

## Audit and Standards Committee – 24<sup>th</sup> April 2024

## **Report of the Director of Finance and Legal Services**

## **Risk Management Report**

## <u>Purpose</u>

- To discuss the risks reported to Strategic Executive Board (SEB) and the status allocated by the Risk Owner as at the 31<sup>st</sup> December 2023 (end of Quarter 3).
- 2. To discuss other risks for possible inclusion on the SEB Risk Report.

## **Recommendations**

- 3. It is recommended that Audit and Standards Committee:
  - Notes and comments on the risks detailed in paragraphs 4 and 8.
  - Identifies any additional risks that it considers should form part of the SEB Risk Report.
  - Identifies a risk for detailed scrutiny at the December 2024 meeting of this Committee.

## **Background**

## Current SEB Risks

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4. The risk ratings listed below have been scored by the Risk Owner in accordance with the Likelihood and Impact definitions in the Risk Management Framework. Full details of the Very High Net risks included in the SEB Risk Report are included at **Appendix B**.

Working as One Council in

the historic capital of the Black Country

| #   | Risk Event / Responsible Org Unit   | Gross | Net | Target |
|-----|---|-------|-----|--------|
| 1   | R.398 "SEB: Failure to comply with HR related   | 20    | 8   | 8      |
| -   | legislative requirements."  |       | -   |        |
|     | Chief Executive's   |       |     |        |
| Rev | viewed: 09/02/2017  |       |     |        |
| 2   | R.399 "SEB: The inability to recruit and retain staff   | 25    | 16  | 8      |
|     | particularly in professional areas where there is a   |       |     |        |
|     | national shortage of skills and expertise."<br>Chief Executive's  |       |     |        |
| Rev | /iewed: 05/12/2022  |       |     |        |
| 3   | R.401 "SEB: Failure to adhere to the Equality Act 2010  | 20    | 9   | 4      |
| 0   | and Public Sector Equality Duty."   | 20    | Ŭ   | -      |
|     | Chief Executive's   |       |     |        |
| Rev | /iewed: N/A   |       |     |        |
| 4   | R.419 "SEB: Lack of oversight of programmes and   | 25    | 20  | 8      |
|     | projects across the Council, with no assurance and  |       |     |        |
|     | monitoring of progress against time, cost and quality."   |       |     |        |
| Po  | Chief Executive's /iewed: N/A   |       |     |        |
| 5   | R.608 "SEB: Potential for DMBC to fail to deliver the Fit   | 20    | 15  | 5      |
| 5   | for the Future Programme and benefits."   | 20    | 15  | 5      |
|     | Chief Executive's   |       |     |        |
| Rev | /iewed: N/A   |       |     |        |
| 6   | R.410 "SEB: Failure to identify and protect adults in   | 25    | 15  | 15     |
|     | positions of vulnerability from harm and serious abuse  |       |     |        |
|     | as required by the Care Act 2014."  |       |     |        |
| Dee | Directorate of Adult Social Care  |       |     |        |
|     | viewed: 07/12/2020  | 0.5   | 4.5 | 4.5    |
| 7   | R.411 "SEB: Failure to identify and protect children in   | 25    | 15  | 15     |
|     | positions of vulnerability as required under legislation."<br>Directorate of Children's Services              |       |     |        |
| Rev | /iewed: 23/05/2021  |       |     |        |
| 8   | R.402 "SEB: A major external information security   | 25    | 12  | 8      |
|     | breach takes place resulting in the loss/disclosure of a  |       |     |        |
|     | substantial amount of personal information or a   |       |     |        |
|     | ransomware attack."   |       |     |        |
| Der | Directorate of Digital, Customer & Commercial Services  |       |     |        |
|     | viewed: 15/04/2022  | 20    | 10  |        |
| 9   | R.404 "SEB: Failure to demonstrate compliance with<br>Contract Standing Orders/Procurement legislation."      | 20    | 16  | 9      |
|     | Directorate of Digital, Customer & Commercial Services  |       |     |        |
| Rev | /iewed: 20/04/2023  |       |     |        |
| 10  | R.405 "SEB: Contracts are not managed effectively."<br>Directorate of Digital, Customer & Commercial Services | 20    | 16  | 9      |
| Rev | /iewed: N/A   |       |     |        |
| 11  | R.414 "SEB: Failure to meet the targets for carbon  | 25    | 16  | 5      |
| • • | reduction in all aspects of the Council's operation is  |       |     |        |
|     |   |       |     |        |

| #   | Risk Event / Responsible Org Unit   | Gross | Net | Targe |
|-----|---|-------|-----|-------|
|     | commitment to the environment."<br>Directorate of Environment   |       |     |       |
| Rev | viewed: N/A   |       |     |       |
| 12  | R.392 "SEB: The Council is unable to meet its<br>commitments to deliver services (including those funded<br>from ringfenced funds) because annual income is<br>insufficient and reserves have been fully depleted,<br>triggering a requirement to issue a Section 114 notice."<br>Directorate of Finance & Legal Services | 25    | 25  | 10    |
| Rev | viewed: 26/07/2017  |       |     |       |
| 13  | R.393 "SEB: Do not deliver the appropriate and timely<br>support to our residents in cases where they are<br>experiencing increased hardship."<br>Directorate of Finance & Legal Services   | 20    | 12  | 12    |
| Rev | viewed: 21/04/2021  |       |     | •     |
| 14  | R.394 "SEB: Major fraud against the Council."<br>Directorate of Finance & Legal Services  | 15    | 10  | 5     |
| Rev | viewed: 15/04/2015  |       |     |       |
| 15  | R.395 "SEB: Death, injury or ill health of Council staff,<br>Members, service users and visitors when attending<br>Council premise and/or Council staff undertaking their<br>normal role."<br>Directorate of Finance & Legal Services   | 25    | 10  | 10    |
| Rev | viewed: 20/09/2021  |       |     |       |
| 16  | R.396 "SEB: Failure to comply with the requirements of<br>the UK General Data Protection Regulation tailored by<br>the Data Protection Act 2018 and associated<br>legislation."   | 15    | 6   | 6     |
| Day | Directorate of Finance & Legal Services /iewed: 09/12/2014  |       |     |       |
| 17  | R.589 "SEB: Breach of the Homes Standard regarding building safety and compliance. "  | 25    | 15  | 4     |
| Des | Directorate of Housing & Communities /iewed: N/A  |       |     |       |
| 18  | R.406 "SEB: The Council does not respond effectively<br>and recover quickly from major incidents."<br>Directorate of Public Health & Wellbeing  | 20    | 12  | 9     |
| Rev | viewed: 21/12/2017  |       |     |       |
| 19  | R.408 "SEB: Failure to seize the opportunities and<br>exploit the benefits that are envisaged from the huge<br>regeneration programme investment that impacts on the<br>council's vision for 2030."<br>Directorate of Regeneration & Enterprise   | 25    | 20  | 10    |
| Rev | viewed: 6/12/2023   |       |     |       |
| 20  | R.607 "ASC LT: There is a risk of non-compliance with the CQC inspection assessment framework."   | 25    | 25  | 16    |

