-01	2023-02-15	Grace Citrine	Not Started	Medium	Task AI.2	Grace Citrine	Task AI.3 is not yet started.	Grace Citrine	
Project AJ	Task AJ.1	2023-01-01	2023-01-15	Henry Amethyst	Completed	High		Henry Amethyst	Task AJ.1 completed successfully.	Henry Amethyst	
Project AJ	Task AJ.2	2023-01-16	2023-01-31	Henry Amethyst	In Progress	High	Task AJ.1	Henry Amethyst	Task AJ.2 is currently in progress.	Henry Amethyst	
Project AJ	Task AJ.3	2023-02-01	2023-02-15	Henry Amethyst	Not Started	Medium	Task AJ.2	Henry Amethyst	Task AJ.3 is not yet started.	Henry Amethyst	
Project AK	Task AK.1	2023-01-01	2023-01-15	Ivy Peridot	Completed	High		Ivy Peridot	Task AK.1 completed successfully.	Ivy Peridot	
Project AK	Task AK.2	2023-01-16	2023-01-31	Ivy Peridot	In Progress	High	Task AK.1	Ivy Peridot	Task AK.2 is currently in progress.	Ivy Peridot	
Project AK	Task AK.3	2023-02-01	2023-02-15	Ivy Peridot	Not Started	Medium	Task AK.2	Ivy Peridot	Task AK.3 is not yet started.	Ivy Peridot	
Project AL											



Change Control

Next discussion- 4 August 2022

Doc type	Change Control
Project	Sandwell Council Improvement Plan
Start date	Jun-22
Owner	Leadership Team

To be completed by action owner										To be completed by PMO			
If date change is required please state from and to													
Change Number	Theme	Action reference	Action Title	Owner	Date Raised	Type of Change	Change date from	Change date to	Change/ Impact of change (incl. any dependencies/ Reason for change	Decision	Status	Action taken	Date actions/ plan amended
13	Decision Making	DM.C1.3	Approval of any changes to scrutiny (if required following review)	Director- Law & Governance	01/08/2022	Mistake on Document	Jul-22	2023	Start date to read October-22 (in line with conclusion of scrutiny review), end date 2023 (specific timescale for implementation will be determined once review concluded)	Approve			
22	Partnership & Relationships	PR.C2.0	Develop Health & Wellbeing Strategy that builds on existing whole system approach to addressing health inequalities	Director-Adult Social Care	02/08/2022	Mistake on Document	n/a	n/a	change reference number to match workstream PR.C1.3	Approve			
23	Partnership & Relationships	PR.C2.1	Test adequacy of partnerships and integration through Health Outcomes Framework and system-wide thematic deep dives	Director-Adult Social Care	02/08/2022	Mistake on Document	n/a	n/a	change reference number to match workstream PR.C1.4	Approve			
4	Procurement & Commercial	PC.B1.3	Procurement published for framework	Director- Finance	30/06/2022	Mistake on Document	n/a	n/a	<del>DW- Error- Action placed in the wrong theme- and workstream- needs to move to Partnerships- and relationships- Reference numbers in PC.B1- section to be changed. New reference number - PR.A1.4</del>	Approve	Closed	<del>DW- Moved to Partnerships and relationships- Reference numbers in PC.B1- section changed. New reference number - PR.A1.4</del>	30/06/2022
2	Corporate Oversight	CO.D3.3	Review of corporate debt recovery processes completed	Director- Finance	06/07/22	Change to delivery timescales (actions and milestones)	Jun-22	Oct-22	Slippage as Revenues and Benefits SM has been focusing on Energy Rebate and Household Support Fund schemes due to government policies. Change to October 2022.	Approve			
5	Corporate Oversight	CO.D3.2	Review of internal charges	Director- Finance	27/07/22	Change to delivery timescales (actions and milestones)	Jun-22	Oct-22	Due date of June 22 to be revised. 2 stage process. Stage 1 complete	Reject		A new action will be added to the Corporate Oversight theme meaning a revised date is not required for this action.	
16	Corporate Oversight	CO.A1.6	Procure new support provider to deliver Oracle Fusion	Director- Finance	01/08/2022	Change to delivery timescales (actions and milestones)	Jul-22	Aug-22	Evaluation period extended by 3 weeks due to need to financial evaluation - clarifications needed from bidders.	Approve			
17	Corporate Oversight	CO.D3.3	Review of corporate debt recovery processes completed	Director- Finance	01/08/2022	Change to delivery timescales (actions and milestones)	Jun-22	Oct-22	Slippage as Revenues and Benefits SM has been focusing on Energy Rebate and Household Support Fund schemes due to government policies. Change to October 2022.	Reject		Duplicate change control entry number 2	
24	Corporate Oversight	CO.A1.0	Implement Oracle Fusion	Director- Finance	02/08/2022	Change to delivery timescales (actions and milestones)	Apr-23	TBC	Change implementation date. Date tbc following appointment of provider.	Approve		once Date is know this can be added to the IP monitoring tool	
12	Decision Making	DM.B1.3	Revised Financial Regs Agreed	Director- Finance	01/08/2022	Change to delivery timescales (actions and milestones)	Jul-22	Oct-22	Approval to change decision making thresholds took place in July. Further revisions to Fin Regs being prepared for Council in October. Content of Management Development Programme to be sequenced accordingly.	Approve			
4	Organisational Culture	OC.B1.2	Revision of Corporate Induction	Director – Business Strategy and Change	27/07/2022	Change to delivery timescales (actions and milestones)	Jul-22	Feb-23	Revision of dates to link the Corporate Induction to the overall OD strategy and plan.	Approve			
9	Organisational Culture	OC.D2.5	Annual Refresher on Corporate Governance Training and Inclusion in New Member Induction	Director- Law & Governance	27/07/2022	Change to delivery timescales (actions and milestones)	Oct-22	Nov-22	Revise delivery date from October to November for Annual Refresher of Code of Corporate Governance to reflect plans for training to take place in November (ahead of December Council approval)	Approve			
14	Partnership & Relationships	PR.A1.5	Contract Review with DfE	Director- Children and Education	01/08/2022	Change to delivery timescales (actions and milestones)	May-22	Nov-22	The contract review process requires a revised end date to November 22	Approve			
15	Partnership & Relationships	PR.A1.4	Review of Contract concludes	Director- Children and Education	01/08/2022	Change to delivery timescales (actions and milestones)	Summer 22	Autumn 22	Action to be concluded in the autumn now that more flexibility (due to Ofsted visit having taken place), to align with the DfE schedule, and as we don't wish to evoke break clause.	Approve			
18	Strategic Decision	SD.A5.1	Commercial Strategy Approved	Director- Finance	01/08/2022	Change to delivery timescales (actions and milestones)	Jul-22	Oct-22	C Co have delivered training and progressing with business case development. Strategy is in draft but will be reviewed following the above and approved by LT.	Approve			
19	Strategic Decision	SD.A5.2	Business Cases Presented for commercial workstreams	Director- Finance	01/08/2022	Change to delivery timescales (actions and milestones)	Jun-22	Oct-22	C Co are now developing business cases following the workshops and training.	Approve			
20	Strategic Decision	SD.D1.1	MTFP Review concluded	Director- Finance	01/08/2022	Change to delivery timescales (actions and milestones)	Jul-22	Sep-22	On track for September Cabinet	Approve			
3	Strategic Decision	SD.B1.4	Equality Policy reviewed	Director- Law & Governance	13/07/2022	Change to delivery timescales (actions and milestones)	Jun-22	Oct-22	Slippage to timescales- Equalities Policy has been reviewed. Draft being prepared for new Equalities Policy.	Approve			
6	Strategic Decision	SD.B1.5	Equality Policy approved	Director- Law & Governance	27/07/22	Change to delivery timescales (actions and milestones)	Jul-22	Oct-22	Due to be presented to Council in October. 2 phase approach.	Approve			
7	Strategic Decision	SD.A6.1	Review of compliance and stock data	Director of Housing	28/07/22	Change to delivery timescales (actions and milestones)	May-22	?	Revise end date. Compliance review completed in April . 2nd action is procurement of stock surveys (they will be completed June 2023). Add new action.	Approve			

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## Improvement Plan Theme Progress Summary July 2022

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
<b>Organisational Culture</b>	<p><b>Summary Statement:</b></p> <p>Progress is being made across all workstreams.</p> <p>Of the 16 main action areas, there are:</p> <ul style="list-style-type: none"> <li>• zero main actions with a red risk rating,</li> <li>• 7 main actions with an amber risk rating,</li> <li>• 8 main actions with a green risk rating.</li> <li>• 1 main action has not yet been risk rated (A clear and joint message from Chief Executive and Leader regarding Officer and Elected Member relationship delivered)</li> </ul> <p>Of the 7 actions with an amber risk rating:</p> <ul style="list-style-type: none"> <li>• All live sub-actions to deliver the action are on track</li> <li>• 2 sub-actions are not yet due to commence</li> <li>• 2 sub-actions have been completed this month</li> </ul>	<p>July:</p> <ul style="list-style-type: none"> <li>• Dates for Member-Officer relationship sessions confirmed with LGA</li> <li>• Star Chamber sessions arranged</li> <li>• CEx recruitment search consultancy engaged</li> </ul> <p>June:</p> <ul style="list-style-type: none"> <li>• New Member Induction Complete</li> <li>• MDP approved</li> <li>• Employee Survey results presented to all DMTs.</li> </ul>	<ul style="list-style-type: none"> <li>• Budget Holder Role Profile agreed. <b>Achieved</b></li> <li>• New Member Induction <b>Completed</b></li> <li>• Employee Engagement Results. <b>Achieved</b></li> <li>• Meeting structures to support Senior Leadership (Officer and Member) confirmed. <b>Due to be achieved within quarter</b></li> <li>• Part 1 Engagement – starting the conversation <b>Commenced</b></li> <li>• Scope of Corporate Governance Training approved <b>Commenced</b></li> <li>• Corporate Governance Training – procurement of delivery partner <b>Discussions ongoing with LGA around support</b></li> </ul>

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<p><b>Organisational Culture Workstream Updates</b></p> <p><b>Establishing Organisational Culture</b></p> <ul style="list-style-type: none"> <li>• Consultancy engaged.</li> <li>• Champion recruitment underway</li> <li>• Listening groups will commence late August</li> </ul> <p><b>Officer Learning and Development</b></p> <ul style="list-style-type: none"> <li>• Management Development Programme is being designed. It will take the form of an initial suite of Corporate Governance Training (which will follow the specific approvals at Council (July, Oct and Dec) and a focus on the Officer-Member relationship in September (with support from the LGA). A broader Management Development Programme and revision to the Corporate Induction will be rolled out in 2023 following the approval of the OD Strategy and Plan.</li> </ul> <p><b>Officer and Member Relationship</b></p> <ul style="list-style-type: none"> <li>• Regular meetings between Cabinet and Leadership Team in place for Municipal Year</li> <li>• Once Conservative Group whip identified, regular meetings will be scheduled with Commissioners, MO, S151 and Chief Whips. (1:1s in place currently)</li> <li>• Sessions focusing on Officer-Member relationship with LGA will take place in September</li> <li>• Approach around the cultural element of Ward and Casework management needs further discussion</li> </ul> <p><b>Member Learning and Development</b></p> <ul style="list-style-type: none"> <li>• Member Development Programme in place and will be regularly reviewed. Member attendance good to date and positive feedback.</li> <li>• Discussions taking place with LGA around assistance with delivery</li> <li>• Training in relation to employment of Chief Officers planned for August</li> </ul> <p><b>Internal Communications</b></p> <ul style="list-style-type: none"> <li>• Regular internal communications being delivered</li> </ul>		

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<p><b>Employee Engagement</b></p> <ul style="list-style-type: none"> <li>Survey results shared at all Directorate Management Teams and Service Manager reports circulated ahead of identifying actions to embed in improvement plan</li> <li>Initial Council-wide response and actions to EES findings due for discussion by Leadership Team on 30/08</li> </ul> <p><b>Recruitment of Chief Executive</b></p> <ul style="list-style-type: none"> <li>Search consultancy support engaged.</li> <li>Chief Officer Terms and Conditions Committee scheduled 28 July to approve process.</li> </ul>		
<b>Corporate Oversight</b>	<p><b>Summary Statement:</b> Progress is being made across all workstreams with some slippage of 1-3 months. There are:</p> <ul style="list-style-type: none"> <li>1 main action with a red risk rating,</li> <li>3 main actions with an amber risk rating</li> <li>6 actions with a green risk rating.</li> <li>1 main action has not yet been risk rated (Restructuring) and requires a discussion to confirm leadership of actions.</li> </ul> <p>Of the 1 action with a red risk rating, 1 sub-action is on track with little or no slippage:</p> <ul style="list-style-type: none"> <li><b>Performance Management Framework -</b> Preparations are underway and on track for Q1 report on the Performance Management Framework to Cabinet in September.</li> </ul> <p>Of the 3 main actions with an amber risk rating:</p> <ul style="list-style-type: none"> <li>1 has sub-actions that have or will experience medium slippage or issues. These actions relate to:</li> </ul>	<p>July:</p> <ul style="list-style-type: none"> <li>Business process re-engineering resources have been approved.</li> </ul> <p>June:</p> <ul style="list-style-type: none"> <li>Improvement Plan approved.</li> <li>Commissioners report complete.</li> </ul>	<p>Establish Performance Management Framework Achieved – <b>Achieved</b></p> <p>Improvement Plan approved – <b>Achieved</b></p> <p>Q1 report on PMF to Cabinet in <b>September 22</b>.</p> <p>Directorate level restructuring - Decision required from Leadership regarding ownership of action. <b>August 22</b></p>



Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<ul style="list-style-type: none"> <li>• <b>Oracle Fusion</b> <ul style="list-style-type: none"> <li>○ Procurement of the new Oracle Fusion provider evaluation period being extended by 3 weeks, due to the need for further financial evaluation, clarification needed from bidders.</li> <li>○ Due to the evaluation period extension, there is slippage on the support provider being in place and delivery.</li> </ul> </li> </ul> <p>Actions with a green risk rating have areas of medium progress. These relate to:</p> <ul style="list-style-type: none"> <li>• <b>Reduction of Financial Transactional Activity</b> <ul style="list-style-type: none"> <li>○ CIPFA review is complete, however, recommendation will require further work on the review of internal charges.</li> </ul> </li> <li>• <b>Corporate Debt Recovery</b> <ul style="list-style-type: none"> <li>○ Due to slippage in relation to Revs and Bens focussing on Energy Rebate and Household Support Fund Schemes, there is a delay on the corporate debt recovery process. Due date to be changed to October 2022.</li> </ul> </li> </ul>		
	<p><b>Corporate Oversight Workstream Updates</b></p> <p><b>ERP</b></p> <ul style="list-style-type: none"> <li>• Further project management training to be arranged.</li> <li>• The evaluation period has been extended by 3 weeks due to the need of financial evaluation for the Tender of the new support provider to deliver Oracle Fusions. Progress rating has moved from green to amber.</li> </ul> <p><b>Improvement Planning, Monitoring and Learning</b></p>		

