# Improvement Plan Risk Register

## January 2023

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

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| IP1 | **Improvement Plan objectives and member / officer engagement in those objectives** <br><br> 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. | 6 (Green) | 6 (Green) | 3 (Green) | ⟷ | **Current and Ongoing Controls** <br><br> • Engagement as part of the development of the Improvement Plan - sharing themes and workstreams with staff and members <br><br> • Communications Plan implemented for governance review, CPC and Statutory Notice <br><br> • Communications Approach set out in Draft Improvement Plan <br><br> • Objectives for each Theme within the Improvement Plan identified <br><br> • Set of key messages for stakeholders in place and issued to all Directors <br><br> • Council approval of Improvement Plan <br><br> • All Member briefing held (incl. newly elected Members) <br><br> • Regular informal reporting to Cabinet in place on IP progress <br><br> • Regular Staff communications on progress of Improvement Plan <br><br> • Reporting approach to ARAC and B&CSM agreed, with quarterly report in September 22 <br><br> • Change control approach agreed to ensure updates to plan are appropriate and in line with agreed objectives <br><br> **Further Actions** <br><br> • Communications Plan delivered <br><br> • Staff and member engagement through Organisational Culture change programme | |

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| IP2 | **Programme management arrangements**<br>If appropriate programme management arrangements are not put in place then there is a risk that:<br>• The project will not be delivered to scope<br>• The required improvements will not be made within the necessary timescales<br>• The government may lose confidence in the council's ability to improve and intervention may be extended<br>• The borough's residents may lose confidence in the council ability to deliver effective services<br>• Inefficient use of limited resources<br>• Continued reputational damage | 8 (Amber) | 8 (Amber) | 4 (green) | ⟷ | **Current and Ongoing Controls**<br>• Improvement Plan approved by Council 07/06/22<br>• PMO support being provided by existing experienced resources within Service Improvement<br>• Processes around progress monitoring and change control established for Governance Improvement Plan<br>• Risk register in place and will be reported to Leadership Team monthly and Cabinet quarterly<br>• Establishment of PMO Teams Site for collation of programme documents and evidence<br>• Exception reporting format confirmed via highlight report standard template<br>• Terms of Reference for internal Improvement Plan Review Meeting updated to reflect government intervention, single Improvement Plan and assurance framework<br><br>**Further Actions**<br>• Establishment of dedicated Programme Management Office - dependent upon appointment of dedicated Corporate Performance Management posts | |
| IP3 | **Allocation of sufficient resources to project management and project delivery/ maintaining Business as Usual while delivering the Improvement plan**<br>If sufficient resources (capacity and capability) and where | 8 (Amber) | 8 (Amber) | 4 (green) | ⟷ | **Current and Ongoing Controls**<br>• PMO support being provided by existing experienced resources within Service Improvement<br>• Resource gaps / pressures associated with actions within the Improvement Plan have been identified | |

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| | 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. | | | | | • Council on 07/06/22 approved Use of Improvement & Capacity Reserve and 2021/22 underspend allocated to Improvement Plan actions<br>• Resource issues and risks associated with the Improvement Plan to reviewed monthly by Leadership Team and Register maintained<br>• Appointment of interim corporate transformation capacity to establish programme and project management governance arrangements, as well as moving forward key transformational activity<br>• Appointment of additional capacity to support delivery and implementation of key projects taken place in Asset Management, Finance, Service Improvement and Legal Services<br><br>**Further Actions**<br>• Establishment of dedicated Programme Management Office - dependent upon appointment of dedicated Corporate Performance Management posts.<br>• LT work on prioritisation to conclude to ensure that the improvement priorities are clear and resources are available to manage risk of officer fatigue and loss of motivation. | |

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| IP4 | **Project and risk governance assurance arrangements** 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 | 6 Green | 3 (green) | ⟷ | **Current and Ongoing Controls** <ul><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>Terms of Reference for internal Improvement Plan Review Meeting updated to reflect government intervention, single Improvement Plan and assurance framework including role of Scrutiny and Audit Committees.</li><li>Roles of Cabinet, Scrutiny and Audit agreed with Chairs</li><li>Quarterly reports to Cabinet, Audit and Scrutiny presented in September 2022 and November/December 2022.</li><li>Scrutiny consideration of culture theme progress in Dec 22</li><li>Review visits from GT, LGA and CIPFA held Autumn 2022. Reports received from GT and LGA and presented to Cabinet. Review report from CIPFA received Jan 23 and presented to ARAC. Due to be presented to Cabinet and Scrutiny in March.</li></ul> **Further Actions** <ul><li>Quarterly Reports to Scrutiny, Audit and Cabinet (next reports in March 2023)</li><li>CIPFA review report received</li><li>Scrutiny regular review on Culture Theme progress</li></ul> | |

