



**Quality care – for you, with you**

# **BOARD ASSURANCE FRAMEWORK**

**NOVEMBER 2015**

## 1. Introduction

The Board of the Southern Trust has a responsibility to provide high quality care, which is safe for patients, clients, young people, visitors and staff and which is underpinned by the public service values of accountability, probity and openness.

The Board is responsible for ensuring it has effective systems in place for governance, essential for the achievements of its organisational objectives. The purpose and design of the Board's Assurance Framework is to ensure that the Board can be effective in driving the delivery of its objectives. This document will assist the Board to identify, manage and minimise the principal risks to achieving the objectives.

In the Trust 'Vision Values and Objectives'<sup>1</sup>; these are to

Objective 1: Provide safe, high quality care

Objective 2: Maximise independence and choice for our patients and clients

Objective 3: Support people and communities to live healthy lives and improve their health and wellbeing

Objective 4: Be a great place to work, valuing our people

Objective 5: Make the best use of resources

Objective 6: Be a good social partner within our local communities

---

<sup>1</sup> Southern HSC Trust Visions Values and Objectives, November 2008

The Board Assurance framework is an integral part of the governance arrangements for the Southern Trust and should be read in conjunction with the Trust Delivery Plan, the 3-Year Strategic Plan 2015 -18 – ‘Improving through Change’ and the Integrated Governance Strategy.

The Assurance Framework describes the organisational objectives, identifies principal risks to their achievement, the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. It lays out the sources of evidence which the Board will use to be assured of the soundness and effectiveness of the systems and processes in place to meet objectives and deliver appropriate outcomes.

This October 2015 Board Assurance framework presents:

- the strategic risks facing the Trust at 13<sup>th</sup> November 2015
- the controls currently in place
- the sources of assurance
- where gaps in controls or assurance exist, what actions are being taken to close the gaps.

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance/ Controls	Action Planned and Timeframe	Update since last report (June 2015)	Status
1.1	Ongoing achievement of Elective Commissioning Plan Standards and Targets	Trust Delivery Plan SHSCT Performance Management Framework  Internal and External monitoring  Business Case Approvals process	Ministerial/ Commissioner approval  Performance Report by HSCB to DHSSPS as part of the Accountability Review process	Monthly exception reporting to Directorates  In Year Assurance meetings with Chief Executive  Monthly Performance report to SMT and Trust Board  Monthly Elective and Unscheduled performance meetings with Health and Social Care Board	Final agreement with Commissioner on extent/ funding for capacity gaps  Ongoing change in level of demand for services, including urgent cases, presenting new challenges	The Trust continues to seek investment decisions for recurrent solutions to address remaining capacity gaps  In the absence of recurrent funding, the Trust continues to seek level of non-recurrent funding to address gaps  Non-recurrent funding made available in November for Independent Sector capacity. The Trust will work to identify what IS capacity can be put in place to increase capacity for Q4 2015/16 in line with HSCB allocation	The level of additional non recurrent funding to address capacity gaps in 2015/16 was not sufficient to meet demand and access times have deteriorated.  The Trust has escalated to HSCB requirements for additional capacity above the commissioned level to address key areas of emergent risk	On Corporate Risk Register as high risk in relation to waiting times in excess of Commissioning Plan Standards and Targets across: - Out-Patients; - Diagnostics (including Endoscopy); - In-Patients; and Day Cases (Acute; CYPS; Mental Health; and OPPC areas) - Allied Health Professions  1

							<p>A non recurrent allocation for plain film reporting has been received for Quarter 1&amp;2 and Quarter 3&amp;4 2015/16. This is being utilised for Independent Sector provision As the original IS provider is working to full capacity, a further IS contract has been procured and awarded. Therefore additional capacity is anticipated in Quarter 4.</p> <p>No recurrent funding has been received from the Health and Social Care Board in 2015/16 for the outpatient review backlog</p>	<p>Plain Film x-rays, and outpatient review backlog risk updated to reflect impact and escalating risks associated with unfunded additional capacity</p>
--	--	--	--	--	--	--	---	--

