

Board

Corporate Risk and Assurance Report 2012-13

1. Purpose of this report

The purposes of this report are to:

- record changes to the Corporate Risk Report 2011-12 at year-end and to outline progress made to date on risk actions;
- update the report using the 2012/13 Objectives - risks have been aligned to the four new objectives and renumbered accordingly;
- ensure that risks to the achievement of corporate Service Delivery Plan objectives for 2012-13 have been identified and recorded.

SMT, at its meeting on 2 May 2012, reviewed the report to ensure the above and that, where necessary, proportionate risk actions have been outlined.

2 Changes to the Corporate Risks from last review

As previously agreed, any risks removed from the register and any completed actions have been transferred to an Archive Report- Appendix A&B.

Risks Revised

- Risk No 3, “*Lack of Resources to deliver the outcomes for Finance, HR, Procurement and FPS Business Systems Replacement*”. The Likelihood score has been revised from 1 (Rare) to 2 (Unlikely), the Impact score remains at 4 (Major) and the risk classification remains High.

- Risk No 7, the wording has been revised from “*BSO Capacity to Breakeven in the Longer Term is Negatively Impacted if Policy/Legislation remains unchanged*” to “***BSO Growth Strategy is Negatively Impacted if Policy/Legislation remains unchanged***”.

Risks Removed

Following completion of risk actions, including approval of the BSO Anti-Bribery Policy in April 2012, and reassessment, the following risk has been removed from the register:

- “*Inability to demonstrate that adequate procedures designed to prevent bribery have been implemented*”.

New Risks

- Risk No 5 - Inability to implement new Shared Service for Payroll, Payments, Income, Selection & Recruitment in line with Ministerial timetable and customer expectations – classification High;
- Risk No 15. Limitation of BSO Accounts due to extension of Warehouse Contracts – classification High.

2. Risk Profile

Movement in the risk profile is highlighted in the table below:

Risk Classification	Total February 2012	Removals	Additions	Amendments	Total May 2012
Extreme	0	-	-	-	0
High	10	1	2	2	13
Medium	4	-	-	-	4
Low	0	-	-	-	0
Total	14	1	2	2	17

Corporate Objective No 1 To Improve Customer Experience

Risk Description	Current Risk Score				Controls	Assurances	Report on Board Action Plan		
	L	I	S	Rate			Action	By Whom Start – End Dates	Comment
<p>1. Levels of savings in the overall environment for HSC are so great that BSO service provision to customers are negatively affected and/or we fail to breakeven.</p> <p><u>Risk Owner(s)</u> DoF CX / Dirs</p>	3	4	12	High ➔	Budgetary Process Breakeven Budget with specified savings programme	Budgetary Monitoring (I) SMT Accountability to CX (I) External Audit - Report to those charged with Governance (E) Budgetary Control process (I) Directorate Service Team Meetings (I) Financial Accountability Reviews with Directors (I) Financial Management Standard (I) & (E) Risk Reporting & Review (I) CX Review of Dirs Objectives (I) Dept Accountability Review (E) MIPB Assessment	Engage with Customers to agree Income for CSR Period	<p>CX DoCCP Feb 11 – Mar 12</p> <p>CX DoCCP DoF Apr-June 2012</p> <p>May 2012</p>	<p>SLAs, Letters and individual Customer Service Offerings have been issued.</p> <p>CX/DoCCP/DoF are undertaking a series of meetings in April-June 2012 with Customers.</p> <p>Meeting arranged with DoF, Belfast Trust re demand for legal services (24 May 2012).</p>
<p>2. Inability to prove quality, productivity and VFM and show that we are competitive and addressing customer expectations.</p> <p><u>Risk Owner(s)</u> DoCCP Dirs</p>	2	4	8	High ➔	Existing Processes to measure Quality Standards. SLA'S KPI's Framework /Scorecard Monthly report to Customers Internal Audit programme Audit Control Process	<p>Accredited Bodies - ISO/Lexcel (E) Monthly Reports to Customers (I) Scorecard monitoring SLA Monitoring (I) Financial Management Standard (I) & (E) Customer Survey (E) SMT Meetings (I) GAC Audit Control Review (I) Dept Accountability Review (E) MIPB Assessment</p>	<p>Further participation of BSO Services for 2012/13</p> <p>Develop Customer Service Training Programme</p>	<p>DoCCP Apr– Mar 13</p> <p>DoCCP Sept 11</p> <p>April 2012- March 2013</p>	<p>Internal Audit, ITS and Pals to participate in 2012/13 Benchmarking Exercises.</p> <p>Programme developed and Dates agreed with HSC Leadership Centre. 13 Training Sessions have been delivered. Positive response received from participants and customers. Further sessions will be delivered in 2012-13.</p>