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<ul style="list-style-type: none"> <li>• Council approved Improvement Plan</li> <li>• Commissioners report prepared and submitted to Secretary of State – next submission due in December 2022.</li> <li>• Awaiting formal response from DLUHC. Delay to letter will impact on our timescale to respond to additional actions (ahead of December submission to SoS).</li> </ul> <p><b>Performance Management</b></p> <ul style="list-style-type: none"> <li>• Council approved the Performance Management framework (PMF)</li> <li>• Q1 reporting preparations are underway and on track, report to be made to Cabinet in September 22.</li> <li>• Monthly Budget monitoring is taking place and on track</li> </ul> <p><b>Organisational Structure and Enabling Corporate Core</b></p> <ul style="list-style-type: none"> <li>• Financial services sections restructure approved and implemented and is now on track.</li> <li>• Budget holder roles completed and launched, process on track</li> <li>• Work underway to provide capacity for process reviews to reduce financial transactional activity, will follow restructure implementation, process is on track.</li> <li>• Directorate level restructuring is progressing and on track, however, requires designated ownership and oversight. Request that Director of Business Strategy and Change own the action and also embed the organisational design principles put forward by the Head of HR. To be approved by Leadership Team 4.8.22</li> <li>• Review of internal charges - CIPFA initial review complete, however, recommendations arising from this will need further work. Rated amber – due to slippage.</li> <li>• Review of corporate debt has experience slippage due to revenues and benefits SM focussing on Energy rebate and household support fund schemes, due to change in government policies – amber rating due to slippage.</li> </ul>		
<b>Strategic Direction</b>	<p><b>Summary Statement:</b> Progress is being made across workstreams with some slippage of 1-3 months in medium risk areas</p> <p>Of the 13 main action areas, there are:</p> <ul style="list-style-type: none"> <li>• zero actions with a red risk rating,</li> </ul>	<p><b>July:</b></p> <ul style="list-style-type: none"> <li>• Corporate Procurement Strategy approved</li> </ul>	<p>Review of Medium Term Financial Plan Complete – <b>on track for Sep Cabinet</b></p> <p>Corporate Procurement Strategy approved – <b>Complete-approved at July Council</b></p>

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<ul style="list-style-type: none"> <li>6 actions with an amber risk rating,</li> <li>7 actions with a green risk rating.</li> </ul> <p>Of the 6 actions with an amber risk rating:</p> <ul style="list-style-type: none"> <li>8 live sub-actions to deliver the action are on track</li> <li>7 sub-actions are not yet due to commence</li> <li>0 sub-action have been completed this month</li> <li>2 have sub-actions that have or will experience significant slippage or issues. These actions relate to:               <ul style="list-style-type: none"> <li><b>Equality and Diversity</b> <ul style="list-style-type: none"> <li>Equality Policy approved</li> </ul> </li> <li><b>Developing a model for locality working</b> <ul style="list-style-type: none"> <li>Pilot of Town Co-ordinator role commences</li> </ul> </li> </ul> </li> <li>4 have sub-actions that have or will experience medium slippage or issues. These actions relate to:               <ul style="list-style-type: none"> <li><b>Corporate Asset Management Strategy Development</b> <ul style="list-style-type: none"> <li>Confirmation of funding for remaining Workplace Vision components</li> <li>Implementation of new Asset Database</li> <li>Maximising Value out of surplus assets portfolio – Cabinet report</li> <li>Options for hub locations identified</li> </ul> </li> <li><b>Develop and Implement the Commercial Strategy</b> <ul style="list-style-type: none"> <li>Commercial Strategy Approved</li> <li>Business Cases Presented for commercial workstreams</li> </ul> </li> <li><b>Refresh Corporate Parenting Strategy</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Budget Consultation Launched</li> </ul>	<p>Commercial Strategy approved – likely to need further iteration before approval</p> <p>Regular Resident Survey in place – budget consultation launched in July</p> <p>Equalities policy approved – slippage. Being prepared for October approval</p>

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<ul style="list-style-type: none"> <li>▪ Re-focusing of strategic priorities</li> <li>▪ Corporate Parenting Strategy approved</li> <li>○ <b>Equality and Diversity</b> <ul style="list-style-type: none"> <li>▪ Equality Policy reviewed</li> </ul> </li> </ul>		
	<p><b>Strategic Direction Workstream Updates</b></p> <p><b>Strategy Development and Refresh</b></p> <ul style="list-style-type: none"> <li>• <b>Regen Strategy and Pipeline:</b> Monitoring of pipeline projects is on track and first update will be available during November. Software procurement not taken place yet. Interviews and recruitment to key Project Manager positions have taken place but not in place yet.</li> <li>• <b>Corporate Asset Management Strategy:</b> Target for Cabinet approval in September. Funding for remaining Workplace Vision components not approved, awaiting decision on next phase. Hub locations were due to be discussed with Cabinet in July '22. Locality Working Model (town-co-ordinator role) is currently on hold. PMO query whether issues with town-co-ordinator role will have broader impact on Corporate Asset Management Strategy ability to complete in September'. PMO suggest Lshp Team discussion Implementation of new asset database is on track; however, risk of slippage is significant. Surplus assets portfolio has been delayed but it scheduled for Cabinet in September.</li> <li>• <b>Procurement and Contract Procedure Rules</b> review completed and approved at July Council. CPR's training to now be prepared and planned</li> <li>• <b>Commercial Strategy:</b> Work ongoing with Commercial Strategy, Strategy is in draft and will be reviewed following training with C CO and approval by LT. 5 potential workstreams are within the draft. LATC (in relation to leisure provision) will be added to the draft workstreams.</li> <li>• <b>Corporate Parenting:</b> Strategic priorities to be confirmed by Corporate Parenting Board ahead of September Board. Corporate parenting strategy due to be approved in September 22 by Board Members.</li> </ul>		

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<ul style="list-style-type: none"> <li>• <b>HRA Business Plan:</b> On track. Review of compliance and stock data has been completed; however, stock condition surveys will be procured. Workshop has been held with Savills on June 22 regarding the HRA Business Plan and check assumptions in the draft plan</li> </ul> <p><b>Equality and Diversity</b></p> <ul style="list-style-type: none"> <li>• Equality, Diversity and Inclusion staff networks ongoing.</li> <li>• Equalities Commission Board to continue delivering priorities. Equalities Policy due to be considered by Council in October – slippage from initial target of June.</li> <li>• Work is underway on the Equality, Diversity and Inclusion Strategy.</li> </ul> <p><b>Locality Working</b></p> <ul style="list-style-type: none"> <li>• Pilot of Town Co-ordinator role recruitment was unsuccessful. This proposal is on hold.</li> </ul> <p><b>Medium Term Financial Plan &amp; Capital Strategy</b></p> <ul style="list-style-type: none"> <li>• The Approval of MTFP and Capital Strategy is on track for September Cabinet</li> </ul> <p><b>Consultation and Engagement</b></p> <ul style="list-style-type: none"> <li>• Survey for budget consultation launched in July.</li> </ul>		
<b>Decision Making</b>	<p><b>Summary Statement:</b> Progress is being made across all workstreams with significant progress made this month through Council's approval of first wave of changes to Corporate Governance Documents, and agreement to consult on 4-yearly election cycle.</p> <p>There are zero main actions with a red risk rating, 5 main actions with an amber risk rating, and 2 actions with a green risk rating.</p>	<p>July:</p> <ul style="list-style-type: none"> <li>• Council approval to start of consultation on 4-yearly election cycle</li> <li>• Council approval of key Corporate Governance Documents:</li> </ul>	<ul style="list-style-type: none"> <li>- Scrutiny work Planning event <b>Complete</b></li> <li>- Options paper to Leadership Team for 4 yearly election cycle – <b>Complete</b></li> <li>- Revised PCR, Sale of Land and Buildings Protocol – <b>approved July</b></li> <li>- Council Procedure Rules – <b>Due in October</b></li> </ul>

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<p>Of the 5 main actions with an amber risk rating:</p> <ul style="list-style-type: none"> <li>• 9 live sub-actions to deliver the action are on track</li> <li>• 0 sub-actions are not yet due to commence</li> <li>• 2 sub-actions have been completed this month</li> <li>• 1 sub-action has or will experience significant slippage or issues</li> <li>• 1 sub-action has or will experience medium slippage or issues</li> </ul> <p>The sub-action that have or will experience significant slippage or issues. This action relates to:</p> <ul style="list-style-type: none"> <li>○ In-depth review and revision to Corporate Governance Documents <ul style="list-style-type: none"> <li>▪ Revised Financial Regulations</li> </ul> </li> </ul> <p>The sub-action that have or will experience medium slippage or issues relates to:</p> <ul style="list-style-type: none"> <li>○ Refresh decision making-arrangements including the role of Scrutiny <ul style="list-style-type: none"> <li>▪ Approval of any changes to scrutiny (if required following review). A date change is proposed through change control due to an error in the due date recorded.</li> </ul> </li> <li>○ Completion of ARAC recommendations in relation to SEND Transport</li> </ul>	<ul style="list-style-type: none"> <li>○ Sale of Land and Buildings</li> <li>○ Procurement and Contract Procedure Rules</li> <li>○ Thresholds for Decisions</li> </ul> <p>June:</p> <ul style="list-style-type: none"> <li>• Review of Arms Length Companies complete</li> </ul>	<ul style="list-style-type: none"> <li>- Revised Scheme of Delegation – <b>slippage to October</b></li> <li>- Revised Financial Regs – <b>slippage to October</b></li> </ul>
	<p><b>Decision Making Workstream Summary</b></p> <p><b>4 Yearly Election Cycle</b></p> <ul style="list-style-type: none"> <li>• Council approved commencement of consultation on 26<sup>th</sup> July</li> </ul>		

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<ul style="list-style-type: none"> <li>Further final decision report due at Council in October. Currently on track.</li> </ul> <p><b>Constitution and Governance Framework</b></p> <ul style="list-style-type: none"> <li>Council on 26<sup>th</sup> July approved revised procurement and contract procedure rules, sale of land and buildings protocol, thresholds for decisions.</li> <li>Financial regs are being reviewed. Priority for change was in relation to thresholds for decisions which were approved by Council in July. Further amends to Fin Reg will be presented to Council by October</li> <li>Revised scheme of delegation being prepared for Council in October</li> </ul> <p><b>Role and function of Scrutiny and Audit</b></p> <ul style="list-style-type: none"> <li>Review of scrutiny arrangements are ongoing and completion due October.</li> <li>Scrutiny work plans have been agreed and workplans are in the process of being delivered.</li> <li>Implementation of recommendations regarding the waste contract and SEND transport is in progress. Slippage relating to Serco annual plans was experienced but now provided.</li> <li>No issues arising relating to historic issues</li> </ul> <p>-</p>		
<b>Procurement &amp; Commercial</b>	<p><b>Summary Statement:</b> Progress is being made across all workstreams with some slippage of 1-3 months.</p> <p>There are zero actions with a red risk rating, 5 actions with an amber risk rating, and 4 actions with a green risk rating.</p> <p>Of the 5 actions with an amber risk rating:</p> <ul style="list-style-type: none"> <li>2 sub-actions have or will experience medium slippage or issues. These actions relate to: <ul style="list-style-type: none"> <li>Lion Farm Options Agreement – some slippage due to legal representatives of both sides taking</li> </ul> </li> </ul>	<p>July:</p> <ul style="list-style-type: none"> <li>SEND contract awarded</li> </ul> <p>June:</p> <ul style="list-style-type: none"> <li>Contract Management Framework is in place for the Waste Contract</li> <li>Cabinet decision on future delivery</li> </ul>	<ul style="list-style-type: none"> <li>Waste and Recycling Recovery Plan Implementation Complete. <b>Achieved</b></li> <li>Street Cleansing Recovery Plan approval. <b>On track</b></li> <li>Option appraisal for future leisure management options. <b>Achieved</b></li> <li>SERCO contract performance reporting embedded in PMF. <b>On track</b></li> </ul>

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<p>longer than expected to agree terms for the Expert Determination process.</p> <ul style="list-style-type: none"> <li>Completion of ARAC recommendations in relation to SEND Transport</li> <li>All other sub-actions are on track or completed</li> </ul>	of leisure services	<ul style="list-style-type: none"> <li>Implementation of asset management system . <b>On track but risk of slippage is high.</b></li> <li>Implementation of approved way forward on Lion Farm <b>slippage</b></li> </ul>
	<p><b>Procurement and Commercial Workstream Summary</b></p> <p><b>Waste Contract:</b></p> <ul style="list-style-type: none"> <li>Contract Monitoring framework progressing well with an agreed framework in place. Performance will be reported alongside Q1 PMF report to Cabinet.</li> <li>Procurement for support to review the contract now completed and document request in progress.</li> <li>Street Cleansing Recovery Plan due for implementation October 22.</li> <li>Fleet replacement programme is in delivery phase with dates into 2023.</li> <li>SERCO fleet replacement on track.</li> </ul> <p><b>SEND Transport:</b></p> <ul style="list-style-type: none"> <li>On schedule for new contract to commence on 1 September</li> <li>Contract awarded however, Mini competition to be run for one lot due to supplier.</li> <li>Updates and recommendations have been provided to scrutiny and audit.</li> <li>On track to conclude procurement related recommendations in line with new contract from September 22.</li> <li>Update required on ARAC recommendations.</li> <li>Review SEND action tracker to Children and Education Scrutiny Board at each meeting – due September 22.</li> <li>Procurement recommendations for new contract due in September 22.</li> </ul>		



Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<p><b>New System Procurement:</b></p> <ul style="list-style-type: none"> <li>Initial market testing for Performance Management System and demonstration complete.</li> <li>Asset Management System is procured and is being implemented. Programme is tight and risk of slippage is high. Risk rating amber.</li> </ul> <p><b>Lion Farm:</b></p> <ul style="list-style-type: none"> <li>Action plan being implemented, however, there has been some slippage due to legal representatives of both sides taking longer than expected.</li> <li>Terms for Expert Determination process is delayed due to above.</li> </ul> <p><b>Leisure Contract:</b></p> <ul style="list-style-type: none"> <li>Decision made by Cabinet to transfer services to LATC (Local Authority Trading Company)</li> <li>Implementation phase has commenced.</li> <li>Action no longer required, for step in provider. SLT have agreed to continue delivery to May 2023.</li> <li>LATC transition in progress for future delivery of leisure facilities.</li> </ul>		
Partnerships & Relationships	<p><b>Summary Statement:</b> Progress is being made across workstreams with some slippage of 1-2 months</p> <p>Of the 6 main action areas, there are:</p> <ul style="list-style-type: none"> <li>zero actions with a red risk rating,</li> <li>4 actions with an amber risk rating,</li> <li>1 action with a green risk rating.</li> <li>1 action has not yet been rated (Relationship with Voluntary &amp; Community Sector (VCS) and Funding to Voluntary &amp; Community Sector.)</li> </ul>	<p>July:</p> <ul style="list-style-type: none"> <li>Attendance at WMCA, ABCA, and BCLEP meetings much improved since May and engagement with agenda issues has improved.</li> </ul> <p>June:</p> <ul style="list-style-type: none"> <li>Member representation to</li> </ul>	<ul style="list-style-type: none"> <li>VCS Grants review update report to Leadership Team <b>Achieved and next stage commenced.</b></li> <li>Member representation to key regional and sub-regional meetings agreed – <b>Achieved</b></li> <li>Health and Wellbeing Strategy – <b>Slippage- due to be presented to the next</b></li> </ul>