1.1	Ongoing achievement of Commissioning Plan Standards/ Targets in relation to safety, quality and access - HCAI	<p>HCAI Governance system including Bi-monthly HCAI Strategic Forum and monthly HCAI Clinical Forum meetings</p> <p>Outbreak /Incident Management Plan</p> <p>Antimicrobial Management Team to oversee antimicrobial stewardship</p> <p>IPC Audit Programme</p> <p>Environmental Cleanliness Auditing</p> <p>Regional benchmarking for MRSA/MSSA and C.difficile infections</p>	<p>RQIA Reviews and Inspections</p> <p>RQIA Augmented Care Audit Programme</p> <p>Public Health Agency Target Monitoring Reporting</p> <p>Controls Assurance Standards - Infection Control and Environmental Cleanliness</p> <p>Trust Standards and Guidelines Monitoring</p>	<p>Auditing reports to Operational Directors/SMT/ HCAI Strategic Forum/HCAI Clinical Forum</p> <p>HCAI Report to SMT, Governance Committee and Trust Board</p> <p>RQIA Reviews Action Plans to SMT and Governance Committee</p> <p>HCAI Annual Report to Trust Board</p> <p>HCAI Auditing Dashboard</p> <p>HCAI Root Cause Analysis process</p> <p>Performance Report to Trust Board (monthly)</p>		<p>Ongoing measurement of compliance against DHSSPS Communiques</p> <p>Embedding Urinary Catheter project to target E-coli infections across community and acute sites</p> <p>Renewed focus on isolation and screening of transferred patients including planning of negative pressure isolation facilities on CAH and Daisy Hill Hospital sites</p> <p>Engagement with PHA on Regional Surveillance system funding and procurement to recommence</p> <p>Refresh Masterclasses underway for IPC Nurses</p>	<p>Enhanced communication to front line clinical staff via HCAI e-alert</p> <p>Completed Ebola Management Plan</p> <p>Enhanced HCAI RCA information management system developed to further improve meta-analysis of C Difficile cases</p> <p>Re-launch of IV programme in Acute sites to address increasing MRSA/MSSA bacteraemia</p> <p>Joint letter from Medical Director, Executive Director of Nursing and</p>	HCAI on Corporate Risk Register as medium risk
-----	---	---	---	--	--	--	--	--

		<p>Manual surveillance systems in place</p> <p>Independent and self-audit programme</p> <p>HCAI Root Cause Analysis process</p> <p>Compliance monitoring against key DHSSPS standards and guidelines relating to HCAI</p> <p>Suite of procedures and guidelines to support the prevention, management and control of CPE</p>				<p>Development of Business Plan to consider Infection Prevention Control (IPC) Nursing Workforce within the Trust</p> <p>Prioritise IPC Nursing workload in collaboration with the Medical Director, Trust IPC Lead</p>	<p>Director of Acute Services issued to staff re Infection Control practice</p>	
--	--	--	--	--	--	---	---	--

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

<b>No</b>	<b>Risk Area and Principle Risks</b>	<b>Key Current Controls</b>	<b>Assurance on Controls</b>	<b>Assurance Reporting</b>	<b>Gaps in Assurance/ Controls</b>	<b>Action Planned and Timeframe</b>	<b>Update since last report</b>	<b>Status</b>
1.2	<p>Achievement of statutory duties/functions</p> <p>Care Management processes. Risk includes:</p> <p>Level of Older People &amp; Primary Care Residential Home/Nursing Home/Domiciliary clients Annual Reviews not completed</p>	<p>Performance Management Framework and KPIs in place for teams re targeted reviews</p>	<p>Director of Older People and Primary Care report to Trust Board on compliance with annual reviews</p> <p>Statutory Functions assurance systems/report</p>	<p>Annual Delegation of Statutory Functions report to Trust Board</p> <p>Report to Trust Board includes progress report on completion of annual reviews in Older People and Primary Care until agreed improvements achieved.</p>		<p>The Trust continues to work towards compliance with annual review (12-month) target.</p>	<p>Older People and Primary Care Directorate has undertaken a Domiciliary Care review and has a process in place to implement the recommendations</p> <p>Given improvements achieved on implementing systems and processes for completion of annual reviews in Older People and Primary Care Directorate, report to Trust Board now on a quarterly basis or by exception</p>	<p>On Corporate Risk Register as high risk</p>