Corporate Objective No 2 To Grow and Develop

					Report on Board Action Plan				
Risk Description	Current Risk Score				Controls	Assurances	Action	By Whom Start – End Dates	Comment
	L	I	S	Rate					
3. Lack of Resources to deliver the Outcomes for Finance, HR, Procurement and FPS Business Systems Replacement	2	4	4	High ➔	<p>Following completion of Procurement in October 2012 the updated OBC for FPL and HRPTS systems was approved by DHSSPS and DFP.</p> <p>Revised governance arrangements in place. CXs members of Programme Board and HR & Finance Directors members of Implementation Board.</p> <p>Money released for both systems.</p> <p>Resources identified for FPS systems within HSC ICT budget and OBC approved by DFP.</p>	<p>Dept Accountability Review quarterly (E). Programme Board Reporting monthly (I)</p> <p>Implementation Board monitoring monthly.</p> <p>Technical groups established and meet weekly.</p>	<p>Programme Director to work with SRO & Capital Branch to ensure that reserved monies is released as required.</p> <p>Updated OBC for HRPTS & FPL to be submitted and approved before contract signature.</p>	<p>DoBSTP Apr – Mar 12</p>	<p>Programme Board have identified levels of ITS resources. One post appointed and another post shortlisted. Trust ICT resources required have been identified and monies released.</p> <p>BSTP implementation resource plans developed and aligned with HRPTS and FPL implementation plans.</p> <p>Robust reporting process in place.</p> <p>FPS OBC approved.</p> <p>Management of the availability of key staff to support development of specification & implementation is an on-going issue.</p>
<u>Risk Owner</u> Dir of BSTP									

Corporate Objective No 2 To Grow and Develop

					Report on Board Action Plan				
Risk Description	Current Risk Score				Controls	Assurances	Action	By Whom Start – End Dates	Comment
4. Shared Services may not achieve business case outcomes	2	4	8	High ➔	Feasibility Study (2007) on Shared Services Programme Board Project Structure Dept Review Strategic Outline Case (2009/10) – DFP/Dept Assurance	Project Board (I) Programme Board Reporting (I) DFP/Dept OCB Reviewed (E) SS SS Quality Assurance Group (E) Dept Accountability Review (E) MIPB Assessment	Engagement with Senior HSC Officers re design of Shared Services.	DoBSTP Apr – Mar 12	Running according to Schedule.
							Shared Services proposal out for Public Consultation		Public consultation closed end Feb. Ministerial decision announced on 14 May 2012
							FBC to be submitted to DFP end of April 2012.		Work is underway to complete FBC. Dependency exists on approval of the FBC in a timely fashion.
							Manage the transition from existing structures to shared services. BSO internal project initiated.		Risk to be escalated as a shared risk to sponsor branch through accountability arrangements. Formal project management processes in place to manage transition.
<u>Risk Owner</u> Dir of BSTP/Dept SRO									

Corporate Objective No 2 To Grow and Develop

					Report on Board Action Plan				
Risk Description	Current Risk Score				Controls	Assurances	Action	By Whom Start – End Dates	Comment
	2	4	8	High					
5. Inability to implement new Shared Service for Payroll, Payments, Income, Selection & Recruitment in line with Ministerial timetable and customer expectations	2	4	8	High	BSTP Governance reporting processes. BSO Shared Services Project oversight by BSO SMT. Project operated using Prince methodology.	Expert adviser to be appointed to advise on Project. BSTP Programme Board reporting BSTP Implementation Group – regular reporting and review of progress	Full PID developed and approved by BSO by June 2012	DOps Apr 12– Mar 13	Public consultation closed end Feb. Ministerial decision announced on 14 May 2012
							Scanning operation to be established		Formal project management processes in place to manage transition
							Central administration, resources and structures to be agreed		Launch of recruitment processes for Shared Services Centre managers planned to proceed in June 2012.
							BSO Project Team to be established for bringing each Shared Services Centre into operation.		
<u>Risk Owner</u> Dir of Ops/Dept SRO									