5. The graph below shows a comparison of the Gross, Net and Target risk ratings against the Council's acknowledged risk appetite:

| R.392 "SEB: The Council is unable to meet its commitments to deliver services<br>(including those funded from ringfenced funds) because annual income is<br>insufficient and reserves have been fully depleted, triggering a requirement to<br>issue a Section 114 notice." |               |
|---|---------------|
| R.607 "ASC LT: There is a risk of non-compliance with the CQC inspection<br>assessment framework."  |               |
| R.408 "SEB: Failure to seize the opportunities and exploit the benefits that are<br>envisaged from the huge regeneration programme investment that impacts on<br>the council's vision for 2030."  |               |
| R.419 "SEB: Lack of oversight of programmes and projects across the Council,<br>with no assurance and monitoring of progress against time, cost and quality."   |               |
| R.399 "SEB: The inability to recruit and retain staff particularly in professional<br>areas where there is a national shortage of skills and expertise."  |               |
| R.404 "SEB: Failure to demonstrate compliance with Contract Standing<br>Orders/Procurement legislation."  |               |
| R.405 "SEB: Contracts are not managed effectively."   |               |
| R.414 "SEB: Failure to meet the targets for carbon reduction in all aspects of<br>the Council's operation is seen not to be in accordance with the Council's<br>commitment to the environment."   |               |
| R.410 "SEB: Failure to identify and protect adults in positions of vulnerability<br>from harm and serious abuse as required by the Care Act 2014."  |               |
| R.411 "SEB: Failure to identify and protect children in positions of vulnerability<br>as required under legislation."   |               |
| R.589 "SEB: Breach of the Homes Standard regarding building safety and<br>compliance."  |               |
| R.608 "SEB: Potential for DMBC to fail to deliver the Fit for the Future<br>Programme and benefits."  |               |
| R.393 "SEB: Do not deliver the appropriate and timely support to our residents<br>in cases where they are experiencing increased hardship."   |               |
| R.402 "SEB: A major external information security breach takes place resulting<br>in the loss/disclosure of a substantial amount of personal information or a<br>ransomware attack."  |               |
| R.406 "SEB: The Council does not respond effectively and recover quickly from<br>major incidents."  |               |
| R.394 "SEB: Major fraud against the Council."   |               |
| R.395 "SEB: Death, injury or ill health of Council staff, Members, service users<br>and visitors when attending Council premise and/or Council staff undertaking<br>their normal role."   |               |
| R.401 "SEB: Failure to adhere to the Equality Act 2010 and Public Sector<br>Equality Duty."   |               |
| R.398 "SEB: Failure to comply with HR related legislative requirements."  |               |
| R.396 "SEB: Failure to comply with the requirements of the UK General Data<br>Protection Regulation tailored by the Data Protection Act 2018 and associated<br>legislation."  |               |
| Gross Current Net Target Risk Appetite  | 5 10 15 20 25 |

- 6. The table at paragraph 4 above shows the following:
  - There are 18 risks rated Very High at the Gross level.
  - There are 4 risks rated Very High at the Net level. The 4 risks are:
    - R.392 (budget)
    - R.408 (regeneration benefits)
    - R.419 (programme management)
    - R.607 (non-compliance with CQC inspection framework)
  - There are 14 risks where the Net level is above the Target level.
- 7. Since the last risk management report to Audit and Standards Committee R.607 "There is a risk of non-compliance with the CQC inspection assessment framework" has been added to the SEB Risk Report. Also, Strategic Executive Board decided to merge R.580 (funding for the proposed METRO route) with R.408 (regeneration benefits).

## **Directorate Risks**

8. The Risk Management Framework also requires that all directorate Net risks rated Very High are also notified to Strategic Executive Board and Audit and Standards Committee. Full details of the Very High Net risks included on Directorate reports are included at **Appendix C.** 

Very High (20-25) High (12-19) Medium (5-11) Low (1-4)

| # | Risk Event / Responsible Org Unit  | Gross | Net | Target |
|---|--|-------|-----|--------|
| 1 | R.606 "ASC LT: ASC Budgets. There is a risk that there<br>is insufficient budget to meet Care Act requirements."<br>Directorate of Adult Social Care                             | 25    | 25  | 9      |
| 2 | R.605 "Disability: Care Act Compliance. There is a risk<br>that we are not reducing the total quantum of risk to be<br>Care Act compliant."<br>Directorate of Adult Social Care  | 25    | 25  | 9      |
| 3 | R.559 "Children's Social Care: We cannot manage the cost of placements within the current budget." Directorate of Children's Services  | 20    | 20  | 8      |
| 4 | R.452 "Revenues and Benefits: Failure to secure ICT<br>resources to deliver efficient and effective Revenue and<br>Benefit Services."<br>Directorate of Finance & Legal Services | 20    | 20  | 4      |
| 5 | R.590 "Housing: Failure to maintain the quality of existing<br>housing stock, in line with Decent Homes and housing<br>health and safety rating system (HHSRS) regulatory        | 25    | 20  | 6      |

| # | Risk Event / Responsible Org Unit   | Gross | Net | Target |
|---|---|-------|-----|--------|
|   | requirements."<br>Directorate of Housing & Communities  |       |     |        |
| 6 | R.553 "Planning: The Building Control service is unable<br>to comply with the requirements of the new Building<br>Safety Bill."<br>Directorate of Regeneration & Enterprise | 25    | 25  | 9      |

## **Risk Reporting**

- 9. All risks that are rated Very High (Net) are above the Council's risk appetite, are generally unacceptable and where it is possible to manage the risk down to acceptable levels, immediate action should be taken. **Appendix A** shows for the risks that are currently rated Very High at the Net level, the ratings for the previous quarters. This shows there are a number of risks where the rating has not changed in 3 or more quarters.
- 10. Further work is to be undertaken with Directors and Heads of Service in relation to assurance received against their risks. This information will then be incorporated into future risk management reports to SEB and Audit and Standards Committee.
- 11. Audit and Standards Committee at its meeting of the 6<sup>th</sup> December 2023 selected risk R.392 "*The Council is unable to meet its commitments to deliver services (including those funded from ringfenced funds) because annual income is insufficient and reserves have been fully depleted, triggering a requirement to issue a Section 114 notice*" for detailed scrutiny at its 24<sup>th</sup> April 2024 meeting.

## <u>Finance</u>

12. There are no direct financial implications arising from this report.

## <u>Law</u>

13. The Accounts and Audit Regulations 2015 require each relevant authority to have a sound system of internal control which includes effective arrangements for the management of risk.

## Risk Management

14. This report does not create any new risks. Although, new risks are put forward for consideration for inclusion on the SEB Risk Report.

## Equality Impact

- 15. This report does not raise any equality issues.
- 16. An effective risk management framework will help protect the interests of children and young people, albeit they were not consulted on, or involved, with the development of this report.

## Human Resources/Organisational Development

17. The lack of sufficient and appropriate resources within Audit and Risk Management Services is affecting its ability to support the embedding of the Risk Management Framework.

## **Commercial/Procurement**

18. There are no commercial/procurement considerations relating to this report.

## **Environment/Climate Change**

19. There are no direct environmental implications within this report impacting on the Council's work to address Climate Change and achieve our Net Zero target by 2030. However, a risk has been identified in relation to climate change.