	<p>Achievement of statutory duties/functions (cont'd)</p> <p>Robust care management communication processes in place and an assurance through audit that staff are appropriately undertaking these functions</p>	<p>Project Oversight/Weekly Domiciliary Care Accountability Group established</p> <p>Trust Case Management Guidance</p>				<p>Internal Audit of Case Management being planned</p> <p>Restructuring process by Heads of Service in progress within the Disability Division of the Mental Health and Learning Disability Directorate</p>		<p>On Corporate Risk Register as medium risk</p>
--	--	---	--	--	--	---	--	--

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance/ Controls	Action Planned and Timeframe	Update since last report	Status
1.2	<p>Achievement of statutory duties/functions (contd)</p> <p>Compliance with Data Protection Legislation and assurance of good standards of information governance</p> <p>Potential breach of legislation due to loss, unauthorised use, destruction or disclosure of confidential information</p>	<p>Policies, Procedures Guidance available on Sharepoint for all staff</p> <p>Mandatory e-learning training in place for data protection, data quality, records management, IT security</p> <p>Information Governance included in Corporate Mandatory training for all new staff</p> <p>Information Governance Forum</p> <p>Information Governance Framework</p> <p>Senior Information Risk Officer and Information Asset Owners identified</p>	<p>Controls Assurance Standards for Information Management and Information and Communication Technology</p> <p>Information Governance e-learning Modules monitored by Education, Learning, Development – regular global email reminders</p> <p>Information Governance Forum meets quarterly and reports any risks to Governance Committee</p>	<p>Controls Assurance Standards reporting to SMT, Governance and Audit Committees and Trust Board</p> <p>Training update to Trust Board as part of mandatory training uptake</p> <p>Information Governance related incidents, data breaches and KPIs reported to Information Governance Forum. Any risks reported to Governance Committee</p> <p>Information Asset Register reviewed at Information Governance Forum</p>	<p>Privacy Impact Assessment (PIA) required for HRPTS and NI Electronic Care Record (NIECR)</p>	<p>NIECR Information Governance Regional Group aware of the need to complete PIA (correspondence issued in November to SRO)</p> <p>A short internal working group will be established in the Trust to progress PIA on HRPTS in January 2016</p> <p>Guidance to be issued to staff on PIA via Southern-I in November 2015</p>	<p>Renewal process underway for Data Access Agreement</p> <p>Regional review of GMGR ongoing and Trust participating</p>	

		<p>Specialist Information Governance Team</p> <p>Internal Audit</p> <p>Privacy Impact Assessments</p> <p>Regulatory body in place (Information Commissioners office)</p> <p>Informatics Governance Forum meets bi-monthly to ensure collaborative working in Information Governance and Information Technology</p>	<p>Information Asset Owners training provided</p> <p>Two Officers received training on Data Access requests</p> <p>Regular desktop messages regarding data protection and security</p> <p>Data Access Agreements with all IT suppliers reviewed 2015</p>	<p>Reports on compliance to Senior Information Risk Officer and Information Governance Forum (quarterly via Datix)</p> <p>Data Access Agreement Sharing Register reviewed at Information Governance Forum</p> <p>Reporting to Information Commissioners Office on Data Breaches, Outcome of Reviews and Complaints</p>		<p>Data Access Agreement for HRPTS is being drafted jointly by SHSCT &amp; WHSCT for Regional adoption estimated completion mid 2016</p> <p>SIRO report to Governance Committee in December 2015</p>		
--	--	--	--	--	--	--	--	--