Corporate Objective No 2 To Grow and Develop

Report on Board Action Plan

Risk Description	Current Risk Score				Controls	Assurances	Action	By Whom Start – End Dates	Comment
	L	I	S	Rate					
<p>6. Inability to implement replacement systems for Finance, HR and Procurement in line with agreed timeframe.</p> <p><u>Risk Owner</u> Dir of BSTP</p>	2	4	8	High ➔	<p>Fully resourced HRPTS and FPL teams in place.</p> <p>Weekly Status Reporting system in place for HLC AXON an AXON contractors</p> <p>Integrated regional Implementation Board established with members drawn from all key stakeholder groups</p> <p>Programme Risk Register and Report regular reviewed by Programme Board.</p>	<p>Quarterly Dept Accountability Review (E)</p> <p>Monthly Programme Board review</p> <p>Implementation Board monitoring resource plans monthly</p> <p>FPL , HRPTS and Integrated technical groups in place</p> <p>Self-Assessment Gateway Review (I) Gateway Review (E)</p> <p>CX Review of Dirs Objectives (I)</p>	<p>BSTP contract awarded November 2011.</p> <p>Implementation in line with contract plan.</p>	<p>DoBSTP</p> <p>By Nov 11</p> <p>July 2013</p>	<p>Progressing according to individual projects timescale</p> <p>Contract Signature on the 21st October with Advanced Business Solutions for Finance Procurement and Logistics System and AXON for Human Resources, Payroll, Travel and Subsistence System – 11th November 2011.</p> <p>HCL Axon has identified a slippage to original timescale and requested a realignment to the timeline.</p> <p>New deployment plan produced.</p> <p>Realigned plan approved by Board – extended timeframe.</p>
<p>7. BSO Growth Strategy is negatively impacted if policy/legislation remains unchanged.</p> <p><u>Risk Owner</u> CX DoCCP</p>	4	4	16	High ➔			<p>Prepare Strategic Business Case and submit to Department</p>	<p>DoCCP</p> <p>Apr – June 11</p>	<p>Strategic Business Case with the DHSSPS.</p> <p>Meeting on 30th March 2012 (CX, DoCCP, DHSSPS) discussed details of proposal. Amended business case to be submitted to DHSSPS. DoCCP and Chief Legal Adviser agreed suggested clause for legislative amendment and was issued to John Allen.</p>

									Meeting held with John Allen, Sponsor Branch, DFP and Paul Wickens.
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Corporate Objective No 3 To Recognise and Embed Excellence & Innovation

Risk Description	Current Risk Score				Controls	Assurances	Report on Board Action Plan		
	L	I	S	Rate			Action	By Whom Start – End Dates	Comment
8. In advance of BSTP and related system modification, older more manually intensive systems fail to meet their objectives. <u>Risk Owner</u> Dir of Ops DoF	2	4	8	High ↓	Primary Contracts Policies & Procedures Gateway Process	Internal Audit (E) External Audit (E) SMT Review of ICT Programme (I) Systems Risk Assessment (I)	Lessons Learnt from Incident in the Parity Pharmacy System Report to be implemented.	DOps Oct -Nov 11	Change Control initiated and system improvement implemented.
							Head of FPS Information documenting old systems	DOps Sept 12	
9. Failure of key ITS Applications & Infrastructure impacting delivery of Critical Services to Customers <u>Risk Owner</u> Dir of Ops	3	4	12	High	Security Procedures Business Continuity Plan Change Control Process Testing and planning associated with significant change	Internal Audit (E) External Audit (E) SMT Review of ICT Programme (I) Systems Risk Assessment (I)	Further develop and test Business Continuity Plan	DOps Jan – Mar 12	Action underway to improve BCP
							Develop up to date disaster recovery plan for data centres		Draft Disaster Recovery Plan. Additional resources to be provided to try to finalise position.
							Implement actions associated with change control contained within Data Centres Back Up Audit		Audit complete and reported to GAC.
							Undertake SAI Investigation		One SAI Investigation complete, one underway.
							Internal Audit of ITS Data Centres Back Up		Audit complete and reported to GAC. P1 actions complete with the exception of upgrade to TSM