## **Council Priorities and Projects**

20. An effective risk management framework will help to ensure that Council priorities are met.

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## **Background Documents**

Appendix A – Very High Net Risks – Movement in Rating Appendix B – Risks included on the SEB Risk Report that are rated Very High (Net) Appendix C – Directorate risks rated Very High (Net)

## APPENDIX A Very High Net Risks – Movement in Rating

| Risk Event  | Inherent<br>Score<br>(Gross) | Target<br>Score    | Jan-Mar<br>Score<br>(Net) | Apr-Jun<br>Score<br>(Net) | Jul-Sep<br>Score<br>(Net) | Oct-Dec<br>Score<br>(Net) |
|---|------------------------------|--------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| [1] R.419 "SEB:<br>Lack of oversight<br>of programmes<br>and projects<br>across the<br>Council, with no<br>assurance and<br>monitoring of<br>progress against<br>time, cost and<br>quality."<br>Risk Owner: Head of<br>Chief Executives<br>Office | <b>25</b><br>Very High       | 8<br>Medium        | <b>20</b><br>Very<br>High | <b>20</b><br>Very<br>High | <b>20</b><br>Very<br>High | <b>20</b><br>Very<br>High |
| [2] R.606 "ASC<br>LT: ASC<br>Budgets. There is<br>a risk that there<br>is insufficient<br>budget to meet<br>Care Act<br>requirements."<br>Risk Owner: Director<br>of Adult Social Care  | <b>25</b><br>Very High       | <b>9</b><br>Medium | New                       | New                       | <b>25</b><br>Very<br>High | <b>25</b><br>Very<br>High |
| [3] R.607 "ASC<br>LT: There is a<br>risk of non-<br>compliance with<br>the CQC<br>inspection<br>assessment<br>framework."<br>Risk Owner: Director<br>of Adult Social Care   | <b>25</b><br>Very High       | <b>16</b><br>High  | New                       | New                       | <b>25</b><br>Very<br>High | <b>25</b><br>Very<br>High |
| [4] R.605<br>"Disability: Care<br>Act Compliance.<br>There is a risk<br>that we are not<br>reducing the total<br>quantum of risk<br>to be care act<br>compliant."<br>Risk Owner: Director<br>of Adult Social Care                                 | <b>25</b><br>Very High       | 9<br>Medium        | New                       | New                       | <b>25</b><br>Very<br>High | <b>25</b><br>Very<br>High |

| Risk Event   | Inherent<br>Score<br>(Gross) | Target<br>Score     | Jan-Mar<br>Score<br>(Net) | Apr-Jun<br>Score<br>(Net) | Jul-Sep<br>Score<br>(Net) | Oct-Dec<br>Score<br>(Net) |
|--|------------------------------|---------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| [5] R.559<br>"Children's<br>Social Care: We<br>cannot manage<br>the cost of<br>placements<br>within the current<br>budget."<br>Risk Owner: Service<br>Director of Children's<br>Social Care  | <b>20</b><br>Very High       | 8<br>Medium         | <b>16</b><br>High         | <b>16</b><br>High         | <b>20</b><br>Very<br>High | <b>20</b><br>Very<br>High |
| [6] R.452<br>"Revenues &<br>Benefits: Failure<br>to secure ICT<br>resources to<br>deliver efficient<br>and effective<br>Revenue and<br>Benefit<br>Services."<br>Risk Owner: Head of<br>Revenue & Benefit<br>Services   | 20<br>Very High              | <b>4</b><br>Low     | <b>16</b><br>High         | 20<br>Very<br>High        | <b>20</b><br>Very<br>High | 20<br>Very<br>High        |
| [7] R.392 "SEB:<br>The Council is<br>unable to meet<br>its commitments<br>to deliver<br>services<br>(including those<br>funded from<br>ringfenced<br>funds) because<br>annual income is<br>insufficient and<br>reserves have<br>been fully<br>depleted,<br>triggering a<br>requirement to<br>issue a Section<br>114 notice." | <b>25</b><br>Very High       | <b>10</b><br>Medium | <b>20</b><br>Very<br>High | <b>25</b><br>Very<br>High | <b>25</b><br>Very<br>High | <b>25</b><br>Very<br>High |

| Risk Event   | Inherent<br>Score<br>(Gross) | Target<br>Score     | Jan-Mar<br>Score<br>(Net) | Apr-Jun<br>Score<br>(Net) | Jul-Sep<br>Score<br>(Net) | Oct-Dec<br>Score<br>(Net) |
|--|------------------------------|---------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Risk Owner: Director<br>of Finance & Legal<br>Services   |                              |                     |                           |                           |                           |                           |
| [8] R.590<br>"Housing: Failure<br>to maintain the<br>quality of<br>existing housing<br>stock, in line with<br>Decent Homes<br>and housing<br>health and safety<br>rating system<br>(HHSRS)<br>regulatory<br>requirements."<br>Risk Owner: Lead -<br>Compliance & Building<br>Safety            | 25<br>Very High              | <b>6</b><br>Medium  | New                       | <b>25</b><br>Very<br>High | 20<br>Very<br>High        | 20<br>Very<br>High        |
| [9] R.553<br>"Planning: The<br>Building Control<br>service is unable<br>to comply with<br>the requirements<br>of the new<br>Building Safety<br>Bill."<br>Risk Owner: Head of<br>Planning   | <b>25</b><br>Very High       | <b>9</b><br>Medium  | <b>20</b><br>Very<br>High | <b>20</b><br>Very<br>High | <b>20</b><br>Very<br>High | <b>25</b><br>Very<br>High |
| [10] R.408 "SEB:<br>Failure to seize<br>the opportunities<br>and exploit the<br>benefits that are<br>envisaged from<br>the huge<br>regeneration<br>programme<br>investment that<br>impacts on the<br>council's vision<br>for 2030."<br>Risk Owner: Director<br>of Regeneration &<br>Enterprise | <b>25</b><br>Very High       | <b>10</b><br>Medium | <b>20</b><br>Very<br>High | <b>20</b><br>Very<br>High | <b>20</b><br>Very<br>High | <b>20</b><br>Very<br>High |

## APPENDIX B SEB Very High Net Risks

## [1] R.419 "SEB: Lack of oversight of programmes and projects across the Council, with no assurance and monitoring of progress against time, cost and quality."

**Risk Owner: Head of Chief Executives Office** 

## Cause(s) of Risk

• No centralised corporate PMO function for effective Programme/ Project Governance which is tailored to the Council and its specific needs when driving change. • Absence of a standardised corporate approach to Programme/Project governance and assurance. • Independent / SILO resource allocation and monitoring of programmes and projects without holistic prioritisation against the Corporate strategic needs. • Learning from change activity is not consistently undertaken and/or not shared. • Shortage of PM skillset and/or experience across the Council.