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<p>Of the 4 actions with an amber risk rating:</p> <ul style="list-style-type: none"> <li>• 5 live sub-actions to deliver the action are on track</li> <li>• 0 sub-actions are not yet due to commence</li> <li>• 0 sub-action have been completed this month</li> <li>• zero have sub-actions that have or will experience significant slippage or issues.</li> <li>• 4 have sub-actions that have or will experience medium slippage or issues. These actions relate to: <ul style="list-style-type: none"> <li>○ Continue with robust governance arrangements in place ensuring the accountability of SCT to deliver improved outcomes for children and young people in Sandwell in line with the contract <ul style="list-style-type: none"> <li>▪ KPI Suite reviewed</li> <li>▪ Revised KPI suite agreed</li> <li>▪ Review of Contract concludes</li> <li>▪ Contract Review with DfE</li> </ul> </li> <li>○ Review partnership structures within the 'People's sphere' <ul style="list-style-type: none"> <li>▪ Initial scoping of work with partners around partnership structures in the children's sphere</li> <li>▪ Develop Health &amp; Wellbeing Strategy that builds on existing whole system approach to addressing health inequalities</li> <li>▪ Test adequacy of partnerships and integration through Health Outcomes</li> </ul> </li> </ul> </li> </ul>	<p>key regional and sub-regional meetings agreed</p> <ul style="list-style-type: none"> <li>• Ofsted judgment and specific comments around the improved governance and effective relationships between Council and Trust</li> </ul>	<p>Health and wellbeing board in September</p>

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<p>Framework and system-wide thematic deep dives</p> <ul style="list-style-type: none"> <li>Of the main action that has not yet been rated, 1 sub-action has or will experience medium slippage or issues. This relates to: <ul style="list-style-type: none"> <li><b>Relationship with Voluntary &amp; Community Sector (VCS) and Funding to Voluntary &amp; Community Sector</b> <ul style="list-style-type: none"> <li>Corporate Review of Grant Funding</li> </ul> </li> </ul> </li> </ul>		
	<p><b>Partnerships and Relationships Workstream Summary</b></p> <p><b>Sandwell Children's Trust</b></p> <ul style="list-style-type: none"> <li>SMBC have drafted KPIs (Key Performance indicators) which were reviewed in July and confirmed KPIs will be included in the revised contract.</li> <li>Review of contracts to be concluded in Autumn to taking into account the ability to be more flexible (now Ofsted has happened, that we don't want to evoke the break clause and to align with DfE (Department for Education) schedule.</li> <li>Monthly four-way meetings diarised throughout the year.</li> <li>Ofsted Judgement 'require improvement to be good' with comments around the improved governance and effective relationships between Council and Trust.</li> </ul> <p><b>Regional and Sub Regional Presence</b></p> <ul style="list-style-type: none"> <li>A number of actions complete</li> <li>Attendance at and engagement within agenda issues at WMCA, ABCA and BCLEP is much improved.</li> </ul> <p><b>Effective Local Structures</b></p>		

Theme	Summary	Achievements this period (June-July)	Milestones due (rolling 3 months) June – Aug
	<ul style="list-style-type: none"> <li>Project manager to be appointed to the partnership restructures to transition from children's to adults in place- post has been advertised.</li> <li>Partnership discussions taking place for scoping of work with partners around partnership structures in children's sphere.</li> <li>Joint approach between HWBB and SHCP (Sandwell Health &amp; Care Partnership).</li> <li>HWB Draft Strategy in draft form and will be present to the next Health and wellbeing board in September</li> <li>Substance Misuse deep dive presented to SHCP board and currently being written up as a stakeholder report.</li> </ul> <p><b>VCS (Voluntary and Community Sector) Relationship</b></p> <ul style="list-style-type: none"> <li>Reviews of some grants are underway and draft proposals for reform of grants and efficiency savings have been prepared.</li> <li>Decision needed on how 2023/24 savings will be made</li> </ul>		

### Theme Status Key

Green Theme: High and Medium Risk areas are on track. Green risk areas have a small number of sub-actions with amber/red progress.  
 Amber Theme: High and Medium risk areas have some medium delivery issues and/ or green risk areas have medium/high delivery issues.  
 Red Theme: High and Medium Risk areas have a number of medium/significant delivery issues and/or green risk areas have a number of significant delivery issues.

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## Appendix 3 – Statutory Recommendation Status Summary July 2022

Statutory Recommendation	Summary	Achievements this month	Milestones due this quarter (June – Aug)
S1 - It is imperative that senior officers and senior members take effective corporate grip of long-standing service issues highlighted by the findings in this report (including SLT, SCT, the waste service, the ERP system, and Lion Farm) and prioritise corporate effort in managing the issues identified and embed the solutions into the Council	<p><b><u>Organisational Culture</u></b> No actions in this theme</p> <p><b><u>Corporate Oversight</u></b> <b>ERP</b></p> <ul style="list-style-type: none"> <li>Initial cohort trained in project management, further training to be arranged if required.</li> <li>Tender evaluation period extended by 3 weeks due to need for financial evaluation clarifications from bidders.</li> </ul> <p><b><u>Strategic Direction</u></b> <b>Strategy Development and Refresh</b></p> <ul style="list-style-type: none"> <li>Regen Strategy and Pipeline: Monitoring of pipeline projects is on track and first update will be available during November. Slippage on procurement of programme management software.</li> <li>Corporate Parenting: Strategic priorities to be confirmed by Corporate Parenting Board ahead of September Board. Corporate parenting strategy due to be approved in September 22 by Board Members</li> </ul> <p><b><u>Decision Making</u></b> <b>Role and function of Scrutiny and Audit</b></p> <ul style="list-style-type: none"> <li>Review of scrutiny arrangements are ongoing and completion due October.</li> </ul>	<ul style="list-style-type: none"> <li>Street Cleansing Recovery Plan considered by Waste Management Board</li> <li>Serco Annual Plan received</li> </ul>	<ul style="list-style-type: none"> <li>Waste and Recycling Recovery Plan Implementation Complete - <b>Achieved</b></li> <li>Street Cleansing Recovery Plan approval - <b>On track</b></li> <li>Option appraisal for future leisure management options - <b>Achieved</b></li> <li>SERCO contract performance reporting embedded in Performance Management Framework - <b>On track</b></li> <li>Scrutiny work Planning event - <b>Complete</b></li> </ul>

Statutory Recommendation	Summary	Achievements this month	Milestones due this quarter (June – Aug)
	<ul style="list-style-type: none"> <li>• Scrutiny work plans have been agreed and workplans are in the process of being delivered.</li> <li>• Implementation of recommendations regarding the waste contract and SEND transport is in progress. Slippage relating to Serco annual plans was experienced, but annual plan has now been received.</li> </ul> <p><b><u>Procurement &amp; Commercial</u></b></p> <p><b>Waste Contract:</b></p> <ul style="list-style-type: none"> <li>• Contract Monitoring framework progressing well with an agreed framework in place. Performance will be reported alongside Q1 PMF report to Cabinet.</li> <li>• Work commenced on review of the contract.</li> <li>• Street Cleansing Recovery Plan due considered by Waste Management Board and date for implementation – 1<sup>st</sup> October.</li> <li>• Delayed fleet replacement programme is being delivered</li> </ul> <p><b>SEND Transport:</b></p> <ul style="list-style-type: none"> <li>• On schedule for new contract to commence on 1 September</li> </ul> <p><b>New System Procurement:</b></p> <ul style="list-style-type: none"> <li>• Initial market testing for Performance Management System and demonstration underway</li> <li>• Asset Management System is procured and is being implemented</li> </ul> <p><b>Lion Farm:</b></p>		

Statutory Recommendation	Summary	Achievements this month	Milestones due this quarter (June – Aug)
	<ul style="list-style-type: none"> <li>Action plan being implemented. Some slippage due to legal representatives on both sides taking longer than expected.</li> <li>Responsibilities for council and developer are clearly set out.</li> </ul> <p><b>Leisure Contract:</b></p> <ul style="list-style-type: none"> <li>Decision made by Cabinet to transfer services to Local Authority Trading Company (LATC)</li> <li>Implementation phase has commenced</li> </ul> <p><b><u>Partnerships &amp; Relationships</u></b></p> <p><b>Sandwell Children's Trust</b></p> <ul style="list-style-type: none"> <li>SMBC have drafted Key Performance Indicators (KPIs) which are being reviewed by the Trust to include in new Contract</li> <li>Review of contracts to be concluded in line with Department for Education schedule (Autumn)</li> <li>Monthly four-way meetings diarised throughout the year.</li> </ul>		
S2 - The Council must ensure that the learning in relation to commercial decisions, procurement and contract management	<p><b><u>Organisational Culture</u></b></p> <p><b>Officer Learning and Development</b></p> <ul style="list-style-type: none"> <li>A consolidated approach to fundamental training for Managers on Corporate Governance matters including finance and procurement is being developed for delivery Autumn onwards.</li> </ul> <p><b>Member Learning and Development</b></p> <ul style="list-style-type: none"> <li>New Member Induction Complete</li> </ul>	<p>Approval of:</p> <ul style="list-style-type: none"> <li>Sale of Land and Buildings Protocol <ul style="list-style-type: none"> <li>Procurement and Contract Procedure Rules</li> <li>Thresholds for Decisions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Budget Holder Role Profile agreed - <b>Achieved</b></li> <li>Establish Performance Management Framework - <b>Achieved</b></li> </ul>



Statutory Recommendation	Summary	Achievements this month	Milestones due this quarter (June – Aug)
highlighted in this report are understood through the organisation	<ul style="list-style-type: none"> <li>Member Development Programme approved by Ethical Standards and Member Development Committee</li> </ul> <p><b><u>Corporate Oversight</u></b></p> <p><b><u>Performance Management</u></b></p> <ul style="list-style-type: none"> <li>Council approved the Performance Management framework</li> <li>Q1 reporting preparations are underway and on track for Cabinet in September</li> <li>Monthly Budget monitoring is taking place</li> </ul> <p><b><u>Strategic Direction</u></b></p> <p><b>Strategy Development and Refresh</b></p> <ul style="list-style-type: none"> <li><b>Corporate Asset Management Strategy:</b> Target for Cabinet approval in September including surplus assets list. Funding for remaining Workplace Vision components not yet agreed. Implementation of new asset database is on track; however, risk of slippage is significant. Surplus assets portfolio is taking time, however, Cabinet approval to be obtained in the Autumn to commence a detailed review.</li> <li><b>Procurement and Contract Procedure Rules</b> approved in July</li> <li><b>Commercial Strategy:</b> Work ongoing with Commercial Strategy, however, may be delayed due to further iteration before approval. One business stream has been developed, however, others to be revisited.</li> </ul>		<ul style="list-style-type: none"> <li>Corporate Procurement Strategy approved – <b>Achieved</b></li> <li>Commercial Strategy approved – <b>likely to need further iteration before approval</b></li> <li>Regular Resident Survey in place – <b>budget consultation due launched</b></li> <li>Revised PCR, and Sale of Land and Buildings Protocol – <b>approved</b></li> <li>Financial Regs – <b>due for Council approval in December</b></li> <li>Revised Scheme of Delegation – <b>due for</b></li> </ul>

Statutory Recommendation	Summary	Achievements this month	Milestones due this quarter (June – Aug)
	<ul style="list-style-type: none"> <li>• <b>HRA Business Plan:</b> On track. Review of compliance and stock data has been completed; however, stock condition surveys are being procured.</li> </ul> <p><b><u>Decision Making</u></b></p> <p><b>Constitution and Governance Framework</b></p> <ul style="list-style-type: none"> <li>• Approval in July to revised procurement and contract procedure rules, thresholds for decisions, sale of land and buildings protocol,</li> <li>• Report to Council in October on Scheme of Delegation, Financial Regulations and Council Procedure Rules</li> </ul> <p><b><u>Procurement &amp; Commercial</u></b></p> <p><b>New System Procurement:</b></p> <ul style="list-style-type: none"> <li>• Asset Management System is procured and is being implemented</li> </ul> <p><b><u>Partnerships &amp; Relationships</u></b></p> <p>No actions in this theme</p>		<p>Council approval in October</p>
<p>S3 - Senior leadership, both officers and members, must demonstrate that they can continue to work together effectively, that they operate in line</p>	<p><b><u>Organisational Culture</u></b></p> <p><b>Establishing Organisational Culture</b></p> <ul style="list-style-type: none"> <li>• Consultancy engaged and Champion recruitment underway</li> </ul> <p><b>Officer Learning and Development</b></p> <ul style="list-style-type: none"> <li>• A consolidated approach to fundamental training for Managers on Corporate Governance matters including</li> </ul>	<ul style="list-style-type: none"> <li>• Member Development Programme – Member attendance good to date and positive feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting structures to support Senior Leadership (Officer and Member) confirmed - Due to be achieved within quarter</li> </ul>