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance/ Controls	Action Planned and Timeframe	Update since last report	Status
1.3	<p>Lack of comprehensive systems of assessment and assurance in relation to safety and quality of Trust services</p> <p>Specific risks include:-</p> <p>Lack of compliance with Standards and Guidelines (DHSSPS/HSCB/ other)</p> <p>Lack of agreed indicators/measures of quality to provide assurance across some Trust services</p> <p>Effectiveness of systemic process to review all intelligence from incidents, complaints,</p>	<p>Clinical and Social Care Governance structure and systems</p> <p>Directorate, Division and Professional Governance For a SAI/AI reporting system in place</p> <p>Complaints system</p> <p>Morbidity system</p>	<p>RQIA Reviews</p> <p>Independent Reviews by RQIA, Ombudsman</p> <p>Internal Audits</p> <p>External Audits</p> <p>Mortality reports</p> <p>Professional Governance reports to Trust Board</p>	<p>SMT</p> <p>Governance Committee</p> <p>Patient and Client Experience Committee</p> <p>Professional Director reports to Governance Committee and Trust Board</p> <p>Serious Adverse Incidents/Root Cause Analysis reports to SMT and Governance Committee</p> <p>Accountability Report for Standards and Guidelines to SMT, Governance Committee and DHSSPS</p> <p>Accountability Review meetings</p>	<p>Lack of formal, embedded system of learning</p> <p>Lack of agreed indicators/ measures of quality</p>	<p>Ongoing participation in Regional Patient Safety Forum, including the feedback and benchmarking of performance on indicators via the Health and Social Care Board</p> <p>Monitoring of a range of internationally recognised Patient Safety Initiatives – reported to Governance Committee</p> <p>Work underway to develop more integrated performance corporate dashboard</p>	<p>New I.T. system to capture Standards and Guidelines has not been progressed. The Quality 2020 workstream focusing on Standards &amp; Guidelines has proposed a regional approach to developing an IT system to the Quality 2020 Steering Group.</p>	<p>On Corporate Risk Register as moderate risk</p>

	<p>litigation and user feedback to identify and address service safety and quality issues</p> <p>Effectiveness of process for learning from Adverse Incidents, Complaints and user feedback – lack of formal embedded system of learning</p>			<p>Mortality Reports to Governance Committee and Trust Board</p> <p>Patient Safety Initiative Reports to Governance Committee as part of Medical Director report</p> <p>Annual Quality Report to Trust Board</p>		<p>Clinical and Social Care Governance revisit completed with pilot of new approach of dashboard assurance reports to Governance Committee on 8.12.2015</p> <p>Q2020 Strategy Regional Workstreams continue to develop and strengthen regional quality indicators for reporting via Trust Quality Report</p> <p>The Trust has commenced the development and implementation of a Quality Improvement Framework to guide a more integrated approach and strengthened assurance processes within the Trust. The role and remit of the Clinical and Social Care Governance Working Body will be reviewed within this work</p>		
--	--	--	--	--	--	---	--	--

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance/Controls	Action Planned and Timeframe	Update since last report	Status
1.4	Maintenance and development of Trust estate (facilities, equipment etc.) to support service delivery and improvement and (See 1.5 below)	<p>Maintaining Existing Services prioritised investment plan agreed by Trust Board and shared with DHSSPS</p> <p>Capital Resource Limit management process</p> <p>Strategic development plans</p> <p>Minor Works process in place</p>	<p>RQIA Hygiene Inspection Reports</p> <p>Controls Assurance Standard for Buildings, Land and Plant</p> <p>DHSSPS condition of the Estate Review/ Report annually</p>	<p>Reports and Action Plans to SMT, Governance Committee and Trust Board</p> <p>Quarterly Strategic Investment group meetings with DHSSPS (Health Estates Investment Group)</p>	<p>Constraining factor in enabling the works to be carried out is the limited number of Estate Development Officers.</p> <p>Insufficient funding to address backlog maintenance works as identified in Capital Works list</p>	<p>Ongoing prioritisation and bidding process for capital throughout the year</p> <p>Business cases in development to address significant Maintaining Existing Services infrastructure issues requiring investment &gt; £500k</p> <p>Business cases continue to be developed for all schemes as per Capital Resource Limit allocation and brought to SMT for approval. A strategic outline case (SOC) for the major redevelopment of CAH has been submitted and work is now being progressed on the main business case for submission in 2015/16.</p>	<p>An extensive replacement programme in relation to the sewage system serving the wards in Craigavon Area Hospital commenced in August 2015 through a carefully co-ordinated and phased programme of ward decants Works are being carried out to the most critical areas (subject to the availability of decant space v winter pressures). Further works may be necessary after the winter period to complete the programme.</p>	On Corporate Risk Register as high risk