## Consequence(s) of Risk

Absence of a holistic corporate view of change activity across the Council with no transparency of major programmes/ projects / change activity.
Programmes and projects are not aligned to the Corporate Strategy and associated business plans.
Lack of objective and transparent prioritisation of programmes/ projects leading to potential duplication of effort, inability to prioritise resource and/or poor investment justification.
Objectives of programmes/projects are not delivered or monitored effectively.
Success criteria is not defined therefore, programmes/projects are not delivered to time/ budget and/ or quality.
Without shared learning, mistakes are repeated and/or best practise not shared corporately or consistently.

| Inherent Score<br>(Gross) | Target Score           | Previous Score<br>(Net) | Current Score<br>(Net) | Direction |
|---------------------------|------------------------|-------------------------|------------------------|-----------|
| <b>25: Very High</b>      | <b>8: Medium</b>       | <b>20: Very High</b>    | <b>20: Very High</b>   | SAME      |
| Likelihood: (5)           | Likelihood: (2)        | Likelihood: (4) Very    | Likelihood: (4) Very   |           |
| Extremely Likely ×        | Unlikely × Impact: (4) | Likely × Impact: (5)    | Likely × Impact: (5)   |           |
| Impact: (5) Severe        | Significant            | Severe                  | Severe                 |           |

## Latest Risk Status Update (01/10/2023 to 31/12/2023)

Status: The Corporate PMO are continuing the rollout and embedding of the "One" Council Approach" to Project Management, supported by the Project Management Framework, Project Portal, Toolkit and "Agents for Change" Project Network, through: • Continuing to work and support Directorates with Framework and Portal rollout, with over 100 colleagues across the Council trained this quarter. • "Agents for Change" project management event in October including sessions on framework/portal updates, commercial, risk management and quality updates. 89% rated the event as good or excellent. Next session planned in January. • Back2Basics Project and Change Management training developed and launched; 6 sessions held with an average rating of 4.64 out of 5 stars with 88 participants. Further training booking in 2024. • The Framework and the "One Council" project management approach eLearning has been developed and launched as part of the new "Dudley Manager" corporate induction pathway on Thrive. A "Project Management Overview" pathway is planned for next quarter. • Monthly project highlight reporting is being developed to be introduced next guarter for all major and directorate led projects through the portal and with upward SEB dashboard reporting. • Next guarter CPMO to continue to support to the Council to reduce the s114 risk by providing a baseline of all current projects and programmes, gathering key criteria information to feed the stop, start continue process to define the Change Portfolio

24/25.

• Entered by: Andrea Petkevicius, 14/02/2024

Mitigating Actions to Progress

Intended to help achieve the Target Score. They should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

**A.3857 Develop, embed and promote the PMO as of a 'centre of excellence'** Responsible Officer: Head of Chief Executives Office. Start Date: 01/01/2022. End Date: 01/01/2099.

Status: ONTARGET (01/10/2023 to 31/12/2023)

Progress: The Corporate PMO have been working to rollout, embed the Framework, Portal and toolkit through training, support and guidance to officers across the Council as detailed in the other mitigating actions. This quarter: - over 100 people have been trained on the portal & framework - 88 have received in person Back2Basics project and change management training - "One Council (CPMO) Approach" to project management now forms part of the new corporate Dudley Manager. - Agents for Change Project Management: membership now up to 200 officers. Network event took place in October with sessions including the Role of Commercial from the Head of Commercial, Project Risk Management from the Head of Risk and Audit & the CPMO Team and importance of quality updates from CPMO.

Entered by: Andrea Petkevicius, 14/02/2024

**A.3853 Development of a centralised PMO function – stakeholder engagement.** Responsible Officer: Head of Chief Executives Office. Start Date: 01/01/2022. End Date: 01/01/2099.

Status: ONTARGET (01/10/2023 to 31/12/2023)

Progress: The CPMO is now established and continues to work with key stakeholders across the Council to embed the new "one council" approach to project management as launched in June 2023 (Q1). Stakeholder engagement this quarter has included: - Agents for Change Project Management Network: membership is now up to 200 officers. Network event took place in October. - Over 100 officers trained on the Framework and Portal - 88 officers trained on Back2Basics Project and Change Management. See A.3854, A.3855 and A.3856 for further details.

Entered by: Andrea Petkevicius, 14/02/2024

A.3854 Development, approval and launch of the use of a tailored Programme/ project Management Framework

Responsible Officer: Head of Chief Executives Office. Start Date: 01/01/2022. End Date: 01/01/2099.

Status: ONTARGET (01/10/2023 to 31/12/2023)

Progress: Project Management Framework – following the launch in quarter one work is now underway to embed and review as detailed in A3855. The CPMO have been developing the Programme Management Framework and have now started to build the 'Programme stage' in the Project Portal.

Entered by: Andrea Petkevicius, 13/02/2024

A.3858 PMO function sharing best practice

Responsible Officer: Head of Chief Executives Office. Start Date: 01/01/2022. End Date: 01/01/2099.

Status: ONTARGET (01/10/2023 to 31/12/2023)

Progress: The latest best practice, including lessons learnt, is available across the Council via the CPMO sharepoint. "Agents for Change" Project Management Network for sharing best practise and peer support is now well established with membership of 200 officers. Network event took place in October, next event scheduled for January. Training this quarter included: - Over 100 officers trained on the Framework and Portal - 88 officers trained on Back2Basics Project and Change Management.

Entered by: Andrea Petkevicius, 14/02/2024

# A.3855 Review that the Programme/ Project Management Framework is in place and embedded across the Council.

Responsible Officer: Head of Chief Executives Office. Start Date: 01/01/2022. End Date: 01/01/2099.

Status: ONTARGET (01/10/2023 to 31/12/2023)

 Progress: The Corporate PMO have been working to rollout and embed the new processes through: • Continued to work with and support Directorates with Framework rollout, with over 100 colleagues from across the Council trained. • Hosted "Agents for Change" project management event in October including sessions on

framework/portal updates, commercial, risk management and quality updates. 89% rated the event good or excellent. • Back2Basics Project and Change Management training developed and launched, 6 sessions held with an average rating of 4.64 out of 5 stars of 88 attendees. • The Framework and the "one Council" project management approach eLearning has been developed and launched as part of the new "Dudley Manager" induction pathway on Thrive. Next Quarter: • Support the Council to reduce the s114 risk by providing a baseline of all current projects and programmes, gathering key criteria information to feed the stop, start continue process to define the Change Portfolio 24/25. • Agents for Change Project Management network event in January • Back2Basics Project and Change management - further face to face sessions and development of an on demand version. • Develop and launch monthly highlight project reporting for all Major and Directorate led projects – monthly dashboard for SEB.

Entered by: Andrea Petkevicius, 14/02/2024

A.3856 Review the market for a PM tool to support the new approach and framework. Develop, launch and roll-out.

Responsible Officer: Head of Chief Executives Office. Start Date: 01/01/2022. End Date: 01/01/2099.

Status: ONTARGET (01/10/2023 to 31/12/2023)

Progress: Following the launch of the Dudley Project Portal at the Agents for changed Network as planned in June 2023 (Q1), work has progressed to rollout the Portal across the Council. - Over 100 officers from across the Council trained -Improvements from pilot feedback have been developed and launched - Portal "how to" videos created and published. Next Quarter: - Develop 'single point of truth' reporting dashboard with insights gathered from the Dudley Project Portal. This will support the stop, start continue exercise for defining the Change Portfolio 24/25. -Develop and launch monthly highlight project reporting within the Project Portal, with Dashboard reporting for SEB. - Develop and deliver enhance reporting capabilities utilising Power BI dashboard capabilities.