									software.
							Additional assurances		External review of data centres – Gartner appointed. Report due end of May 2012.
							Implement additional supervisory processes		Additional supervisory processes have been put in place
10. BSO current skill mix does not meet future business needs. <u>Risk Owner</u> Dir of HRCS Dirs	2	3	6	Medium ↓	Job Description/ Personal Specification Staff Survey	Outcome of HSC Staff Survey (E) Customer Surveys (E) SMT/Board Review of Surveys (I) Staff Appraisal - PDPs (I) CX Review of Dirs Objectives (I)	Develop Workforce Strategy. Leadership Development Programme	DoHRCS Apr – Mar 12 June 12 – Mar 13	HR Strategies were approved by the Board in November 2011 Presented to SMT 2 May 2012 for approval and sign-off of design. Programme commence Oct 2012.
11. Demands placed on services within the BSO, therefore impact on staff, cannot be met by current capacity, systems and structures. <u>Risk Owner</u> Chief Legal Advisor Dir of Finance Dir of CCP	2	3	6	Medium ↓	SLA's SLA's Monitoring Absenteeism Staff Survey Staff Turnover	HR Report (I) Customer Forums (I) & (E) Service Forums (I) & (E) Dept Accountability (E) MIPB Assessment (I)	Review of current contracting arrangements	CLA DoF DoCCP Sept 11	HSCB have agreed to provide £120k recurrent funding for DLS. Negotiations on going with trusts regarding provision of additional funding. Meeting held with Department to discuss CSR / Service Offering Approach 2012-13 and approval given to proceed.

Corporate Objective No 4 To Ensure Good Governance

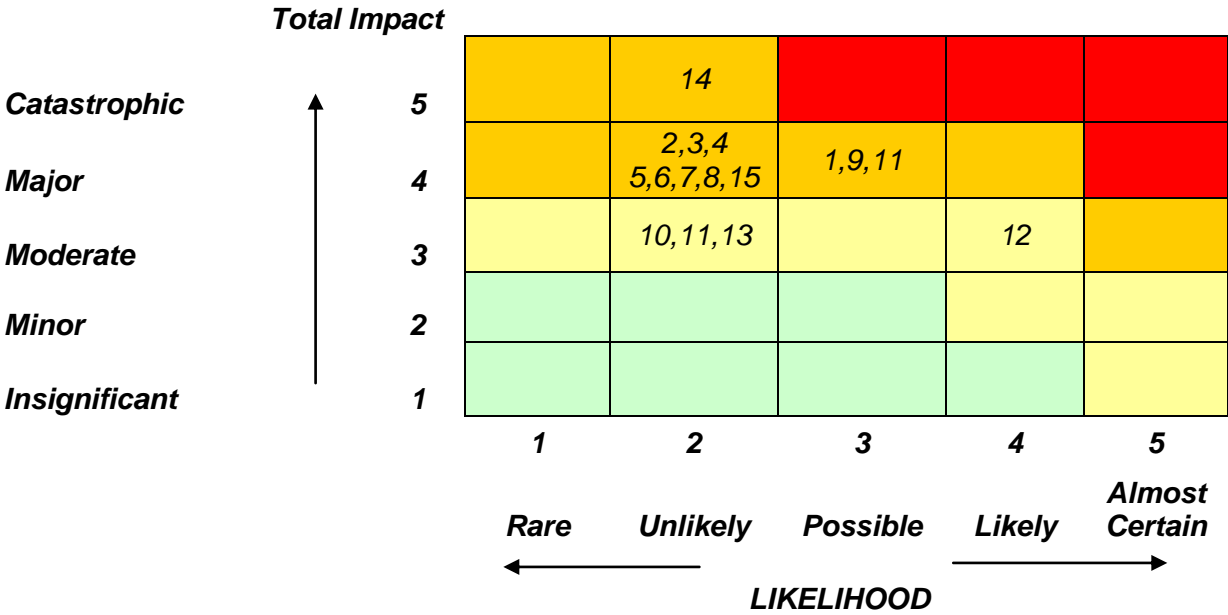
					Report on Board Action Plan				
Risk Description	Current Risk Score				Controls	Assurances	Action	By Whom Start – End Dates	Comment
	L	I	S	Rate					
12. BSO will face the risk of legal challenge on Major High Value Regional Procurement Contracts Risk Owner Dir of OPS	4	3	12	Medium ➔	Procurement Process: Policies & Procedures Qualified Procurement Personnel Service Risk Register/ Risk Action Plans	COPE Accreditation / ISO 9000 (E) CAS Self-Assessment - Purchasing & Supply Management Standard (I) SLA Monitoring - Pals Exec Team / Operational Meetings (I) Service Risk Reporting & Review (I)	Develop collaborative programme of work (Pals/Legal) to review contracts	DOps/ CLA Apr – Mar 12	On-going programme of work includes <ul style="list-style-type: none"> • Engagement with Senior Pals Officers • Review of Contract Terms of Conditions • CPD Training on EU Regulations • Legal and Pals have provided training to Trust Officers engaged in Social Care Procurement • Approval for an additional procurement solicitor
13. Fail to implement robust information governance process	2	3	6	Medium ➔	Policy & Procedures Information Governance / Records Mgt CA Standard Audit Control Risk Register/ Action Plans	CAS Assessment - Records Management /ICT/Governance (I) & (E) Information Governance Group Report (I) Service Risk Reporting & Review (I) GAC Audit Control Review (I) other CA Standards Assessment (I) & (E) Mid-Year	Implement agreed Information Governance Project Plan	DoHRCS Apr -Mar 12	Records Management CAS 2011-12 verified as Substantive. Information Governance Audit achieved Satisfactory Assurance Level.