							<p>A review of maintaining existing services (for the next 5 years) has been carried out. This review has identified that funding in the region of £119 million is required to address risk areas including: Critical Telecommunications infrastructure; Infection control and Health &amp; Safety issues in patient areas; Medical Gas infrastructure and ventilation system risks; Structural repairs to DHH. This requirement could be significantly reduced should the replacement of CAH proceed.</p>	
--	--	--	--	--	--	--	--	--

CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE								
	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance/ Controls	Action Planned and Timeframe	Update since last report	Status
1.5	High Voltage capacity limit on electrical supply to Craigavon Area Hospital Electrical Supply	<p>Business Continuity Plans for restabilising electrical service in the event of unplanned interruption</p> <p>All future development/ expansion of the estate is to be notified to Estate Services</p> <p>Generator back up</p> <p>Load shedding</p> <p>Monitoring current demand</p>	<p>Ongoing testing of back up systems</p> <p>Independent experts appointed to provide Infrastructure condition report and inform plans for new High Voltage/Low Voltage infrastructure</p>	Capital development project structures		Site wide installation of High Voltage supply ongoing.	<p>Installation of new Combined Heat and Power plant is completed and G59 approval from NIE (to permit parallel generation) in place. Contract for operation and maintenance of plant being finalised with PALS. This will provide additional source of supply for the site.</p> <p>CAH site High Voltage infrastructure works, together with the new NIE High Voltage supply, anticipated completion September 2016</p>	On Corporate Risk Register as medium risk



CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE								
No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance/ Controls	Action Planned and Timeframe	Update since last report	Status
1.6	Inability of Laboratory at Craigavon Area Hospital to maintain its Biochemistry Accreditation Status	Action Plan in place to address non-conformances  External Quality Assurance  Internal Quality controls		Progress monitored by SMT and Governance Committee	Lack of Accreditation	Action Plan updated as progress is made	Application for re-accreditation under the new ISO15189 standards made end April 2014 A pre-assessment visit took place on 8 <sup>th</sup> October 2015 which assessed the Laboratory's state of readiness for a full UKAS 151189 inspection.  Full inspection advised for April 2016	On Corporate Risk Register as high risk

CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE								
No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance/ Control	Action Planned and Timeframe	Update since last report	Status
1.7	<p>Pharmacy Aseptic Suite - Risks include:-</p> <p>The design and fabric of the aseptic building does not meet the modern building standards for pharmacy aseptic dispensing units</p>	Increased environmental monitoring		Progress on management of risk to SMT via Corporate Risk Register and to Governance Committee	Non-compliance with standards		<p>The queries received in relation to the business case for a new build aseptic suite co-located with the Mandeville Unit have been addressed and the Outline Business Case was submitted to the DHSSPS on 1<sup>st</sup> July 2015.</p> <p>A letter of Commissioner support from the Health and Social Care Board has also been submitted. The Trust has identified this as its top priority for capital funds.</p>	On Corporate Risk Register as high risk

	<p>Chemotherapy pharmacists' activity is exceeding 100% on a regular basis</p> <p>The two isolators used in the cytotoxic reconstitution section of the aseptic suite both require urgent replacement</p>	<p>Daily report on Chemotherapy Pharmacists activity level in relation to capacity plan developed and implemented</p>				<p>Recent deterioration in the fabric of the building is being addressed through an interim plan involving urgent minor works to the Aseptic Suite</p> <p>Recruitment process is complete for two Band 7 Pharmacists and they will commence in January 2016.</p> <p>Additional environmental and function testing has been performed on both isolators to identify any sterility failures.</p>	
--	---	---	--	--	--	--	--