Entered by: Andrea Petkevicius, 14/02/2024

## **Mitigating Actions in Place**

1) Early engagement with Programme and Project Managers to understand current governance and assurance measures in place

2) Renewed licence with TMI for the VERTO project management tool.

3) Commenced the recruitment process for a Corporate Programme Manager

[2] R.392 "SEB: The Council is unable to meet its commitments to deliver services (including those funded from ringfenced funds) because annual income is insufficient and reserves have been fully depleted, triggering a requirement to issue a Section 114 notice." Risk Owner: Director of Finance & Legal Services

## Cause(s) of Risk

Demand for certain statutory services continues to increase e.g. Adult Social Care and Looked after Children which is not met by increased government funding and/or the inability to raise council tax above a certain level.

## Consequence(s) of Risk

Services are not delivered as required and government intervention.

| Inherent Score<br>(Gross) | Target Score           | Previous Score<br>(Net) | Current Score<br>(Net) | Direction |
|---------------------------|------------------------|-------------------------|------------------------|-----------|
| <b>25: Very High</b>      | <b>10: Medium</b>      | <b>25: Very High</b>    | <b>25: Very High</b>   | SAME      |
| Likelihood: (5)           | Likelihood: (2)        | Likelihood: (5)         | Likelihood: (5)        |           |
| Extremely Likely ×        | Unlikely × Impact: (5) | Extremely Likely ×      | Extremely Likely ×     |           |
| Impact: (5) Severe        | Severe                 | Impact: (5) Severe      | Impact: (5) Severe     |           |

Latest Risk Status Update (01/10/2023 to 31/12/2023)

 Status: The Annual Auditor's Report confirmed significant weakness in Financial Sustainability. The External Auditor followed this up with Statutory

Recommendations. Cabinet on 11th January decided to override spending controls to let a contract for a new school.

Entered by: Iain Newman, 29/02/2024

## **Mitigating Actions to Progress**

Intended to help achieve the Target Score. They should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

A.5608 Restore proper budgetary decision making in line with the annual timetable and consideration of the Council's financial position.

Responsible Officer: Director of Finance & Legal Services. Start Date: 03/08/2023. End Date: 31/03/2024.

- Status: COMPLETED (01/10/2023 to 31/12/2023)
- Progress: Though delayed to 11th January
- Entered by: Iain Newman, 29/02/2024

# A.5663 Spending controls with defined exceptions to be approved by the Internal Delivery Group. To be maintained until unringfenced reserves rise back to 20% of spend.

Responsible Officer: Director of Finance & Legal Services. Start Date: 26/10/2023. End Date: 30/06/2025.

- Status: ONTARGET (01/10/2023 to 31/12/2023)
- Progress: Further review planned for 20th March.
- Entered by: Iain Newman, 29/02/2024

**A.5682** The Improvement and Assurance Board and Improvement and Assurance **Plan ("Fit for the Future") have a strong focus on financial sustainability.** Responsible Officer: Contractor - Programme Manager. Start Date: 01/11/2023. End Date: 30/06/2025.

- Status: ONTARGET (01/10/2023 to 31/12/2023)
- Progress: New action.
- Entered by: Stuart Denyer, 20/03/2024

## Mitigating Actions in Place

1) Regular reviews are undertaken to ensure statutory services/all services are delivered as efficiently and effectively as possible.

2) The Council has made representations to the government on how funding is allocated.

3) Council Tax is raised by the maximum percentage possible.

4) Regular reports to Council, Cabinet, Scrutiny Committee, Audit and Standards Committee on budget management.

5) All directorates are required to identify savings.

# [3] R.408 "SEB: Failure to seize the opportunities and exploit the benefits that are envisaged from the huge regeneration programme investment that impacts on the council's vision for 2030." Risk Owner: Director of Regeneration & Enterprise

## Cause(s) of Risk

Due to a lack of a strategic approach, ineffective governance and insufficient resources.

## Consequence(s) of Risk

Unfulfilled economic prosperity and social benefits.

| Inherent Score<br>(Gross) | Target Score           | Previous Score<br>(Net) | Current Score<br>(Net) | Direction |
|---------------------------|------------------------|-------------------------|------------------------|-----------|
| <b>25: Very High</b>      | <b>10: Medium</b>      | <b>20: Very High</b>    | <b>20: Very High</b>   | SAME      |
| Likelihood: (5)           | Likelihood: (2)        | Likelihood: (4) Very    | Likelihood: (4) Very   |           |
| Extremely Likely ×        | Unlikely × Impact: (5) | Likely × Impact: (5)    | Likely × Impact: (5)   |           |
| Impact: (5) Severe        | Severe                 | Severe                  | Severe                 |           |

Latest Risk Status Update (01/10/2023 to 31/12/2023)

 Status: The number of affecting factors previously reported continue to have an effect. Economic Regeneration Strategy is being drafted (Draft received and targeting March 2024 cabinet for approval) and aligned action plan will assist in mitigating.
 Review of governance arrangements completed and being implemented. Impact of new bid awards needs to be reflected.

Entered by: Helen Martin, 30/01/2024

## **Mitigating Actions to Progress**

Intended to help achieve the Target Score. They should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

A.3838 A bid has been made for additional resources to support the regeneration programme.

Responsible Officer: Director of Regeneration & Enterprise. Start Date: 01/01/2022. End Date: 01/01/2099.

Status: BEHIND (01/10/2023 to 31/12/2023)

Progress: Work is underway via Regeneration Strategy work to map the level of resource required to match the programme. Given budget constraints the council cannot fund further posts. Where possible additional posts will be capitalised as part of project deliver funded by grant awards. Conversations also being held with WMCA and HE to ascertain if they can fund.

Entered by: Helen Martin, 30/01/2024

A.3840 A review of resources is to be undertaken to align where possible to the needs of the regeneration programme.

Responsible Officer: Director of Regeneration & Enterprise. Start Date: 01/01/2022. End Date: 01/01/2099.

Status: ONTARGET (01/10/2023 to 31/12/2023)

Progress: Workshop with SQW held W/C 29th Jan 2024 to go through draft strategy and action plan. Final draft in production and Cabinet March 2024 for approval.

Entered by: Helen Martin, 30/01/2024

A.3837 Creation of a clear regeneration statement/plan on a page on the vision for the borough, linked to the Council Plan and local plan to show that activity is aligned. The statement will clearly show the benefits expected from the regeneration programme.

Responsible Officer: Director of Regeneration & Enterprise. Start Date: 01/01/2022. End Date: 01/01/2099.

- Status: ONTARGET (01/10/2023 to 31/12/2023)
- Progress: Workshop with SQW held W/C 29th Jan 2024 to go through draft strategy

and action plan. Final draft in production and Cabinet March 2024 for approval.

Entered by: Helen Martin, 30/01/2024

A.3839 Town Fund Boards that include key external stakeholders are to be set up in each of the major towns (already set up in Dudley and Brierley Hill). These will act as a consultation and communication forum.

Responsible Officer: Director of Regeneration & Enterprise. Start Date: 01/01/2022. End Date: 01/01/2099.