<u>Risk Owner</u> Dir of HRCS Dirs						Assurance Statement / SIC (I) GAC Report (I) CX Review of Dirs Objectives (I)	Consolidate FOI process	DoHRCS March/April 2012	Review process underway
							Data Protection – refresh of training	DoHRCS April /Sept 2012	Training being arranged
14. Absence of Formal Accountability Framework for Clinical Screening Services inc Bowel Screening	2	5	10	High →	Project Plan Project Board Meetings Service Review Meetings Activity Reports against 2 Year Call Schedule for participating Trusts	Programme Board (E) PHA QUARC Review (E) CX Review of Dirs Objectives	Independent External Review to be undertaken	DoOPS/ DoCCP By June 11	NHS Wales conducted External Review on the 23 rd & 24 th June 2011. Draft Report received no major weaknesses identified. Action Plan developed for recommendations made. This was presented to the Bowel Cancer Screening Project Board and progress will be monitored through this. Report presented to the Board Nov 11
<u>Risk Owner</u> Dir of Ops									

Corporate Objective No 4 To Ensure Good Governance

					Report on Board Action Plan				
Risk Description	Current Risk Score				Controls	Assurances	Action	By Whom Start – End Dates	Comment
	L	I	S	Rate					
15. Limitation of BSO Accounts due to extension of Warehouse Contracts <u>Risk Owner</u> DOps/DoF	2	4	8	High	Escalation of potential extensions to DOps and DoF. All STA extensions recorded via Compliance Unit Scheme of Delegation	Quarterly review of STAs by SMT Pals Management monthly review of all contracts in extension and at risk of extension Trust and Regional Procurement Boards Internal Audit during 2012-13	New business rules for the operation of contract extensions De-stocking and/or re-sourcing of items where contracts cannot be re-procured compliantly.	DOps/DoF April 2012-March 2013	Summary action plans to be developed and reviewed by SMT on a monthly basis.