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| | | | | | | • Update to Improvement Plan to reflect findings from GT, LGA, and CIPA follow-up reviews <br><br> • Consideration of external review reports by Scrutiny and Audit <br><br> • Agreement for ongoing external assurance activity | |
| IP5 | **Communication Strategy** <br><br> If a robust communications strategy is not put in place detailing how, when and what information is shared with the 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. | 8 (Amber) | 8 (Amber) | 4 (green) | ⟺ | **Current and Ongoing Controls** <br><br> • Communications Approach set out in Improvement Plan approved by Council 07/06/22 <br><br> • Key messages document for stakeholders in place <br><br> • Regular PMO/Communications meetings to ensure key messages are embedded within internal and external communications <br><br> • Regular comms with stakeholders taking place as per comms plan including incorporation in all staff briefings <br><br> **Further Actions** <br><br> • Communication with stakeholders to share details of Improvement Plan <br><br> • Recruitment to vacancy within comms structure <br><br> • Communication with stakeholders to share details of transition between KBD and SL. | |

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| IP6 | **Investment and Financial Resources**<br><br>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. | 8 (Amber) | 8 (Amber) | 8 (Amber) | ⟷ | **Current and Ongoing Controls**<br><br>• Resource gaps / pressures associated with actions within the Improvement Plan identified<br><br>• Council on 07/06/22 approved use of Improvement & Capacity Reserve and 2021/22 underspend allocated to Improvement Plan actions<br><br>• Resource issues and risks associated with the Improvement Plan reviewed monthly by Leadership Team<br><br>• Appointment of interim corporate transformation capacity to establish programme and project management governance arrangements, as well as moving forward key transformational activity<br><br>• Regular monitoring of improvement plan is in place and key milestones are being delivered<br><br>• Appointment of additional capacity to support delivery and implementation of key projects taken place in Asset Management, Finance, Service Improvement and Legal Services<br><br>**Further Actions**<br><br>• Review resource allocation to deliver the Improvement Plan and determine if there are any gaps<br><br>• Identify additional resources or reprioritise activity following identification of resource gaps | |
| IP7 | **Organisational Culture**<br><br>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 | 8 (Amber) | 8 (Amber) | 4 (green) | ⟷ | **Current and Ongoing Controls**<br><br>• Specific theme in place within Improvement Plan<br><br>• Corporate Governance Theme timescales revised to allow for additional engagement activity around Corporate Governance changes | |

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| | extended government intervention. | | | | | • Regular meetings in place between senior members and officers to develop positive working relationships and information sharing<br><br>• LGA training on officer/member relationships delivered in September 2022.<br><br>• External consultant engaged to support development of desired values and behaviours, providing independent facilitation<br><br>• Employee Engagement Survey results disseminated and discussed at DMTs and team meetings - action plans developed and monitored at LT.<br><br>• External Reviews providing assurance that organisational culture change has started to change<br><br>**Further Actions**<br><br>• Actions agreed for organisational culture theme following outcome of staff listening groups | |
| IP8 | **Impact of Covid 19 on the Project Resources**<br><br>If there is a continued impact of Covid 19 on resource availability, then this will impact the programme delivery plan. | 6 (Green) | 6 (Green) | 3 (green) | ⟷ | **Current and Ongoing Controls**<br><br>• PMO resourcing in place from within Service Improvement<br><br>• Resource gaps / pressures associated with actions within the Improvement Plan are being identified<br><br>• Regular monitoring of improvement plan is in place and key milestones are being delivered<br><br>**Further Actions**<br><br>• Single dependencies to be identified within resourcing plan | |

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| | | | | | | | |
| IP9 | **Constitutional Changes** <br> **Closure and new risk IP13 created** <br> If key governance documents and procedures (such as the Financial Regulations, Land 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. | 9 (Amber) | 3 (green) | 3 (green) | ⬆ | **Current and Ongoing Controls** <br> • Key corporate Governance Documents are being reviewed and are scheduled for approval in July 2022 and Autumn 2022 <br> • Engagement with Constitutional Working Group established as part of changes to governance arrangements <br> • Alignment of workstream with organisational culture theme through Officer participation <br> • Land and Asset Disposal Policy, Procurement & Contract Procedure Rules and Key Decision Thresholds approved by Council in July 2022 <br><br> **Further Actions** <br> • Continued engagement with Members around proposed changes <br> • Risk description to be reviewed to cover the successful implementation of changes and re-scored. | |
| IP10 | **Performance Management Framework (PMF) and Data Quality** <br><br> If a robust PMF is not put in place and appropriate quality data captured then the council will be unable to effectively | 12 (Red) | 8 (Amber) | 8 (amber) | ⬆ | **Current and Ongoing Controls** <br> • Performance Management Framework approved in April 2022 <br> • Evidence of success outlined within each of the Improvement Plan themes focusing on outcomes for each theme | |