Status: ONTARGET (01/10/2023 to 31/12/2023)

 Progress: Boards are established in Dudley, Brierley Hill and Halesowen (emerging). As and when required a board will be established for Lye/Stourbridge.
 Draft Project Plan now drafted. Longer Term Town Deal for Dudley announced on 8th October (£20m over 10 years). Working through the guidance and developing a plan.
 This will require amendments to the existing Towns Board and Town Investment Plan.
 LUF bids for Brierley Hill and Halesowen announced November 2023.

• Entered by: Helen Martin, 30/01/2024

A.5684 The proposed METRO route between Dudley Town Centre and Brierley Hill is vital to the success of a number of regeneration bids. Currently there is a concern on how the route is to be funded. The Director of R & E is in discussion with the WMCA on how.

Responsible Officer: Director of Regeneration & Enterprise. Start Date: 01/04/2024. End Date: 31/12/2024.

Status: BEHIND (01/01/2024 to 31/03/2024)

Progress: WMCA have announced that Phase 2 is "fully funded" via budget announcements, realignment of HS2 funds and CRSTS. Still requires clarity and would be subject to business case approval. £15m shortfall and potential assumption DMBC will fund this. No formal approval for this.

Entered by: Graham Harrison, 01/04/2024

## **Mitigating Actions in Place**

1) Robust governance process has been established with regular reporting on regeneration opportunities and progress on projects to SEB and Major Capital Investment Board.

2) Member and key stakeholder involvement in decisions to bid and bid submission. Use of scrutiny process to ensure Member oversight.

3) Where capacity is insufficient interims and consultants will be used.

4) All projects have individual Risk registers and steering groups that report into SEB/MCIB.

# [4] R.607 "ASC LT: There is a risk of non-compliance with the CQC inspection assessment framework."

**Risk Owner: Director of Adult Social Care** 

## Cause(s) of Risk

Not achieving above an adequate outcome in an inspection.

## Consequence(s) of Risk

A lack of compliance of the Care Act and Mental Health Act. Reputational impact.

| Inherent Score<br>(Gross) | Target Score         | Previous Score<br>(Net) | Current Score<br>(Net) | Direction |
|---------------------------|----------------------|-------------------------|------------------------|-----------|
| <b>25: Very High</b>      | <b>16: High</b>      | <b>25: Very High</b>    | <b>25: Very High</b>   | SAME      |
| Likelihood: (5)           | Likelihood: (4) Very | Likelihood: (5)         | Likelihood: (5)        |           |
| Extremely Likely ×        | Likely × Impact: (4) | Extremely Likely ×      | Extremely Likely ×     |           |
| Impact: (5) Severe        | Significant          | Impact: (5) Severe      | Impact: (5) Severe     |           |

Latest Risk Status Update (01/10/2023 to 31/12/2023)

• Status: Mitigating Actions In Progress: 1) Put governance in place to monitor ASC development plan 2) Implementing the ASC development Plan 3) Ensuring mitigation is in place for all risks on ASC Operational Risk Register Current Mitigating Actions (In Place and Effective) 1) Governance in place to monitor ASC development plan 2) Started implementing ASC development Plan 3) ASC Operational Risk Register in place with update and monitoring with Risk Owners and review at CDG monthly

Entered by: Jade Williams, 07/02/2024

## **Mitigating Actions to Progress**

Intended to help achieve the Target Score. They should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

A.5666 Implementing the ASC Improvement Plan and ensuring mitigation is in place for all risks on the ASC Operational Risk Register

Responsible Officer: Director of Adult Social Care. Start Date: 13/11/2023. End Date: 01/01/2099.

## Status: ONTARGET (01/10/2023 to 31/12/2023)

Progress: The Improvement Plan has been rebranded to the Development Plan. The last quarter has seen an improvement in 16/18 ASCOF indicators and sustained improvement in our national ranking. The ADASS practice review also demonstrated excellent case work and a strong focus on individual outcomes.

Entered by: Jade Williams, 07/02/2024

## **Mitigating Actions in Place**

1) Started implementing ASC Improvement Plan.

## APPENDIX C Directorate Very High Net Risks

#### [1] R.606 "ASC LT: ASC Budgets. There is a risk that there is insufficient budget to meet Care Act requirements." **Risk Owner: Director of Adult Social Care** Cause(s) of Risk The limited level of Council reserves (less than 19%), insufficient funding from Central Government to meet the rising cost of care and sustained growth for demand in care. Consequence(s) of Risk Unable to provide good quality Adult Social Care and a sustainable funding base in line with demand. Inherent Score Target Score Previous Score Current Score Direction (Gross) (Net) (Net) SAME 25: Very High 9: Medium 25: Very High 25: Very High Likelihood: (3) Likelihood: (5) Likelihood: (5) Likelihood: (5) ➔ Possible × Impact: (3) Extremely Likely × Extremely Likely × Extremely Likely × Impact: (5) Severe Moderate Impact: (5) Severe Impact: (5) Severe Latest Risk Status Update (01/10/2023 to 31/12/2023) Status: Spending controls have been introduced by the council and additional savings measures have been agreed Entered by: Jade Williams, 07/02/2024 Mitigating Actions to Progress Intended to help achieve the Target Score. They should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound). A.5665 ASC LT: Plan for Budget recovery plus growth requests Responsible Officer: Head of Dudley Disability Services. Start Date: 13/11/2023. End Date: 01/01/2099. Status: ONTARGET (01/10/2023 to 31/12/2023) Progress: Spending controls have been introduced by the council and additional savings measures have been agreed Entered by: Jade Williams, 07/02/2024 **Mitigating Actions in Place** 1) Initial workshop carried out for budget recovery.

# [2] R.605 "Disability: Care Act Compliance. There is a risk that we are not reducing the total quantum of risk to be care act compliant."

**Risk Owner: Director of Adult Social Care** 

## Cause(s) of Risk

Not having the objective data for care act compliance and implementing measures of improvement.

## Consequence(s) of Risk

We do not operate a safe system and hence are not care act compliant.

| Inherent Score<br>(Gross) | Target Score           | Previous Score<br>(Net) | Current Score<br>(Net) | Direction |
|---------------------------|------------------------|-------------------------|------------------------|-----------|
| <b>25: Very High</b>      | <b>9: Medium</b>       | <b>25: Very High</b>    | <b>25: Very High</b>   | SAME      |
| Likelihood: (5)           | Likelihood: (3)        | Likelihood: (5)         | Likelihood: (5)        |           |
| Extremely Likely ×        | Possible × Impact: (3) | Extremely Likely ×      | Extremely Likely ×     |           |
| Impact: (5) Severe        | Moderate               | Impact: (5) Severe      | Impact: (5) Severe     |           |

## Latest Risk Status Update (01/10/2023 to 31/12/2023)

Status: • Agreement of the total quantum of risk at CDG. • (Look at Case Load analysis, identify any DQ, visualise and track progress, accurate trusted data that is understood by all Managers with clear expectations) • Reporting on waiting lists. Send out an email to Team Managers to have clarity on how they are managing the waiting lists [Email sent to Team Managers on 31/01 about waiting lists] • Still awaiting DOLS, financial assessments and Direct Payments • Reporting dashboards and analysis of the data. • Training plan relating to Care Act compliance from Eve Barbier/Christine. • Care Act Refresher eLearning released on 29/01. This mandatory training is expected to be completed by the 28/02.