BSO Corporate Risk Score Matrix



*Risk Classification / Numbers

LOW 0 Risks	MEDIUM 4 Risks	HIGH 11 Risks	EXTREME 0
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* in accordance with AS/NZS 4360:2004 guidance

Archive Report of risks removed from Corporate Register (Based on 2011/12 Objectives)

Corporate Objective	Risk Description	Risk Score				Comment
		L	I	S	Rate	
1	Staff Resources High level of new staff in certain services (FPS & CFPS) could have a short term impact on the volume of service delivery.	1	3	3	Medium ↓	10/11 Risk Risk Actions Completed Sufficient assurance processes in place to deescalate risk to service level
1	Inability to demonstrate that adequate procedures designed to prevent bribery have been implemented	2	4	8	High ↓	11/12 Risk Actions completed. Anti-Bribery Policy approved at Board meeting April 2012.
2	BSO is not involved enough in the policy and standards setting process and is therefore unable to influence.	2	2	4	Low →	10/11 Risk Existing representation reviewed and assessed as appropriate.
2	Failure to harness opportunity of implementing new systems for business growth	3	2	6	Low →	10/11 Risk Now covered under risk No 6 In advance of BSTP and related system modification, older more manually intensive systems fail to meet their objectives.
5	Lack of Corporate Financial Leadership during transition period between Interim Finance Director leaving and new Director of Finance starting has been added to the register.	2	3	6	Medium ↓	New DoF in place
	Industrial action could significantly impact our ability to deliver the required service levels	5	3	15	High ↑ (Likelihood increased)	Actions completed Risk reassessed following Industrial Action in Nov 11
	Staff not fully engaged in Corporate Direction which could have a detrimental effect on Service Delivery, Performance and Change.	3	3	9	Medium →	Actions completed
6	Inability to integrate BMC and NEDC into BSO resulting in an negative impact on service provision to customers	3	3	9	Medium →	HSC Leadership Centre and HSC Clinical Education Centre integrated into BSO

Archive Report of Completed Risk Actions (Based on 2011/12 Objectives)

Corporate Objective	Risk No / Description	Action Completed
1	Levels of savings in the overall environment for HSC are so great that BSO service provision to customers are negatively affected and/or we fail to breakeven.	<p>DoF engagement with Department, who have confirmed a 5% CSR Target.</p> <p>Confirmation of 3.2%CSR Target Letters confirming Management Fees issued to all Customers 2nd Dec 2011.</p> <p>Directorates also seeking to secure additional income from new /enhanced services.</p> <p>Implementation of specific projects identified (ToPS).</p> <p>Work on Energy Efficiency underway. Meeting held on 27th October with Robert Spence SET Energy Efficiency Officer. Information with DOCCP for further consideration / identification of next steps.</p> <p>PaLS meeting held on the 13th October. Follow up actions identified which will be taken forward as part of 2012/13 SLA discussions.</p> <p>All SLAs issued and agreed with Customers. In respect of Department SLAs</p> <ul style="list-style-type: none"> • Bursaries SLA - now agreed by both parties; • Healthy Start SLA - agreement has been reached on overruns and the SLA, with agreed amendments has been re-issued to the DHSSPS. <p>Work undertaken with Trusts to scope and consider new services for 2012/13 e.g. Estates, Compliance</p> <p>Meeting held with Department to discuss CSR / Service Offering Approach 2012-13 and approval given to proceed to discussion with customers.</p>
	Inability to prove quality, productivity and VFM and show that we are competitive and addressing customer expectations	<p>Develop series of Benchmarking Exercises 2011-12.</p> <p>Legal Benchmarking Outcomes shared with Directors.</p> <p>HR / Legal and Finance participated in CIPFA Benchmarking. CIPFA Benchmark Reports with Directors / DoCCP for consideration and identification of improvement plan.</p> <p>A report will go to SMT 15 February 2012 and to BSO February 2012 Board</p>
	Inability to demonstrate that adequate procedures designed to prevent bribery have been implemented	Prepare paper on governance impact of Bribery Act to SMT

		<p>First meeting of project group held on 3rd Oct 2011 Workshops to explore Bribery Risk with Services Areas held Oct – Dec 11. Included Bribery Risk Training and use of Bribery Risk Assessment Tool Report to SMT Jan 12 on outcome of Bribery Risk Assessments covering risks identified and proposed actions to mitigate the risks</p>
		<p>Bribery Risks incorporated into BSO Risk Management process.</p> <p>Anti-Bribery Policy approved at April 2012 Board meeting.</p>

Archive Report of Completed Risk Actions (Based on 2011/12 Objectives)