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance	Action Planned and Timeframe	Update since last report	Status
1.8	Compliance with 22 Controls Assurance Standards	Process for management of self assessment and verification of compliance with Controls Assurance Standards. This includes independent evaluation of evidence.	Self assessment  Internal Audit assessment and verification  Mid and End Year Accountability Review with DHSSPS	Report to SMT (twice-yearly)  Reports to Audit and Governance Committees and Trust Board (annually)  Internal Audit verification reports to Audit Committee (annually)		Implementation of action plans ongoing in 2015/16  Self-Assessment process for 2015/16 underway	Implementation programme for 2015/16 agreed by SMT  Composite Action Plan in place for those standards where criterion scored <75% in 2014/15	

CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE								
No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance/ Controls	Action Planned and Timeframe	Update since last report	Status
1.9	GP Out of Hours Service – Reduced ability to maintain adequate service provision and patient safety due to vacant GP shifts	Business Continuity Plan and Contingency Plans  Medical Managers with medical responsibility for the service  Daily monitoring of rotas  Escalation process in place for risk management by Director/SMT when required  Early Alerts to Health and Social Care Board and Department when medical staffing falls below 50%	KPIs agreed with HSCB	SMT  KPIs for service reported to Trust Board via Performance Report  Management of risk via Corporate Risk Register to SMT, Governance Committee and Trust Board  Internal Audit Report – satisfactory assurance	Sustainable workforce model	Winter Pressures Plan being implemented with enhanced rates and increased capacity  Contingency and Escalation Plan currently being implemented	Pharmacy pilot extended as part of Winter Pressure Plans. Evaluation report sent to Health and Social Care Board	On Corporate Risk Register as high risk

CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE								
No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance/ Controls	Action Planned and Timeframe	Update since last report	Status
1.10	Stability of Health Visiting Workforce – Impact on children/families due to reduced ability to deliver services as a result of decreased staffing levels in the service	<p>Control measures in place for when staffing levels reach certain levels within teams</p> <p>Utilisation of bank and additional hours of existing health visiting staff</p> <p>Drop in clinics</p> <p>Rota system in place for allocation of new births and for clinic cover</p> <p>Child protection cases are allocated equitably across the team</p>	Monitoring of service delivery against KPIs	Management of risk via Corporate Risk Register to SMT and Governance Committee	Regional workforce planning for sufficient capacity to deliver service and anticipated shortfall in Post-registration Nursing Education budget to fund training posts	Ongoing monitoring and risk management	Regional recruitment for Health Visitor training resulted in 12 places being commissioned for the programme which commenced in September 2014. It is anticipated that these staff will fill vacancies which may have arisen within this service, as well as potentially covering staff gaps due to long term sick leave and/or maternity leave. There has been no additional funding	On Corporate Risk Register as high risk

							<p>received in order to increase the Funded Staffing Levels within this service.</p> <p>Ten places have been requested for the programme commencing in September 2015 – awaiting DHSSPS funding decisions</p>	
--	--	--	--	--	--	--	---	--

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

<b>Risk Area and Principle Risks</b>	<b>Key Current Controls</b>	<b>Assurance on Controls</b>	<b>Assurance Reporting</b>	<b>Gaps in Assurance/ Controls</b>	<b>Action Planned and Timeframe</b>	<b>Update since last report</b>	<b>Status</b>
<p>1.11 Lack of compliance with RQIA standards in relation to medicines management in domiciliary care</p>	<ul style="list-style-type: none"> <li>• Trust Medicines Management policy</li> <li>• Review of operational procedures</li> <li>• Incident reporting system</li> <li>• Interim procedure on transcribing agreed by Executive Director of Nursing</li> <li>• Trust Medicines Steering Group</li> <li>• Trust representatives on regional group</li> <li>• Themed Domiciliary Care Forum (IS) focused on safe administration of medication</li> </ul>	<p>Medicines Management Steering Group meets quarterly and monitors all work streams</p> <p>Incident reporting is collated via Datix/Governance</p> <p>Ongoing work with IS providers to assure best practice guidelines are implemented effectively</p>	<p>Management of risk via Corporate Risk Register to SMT and Governance Committee</p>	<p>Delay in regional progress and feedback regarding issues raised</p>	<p>Following Regional Medication Workshop held by HSCB, a business case is being developed to secure funding to deliver an interim system which includes a specialist medicines assessment and provision of appropriate solutions for service users who are identified as potentially requiring domiciliary care support in the area of medicines management.</p>	<p>Secondment of a registered nurse in the Newry and Mourne area for a pilot for one year dedicated to progressing medicine review re safer systems. A six-month report has been shared on progress/ issues to date</p> <p>Project Nurse is reviewing existing service users in other two localities (Armagh &amp; Dungannon and Craigavon &amp; Banbridge)</p>	<p>On Corporate Risk Register as high risk</p>