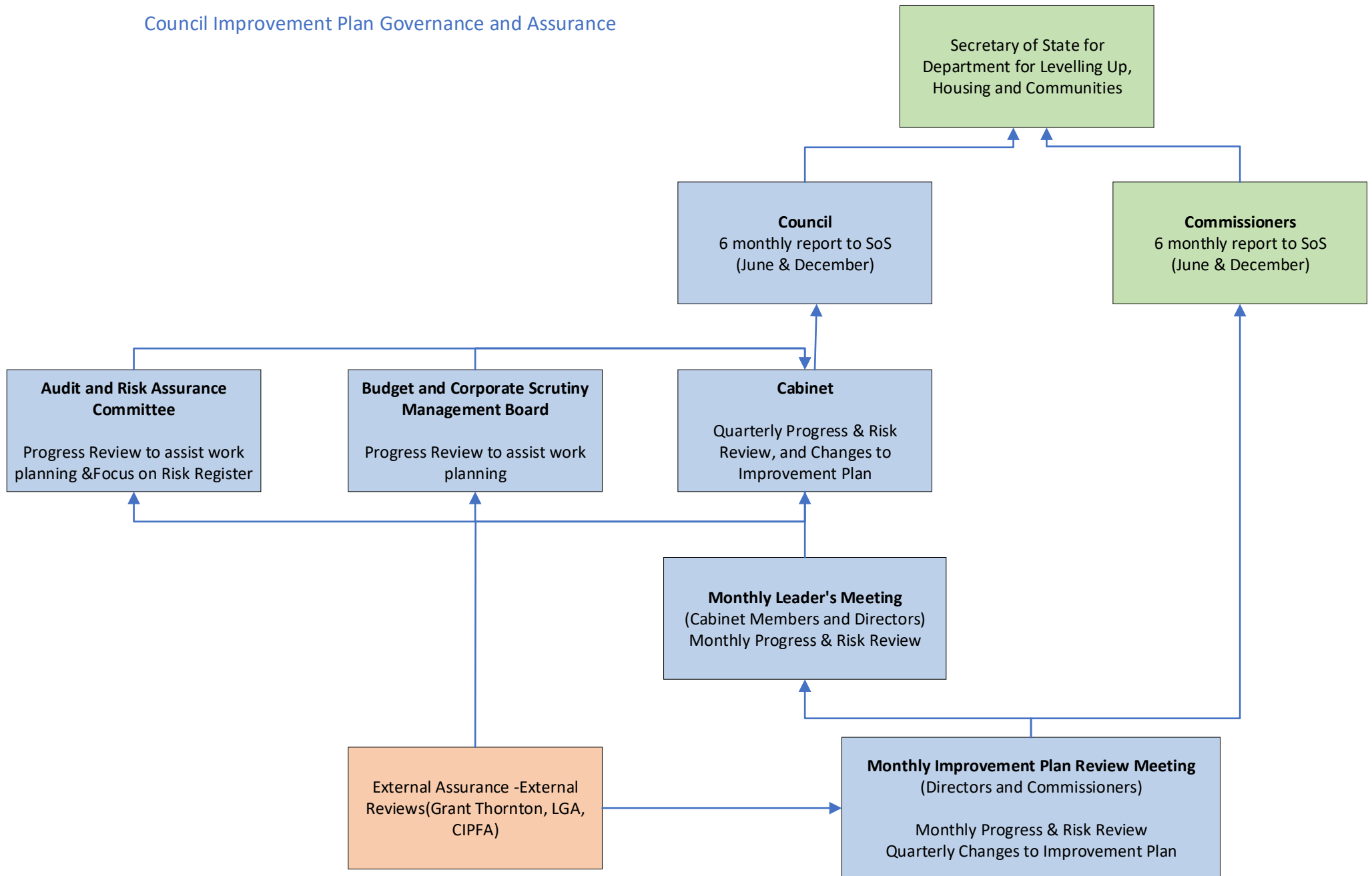
Statutory Recommendation	Summary	Achievements this month	Milestones due this quarter (June – Aug)
<p>with the Council's values, codes, policies and procedures, and that there is zero tolerance to inappropriate behaviours. This includes changing the organisational culture in relation to complaints so that they restore balance and proportionality.</p>	<p>finance and procurement is being developed for delivery Autumn onwards.</p> <p><b>Officer and Member Relationship</b></p> <ul style="list-style-type: none"> <li>Regular meetings between Cabinet and Leadership Team in place for Municipal Year</li> <li>LGA sessions scheduled 6 and 20 September</li> </ul> <p><b>Member Learning and Development</b></p> <ul style="list-style-type: none"> <li>New Member Induction Complete</li> <li>Member Development Programme approved and will be regularly reviewed.</li> </ul> <p><b><u>Corporate Oversight</u></b> No Actions in Theme</p> <p><b><u>Strategic Direction</u></b> No actions in Theme</p> <p><b><u>Decision Making</u></b> No actions in Theme</p> <p><b><u>Procurement &amp; Commercial</u></b> No actions in Theme</p> <p><b><u>Partnerships &amp; Relationships</u></b> No actions in Theme</p>		<ul style="list-style-type: none"> <li>New Member Induction - <b>Completed</b></li> </ul>



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## Council Improvement Plan Governance and Assurance

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## Changes to the Improvement Plan - July 2022

### 1. Changes agreed due to **errors** in the Improvement Plan

Change ref	Theme	Action Title	Description
13	Decision Making	Approval of any changes to scrutiny (if required following review)	Start date to read October-22 (in line with conclusion of scrutiny review), end date 2023 (specific timescale for implementation will be determined once review concluded)
22	Partnerships and Relationships	Develop Health and Wellbeing Strategy	change reference number to match workstream PR.C1.3
23	Partnerships and Relationships	Test adequacy of partnerships and integration through Health Outcomes Framework and system-wide thematic deep dives	change reference number to match workstream PR.C1.4

### 2. Changes agreed to **delivery timescales**

Change ref	Theme	Action Title	Description
2	Corporate Oversight	Review of corporate debt recovery processes completed	Slippage as Revenues and Benefits SM has been focusing on Energy Rebate and Household Support Fund schemes due to government policies. Change to October 2022.
16	Corporate Oversight	Procure new support provider to deliver Oracle Fusion	Evaluation period extended by 3 weeks due to need to financial evaluation - clarifications needed from bidders.



24	Corporate Oversight	Implement Oracle Fusion	Change implementation date. Date tbc following appointment of provider.
12	Decision Making	Revised Financial Regs Agreed	Approval to change decision making thresholds took place in July. Further revisions to Fin Regs being prepared for Council in October. Content of Management Development Programme to be sequenced accordingly.
14	Partnership & Relationships	Contract Review with DfE	The contract review process requires a revised end date to November 22
15	Partnership & Relationships	Review of Contract concludes	Action to be concluded in the autumn to align with the DfE schedule and statutory direction.
18	Strategic Decision	Commercial Strategy Approved	C Co have delivered training and progressing with business case development. Strategy is in draft but will be reviewed following the above and approved by LT.
19	Strategic Decision	Business Cases Presented for commercial workstreams	C Co are now developing business cases following the workshops and training.
20	Strategic Decision	MTFP Review concluded	On track for September Cabinet
3	Strategic Decision	Equality Policy reviewed	Slippage to timescales-Equalities Policy has been reviewed. Draft being prepared for new Equalities Policy.
6	Strategic Decision	Equality Policy approved	Due to be presented to Council in October. 2 phase approach.
7	Strategic Decision	Review of compliance and stock data	Revise end date. Compliance review completed in April. 2nd action is procurement of

			stock surveys (they will be completed June 2023). Add new action.
21	Strategic Decision	Pilot of Town Co-ordinator commences	Proposal is on hold in order to align with community hubs work. Decision required on new strategy by October. Likely change to action
11	Strategic Decision	Maximising Value out of surplus assets portfolio – Cabinet report	This report has been delayed due to challenges of finalising list of surplus corporate assets. This is now scheduled for Cabinet in September as part of the AMS.
26	Procurement & Commercial	(Asset management) Implementation	Asset Management System to go live by end of December. Work ongoing through to March 2023.

### 3. Changes agreed to **add new actions** to the Improvement Plan

Change ref	Theme	Action Title	Description
25	Corporate Oversight	Review of internal charges	CO.D3.5 -Implementation of recommendations from CIPFA in relation to internal charges

### 4. Changes agreed to **delivery leads**

Change ref	Theme	Action Title	Description
10	Strategic Decision	Options for hub locations identified	Change Delivery Lead to Joint Leads: Director-Regeneration and Growth and Director- Housing.





# Improvement Plan Risk Register

July 2022



1. Best start in life for children and young people



2. People live well and age well



3. Strong resilient communities



4. Quality homes in thriving neighbourhoods



5. A strong and inclusive economy



6. A connected and accessible Sandwell

Risk Ref	Risk Title and Description	Current risk score (July 2022)	Target risk score	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)	Key Sources of Assurance
IP1	<p><b>Improvement Plan objectives and member / officer engagement in those objectives</b></p> <p>If programme objectives are not clearly defined to ensure they are within scope, deliverable, understood and agreed then the programme will proceed with no clear direction and may become unmanageable and/or scope creep may take place.</p>	6 (Green)	3 (Green)	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>Engagement as part of the development of the Improvement Plan - sharing themes and workstreams with staff and members</li> <li>Communications Plan implemented for governance review, CPC and Statutory Notice</li> <li>Communications Approach set out in Draft Improvement Plan</li> <li>Objectives for each Theme within the Improvement Plan identified</li> <li>Set of key messages for stakeholders in place and issued to all Directors</li> <li>Council approval of Improvement Plan</li> <li>All Member briefing held (incl. newly elected Members)</li> </ul> <p><b>Further Actions</b></p> <ul style="list-style-type: none"> <li>Communications Plan delivered</li> <li>Staff and member engagement through Organisational Culture change programme</li> </ul>	<p>Across all risks, sources of assurance are:</p> <ul style="list-style-type: none"> <li>Leadership Team Improvement Review Meetings</li> <li>Cabinet</li> <li>Audit and Risk Assurance Committee</li> <li>Scrutiny</li> <li>Commissioners</li> <li>PMF indicators</li> <li>External Assurance – Grant Thornton, CIPFA, LGA Peer Challenge</li> </ul>

Risk Ref	Risk Title and Description	Current risk score (July 2022)	Target risk score	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)	Key Sources of Assurance
IP2	<p><b>Programme management arrangements</b></p> <p>If appropriate programme management arrangements are not put in place then there is a risk that:</p> <ul style="list-style-type: none"> <li>• The project will not be delivered to scope</li> <li>• The required improvements will not be made within the necessary timescales</li> <li>• The government may lose confidence in the council's ability to improve and intervention may be extended</li> <li>• The borough's residents may lose confidence in the council ability to deliver effective services</li> <li>• Inefficient use of limited resources</li> <li>• Continued reputational damage</li> </ul>	8 (Amber)	4 (green)	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>• Improvement Plan approved by Council 07/06/22</li> <li>• PMO support being provided by existing experienced resources within Service Improvement</li> <li>• Processes around progress monitoring and change control established for Governance Improvement Plan</li> <li>• Risk register in place and will be reported to Leadership Team monthly and Cabinet quarterly</li> <li>• Establishment of PMO Site</li> <li>• Approach and processes for change control and issues in place</li> </ul> <p><b>Further Actions</b></p> <ul style="list-style-type: none"> <li>• Terms of Reference for internal Improvement Plan Review Meeting updated to reflect government intervention, single Improvement Plan and assurance framework</li> <li>• Establishment of dedicated Programme Management Office</li> <li>• Exception reporting format to be confirmed via highlight report standard template</li> </ul>	As above

Risk Ref	Risk Title and Description	Current risk score (July 2022)	Target risk score	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)	Key Sources of Assurance
IP3	<p><b>Allocation of sufficient resources to project management and project delivery/ maintaining Business as Usual while delivering the Improvement plan</b></p> <p>If sufficient resources (capacity and capability) and where necessary additional resources are not allocated to the management and delivery of the improvement plan then this may result in officer fatigue, loss of motivation and the programme will fail to deliver all of its objectives.</p>	8 (Amber)	4 (green)	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>PMO support being provided by existing experienced resources within Service Improvement</li> <li>Resource gaps / pressures associated with actions within the Improvement Plan have been identified</li> <li>Council on 07/06/22 approved Use of Improvement &amp; Capacity Reserve and 2021/22 underspend allocated to Improvement Plan actions</li> <li>Resource issues and risks associated with the Improvement Plan to reviewed monthly by Leadership Team and Register maintained</li> </ul> <p><b>Further Actions</b></p> <ul style="list-style-type: none"> <li>Establishment of dedicated Programme Management Office</li> <li>Recruitment to posts following allocation of funding</li> </ul>	As above

Risk Ref	Risk Title and Description	Current risk score (July 2022)	Target risk score	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)	Key Sources of Assurance
IP4	<b>Project and risk governance assurance arrangements</b> If a robust assurance framework is not put in place to in respect of project assurance, including detailing roles and responsibilities of various stakeholders (eg Cabinet, Scrutiny, ARAC, partners, IB, etc) then the council may be unable to effectively monitor and evidence the improvement required.	6 Green	3 (green)	<b>Current and Ongoing Controls</b> <ul style="list-style-type: none"> <li>Terms of Reference for Improvement Plan Review Meeting in place</li> <li>Governance approach included within Council report 07/06/22</li> <li>Risk identification has taken place</li> <li>Agreement for Grant Thornton, LGA and CIPFA to review progress regularly</li> <li>Improvement Plan Risk Register in place</li> <li>GT visit September, LGA October</li> <li>Roles of Cabinet, Scrutiny and Audit agreed with Chairs</li> </ul> <b>Further Actions</b> <ul style="list-style-type: none"> <li>Update Terms of Reference for internal Improvement Plan Review Meeting following agreement of Cabinet/Scrutiny/Audit arrangements</li> <li>Reports to Cabinet, Scrutiny and Audit</li> <li>Review update visit by Grant Thornton arranged for Autumn 2022</li> </ul>	As above
IP5	<b>Communication Strategy</b> If a robust communications strategy is not put in place detailing how, when and what information is shared with the	8 (Amber)	4 (green)	<b>Current and Ongoing Controls</b> <ul style="list-style-type: none"> <li>Communications Approach set out in Improvement Plan approved by Council 07/06/22</li> </ul>	As above



Risk Ref	Risk Title and Description	Current risk score (July 2022)	Target risk score	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)	Key Sources of Assurance
	various internal and external stakeholders, then not everyone will be aware of their respective roles and responsibilities for delivering the improvement plan and effective service delivery. In addition, the DLUHC may lose confidence in the council's ability to improve resulting in extended/ additional intervention.			<ul style="list-style-type: none"> <li>Key messages document for stakeholders in place</li> </ul> <b>Further Actions</b> <ul style="list-style-type: none"> <li>Communications plan prepared including specific activities e.g. Live event, Improvement Plan briefings</li> <li>Communication with stakeholders to share details of Improvement Plan</li> </ul>	
IP6	<b>Investment and Financial Resources</b>  If sufficient/ additional financial resources are not made available, and the IP is expected to be delivered from existing budgets then the IP may not be delivered within the necessary timescales or to scope.	12 (Red)	8 (Amber)	<b>Current and Ongoing Controls</b> <ul style="list-style-type: none"> <li>Resource gaps / pressures associated with actions within the Improvement Plan identified</li> <li>Council on 07/06/22 approved use of Improvement &amp; Capacity Reserve and 2021/22 underspend allocated to Improvement Plan actions</li> <li>Resource issues and risks associated with the Improvement Plan to be reviewed regularly by Leadership Team and register maintained</li> </ul> <b>Further Actions</b> <ul style="list-style-type: none"> <li>Recruitment to posts following allocation of funding</li> </ul>	As above

Risk Ref	Risk Title and Description	Current risk score (July 2022)	Target risk score	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)	Key Sources of Assurance
IP7	<b>Organisational Culture</b> If the organisational culture does not change including improvement of member and officer relationships and political relationships, then this will impact the delivery of the IP objectives and the timescales within which delivery is achieved and may result in extended government intervention.	8 (Amber)	4 (green)	<b>Current and Ongoing Controls</b> <ul style="list-style-type: none"> <li>Specific theme in place within Improvement Plan</li> <li>Corporate Governance Theme timescales revised to allow for additional engagement activity around Corporate Governance changes</li> </ul> <b>Further Actions</b> <ul style="list-style-type: none"> <li>Actions agreed for organisational culture theme</li> </ul>	As above plus Employee Engagement Survey
IP8	<b>Impact of Covid 19 on the Project Resources</b> If there is a continued impact of Covid 19 on resource availability, then this will impact the programme delivery plan.	6 (Green)	3 (green)	<b>Current and Ongoing Controls</b> <ul style="list-style-type: none"> <li>PMO resourcing in place from within Service Improvement</li> <li>Resource gaps / pressures associated with actions within the Improvement Plan are being identified</li> </ul> <b>Further Actions</b> <ul style="list-style-type: none"> <li>Single dependencies to be identified within resourcing plan</li> </ul>	As above
IP9	<b>Constitutional Changes</b> If key governance documents and procedures (such as the Financial Regulations, Land	9 (Amber)	3 (green)	<b>Current and Ongoing Controls</b> <ul style="list-style-type: none"> <li>Key corporate Governance Documents are being reviewed and are scheduled</li> </ul>	As above