Corporate Objective	Risk No / Description	Action Completed
2	BSO will face the risk of legal challenge on Major High Value Regional Procurement Contracts	<ul style="list-style-type: none"> • Training – Bribery Act - completed • Ad-hoc engagement on matters arising – now part of normal business process • Training – for non-procurement people – training is provided to all new members of regional adjudication groups.
	Fail to Implement robust information governance process	<p>Work progressing via Information Governance Management Group. CAS Records Management Action Plan in place.</p> <p>Evidence being collated for annual controls assurance submission.</p> <p>Internal Audit on Information Governance to be undertaken this month</p>
	In advance of BSTP and related system modification, older more manually intensive systems fail to meet their objectives.	Following Gateway Review Implement Gateway Recommendations
		Implement Documented Process for Dental FPS in line with ISO process.
<p>Implementation of INFRA in relevant areas.</p> <p>Implementation of Real Asset Management System (RAM)</p>		

Archive Report of Completed Risk Actions (Based on 2011/12 Objectives)

Corporate Objective	Risk No / Description	Action Completed
3	Lack of Resources to deliver the Outcomes for Finance, HR, Procurement and FPS Business Systems Replacement	Programme Director to work with SRO & Capital Branch to ensure that reserved monies is released as required. Updated OBC for HRPTS & FPL to be submitted and approved before contract signature
		Gateway review 3-5 th October – Awarded Amber Status. Contract Signature on the 21 st October with Advanced Business Solutions for Finance, Procurement and Logistics System and AXON for Human Resources, Payroll, Travel and Subsistence System.
5	BSO current skill mix does not meet future business needs.	Implementation of Staff Attitude Survey Action Plan <ul style="list-style-type: none"> • Communication
		Review 10/11 Customer Surveys'
		Wider HR Strategy prepared and consultation process undertaken. HR Strategy issued to SMT for final comment.
	Demands placed on services within the BSO, therefore impact on staff, cannot be met by current capacity, systems and structures.	Meeting held with Dept.
		Analysis of Legal Benchmark Review
		Letter setting out proposed marginal cost arrangements sent out to customers. DoF has on-going discussions with Trusts to resolve legal & other issues.
		The outcome of these discussions will allow SMT to agree Final Management Fee by end of Oct.
	Staff not fully engaged in Corporate Direction which could have a detrimental effect on Service Delivery, Performance and Change.	New Series of Staff Engagement Sessions
		Develop Action Plan from outcome of BSO Staff Attitude Survey.
		Finalise SDP following comments from Sponsor Branch
Planning & Communication Day for ADs & relevant Senior Managers will be held on 25 th October 2011.		
Industrial action could significantly impact our ability to deliver the required service levels	Review BC Plans to ensure that it addresses how service continuity could be maintained in the event of industrial action (short term/longer term action) Communication Strategy Internal External	

Archive Report of Completed Risk Actions (Based on 2011/12 Objectives)

Corporate Objective	Risk No / Description	Action Completed
6	Inability to integrate BMC and NEDC into BSO resulting in a negative impact on service provision to customers	<p>Management and Governance Arrangements for the new arrangements</p> <p>Establishment of Working Group / Project Plan</p> <p>Communication</p> <ul style="list-style-type: none"> • Staff Engagement Sessions Customer Engagement Plan <p>Due Diligence Exercise Completed – audit of resources & controls</p> <p>Working Group delivered planned programme.</p> <p>BMC Staff assimilated in July.</p> <p>Induction programme / Adoption of BSO Policies / Procedures</p> <p>Agree product portfolio and SLA arrangements</p> <p>Management arrangements for transferred bodies to be operational</p> <p>Rebranding of transferred bodies</p> <p>Communication with external stakeholders</p>
6	BSO capacity to breakeven in the longer term is negatively impacted if policy/legislation remains unchanged.	<p>CX & DOCCP meeting held with John Allen To discuss issues.</p> <p>Date confirmed with John Allen and DFP to discuss detail of proposal</p> <p>John Allen and DOCCP to arrange meetings with DoEDUC, DCAL and other interested parties to explore potential service provision.</p> <p>Correspondence sent from John Allen to DoCCP re: submission to the Education Minister.</p>