					Audit risk assessments for new service users to ensure compliance with guidelines commencing in November 2015		
--	--	--	--	--	---	--	--

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

<b>Risk Area and Principle Risks</b>	<b>Key Current Controls</b>	<b>Assurance on Controls</b>	<b>Assurance Reporting</b>	<b>Gaps in Assurance/ Controls</b>	<b>Action Planned and Timeframe</b>	<b>Update since last report</b>	<b>Status</b>
<p>1.12 Inability to recruit/retain Consultant medical staff for specific specialties</p> <ul style="list-style-type: none"> <li>• <u>Consultant Medical Staff</u> in Dermatology, Emergency Medicine, Orthodontics, T&amp;O, Haematology, Psychiatry Old Age and Radiology</li> <li>• <u>Staff Grade, Associate Specialist and Specialty Doctors</u> in Anaesthetics, General Surgery, GP Out of Hours, Urology, Dermatology, Emergency Medicine and Paediatrics</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment campaigns</li> <li>• Use of Locum agencies</li> <li>• Risk Assessment Highlighting controls/action in place</li> <li>• Detailed Action Plan is held within the HROD Directorate</li> </ul>		<p>Management of risk via Corporate Risk Register to SMT and Governance Committee</p>		<p>Management of Risk via Risk Assessment</p> <p>Detailed Action Plan for each speciality</p>	<p>The Trust is aware that medical shortages in these specialisms remain at a regional and national level. Medical workforce plans which indicate an increase in medical training in these specialisms are currently being considered by the DHSSPS but difficulties remain due to lack of funding. The Trust continues to explore options including overseas recruitment.</p>	<p>On Corporate Risk Register as high risk</p>

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

<b>Risk Area and Principle Risks</b>	<b>Key Current Controls</b>	<b>Assurance on Controls</b>	<b>Assurance Reporting</b>	<b>Gaps in Assurance/ Controls</b>	<b>Action Planned and Timeframe</b>	<b>Update since last report</b>	<b>Status</b>
<p>1.13 Inability to secure senior medical staff to provide 24/7 senior cover for Emergency Department in Daisy Hill Hospital</p>	<ul style="list-style-type: none"> <li>• Trust Senior Oversight Group</li> <li>• Escalation procedures in place to alert senior management of any changes in rota</li> <li>• In-house training programme</li> </ul>				<ul style="list-style-type: none"> <li>• Ongoing recruitment of Consultants and Middle Grade Doctors for Emergency Department</li> <li>• Use of locums</li> <li>• Ongoing review of medical rota to ensure senior doctors on duty until midnight</li> <li>• Daily audit of notes</li> <li>• Opening of observation area from 22.00 – 08.00 for patients who have no definite diagnosis and have not been assessed or discussed with a Registrar</li> <li>• Support provided as required by Paediatric Registrar and Anaesthetic Registrar in the out of hours period.</li> </ul>	<p>Resignation of a Consultant effective from 1.2.2016. Action Plans in development to seek to address this.</p>	<p>Added to Corporate Risk Register as high risk on 30.9.2015</p>

					<p>Medical and Surgical Registrar will provide additional support if on duty overnight</p> <ul style="list-style-type: none"><li>• Recruitment of senior nursing staff to be on duty 24/7</li><li>• Additional ENPs currently being recruited</li><li>• Associate Medical Director exploring a 16 Consultant model for both Emergency Departments</li></ul>		
--	--	--	--	--	---	--	--