Entered by: Jade Williams, 08/02/2024

## **Mitigating Actions to Progress**

Intended to help achieve the Target Score. They should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

## A.5664 Agreement of the total quantum of risk at CIG.

Responsible Officer: Director of Adult Social Care. Start Date: 13/11/2023. End Date: 01/01/2099.

Status: ONTARGET (01/10/2023 to 31/12/2023)

 Progress: Current Mitigating Actions (In Place and Effective) 1) Agreement of the total quantum of risk at CDG 3) Waiting lists added to reporting suite 6) Care Act Refresher eLearning released on 29/01.

Entered by: Jade Williams, 08/02/2024

## **Mitigating Actions in Place**

N/A

# [3] R.559 "Children's Social Care: We cannot manage the cost of placements within the current budget."

Risk Owner: Service Director of Children's Social Care

## Cause(s) of Risk

There are low numbers of internal foster placements who can meet the varied needs of our children. There is too much movement of children across LA boundaries.

## Consequence(s) of Risk

A further negative impact on council budget that is already under extreme pressure. Negative impact on the emotional wellbeing of children.

| Target Score | Previous Score<br>(Net)                                       | Current Score<br>(Net)   | Direction  |
|--------------|---|--|--|
| 8: Medium    | 20: Very High   | 20: Very High  | SAME   |
|              |   |  | <b>→</b>   |
| Significant  | Impact: (4) Significant                                       | Impact: (4) Significant  | -  |
|              | <b>8: Medium</b><br>Likelihood: (2)<br>Unlikely × Impact: (4) | 8: Medium20: Very HighLikelihood: (2)Likelihood: (5)Unlikely × Impact: (4)Extremely Likely × | (Net)(Net)8: Medium<br>Likelihood: (2)<br>Unlikely × Impact: (4)20: Very High<br>Likelihood: (5)<br>Extremely Likely ×20: Very High<br>Likelihood: (5)<br>Extremely Likely × |

## Latest Risk Status Update (01/10/2023 to 31/12/2023)

• Status: Inflationary pressures and availability of placements continue to drive an increase in placements costs. This remains a national issue. Dudley has participated in LGA led review of high cost placements. Report not yet published. Recommendation to consider including risk on corporate risk register.

Entered by: Matthew Smith, 06/02/2024

## **Mitigating Actions to Progress**

Intended to help achieve the Target Score. They should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

## A.4333 Commission new arrangements to cover identified gaps in residential provision in the short-term

Responsible Officer: Interim Service Manager. Start Date: 12/01/2023. End Date: 01/01/2099.

Status: BEHIND (01/10/2023 to 31/12/2023)

Progress: Working with Corporate Landlords on the commission of the use of two residential homes by external providers.

## Entered by: Matthew Smith, 10/01/2024

A.4334 Exploration of regional commissioning for residential placement to meet current needs

Responsible Officer: Service Director of Children's Social Care. Start Date: 12/01/2023. End Date: 01/01/2099.

- Status: COMPLETED (01/10/2023 to 31/12/2023)
- Progress: Now established in business as usual arrangements
- Entered by: Matthew Smith, 10/01/2024

**A.4085 Review all residential provision to identify where there are gaps and where we are spot commissioning rather than having formal arrangements in place.** Responsible Officer: Interim Service Manager. Start Date: 01/01/2022. End Date: 01/01/2099.

- Status: ONTARGET (01/10/2023 to 31/12/2023)
- Progress: Providers continue to offer residential placements on a spot purchase even where regional frameworks exist. There continues to be a national shortage of registered and matched placements.
- Entered by: Matthew Smith, 01/11/2023

## **Mitigating Actions in Place**

1) The Recruitment and Retention of Foster Carers Strategy has been developed and implementation has started.

2) Continue and increase oversight of spend through weekly high cost meetings and regular budget reviews with finance, as well regular meetings with commissioning colleagues to consider best value procurement and commissioning arrangements.

## [4] R.452 "Revenues & Benefits: Failure to secure ICT resources to deliver efficient and effective Revenue and Benefit Services." Risk Owner: Head of Revenue & Benefit Services

## Cause(s) of Risk

Digital and ICT Services have not allocated adequate resources to support Revenue and Benefit Services.

## Consequence(s) of Risk

Adverse performance, negative impact on cashflow and reputational damage.

| Inherent Score<br>(Gross) | Target Score           | Previous Score<br>(Net) | Current Score<br>(Net)  | Direction |
|---------------------------|------------------------|-------------------------|-------------------------|-----------|
| <b>20: Very High</b>      | <b>4: Low</b>          | <b>20: Very High</b>    | <b>20: Very High</b>    | SAME      |
| Likelihood: (5)           | Likelihood: (2)        | Likelihood: (5)         | Likelihood: (5)         |           |
| Extremely Likely ×        | Unlikely × Impact: (2) | Extremely Likely ×      | Extremely Likely ×      |           |
| Impact: (4) Significant   | Minor                  | Impact: (4) Significant | Impact: (4) Significant |           |

## Latest Risk Status Update (01/10/2023 to 31/12/2023)

• Status: Concerns regarding ICT restructure and resourcing for contingency. NEC cloud migration project is behind and therefore to avoid clashes with the new year billing process the live date has been move into the next financial year.

Entered by: Rachael Dobson, 16/01/2024

## Mitigating Actions to Progress

Intended to help achieve the Target Score. They should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

# A.3881 The Head of Service and Director of Finance and Legal will emphasise to the Director of Digital, Customer and Commercial Services the importance of providing resources to develop Revenue and Benefit Systems.

Responsible Officer: Head of Revenue & Benefit Services. Start Date: 01/01/2022. End Date: 01/01/2099.

- Status: BEHIND (01/10/2023 to 31/12/2023)
- Progress: No real progress here, no ICT knowledge for change to structure

Entered by: Rachael Dobson, 16/01/2024

## Mitigating Actions in Place

1) The support and development of Revenue and Benefit ICT Systems has been entered onto the ICT Roadmap.

## [5] R.590 "Housing: Failure to maintain the quality of existing housing stock, in line with Decent Homes and housing health and safety rating system (HHSRS) regulatory requirements." Risk Owner: Lead - Compliance & Building Safety

## Cause(s) of Risk

Historically inadequate investment in existing housing stock and inadequate maintenance programmes. Poor management, governance and controls to ensure investments are in line with need.

## Consequence(s) of Risk

Potential financial consequences to recover compliant position with Decent Homes. Potential for customers to experience poor quality homes, whilst planned investment returns homes to a Decent Standard, potentially living in homes that affect health. Possibility of additional evidenced breaches of Regulatory standards increases scrutiny from Regulator and external partners/funders. impacts on the viability of the Housing Revenue Account, places customers at risk, and creates regulatory risk.

| Inherent Score<br>(Gross)   | Target Score  | Previous Score<br>(Net)  | Current Score<br>(Net)   | Direction |
|---|---|--|--|-----------|
| <b>25: Very High</b><br>Likelihood: (5)<br>Extremely Likely ×<br>Impact: (5) Severe | <b>6: Medium</b><br>Likelihood: (2)<br>Unlikely × Impact: (3)<br>Moderate | <b>20: Very High</b><br>Likelihood: (4) Very<br>Likely × Impact: (5)<br>Severe | <b>20: Very High</b><br>Likelihood: (4) Very<br>Likely × Impact: (5)<br>Severe | SAME      |
| Latest Risk Statu   | us Update (01/10/2  | 023 to 31/12/2023)   |  |           |

• Status: Stock condition surveys underway to provide accurate and robust position in relation to stock condition and decency. Performance indicators in place to monitor compliance with Decent Homes Standard

Entered by: Kathryn Jones, 15/02/2024

## **Mitigating Actions to Progress**

Intended to help achieve the Target Score. They should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

**A.5611 Complete 100% Stock Condition Survey of all existing housing stock. [R]** Responsible Officer: Lead - Compliance & Building Safety. Start Date: 26/09/2023. End Date: 30/06/2024.