Risk Ref	Risk Title and Description	Current risk score (July 2022)	Target risk score	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)	Key Sources of Assurance
	and Asset Disposal Policy, Procurement and Contract Procedure Rules, Scheme of Delegation, Code of Corporate Governance, etc) are not reviewed and updated to reflect the changes required then foundations for change will not be in place and progress will be limited.			<p>for approval in July 2022 and Autumn 2022</p> <ul style="list-style-type: none"> <li>Engagement with Constitutional Working Group established as part of changes to governance arrangements</li> <li>Alignment of workstream with organisational culture theme through Officer participation</li> </ul> <p><b>Further Actions</b></p> <ul style="list-style-type: none"> <li>Engagement with Members around proposed changes</li> </ul>	
IP10	<p><b>Performance Management Framework (PMF) and Data Quality</b></p> <p>If a robust PMF is not put in place and appropriate quality data captured then the council will be unable to effectively monitor and evidence improvement, delivery of the Improvement Plan and delivery of the Corporate Plan resulting in a failure to achieve the Council's objectives.</p>	12 (Red)	8 (amber)	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>Performance Management Framework approved in April 2022</li> <li>Evidence of success outlined within each of the Improvement Plan themes focusing on outcomes for each theme</li> <li>Improvement Plan Monitoring approach approved by Council</li> <li>Resources approved by Council to address staffing resources required to sustain PMF</li> </ul> <p><b>Further Actions</b></p> <ul style="list-style-type: none"> <li>Evidence framework to be produced to support IP</li> <li>Q1 Performance Report made to start to consolidate and embed PMF</li> <li>Performance Management System options appraisal and procurement to provide capability for performance management</li> </ul>	As above

Risk Ref	Risk Title and Description	Current risk score (July 2022)	Target risk score	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)	Key Sources of Assurance
				<ul style="list-style-type: none"> <li>Recruitment to posts</li> </ul>	
IP11	<p><b>Continued focus and resources allocated to historic issues</b></p> <p>If the council does not focus on the Improvement plan and corporate plan priorities and continues to focus and allocate resources on historic issues, then this will impact the timely delivery of both the Improvement Plan and Corporate Plan.</p>	8 (Amber)	4 (green)	<p><b>Current and Ongoing Controls</b></p> <ul style="list-style-type: none"> <li>Improvement Plan contains activity to be concluded, and lessons learnt embedding from historic issues</li> <li>Cabinet and Leadership Team approach to historic issues</li> <li>Regular monitoring of improvement plan is in place</li> </ul> <p><b>Further Actions</b></p> <ul style="list-style-type: none"> <li>Lessons learnt framework to be introduced. Lessons learnt to be collated relating to historic issues and shared across organisation</li> <li>Grant Thornton review of progress against historical issues</li> </ul>	As above

Risk Ref	Risk Title and Description	Current risk score (July 2022)	Target risk score	Progress to Date (incl. current risk mitigating controls and further actions to be taken to manage risk)	Key Sources of Assurance
IP12	<b>Risk approach and progress monitoring (optimism bias):</b> If the approach taken to risk scoring and/or progress monitoring against the delivery plans is unrealistic (e.g. being overly optimistic around progress and timescales or likelihood and severity of a risk) then there will be a failure to appropriately manage the programme and a loss of confidence in its delivery.	9 (Amber)	6 (Green)	<b>Current and Ongoing Controls</b> <ul style="list-style-type: none"> <li>Corporate risk scoring definitions applied</li> <li>Definition in place for progress monitoring Red/Amber/Green progress monitoring for Improvement Plan</li> <li>Roles of Scrutiny and Audit confirmed</li> </ul> <b>Further Actions</b> <ul style="list-style-type: none"> <li>Assurance to be provided through monitoring approach (including consistent use of RAG rating) to ensure that progress monitoring is presenting a realistic view and reflecting risk associated with actions as well as progress against plans</li> <li>External Reviews to provide assurance</li> </ul>	As above

## Report to Audit and Risk Assurance Committee

**29 September 2022**

<b>Subject:</b>	Local Government and Social Care Ombudsman and Housing Ombudsman Annual Review for the Year Ending 31 March 2022
<b>Director:</b>	Neil Cox Director – Business Strategy & Change
<b>Contact Officer:</b>	Colette Knight– Customer Feedback Coordinator <a href="mailto:Colette_knight@sandwell.gov.uk">Colette_knight@sandwell.gov.uk</a> Sean Russell – Customer Feedback Coordinator <a href="mailto:Sean_russell@sandwell.gov.uk">Sean_russell@sandwell.gov.uk</a>

### 1 Recommendations

- 1.1 That the Audit and Risk Assurance Committee considers and notes the Local Government and Social Care Ombudsman's (LGO) Annual Review appended to this report for the year ending 31 March 2022.

### 2 Reasons for Recommendations

- 2.1 This report is to present the LGO's Annual Review for the year ending 31 March 2022 which is appended to this report. (Appendix 1)
- 2.2 The Annual Review provides a summary of the complaints that the LGO has dealt with in relation to the Council.
- 2.3 It is noted from the Annual Review that the LGO received 58 complaints and enquiries about the Council in 2021/22. The LGO carried out 30 detailed investigations of which 20 cases were upheld. Comparisons to previous years' complaints and enquiries are stated in Table 1 below.




- 2.4 The Housing Ombudsman Service (HOS) does not publish an annual review report but their annual statistics are also detailed in Table 1 below.




**Table 1**

Year	Number of Complaints		
	LGO	HOS	TOTAL
2021/22	58	32	90
2020/21	78	19	97
2019/20	115	65	180

- 2.5 From the statistical information provided by the HOS, a total of 32 enquiries were received concerning the Council in 2021/22. There were 12 detailed investigations undertaken of which 6 were upheld in favour of the complainant, 6 are still awaiting a decision from the HOS.
- 2.6 All Investigating Officers have been advised of the Annual Review and reminded of the importance of dealing with and responding to the Ombudsman's complaints promptly as well as ensuring all appropriate and necessary lessons are learnt to ensure continuous service improvement.

**3 How does this deliver objectives of the Corporate Plan? (select relevant category and inc narrative how deliver)**

	Best start in life for children and young people
	People live well and age well
	Strong resilient communities: Recommendations from the Ombudsman assist with service improvements and good administrative practice.

	It is also important that the Council considers the nature of the complaints made and their outcomes so as to ensure that the Council's reputation is not adversely affected and where appropriate, remedial steps taken to prevent the recurrence of such complaints.
	Quality homes in thriving neighbourhoods
	A strong and inclusive economy
	A connected and accessible Sandwell

## 4 Context and Key Issues

- 4.1 The LGO's Annual Review for the year ending 31 March 2022 (Appendix 1) provides a summary of the complaint outcomes that the Ombudsman has dealt with in relation to the Council.
- 4.2 Within the Annual Review letter, the LGO state that they find it disappointing that in more than a fifth of cases where they made recommendations to remedy a complaint, the Council did not complete the agreed actions on time. On some occasions, the LGO stated that they had to repeatedly chase for updates, sometimes receiving no response or any explanation for the delay.

The same concerns were raised in last year's letter, which the LGO finds particularly disappointing to have again seen similar issues this year. One adult social care case was significantly delayed. It took over five months for the appropriate evidence of compliance to be provided. The Council explained difficulties with resources and the need to refocus and redirect work due to the Covid-19 pandemic was a causal factor in the delay.

- 4.3 The LGO received 58 complaints and enquiries about the Council during the year 2021/22. According to Council records 28 of these matters were preliminary matters raised with the council. The remaining 30 were accepted and dealt with by the LGO.



4.4 A breakdown of the service areas of the complaints and enquiries is provided in Table 2 below.

**Table 2**

<b>Service Area</b>	<b>Complaints received by LGO</b>	<b>Preliminary matters (referred to the Council) (see para 4.5 below)</b>
Adult Care Services	11	
Benefits and Tax	17	
Corporate and Other Services	0	
Education and Children's Services	10	
Environmental Services	5	
Highways and Transport	2	
Housing	10	
Planning and Development	3	
Other	0	
<b>TOTAL</b>	<b>58</b>	<b>28</b>

4.5 The preliminary complaints and enquiries were either of a general nature or matters that involve initial enquiries being raised with and addressed by the council, which may progress to an investigation.

### **Complaint Outcomes LGO Matters**

4.6 The LGO has reported that 58 decisions were made for matters that they considered. This included 30 detailed investigations which resulted in 20 being upheld and 10 not being upheld. A breakdown of the LGO decisions is provided in Table 3 below.

**Table 3**

<b>Decision Type</b>	<b>Narrative</b>	<b>Number</b>
Detailed Investigations: Cases Upheld	Cases upheld in favour of the Complainant result in	<u>20 upheld:</u>

	findings of maladministration and or injustice and the council has to carry out remedial or follow up action and in some cases payment as a resolution. Some cases can result in no further action required.	Maladministration and Injustice – 16  Maladministration – 4  Fault found – 0  No further action - 0
Detailed Investigations Cases Not Upheld	Cases not upheld have not been found in favour of the Complainant and result in no findings of maladministration and or no further action being required by the Council	<u>10 not upheld</u>  No Maladministration – 7  No fault found –  Other Reasons - 3
Advice Given	Advice is provided to the Complainant by the LGO and no formal letter is issued to the Council.	4 Advice is provided by the LGO and does not require any investigation by the council
Closed after Initial Enquiries	The Council receives a letter informing us that they received a complaint and that no further action is required, or the matter is out of the LGO jurisdiction.	4 These cases do not require any investigation by the council it has been closed by the LGO
Referred Back for Local Resolution	No formal letter is issued to the Council.	18 These cases do not require any investigation by the LGO as the

		complainant has been advised to revert back to the council.
Incomplete/Invalid	No formal letter is issued to the Council	2 These cases do not require any investigation by the council as the nature of the complaint is incomplete/invalid.

## HOS Matters

4.7 With regards to HOS matters, there were 12 detailed investigations and 6 were determined in favour of the Complainant. A breakdown of the HOS Service area/decisions is provided in Table 4 below.

**Table 4**

Service Area	Complaints received by Housing Ombudsman	Preliminary matters (referred to the Council) (see para 4.5 above)
Housing Management	4	
Repairs	3	
Housing Solutions	1	
ASB	3	
Right to Buy/ Home Ownership?	1	
<b>TOTAL</b>	12	20

Decision Type	Narrative	Number
Detailed Investigations: Cases Upheld	Cases upheld in favour of the Complainant result in findings of maladministration and or injustice and the council has to carry out remedial or follow	<u>6 upheld</u>  Maladministration – 1  No Maladministration - 5

	up action and in some cases payment as a resolution. Some cases can result in no further action required.	
Detailed Investigations Cases Not Upheld	Cases not upheld have not been found in favour of the Complainant and result in no findings of maladministration and or no further action being required by the Council	<u>0 Not upheld</u>  No Maladministration –  No fault found –  Complainants request - 0
Closed after Initial Enquiries	The Council receives a letter informing us that they received a complaint and that no further action is required, or the matter is out of the HOS jurisdiction.	0 These cases do not require any investigation by the council it has been closed by the HOS
Referred Back for Local Resolution	No formal letter is issued to the Council.	16 These cases do not require any investigation by the HOS as the complainant has been advised to revert back to the council.
Incomplete/Invalid	No formal letter is issued to the Council	4 These cases do not require any investigation by the council as the nature of the complaint is incomplete/invalid.

## 5. Alternative Options

- 5.1 There are no alternative options arising, the council is obliged to formally receive and consider the LGO Report.

## 6. Implications

<b>Resources:</b>	<p>There are no resource implications arising directly as a result of this report save for compensatory payments that have been made in relation to local settlements.</p> <p>This amounts to £2,530 for the LGO matters and £842.87 in relation to the HOS matters (Please see Appendix 2 for the full breakdown).</p> <p>There has been a decrease in the level of compensatory payments made by the council this year which totals £3,372.87, compared to a total of £8,700 for the previous year.</p>
<b>Legal and Governance:</b>	<p>The Local Government Act 1974 defines two main statutory functions for the Ombudsman:</p> <ul style="list-style-type: none"><li>• To investigate complaints against Councils and other authorities; and</li><li>• To provide advice and guidance on good administrative practice.</li></ul> <p>Since 2010, the LGO have already operated with jurisdiction over all registered adult social care providers to investigate complaints about care funded and arranged privately. In 2017, the LGO changed its name to include the 'Social Care Ombudsman' to recognise the social care sector.</p> <p>The LGO has stated in their annual letter (see Appendix 1) that they know the Council, just like the LGO, will have been through a period of adaptation as the restrictions imposed by the pandemic lifted. While some pre-pandemic practices returned, many new ways of working are here to stay.</p> <p>It is the LGO's continued view that complaint functions have been under-resourced in recent years, a trend only exacerbated by the challenges of the pandemic.</p>

	<p>Through the lens of this recent upheaval and adjustment, the LGO urges us to consider how our organisation prioritises complaints, particularly in terms of capacity and visibility. Properly resourced complaint functions that are well-connected and valued by service areas, management teams and elected members are capable of providing valuable insight about an organisation's performance, detecting early warning signs of problems and offering opportunities to improve service delivery.</p> <p>The LGO want to support our organisation to harness the value of complaints and they will continue to develop their programme of support. Significantly, they are working in partnership with the Housing Ombudsman Service to develop a joint complaint handling code. They are aiming to consolidate their respective approaches and therefore simplify guidance to enable organisations to provide an effective, quality response to each and every complaint. The LGO will keep us informed as this work develops, and expect that, once launched, they will assess our compliance with the code during their investigations and report our performance via their annual letter.</p>
<b>Risk:</b>	Relevant risk management issues have been detailed within the main body of this report
<b>Equality:</b>	There are no equality issues arising from this report.
<b>Health and Wellbeing:</b>	There are no direct health and wellbeing implications arising from this report. However, recommendations from the LGO assist with service improvement and good administrative practice.
<b>Social Value</b>	There are no direct social value implications, however as detailed above in Health and Wellbeing, recommendations from the LGO assist with service improvement and good administrative practice.

## 7. Recommendations

- 7.1 The Customer Feedback Team as the Ombudsman Link for the Council, forward on any request for information from the Ombudsman to the relevant service area within 1 working day of receipt. The Customer Feedback Team also chase up the service area to get a response within the requested deadlines set. Our recommendation moving forward is that the Customer Feedback Team will update the LGO and HOS on each chase up and initial receipt of request.

- 7.2 The Customer Feedback Team will apply tighter deadlines with our service areas on Ombudsman cases where they exceed more than 10 days (some deadlines vary and can be up to 1 calendar month). The requests for information will be set at 10 working days to respond, which brings them into line with Stage 1 complaint responses, Cllr. enquiries and MP responses. The Customer Feedback Team will be able to work closely with colleagues where the case is complex and ensure that communications with the LGO and HOS is maintained.
- 7.3 The Customer Feedback Team have worked with Learning and Development to provide a compulsory E-learning training package for service areas to remind officers who deal with Ombudsman cases of the importance of the work of the Ombudsman and the potential reputational damage caused if we do not adhere to the timescales provided by the Ombudsman. It is vital that this is now rolled out and that service areas ensure staff complete the necessary training.