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| | 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. | | | | | • Improvement Plan Monitoring approach approved by Council and regular monitoring in place<br>• Resources approved by Council to address staffing resources required to sustain PMF<br>• 2022/23 Quarterly Corporate Performance Report presented to Cabinet and Scrutiny (Q1 Sept/Oct 22, Q2 Dec 22/Jan 23)<br>• Residents Survey and Budget Consultation exercise conducted in Summer 2022 to feed into PMF and 2023/24 service and financial planning<br>• Process in place for monthly and quarterly monitoring at corporate level<br>• Corporate approach to consultation and engagement with residents, including regular residents survey agreed by Leadership Team.<br>• Assurance from LGA CPC Follow up Review around development of PMF<br><br>**Further Actions**<br>• Evidence framework to be produced to support IP<br>• Recruitment to dedicated Corporate Performance Management posts<br>• Development of customer experience metrics as part of Customer Journey Transformation Programme<br>• Performance Management System options appraisal and procurement to provide capability for performance management | |
| IP11 | **Continued focus and resources allocated to historic issues**<br><br>If the council does not focus on the Improvement plan and corporate plan priorities and continues to focus and allocate resources on historic issues, | 8<br>(Amber) | 4<br>(Green) | 4<br>(green) | ⬆ | **Current and Ongoing Controls**<br>• Improvement Plan contains activity to be concluded, and lessons learnt embedding from historic issues<br>• Cabinet and Leadership Team approach to historic issues | |

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| | then this will impact the timely delivery of both the Improvement Plan and Corporate Plan. | | | | | • Regular monitoring of improvement plan is in place<br>• Progress on GT recommendations specifically related to the proper functioning of Scrutiny and Audit Committees.<br>• Grant Thornton follow up review of progress against historical issues<br><br>**Further Actions**<br>• Lessons learnt framework to be introduced as part of continuous improvement plan. Lessons learnt to be collated relating to historic issues and shared across organisation<br>• Leader to confirm executive's position in relation to a further review in relation to Wragge/Cox | |
| IP12 | **Risk approach and progress monitoring (optimism bias):**<br>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) | 6 (Green) | ⇧ | **Current and Ongoing Controls**<br>• Corporate risk scoring definitions applied<br>• Definition in place for progress monitoring Red/Amber/Green progress monitoring for Improvement Plan<br>• Roles of Scrutiny and Audit confirmed<br>• Reports to Scrutiny and Audit Committees presented in September 2022<br>• PMO reviewed use of RAG ratings for consistency and to ensure that progress monitoring is presenting a realistic view and reflecting risk associated with actions as well as progress against plans (September 2022).<br>• GT, LGA, and CIPFA follow up reviews provide assurance<br><br>**Further Actions**<br>• External Reviews to provide assurance | |

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| IP13 | **New risk added**<br><br>**Constitutional Changes**<br><br>**If key governance changes (agreed during 2022) are not embedded throughout the organisation and put into practice, then opportunities will be missed, progress will be limited, and there may be non-compliance with council processes.** | New Risk | 9 (Red) | 6 (Green) | | **Current and Ongoing Controls**<br>• Alignment of workstream with organisational culture theme through Officer participation<br>• Revised set of guidance and templates in place to support the changes made around key decisions<br>• First round of training delivered to budget holders and procurement card holders in relation to spend thresholds and procurements processes.<br>• New Scrutiny Handbook launched<br>• New EIA guidance issued for decision-making<br>• Sub-delegation schemes developed with Directors<br><br>**Further Actions**<br>• Governance Review Phase 2 to be scoped and workstream plans created to embed the constitutional changes (Corporate Governance Development Programme)<br>• Implement Phase 2 of Mod.Gov<br>• Refresh the Member Development Plan<br>• Develop a programme of learning for Officers around effective-decision making<br>• Review decision-making arrangements (e.g. Forward Plan, report sign-off etc.) | |