Status: ONTARGET (01/10/2023 to 31/12/2023)

Progress: Programme of stock condition surveys underway to be completed by 31st March 2024 as planned. Data gathered from the surveys will identify current condition of all DMBC homes and will inform future investment needs to maintain Decent Homes Standard.

Entered by: Kathryn Jones, 15/02/2024

A.5613 Complete review of 5-30 year investment strategy and Housing Asset Management Strategy based upon data gained through the Stock Condition Survey programme [R]

Responsible Officer: Lead - Compliance & Building Safety. Start Date: 26/09/2023. End Date: 30/09/2024.

Status: ONTARGET (01/10/2023 to 31/12/2023)

 Progress: Stock condition survey programme currently underway and on target.
 Data gathered will inform the investment strategy and development of the new Housing Strategy

Entered by: Kathryn Jones, 15/02/2024

A.5612 Real-time referrals and prioritisation of identified issues that could affect health. [R]

Responsible Officer: Lead - Compliance & Building Safety. Start Date: 26/09/2023. End Date: 31/12/2024.

Status: ONTARGET (01/10/2023 to 31/12/2023)

Progress: Any immediate HHSRS and Damp and Mould issues identified through the stock condition surveys are reported back for an appropriate response in line with DMBC's repairs timescales. Numbers are monitored through the governance framework and shared in monthly updates with RoSH.

Entered by: Kathryn Jones, 15/02/2024

## **Mitigating Actions in Place**

1) 100% Stock Condition Survey underway to validate modelled assumptions about historic under investment.

# [6] R.553 "Planning: The Building Control service is unable to comply with the requirements of the new Building Safety Bill." Risk Owner: Head of Planning

## Cause(s) of Risk

Training requirements cannot be satisfied and work not undertaken. Staff do not, for whatever reason, become Registered Building Inspectors and so cannot practice. Also, staff may be seconded to the BSR, thus leaving the Local Authority short staffed and, by definition, the officers seconded will be the most qualified and experienced.

## Consequence(s) of Risk

The Building Safety Regulator will have powers to issue monetary fines, restriction of activities, suspension of registration or cancellation of registration against individual Registered Building Inspectors.

| Inherent Score<br>(Gross) | Target Score           | Previous Score<br>(Net) | Current Score<br>(Net) | Direction |
|---------------------------|------------------------|-------------------------|------------------------|-----------|
| <b>25: Very High</b>      | <b>9: Medium</b>       | <b>20: Very High</b>    | <b>25: Very High</b>   | WORSE     |
| Likelihood: (5)           | Likelihood: (3)        | Likelihood: (5)         | Likelihood: (5)        |           |
| Extremely Likely ×        | Possible × Impact: (3) | Extremely Likely ×      | Extremely Likely ×     |           |
| Impact: (5) Severe        | Moderate               | Impact: (4) Significant | Impact: (5) Severe     |           |

## Latest Risk Status Update (01/10/2023 to 31/12/2023)

• Status: The impact of the risk has increased as we have had confirmation of the legal requirement to provide the service. In addition the resource situation has worsened to the point of being critical. Further mitigation measures in place but to be work through.

Entered by: Carl Mellor, 06/02/2024

## **Mitigating Actions to Progress**

Intended to help achieve the Target Score. They should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound).

## A.5674 Briefing paper to senior management (potential Cabinet) about the BC service resourcing and options

Responsible Officer: Head of Planning. Start Date: 05/03/2024. End Date: 01/06/2024.

- Status: ON TARGET (01/10/2023 to 31/12/2023)
- Progress: New action.
- Entered by: Stuart Denyer, 05/03/2024

## A.5675 Contact other BC services in the region to discuss support

Responsible Officer: Head of Planning. Start Date: 05/03/2024. End Date: 31/03/2024.

- Status: ON TARGET (01/10/2023 to 31/12/2023)
- Progress: New action.
- Entered by: Stuart Denyer, 05/03/2024

## A.5678 In conjunction with CAPA – communication of service changes to customers and wider public

Responsible Officer: Head of Planning. Start Date: 05/03/2024. End Date: 31/03/2024.

- Status: ON TARGET (01/10/2023 to 31/12/2023)
- Progress: New action.
- Entered by: Stuart Denyer, 05/03/2024

## A.5673 Liaise with HR in respect of the requirements of existing officers beyond 6th April 2024

Responsible Officer: Head of Planning. Start Date: 05/03/2024. End Date: 31/03/2025.

- Status: ON TARGET (01/10/2023 to 31/12/2023)
- Progress: New action.
- Entered by: Stuart Denyer, 05/03/2024

| A.5671 Liaise with LABC to seek resource solutions and support with   |
|---|
| registration requirements   |
| Responsible Officer: Head of Planning. Start Date: 05/03/2024. End Date: 31/03/2025.  |
| <ul> <li>Status: ON TARGET (01/10/2023 to 31/12/2023)</li> </ul>  |
| <ul> <li>Progress: New action.</li> <li>Entered has Object Demonstration 05/00/0004</li> </ul>  |
| Entered by: Stuart Denyer, 05/03/2024   |
| A.5669 Look to recruit a number of 'zero hours contracts' to assist with<br>fluctuating service demands   |
| Responsible Officer: Head of Planning. Start Date: 05/03/2024. End Date: 01/04/2024.  |
| <ul> <li>Status: ON TARGET (01/10/2023 to 31/12/2023)</li> </ul>  |
| Progress: New action.   |
| Entered by: Stuart Denyer, 05/03/2024   |
| A.5670 Recruit a Building Control Lead on a temporary basis to provide a  |
| <b>Registered Building Inspector and to lead and implement on a service redesign</b><br>Responsible Officer: Head of Planning. Start Date: 05/03/2024. End Date: 18/03/2024.  |
| <ul> <li>Status: ON TARGET (01/10/2023 to 31/12/2023)</li> </ul>  |
| ■ Progress: New action.   |
| <ul> <li>Entered by: Stuart Denyer, 05/03/2024</li> </ul>   |
| A.5676 Review Job Descriptions (to include staff consultation) to include new   |
| A.3070 REVIEW JUD DESCHDLIDHS ILD IIICIUDE SLAH COHSUILALIDHI LD IIICIUDE HEW   |
| legal requirements for registration   |
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| legal requirements for registration   |
| legal requirements for registration<br>Responsible Officer: Head of Planning. Start Date: 05/03/2024. End Date: 31/03/2024.   |
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