## **8. Appendices**

- Appendix 1 LGO Annual Review Letter
- Appendix 2 Table of Financial Payments April 2021 – March 2022 - LGO & HOS

## **9. Background Papers**

There are no Background Papers with this report

# Local Government & Social Care OMBUDSMAN

20 July 2022

*By email*

Mr Bromley-Derry  
Interim Chief Executive  
Sandwell Metropolitan Borough Council

Dear Mr Bromley-Derry

## **Annual Review letter 2022**

I write to you with your annual summary of complaint statistics from the Local Government and Social Care Ombudsman for the year ending 31 March 2022. The information offers valuable insight about your organisation's approach to complaints. As such, I have sought to share this letter with the Leader of your Council and Chair of the appropriate Scrutiny Committee, to encourage effective ownership and oversight of complaint outcomes, which offer such valuable opportunities to learn and improve.

### **Complaint statistics**

Our statistics focus on three key areas that help to assess your organisation's commitment to putting things right when they go wrong:

**Complaints upheld** - We uphold complaints when we find fault in an organisation's actions, including where the organisation accepted fault before we investigated. We include the total number of investigations completed to provide important context for the statistic.

**Compliance with recommendations** - We recommend ways for organisations to put things right when faults have caused injustice and monitor their compliance with our recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

**Satisfactory remedy provided by the authority** - In these cases, the organisation upheld the complaint and we agreed with how it offered to put things right. We encourage the early resolution of complaints and credit organisations that accept fault and find appropriate ways to put things right.

Finally, we compare the three key annual statistics for your organisation with similar authorities to provide an average marker of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

Your annual data, and a copy of this letter, will be uploaded to our interactive map, [Your council's performance](#), on 27 July 2022. This useful tool places all our data and information



about councils in one place. You can find the detail of the decisions we have made about your Council, read the public reports we have issued, and view the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

### **Your organisation's performance**

It is disappointing that in more than a fifth of cases where we made recommendations to remedy a complaint, your Council did not complete the agreed actions on time. On some occasions, we had to repeatedly chase for updates, sometimes receiving no response or any explanation for the delay.

Given I raised the same concern in last year's letter, it is particularly disappointing I have seen similar issues this year. One adult social care case was significantly delayed. It took over five months for the appropriate evidence of compliance to be provided. The Council explained difficulties with resources and the need to refocus and redirect work due to the Covid-19 pandemic was a causal factor in the delay. While we do not underestimate the impact the pandemic has had, delay in making agreed service improvements leaves the Council at risk of further fault.

I again invite the Council to consider how it might make improvements to reduce delays in the remedy process and to ensure it tells us promptly when it completes a remedy. I hope I see an improved performance in future.

### **Supporting complaint and service improvement**

I know your organisation, like ours, will have been through a period of adaptation as the restrictions imposed by the pandemic lifted. While some pre-pandemic practices returned, many new ways of working are here to stay. It is my continued view that complaint functions have been under-resourced in recent years, a trend only exacerbated by the challenges of the pandemic. Through the lens of this recent upheaval and adjustment, I urge you to consider how your organisation prioritises complaints, particularly in terms of capacity and visibility. Properly resourced complaint functions that are well-connected and valued by service areas, management teams and elected members are capable of providing valuable insight about an organisation's performance, detecting early warning signs of problems and offering opportunities to improve service delivery.

I want to support your organisation to harness the value of complaints and we continue to develop our programme of support. Significantly, we are working in partnership with the Housing Ombudsman Service to develop a joint complaint handling code. We are aiming to consolidate our approaches and therefore simplify guidance to enable organisations to provide an effective, quality response to each and every complaint. We will keep you informed as this work develops, and expect that, once launched, we will assess your compliance with the code during our investigations and report your performance via this letter.

An already established tool we have for supporting improvements in local complaint handling is our successful training programme. We adapted our courses during the Covid-19 pandemic to an

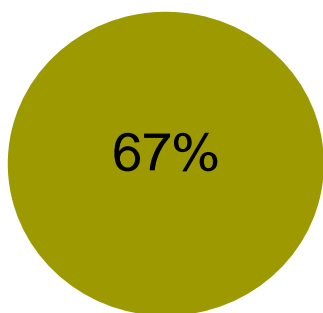
online format and successfully delivered 122 online workshops during the year, reaching more than 1,600 people. To find out more visit [www.lgo.org.uk/training](http://www.lgo.org.uk/training).

Yours sincerely,

A handwritten signature in black ink, appearing to be 'MK' followed by a stylized flourish.

Michael King  
Local Government and Social Care Ombudsman  
Chair, Commission for Local Administration in England

### Complaints upheld



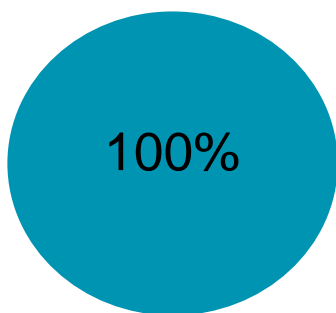
**67%** of complaints we investigated were upheld.

This compares to an average of **68%** in similar organisations.

**20**  
upheld decisions

Statistics are based on a total of **30** investigations for the period between 1 April 2021 to 31 March 2022

### Compliance with Ombudsman recommendations



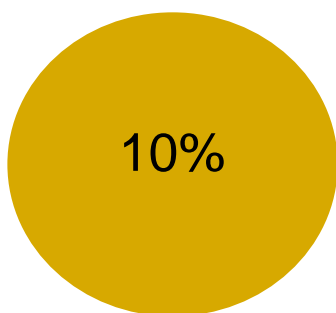
In **100%** of cases we were satisfied the organisation had successfully implemented our recommendations.

This compares to an average of **100%** in similar organisations.

Statistics are based on a total of **19** compliance outcomes for the period between 1 April 2021 to 31 March 2022

- Failure to comply with our recommendations is rare. An organisation with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

### Satisfactory remedy provided by the organisation



In **10%** of upheld cases we found the organisation had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of **11%** in similar organisations.

**2**  
satisfactory remedy decisions

Statistics are based on a total of **20** upheld decisions for the period between 1 April 2021 to 31 March 2022

## LGO Payments 2020/21

Payment for Local Government and Social Care Ombudsman	Summary of Complaint:	Agreed Actions/Lessons learnt:	Service Area:
£180.00	Children's Trust handling of SGO	apologise to Mrs X for the delays; pay her £180 as an acknowledgement of the six-month delay in proceeding to stage 2 of the statutory procedures and the frustration and time and trouble this has caused her; and start stage 2 of the statutory procedures. If there are further delays, the Council should consider at either stage 2 or stage 3 of the statutory procedures whether a suitable financial payment is appropriate to remedy the injustice caused by these delays.	Children's Trust

£200.00	Handling of benefit claim	<p>a) Reconsider Miss X's DHP application, effective from the date of its original decision. It will: establish Miss X's actual income and expenditure at that date, seeking more evidence if necessary;</p> <p>ii. consider the DHP budget available when it made its original decision; and backdate any award it makes to the same date it would have done</p> <p>Makes a backdated award because of its reconsideration, pay Miss X £200 to recognise the distress caused to her by the financial uncertainty her family has experienced, due to delays in properly assessing her claim.</p> <p>c) Apologise to Miss X for the faults identified, including an explanation of steps taken to improve its services and prevent this happening in future.</p> <p>20. Within three months of my final decision the Council will:</p> <p>a) Remind staff considering DHP applications that:</p> <p>i. Universal Credit is calculated and paid in arrears;</p> <p>ii. they should properly consider information provided by applicants, or discrepancies in applications; and</p> <p>iii. they should consider asking for alternative evidence to resolve any such discrepancies.</p> <p>b) Review its DHP application form and decide if amendments are necessary</p>	Benefits
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		to properly capture recent changes of circumstances which might affect the evidence required from applicants	
£300.00	Benefits complaint delay in reduction of council tax	To recognise the additional stress caused as a result of the delay and confusion in the way the council responded to the complaint, and to recognise the fault in the way the Council dealt with the SMI claim led to a delay in making the appropriate discount, the Council agreed to apologise and pay Mr and Mrs X £300	Benefits

£450.00	Council tax over charges	<p>34. To provide a proportionate, appropriate and reasonable outcome for Mr X's Council agreed, within 30 working days of this statement, to:</p> <ul style="list-style-type: none"> <li>• send Mr X a written apology for the avoidable distress, time and trouble caused by its handling of his council tax account;</li> <li>• pay Mr X £300 in recognition of the avoidable distress caused by its handling of his council tax account;</li> <li>• pay Mr X £150 in recognition of the avoidable time and trouble arising from its handling of his council tax account; and</li> <li>• refund Mr X the £32.42 credited to his council tax account.</li> </ul> <p>35. The Council also agreed, within 30 working days of this statement, to send the Ombudsman evidence of the service improvement it made in telling officers about:</p> <ul style="list-style-type: none"> <li>• placing a minimum 28 day hold on recovery action on council tax accounts on receiving an appeal; and</li> <li>• a senior officer reviewing such cases before removing such a hold on recovery action.</li> </ul>	Council Tax
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£600.00	Complaint about coroner's office and handling of autopsy	<ul style="list-style-type: none"> <li>• Pay Mr X £500 to recognise the distress caused to him and his family by the fault.</li> <li>• Reimburse Mr X for the travel costs incurred to scatter the ashes for a second time. Ordinarily we would ask complainants to provide evidence of costs incurred. However, given the time that has since passed and the sensitivity of the circumstances, we do not consider it appropriate to ask Mr X to do so now. Mr X has estimated the travel expenses for him and his mother to be around £100. We are satisfied this is a reasonable amount in the circumstances.</li> </ul>	Bereavment Services
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£300.00	SEN Transport provided by Education	<ul style="list-style-type: none"> <li>• write to Miss X and apologise for the injustice caused to her by the faults identified above;</li> <li>• reimburse Miss X the costs incurred taking Y to and from school between September 2019 and July 2022, calculated as outlined in paragraph 46;</li> <li>• pay Miss X £300 to recognise the distress and uncertainty caused to her by the Council's failure to properly consider her request for travel assistance and to inform her of its considerations; and</li> <li>• contact Miss X and arrange suitable travel arrangements for Y, in line with the legislation and its own policy, in preparation for Y's return to school in September 2022.</li> </ul> <p>49. Within three months the Council will:</p> <ul style="list-style-type: none"> <li>• remind relevant staff of the government guidance in considering and responding to school travel assistance requests and appeals including providing the factors the Council considered and how it made its decision;</li> <li>• provide training to relevant staff on SEN travel eligibility in relation to qualifying schools named on EHC plans; and</li> </ul>	Education
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		<ul style="list-style-type: none"> <li>• review all SEN transport requests it has declined since September 2021 and identify if the same fault affects others. The Council will take appropriate steps to remedy any identified injustice caused by the same fault.</li> </ul> <p>50. The Council will provide us with evidence it has completed the recommendations.</p>	
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£500.00	Adult Social care-surrounding his wife's care funding	The Council should pay Mr X £500 towards his avoidable stress and worry within one month of the date of the decision on this complaint. The Council should waive the financial contribution towards care charges from 8 October until 10 December 2020. (The Council completed this part of the remedy before the complaint was investigated by the Ombudsman.)	Adult Social Care
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### Housing Ombudsman Payments

<b>Payment for Housing Ombudsman</b>	<b>Summary of Complaint:</b>	<b>Agreed Actions/Lessons learnt:</b>	<b>Service Area:</b>
£250.00	Handling of repairs & noise from floorboards in flat above.	<b>a.</b> Arrange for a technical expert/surveyor to inspect the upstairs' flat :to check if the laminate flooring has been removed and replaced with carpet <b>ii.</b> to assess if any repairs are needed to the floorboards or if any further steps can be taken to improve the noise transference issue. <b>b.</b> Write to the resident advising her of the findings of its inspection. <b>c.</b> Pay the resident £250 in compensation for not taking sufficient steps to improve the noise transference issue including	Repairs/Housing

		carrying out a technical inspection or survey of the upstairs flat floorboards. <b>d.</b> Comply with the above orders within four weeks	
£250.00	Surrounding Housing banding of application	<ul style="list-style-type: none"> <li>• pays Miss B £250; and</li> <li>• ensures that when key decisions are made to take action outside of Council policy, a clear record is made of the decision and the reasons for it, so all staff are aware of it.</li> </ul>	Housing
£50.00	Complaint regarding handling of the residents reports concerning spillage issues in the bin chute area.	No recommendations just goodwill gesture how complaint was dealt with	Housing
£50. 00	Complaint regarding the landlord's response to report of antisocial behaviour and handling of request for fencing.	The landlord to contact the resident within four weeks of the date of this determination to clarify its position regarding her ongoing concerns about noise from 3 her neighbour, and its position on what action it may take following the outcome of the environmental health team's investigation. Pay £50.00 for distress/inconvenience	Housing

£150.00	Complaint surrounding Leasehold service charges	<p><b>a.</b> Pay the resident £150 compensation for the distress and inconvenience caused by its handling of the resident's queries about the service charge</p> <p><b>b.</b> Provide the resident with the service schedule/specification for each service they are charged for. It should also confirm which service area is responsible for managing fly-tipping/dumping of rubbish in communal areas and the expected timeframe for the removal of such rubbish.</p> <p>It is recommended that the landlord does the following within the next four weeks: <b>c.</b> Provides an update to the resident on the parking issue including the actions it will be taking to address this matter and the associated timescales. <b>d.</b> Reviews its record keeping practices to ensure that it properly records all communication with its residents.</p>	Home Ownership
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£92.87	Repair boiler issue	<p>The Ombudsman orders that the following actions are taken within four weeks: The landlord is to pay the resident £25 in recognition of the inconvenience caused by its poor complaint handling and record keeping in addition to paying one weeks rent.</p> <p>redress was found on this basis. It is recommended that the landlord considers carrying out staff training for complaint handlers to ensure that processes are followed and residents are adequately updated where there is likely to be a delay. It is recommended that the landlord conducts a review of its record keeping processes, ensuring that there is a clear audit trail for complaints, which provides details of specifically when contact was made, what was said and what the agreed next steps and expectations were.</p>	Repairs
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## Report to Audit and Risk Assurance Committee

**29 September 2022**

<b>Subject:</b>	Audit and Risk Assurance Committee Annual Report 2021/22
<b>Director:</b>	Simone Hines Director of Finance
<b>Contact Officer:</b>	Peter Farrow Audit Services and Risk Management Manager, <a href="mailto:peter.farrow@sandwell.gov.uk">peter.farrow@sandwell.gov.uk</a>

### 1 Recommendation

- 1.1 That the Annual Report of the Audit and Risk Assurance Committee be approved and presented to the next meeting of the Council.

### 2 Reasons for Recommendation

- 2.1 The report provides an opportunity for the Committee to note and reflect on its business for the previous year, prior to its submission to full Council.





### 3 How does this deliver objectives of the Corporate Plan?

- 3.1 The Audit and Risk Assurance Committee is a key component of the council's governance, risk management and internal control framework.

### 4 Context and Key Issues

- 4.1 The report summarises the main areas of work undertaken by the Audit and Risk Assurance Committee during 2021/22.

### 5 Alternative Options

- 5.1 The purpose of the report is to summarise the main areas of work undertaken by the Audit and Risk Assurance Committee during 2021/22. As such, there is no alternative option.

### 6 Implications

<b>Resources:</b>	There are no direct resource implications arising from this report.
<b>Legal and Governance:</b>	The council is not obliged by law to appoint an Audit Committee, but this course of action has been taken in line with guidance from CIPFA.
<b>Risk:</b>	The Audit and Risk Assurance Committee is a key component of the council's risk management framework.
<b>Equality:</b>	It was not necessary to undertake an Equality Impact Assessment.
<b>Health and Wellbeing:</b>	There are no direct health and wellbeing implications from this report.
<b>Social Value</b>	There are no direct social value implications from this report.

### 7. Appendices

- 7.1 Appendix 1 - Audit and Risk Assurance Committee Annual Report 2021/22



## Annual Report of the Audit and Risk Assurance Committee 2021/22



# Introduction

Councillor Liam Preece  
Chair of the Audit and Risk Assurance Committee



The Audit and Risk Assurance Committee here at Sandwell, as across local government, is a key component of a council's corporate governance framework. It provides an independent and high-level focus on the audit, risk management, assurance and reporting arrangements that underpin good governance and financial standards.

The purpose of the Committee is to provide independent assurance to the Council on the adequacy of the risk management framework and the internal control environment. It provides independent review of the governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It also oversees the work of both the internal and external auditors, helping to ensure that efficient and effective assurance arrangements are in place. The key benefits of the Committee can be seen as:

- increasing public confidence in the objectivity and fairness of financial and other reporting;
- reinforcing the importance and independence of internal and external audit and similar review processes;
- providing additional assurance through a process of independent review; and
- raising awareness of the need for internal control and the implementation of audit recommendations.

The Committee agrees a work programme for each year. It is based on (but not limited to) the following main sources of assurance:

- Annual Governance Statement - this is the statutory report which the Committee approves and forms part of the council's Statement of Accounts.
- Strategic Risk Register – detailing how and where the Committee can gain assurance that risks are being well managed.
- Internal Audit - the ongoing work of, and reports from the council's internal auditors.
- External Audit - the reports submitted to the Committee by the council's external auditors Grant Thornton

The year saw many challenges for the Council, with a number of external reviews identifying a range of issues that the Council needs to address. This included recommendations from our External Auditors following their Value for Money Governance Review, CIPFA's Financial Management Review, Internal Audit and the LGA's Corporate Peer Challenge.

Also, in March 2022 the Secretary of State for Levelling Up, Housing and Communities announced an intervention package and a set of Directions to ensure the Council was able to comply with its best value duty under Part 1 of the Local Government Act 1999. These Directions were in-part influenced by the Grant Thornton report following their Value for Money Governance Review.

The intervention package included the requirement for the development and implementation of an Improvement Plan within the first three months following the Directions notice and the appointment of two Commissioners.

In June 2022 the Council approved such an Improvement Plan that combined a series of actions to address the matters raised in the reviews referred to.

At our June 2022 meeting we received a detailed report on the Improvement Plan and accompanying risk register as a basis for our work planning in the year ahead. Along with our colleagues serving on other Council groups including Cabinet, the Governance and Constitution Review Committee and various Scrutiny Committees, a key part of this Committee's role over the coming year will be in maintaining oversight of the actions and implementation of the Improvement Plan.

Finally, I would like to place on record my thanks to the past members who served on the Committee during the year, along with our independent members, officers who provided ongoing support to the Committee, and our internal and external auditors. I also welcome my fellow new members to the Committee in what will certainly be a busy year ahead.

Thank you.

**Councillor Liam Preece**

## Committee membership

Membership during the 2021/22 year	Membership for 2022/23
Councillor Manjit Gill (Chair)	Councillor Liam Preece (Chair)
Councillor Peter Allen	Councillor Jay Anandou
Councillor Jay Anandou	Councillor Aqeela Choudhry
Councillor Kacey Akpoteni	Councillor Luke Giles
Councillor Ahmad Bostan	Councillor Nicky Hinchliff
Councillor Zahir Hussain	Councillor Syeda Khatun MBE
Councillor Olwen Jones	Councillor Steve Melia
Mike Ager (Independent - Vice Chair)	Mike Ager (Independent - Vice Chair)
Jay Hussain (Independent)	Jay Hussain (Independent)

The Committee met on the following dates:

- 16 September 2021
- 18 November 2021
- 21 December 2021
- 11 January 2022
- 17 March 2022
- 28 June 2022
- 21 July 2022

Senior Officers from the council were also present as required, including the Chief Executive, Director of Finance/Section 151 Officer, Monitoring Officer, the Head of Finance, Head of Audit and where appropriate the External Auditors (Grant Thornton).

## The Committee's business

During the 2021/22 year the Committee conducted the following business:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• External Audit Report – Value for Money Governance Review and Implementation Plan</li><li>• Council Improvement Plan (including the CIPFA Financial Management Model and LGA Corporate Peer Challenge Reports)</li><li>• Improvement Plan Risk Register</li><li>• Statement of Accounts 2019/20</li><li>• External Auditors Findings Report 2019/20 and Update Action Plan</li><li>• External Auditors Progress Report 2020/21 and Sector Updates</li><li>• External Auditors Interim Annual Report 2020/21</li></ul> | <ul style="list-style-type: none"><li>• Internal Audit Annual Report 2021/22</li><li>• Internal Audit Progress Reports</li><li>• Internal Audit Plan 2022/23</li><li>• Internal Audit Charter</li><li>• Strategic Risk Register Updates</li><li>• Strategic Risk – Towns Fund Programme</li><li>• Strategic Risk – Partnerships and Contractors Service Delivery</li><li>• Children's Services – Directorate Risk Register</li></ul> |
| <ul style="list-style-type: none"><li>• Counter Fraud Updates</li><li>• Fraud Risk Register</li><li>• School Fraud Awareness Bulletin</li><li>• Voluntary and Community Sector Grants Update</li><li>• SEND Passenger Transport Contract</li><li>• Local Government and Social Care Ombudsman Annual Report year end 2020 and 2021</li></ul>  | <ul style="list-style-type: none"><li>• Constitution Review: Contract Procedure Rules and Land and Asset Disposal Protocol</li><li>• Appointment of the External Auditor</li><li>• CIPFA Audit Committee Updates</li><li>• Committee Terms of Reference Review</li><li>• Committee Work Programme</li><li>• Cabinet Forward Plan</li></ul>   |

The Committee's business was impacted by delays in the approval of the 2019/20 Statement of Accounts, and then the subsequent impact this has had on the preparation of the accounts for both 2020/21 and 2021/22. Therefore, at the time of writing, these elements of the normal committee cycle were yet to be completed.

# Key Sources of Assurance

## *Risk Management*

The Committee regularly received and reviewed the council's Strategic Risk Register, and assessed the assurance provided in order to demonstrate how risks were being mitigated. It did also, where deemed necessary, call-in individual risks for a more detailed review.

## *The work of our Internal Auditors*

The Council's Internal Auditors gave the following opinion in their 2021/22 Annual Report:

"As a result of a number of key governance issues raised during the year, predominantly those detailed in the Grant Thornton Value for Money review with its accompanying statutory and key recommendations, and the action taken by the Government in appointing commissioners to the Council, Internal Audit are unable to provide reasonable assurance for 2021/22 that the Council had fully adequate and effective governance processes. However, from the work we have completed we are able to provide reasonable assurance that both risk management and internal control processes remain adequate.

During the year a number of activities and actions have been put in place as part of the Council's improvement journey, including an appointed Commissioner alongside a new Leadership Team, and a Single Improvement Plan pulling together the recommendations from a number of recent key independent and external reviews (including Grant Thornton's Value for Money Governance Review, CIPFA's Financial Management Review and the LGA's Corporate Peer Challenge) which should help ensure that in the year ahead, reasonable assurance regarding governance processes can be achieved".

## *The work of our External Auditors*

As indicated above, the External Auditors noted weaknesses in the Council's financial sustainability and governance arrangements and with regards to improving economy, efficiency and effectiveness. These were detailed in both their Governance Value for Money Report and their Interim Annual Report and included a number of statutory, key and improvement recommendations, and these have been reported separately to the Committee. They did note that the Council had made a range of improvements to address these issues and that the Council was working closely with the Government commissioners, but that the ongoing actions in the Improvement Plan would take time to embed fully.

## *Counter Fraud*

One of the roles of the Committee, is to review the assessment of fraud risks and potential harm to the council from fraud and corruption along with monitoring counter-fraud actions. We receive regular reports from the Counter Fraud team which provide us with updates on a range of fraud related activities including:

- Outcomes from tenancy fraud, subletting, right to buy and other investigations
- Fraud prosecutions
- The Cabinet Office's National Fraud Initiative exercise
- Covid-19 Grant and Support Payments
- The Council's Fraud Risk Register

## Conclusion of the Audit and Risk Assurance Committee 2021/22

In what was a challenging year, a number of governance and associated issues were highlighted from a range of sources including Grant Thornton, CIPFA, the LGA and our internal auditors. We are committed to playing a key role and working with our colleagues, in ensuring that the recommendations in the Council's Improvement Plan are addressed in a meaningful and timely manner during the 2022/23 year.

### The Committee's main achievements

While it has been a challenging year, the Committee believes its key achievements during the year were:

- Regular consideration and review of the council's strategic risk register.
- The 'calling-in' of key strategic risks for a more detailed review
- Continuing to maintain a good working relationship with the council's internal and external auditors.
- Raising the profile of internal control issues across the council and of the need to ensure that audit recommendations are implemented.
- Maintaining a detailed focus on the actions being taken to combat fraud.
- The continued attendance of our independent members, which in turn helps broaden the Committee's experience and independent viewpoint.



# Audit and Risk Assurance Committee –Terms of Reference

## *Statement of purpose*

Our Audit and Risk Assurance Committee is a key component of the council's corporate governance. It provides an independent and high-level focus on the audit, assurance and reporting arrangements that underpin good governance and financial standards.

The purpose of our Audit and Risk Assurance Committee is to provide independent assurance to the members of the adequacy of the risk management framework and the internal control environment. It provides independent review of the governance, risk management and control frameworks and oversees the financial reporting and annual governance processes. It oversees internal audit and external audit, helping to ensure efficient and effective assurance arrangements are in place.

## *Governance, risk and control*

To review the council's corporate governance arrangements against the good governance framework and consider annual governance reports and assurances.

To review the annual governance statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances, taking into account internal audit's opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control.

To consider the council's arrangements to secure value for money and review assurances and assessments on the effectiveness of these arrangements.

To consider the council's framework of assurance and ensure that it adequately addresses the risks and priorities of the council.

To monitor the effective development and operation of risk management in the council.

To monitor progress in addressing risk-related issues reported to the committee.

To consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.

To review the assessment of fraud risks and potential harm to the council from fraud and corruption.

To monitor the counter-fraud strategy, actions and resources.

To review the governance and assurance arrangements for significant partnerships or collaborations.

## *Internal Audit*

To approve the internal audit charter.

To review proposals made in relation to the appointment of external providers of internal audit services and to make recommendations.

To approve the risk based internal audit plan, including internal audit's resource requirements, the approach to using other sources of assurance and any work required to place reliance upon those other sources.

To approve significant interim changes to the risk-based internal audit plan and resource requirements.

To make appropriate enquiries of both management and the head of internal audit to determine if there are any inappropriate scope or resource limitations.

To consider any impairments to independence or objectivity arising from additional roles or responsibilities outside of internal auditing of the head of internal audit. To approve and periodically review safeguards to limit such impairments.

To consider reports from the head of internal audit on internal audit's performance during the year, including the performance of external providers of internal audit services. These will include:

- Updates on the work of internal audit including key findings, issues of concern and action in hand as a result of internal audit work;
- Regular reports on the results of the quality assurance and improvement programme;
- Reports on instances where the internal audit function does not conform to the Public Sector Internal Audit Standards and Local Government Application Note, considering whether the non-conformance is significant enough that it must be included in the annual governance statement.

To consider the head of internal audit's annual report:

- The statement of the level of conformance with the Public Sector Internal Audit Standards and Local Government Application Note and the results of the quality assurance and improvement programme that supports the statement - these will indicate the reliability of the conclusions of internal audit.
- The opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control together with the summary of the work supporting the opinion - these will assist the committee in reviewing the annual governance statement.

To consider summaries of specific internal audit reports as requested.

To receive reports outlining the action taken where the head of internal audit has concluded that management has accepted a level of risk that may be unacceptable to the authority or there are concerns about progress with the implementation of agreed actions.

To contribute to the quality assurance and improvement programme and in particular, to the external quality assessment of internal audit that takes place at least once every five years.

To consider a report on the effectiveness of internal audit to support the annual governance statement, where required to do so by the Accounts and Audit Regulations.

To provide free and unfettered access to the audit committee chair for the head of internal audit, including the opportunity for a private meeting with the committee.

### *External Audit*

To support the independence of external audit through consideration of the external auditor's annual assessment of its independence and review of any issues raised by PSAA or the authority's auditor panel as appropriate.

To consider the external auditor's annual letter, relevant reports, and the report to those charged with governance.

To consider specific reports as agreed with the external auditor.

To comment on the scope and depth of external audit work and to ensure it gives value for money.

To commission work from internal and external audit.

To advise and recommend on the effectiveness of relationships between external and internal audit and other inspection agencies or relevant bodies.

### *Financial Reporting*

To receive detailed training in respect of the process associated with the preparation, sign off, audit and publication of the Council's Annual Statement of Accounts.

To review the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the council.

To consider the external auditor's report to those charged with governance on issues arising from the audit of the accounts.

### *Accountability arrangements*

To report to those charged with governance on the committee's findings, conclusions and recommendations concerning the adequacy and effectiveness of their governance, risk management and internal control frameworks, financial reporting arrangements, and internal and external audit functions.

To report to full council on a regular basis on the committee's performance in relation to the terms of reference, and the effectiveness of the committee in meeting its purpose.

To publish an annual report on the work of the Committee.

The following items set out key decisions to be taken by the Executive in public session:-

Title/Subject		Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
1	<b>Sandwell Children's Trust – Contract Review</b>  Contact Officer: Mandip S. Chahal  Director: Michael Jarrett, Director of Children's Services and Education	Children & Education (Cllr Hackett)	28 September 2022		Report by:  Director of Children and Education  Contract Review Report



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
2	<b>School Organisation Plan 2021-26: outcome of consultation and approval to publish</b>  Contact Officer: Rachel Hill  Director of Children and Education, Michael Jarrett	Children & Education (Cllr Hackett)	28 September 2022		Report
3	<b>Stock Condition Surveys</b>  Contact Officer: J. Rawlins  Director: Gillian Douglas	Housing (Cllr Padda)	28 September 2022		Report



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
4	<b>Land off Danks Way, West Bromwich</b>  Contact Officer: Stefan Hemming  Director of Regeneration and Growth – Tony McGovern	Regeneration & Growth (Cllr Hughes)	28 September 2022		
5	<b>Provision of 15 new council homes at Hawes Lane, Rowley Regis</b>  Contact: Alan Martin  Director: Tony McGovern – Director of Regeneration and Growth/Gillian Douglas – Director of Housing	Housing (Cllr Padda)	28 September 2022 (private item)		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
6	<b>Delegated authority to award contract for ICT Local Connectivity Services from 1 December 2022 to 30 November 2025</b>  Contact Officer: Andy Saunders Director of Business Strategy & Change, Neil Cox	Finance & Resources (Cllr Piper)	28 September 2022		
7	<b>Investment Programme – Street Lighting</b>  Contact Officer: Robin Weare  Director Borough Economy: Alice Davey	Environment Services (Cllr Ahmed)	28 September 2022		





	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
8	<b>Highways and Transportation Workforce Plan</b>  Contact Officer: Robin Weare  Director Borough Economy: Alice Davey/ Director Regeneration & Growth – Tony McGovern	Environment Services (Cllr Ahmed)	28 September 2022 (private item)		
9	<b>Q1 Budget Monitoring</b>  Contact Officer: Rebecca Maher  Director of Finance: Simone Hines	Finance & Resources (Cllr Piper)	28 September 2022		





Title/Subject		Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
10	<b>Proposal to Declare the Whole of Sandwell as a Smoke Control Area (Revoking and replacing the existing 51 SCAs)</b>  Contact Officer: Elizabeth Stephens  Director of Public Health Lisa McNally	Cabinet Member for Adults Social Care and Health (Cllr Hartwell)	28 September 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
11	<b>The Local Plan in Sandwell – Update and next steps</b>  Contact Officer: Andy Miller – Strategic Planning & Transportation Manager  Director: Tony McGovern – Director Regeneration & Growth	Regeneration & Growth (Cllr Hughes)	28 September 2022	No	
12	<b>Fair Cost of Care</b>  Contact Officer: Christine Guest  Director: Rashpal Bishop Director of Adult Social Care	Adults Social Care and Health (Cllr Hartwell)	16 November 2022 (private item)		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
13	<b>Adult Social Care Direct Payments Policy</b>  Contact Officer: Kay Murphy  Director: Rashpal Bishop Director of Adult Social Care	Adults, Social Care and Health (Cllr Hartwell)	16 November 2022		
14	<b>Adult Social Care Deferred Payment Agreements Policy</b>  Contact Officer: Kay Murphy  Director: Rashpal Bishop Director of Adult Social Care	Adults, Social Care and Health (Cllr Hartwell)	16 November 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
15	<b>ASC Contributions Policy – Outcome of the consultation and final policy proposals</b>  Contact Officer: Kevin Balchin  Director of Adult Social Care: Rashpal Bishop	Adults, Social Care and Health (Cllr Hartwell)	16 November 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
16	<b>Application to Secretary of State for Education for change of use/appropriation of Denbigh Drive</b>  Contact Officer: Rachel Hill  Director of Children and Education, Michael Jarrett	Children & Education (Cllr Hackett)	16 November 2022		Report
17	<b>Sandwell Residential Education Centres Fees &amp; Charges 2023-2024</b>  Contact Officer: Richard Oakes  Director of Children's Services and Education, Michael Jarrett	Children & Education (Cllr Hackett)	16 November 2022		Report



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
18	<b>Family Hubs and Start for Life programme funding</b> Contact Officer: Peter Forth Director: Michael Jarrett, Director Children and Education/Lisa McNally, Director Public Health/Simone Hines, Director Finance	Children and Education (Cllr Hackett)	16 November 2022		Report by: Director of Children and Education



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
19	<b>Extension of contract for a non-executive director of Sandwell Children's Trust Board</b>  Contact Officer: Mandip Chahal  Director: Michael Jarrett, Director of Children and Education	Children and Education (Cllr Hackett)	16 November 2022	N/A	Report by:  Director of Children and Education
20	<b>Community Hubs</b>  Contact Officer: Director of Business Strategy – Neil Cox and Director of Housing – Gillian Douglas	Communities (Cllr Millard)	16 November 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
21	<b>Childcare Sufficiency Report 2022/2023</b>  Contact Officer: Sara Baber/Sally Dowie  Director of Children's Services and Education, Michael Jarrett	Children & Education (Cllr Hackett)	16 November 2022		Report
22	<b>Schools' Model Pay Policies 2019/20</b>  Contact Officer: David Briggs  Director of Children & Education: Michael Jarrett	Children & Education (Cllr Hackett)	16 November 2022		





	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
23	<b>Sandwell Residential Education Service: Tutorial Staffing Review</b>  Contact Officer: Richard Oakes  Director of Children's Services and Education, Michael Jarrett	Children & Education (Cllr Hackett)	16 November 2022		Report
24	<b>Highway Asset Management Funding</b>  Contact Officer: Robin Weare  Director Borough Economy: Alice Davey	Environment Services (Cllr Ahmed)	16 November 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
25	<b>Winter Service Operation Plan 2022-23</b>  Contact Officer: Mathew Burling  Director of Borough Economy- Alice Davey	Environment Services (Cllr Ahmed)	16 November 2022		
26	<b>Delegated Authority to approve the use of the Highway Surface Treatments Contract</b>  Contact Officer: Mathew Burling  Director Borough Economy: Alice Davey	Environment Services (Cllr Ahmed)	16 November 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
27	<b>Serco Annual Report</b>  Contact Officer: Larry Wolfe  Director – Borough Economy, Alice Davey	Environment Services (Cllr Ahmed)	16 November 2022		
28	<b>Trees Strategy and Policy</b>  Contact Officer: Matthew Huggins  Director – Borough Economy, Alice Davey	Environment Service (Cllr Ahmed)  Leisure and Tourism (Cllr Rollins)	16 November 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
29	<b>Draft Budget 2023/24</b>  Contact Officer: Simone Hines  Director of Finance: Simone Hines	Finance & Resources (Cllr Piper)	16 November 2022		
30	<b>Oracle Fusion Implementation Update</b>  Contact Officer: Simone Hines  Director of Finance – Simone Hines	Finance & Resources (Cllr Piper)	16 November 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
31	<b>Medium Term Financial Strategy 2022-25</b>  Contact Officer: Simone Hines  Director of Finance: Simone Hines	Finance & Resources (Cllr Piper)	16 November 2022		
32	<b>Gas Safety Inspections 2022-25 – West Bromwich, Smethwick and Oldbury</b>  Contact Officer: Jonathan Rawlins  Director of Housing: Gillian Douglas	Housing (Cllr Padda)	16 November 2022		



Title/Subject		Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
33	<b>Council new build homes on land at Garratts Lane, Cradley Heath</b>  Contact Officer: Alan Martin  Director: Tony McGovern, Director – Regeneration and Growth/ Gillian Douglas – Director of Housing	Housing (Cllr Padda)	16 November 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
34	<b>Proposed new Sandwell Archives Centre - (on Council land behind Smethwick Council House)</b>  Contact Officer: Dawn Winter  Director of Borough Economy – Alice Davey	Leisure & Tourism (Cllr Rollins)	16 November 2022	N/A	Cabinet Report and appendices
35	<b>Land at Grove Lane, Smethwick – Compulsory Purchase Order</b>  Contact Officer: Hayley Insley  Director of Regeneration and Growth – Tony McGovern	Regeneration & Growth (Cllr Hughes)	16 November 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
36	<b>Asset Management Strategy</b>  Contact Officer: Chris Hilton  Director: Tony McGovern, Director of Regeneration and Growth	Regeneration & Growth (Cllr Hughes)	16 November 2022 (private item)	tbc	Report  Surplus Assets List (to be annexed to Cabinet paper)
37	<b>Land at Lower High Street, Cradley Heath</b>  Contact Officers: Stefan Hemming/ Jenna Langford Director of Regeneration and Growth - Tony McGovern	Regeneration & Growth (Cllr Hughes)	16 November 2022		





	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
38	<b>City Region Sustainable Transport Settlement and Local Transport Capital Programme Update</b>  Contact Officer: Andy Miller  Director: Tony McGovern - Director of Regeneration & Growth	Regeneration and Growth (Cllr Hughes)	16 November 2022		
39	<b>West Bromwich Town Centre and Grove Lane Delivery Plan</b>  Contact Officer: Chris Hilton  Director: Tony McGovern - Director of Regeneration & Growth	Regeneration and Growth (Cllr Hughes)	16 November 2022		Report



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
40	<b>Friar Park Residential Development</b>  Contact Officer – Tammy Stokes  Director: Tony McGovern – Director of Regeneration and Growth	Regeneration and Growth (Cllr Hughes)	12 November 2022		
41	<b>Brandhall ‘Options’ – Report of the Budget and Corporate Management Scrutiny Board</b>  Contact Officer: Tony McGovern  Director of Regeneration and Growth Tony McGovern	Regeneration & Growth (Cllr Hughes)	16 November 2022		



	Title/Subject	Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
42	<b>2023-24 Asset Management Investment Programme for Housing</b>  Contact Officer: J Rawlins  Director: Gillian Douglas, Director of Housing	Housing (Cllr Padda)	7 December 2022		



## Annual Programme Reminder (these items are not added automatically)

Title/Subject		Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
	<b>Review of Fees and Charges</b>		January		
	<b>Determination of Admission Priorities for Sandwell's Community and Voluntary Controlled Schools</b>		January/February		
	<b>Schools Funding</b>		December/January		
	<b>Quarter 3 Budget Monitoring</b>		February		
	<b>Council Finances</b>		February		
	<b>Financial Regulations</b>		February		
	<b>Business Plans</b>		February		
	<b>Highways Asset Management Plan</b>		March		



Title/Subject		Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
	Local Transport Settlement		March		
	Revenues and Benefits Policy framework 2022/23		March		
	Schools Capital Programme		April to June		
	Financial Outturn		May		
	Procurement and Contract Procedure Rules		July		
	Review of Fees and Charges Sandwell Residential Education Services Centre Charges		May – July		
	Childcare Sufficiency Report		July - September		



Title/Subject		Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
	Quarter 1 Budget Monitoring		August		
	Model Schools Pay Policy		October/November		
	Winter Service Operational Plan		October/November		
	Road Safety Plan		November		
	Quarter 2 Budget Monitoring		November		
	Council Tax Base Calculation		December		
	Business Rates Retention Estimates		December		
	Council Tax Reduction Scheme		December		



The following items set out key decisions to be taken by the Executive in private session:-

Title/Subject	Cabinet Portfolio Area	Decision Date	Reason for Exemption	List of documents to be considered
<b>Highways and Transportation Workforce Plan</b>  Contact Officer: Robin Weare  Director Borough Economy: Alice Davey/ Director Regeneration & Growth – Tony McGovern	Environment Services (Cllr Ahmed)	28 September 2022 (private item)	Information relating to the financial or business affairs of the authority	



Title/Subject	Cabinet Portfolio Area	Decision Date	Reason for Exemption	List of documents to be considered
<b>Provision of 15 new council homes at Hawes Lane, Rowley Regis</b>  Contact: Alan Martin  Director: Tony McGovern – Director of Regeneration and Growth/Gillian Douglas – Director of Housing	Housing (Cllr Padda)	28 September 2022 (private item)	Commercial sensitivity	
<b>Fair Cost of Care</b>  Contact Officer: Christine Guest  Director: Rashpal Bishop Director of Adult Social Care	Adults Social Care and Health (Cllr Hartwell)	16 November 2022	Financial or business affairs of any individual	





Title/Subject	Cabinet Portfolio Area	Decision Date	Reason for Exemption	List of documents to be considered
<b>Asset Management Strategy</b>  Contact Officer: Chris Hilton  Director: Tony McGovern, Director of Regeneration and Growth	Regeneration & Growth (Cllr Hughes)	16 November 2022 (private item)	tbc	Report  Surplus Assets List (to be annexed to Cabinet paper)  Review of the Council's Surplus Property Assets (to form part of the cabinet paper)



Title/Subject	Cabinet Portfolio Area	Decision Date	Reason for Exemption	List of documents to be considered
<b>West Bromwich Town Centre and Grove Lane Delivery Plan</b> Contact Officer: Chris Hilton Director: Tony McGovern	Regeneration & Growth (Cllr Hughes)	16 November 2022	Financial or business affairs of any individual	



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## Audit and Risk Assurance Committee Work Programme 2022/2023

Date of Meeting	Item	Responsible Officer
<b>28 June 2022</b>  <b>(Reports due 15 June)</b>	Strategic Risk Register	Narinder Phagura
	Council Improvement Plan	Kate Ashley
	Improvement Plan Risk Register	Kate Ashley
<b>21 July 2022</b>  <b>(Reports due 11 July)</b>	Counter Fraud Annual Report	Oliver Knight
	Annual Internal Audit Report 2021/22	Peter Farrow
	Auditors Annual Report 2020-21	Mark Stocks
	Directorate Risk Register – Children’s Services	Michael Jarrett

Date of Meeting	Item	Responsible Officer
<b>22 September 2022</b>  <b>(Reports due 9 September)</b>	Council Improvement Plan Update	Kate Ashley/ Rebecca Jenkins
	Improvement Plan Risk Register	Kate Ashley/Rebecca Jenkins
	Local Government and Social Care Ombudsman's Annual Report 2021/22	Neil Cox
	Audit and Risk Assurance Committee Annual Report	Chair/Peter Farrow
	Strategic Risk Register Update	Narinder Phagura
	Directorate Risk Registers (x2) – Law and Governance/Adult Social Care	Narinder Phagura in consultation with directorates.
<b>15 November 2022</b>  <b>(Reports due 2 November)</b>	Corporate Risk Management Strategy	Narinder Phagura
	Code of Corporate Governance	Surjit Tour/Elaine Newsome
	Internal Audit Update	Peter Farrow
	Council Improvement Plan Update	Kate Ashley/Rebecca Jenkins
	Improvement Plan Risk Register	Kate Ashley/Rebecca Jenkins
	Directorate Risk Registers (x2)	TBC
	Statement of Accounts 2020/21	Simone Hines/Rebecca Maher
	Internal Audit Charter	Peter Farrow

Date of Meeting	Item	Responsible Officer
<b>19 January 2023</b>  <b>(Reports due 9 January)</b>	Council Improvement Plan Update	Kate Ashley/ Rebecca Jenkins
	Directorate Risk Registers (x2)	TBC
	Counter Fraud Update	Oliver Knight
	Internal Audit Update	Peter Farrow
<b>16 March 2023</b>  <b>(Reports due 3 March)</b>	Strategic Risk Register Update	Narinder Phagura
	Council Improvement Plan Update	Kate Ashley/Rebecca Jenkins
	Directorate Risk Registers (x2)	TBC
	Internal Audit Update	Peter Farrow
	Internal Audit Plan 2023/24	Peter Farrow
	Financial Management Code Action Plan Update	Rebecca Maher
	Audit and Risk Assurance Committee Terms of Reference Review	Peter Farrow

<b>Items – date to be determined:</b>
Statement of Accounts 2021/22
Grant Thornton Updates i.e. External Audit Plan, External Audit Updates, Informing the Risk Assessment etc.
Financial Management Code
Governance Statement 2022/23
Estimates Letter for 2022/23'
Grant Thornton - Annual Audit Letter 2022/23
Review of the Constitution changes from the Governance Review – biannual update