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

<b>Risk Area and Principle Risks</b>	<b>Key Current Controls</b>	<b>Assurance on Controls</b>	<b>Assurance Reporting</b>	<b>Gaps in Assurance/ Controls</b>	<b>Action Planned and Timeframe</b>	<b>Update since last report</b>	<b>Status</b>
<p>1.14 Increasing inability to recruit registered nursing staff</p>	<ul style="list-style-type: none"> <li>• Ward Sister/Charge Nurse management of available staff on a shift by shift basis</li> <li>• Assistant Director/Head of Service (Operational) oversight regarding availability with possible redeployment of staff to respond to prioritised need</li> <li>• Escalation to Operational Director as required</li> <li>• Open registration for Nurse Bank</li> <li>• Ongoing recruitment campaigns to ensure appropriate waiting lists for all areas of Nursing to ensure an available supply as posts become available</li> </ul>	<p>Nursing Workforce Planning Group, chaired by the Assistant Director of Nursing Workforce Development and Training</p> <p>Establishment of Regional Nursing Workforce Planning Group, chaired by Executive Director of Nursing</p>	<p>Management of risk via Corporate Risk Register to SMT and Governance Committee</p> <p>Trust Nursing Workforce Planning Group, chaired by Assistant Director of Nursing Workforce Development and Training, reporting to the Executive Director of Nursing and Director, Human Resources</p>	<p>No increase to pre-registration numbers for NI has been agreed for the next ten years (NI Workforce Plan 2015-2025)</p>	<p>All opportunities to secure permanent staff continue to be progressed</p> <p>Ongoing lobbying with the Chief Nursing Officer to increase pre-registration numbers</p>	<p>Regular recruitment drives ongoing with most recent drive for Adult Nursing including Year 2 and Year 3 students. This resulted in 153 job offers on the day with many of the candidates pre-employment checks undertaken.</p> <p>The most recent drive for Mental Health Nursing is also aimed at including Year 2 and Year 3 students and is ongoing</p>	<p>On Corporate Risk Register as high risk</p>

						Regional Nursing Workforce Planning Group has completed a high level scoping exercise	
--	--	--	--	--	--	--	--

**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

	<b>Risk Area and Principle Risks</b>	<b>Key Current Controls</b>	<b>Assurance on Controls</b>	<b>Assurance Reporting</b>	<b>Gaps in Assurance/ Controls</b>	<b>Action Planned and Timeframe</b>	<b>Update since last report</b>	
1.15	Ensuring a good patient/client experience	<p>Patient/Client Experience Standards</p> <p>Patient Client Experience Standards Working Group</p> <p>Patient/Client Experience Committee</p> <p>Staff as Service Users</p> <p>10,000 Voices</p> <p>Complaints process</p>	<p>Patient/Client Experience Committee (quarterly)</p> <p>Patient Client Experience Standards Working Group (monthly)</p>	<p>Performance report to Trust Board.</p> <p>Quarterly reporting to Public Health Agency with remedial action plans</p> <p>Report against Regional Standards to Patient and Client Experience Committee</p> <p>10,000 Voices Report</p> <p>Staff as Service Users Report to SMT and Governance system</p>	<p>Capacity within Effectiveness and Evaluation for analysis of Patient/Client Experience Standards questionnaires</p>	<p>10,000 Voices surveys continue to provide a mechanism for patients to report on their experience of care received in the Trust. Stories continue to be shared with staff and managers for learning and service improvement.</p>	<p>The ‘hello my name is’ has been implemented with positive feedback from patients and staff.</p> <p>It has been regionally agreed that the Patient Client Experience Standards and 10,000 Voices initiatives will be merged and a joint action plan will be agreed by the Patient Client Experience Standards Steering Group</p>	

							<p>An “Enhancing the Patient/Client Experience” training programme has been developed and delivered to various staff across the Trust. Ambassadors have also been trained to enable more training to be carried out.</p>	
--	--	--	--	--	--	--	--	--



**CORPORATE OBJECTIVE 1: PROVIDE SAFE, HIGH QUALITY CARE**

	<b>Risk Area and Principle Risks</b>	<b>Key Current Controls</b>	<b>Assurance on Controls</b>	<b>Assurance Reporting</b>	<b>Gaps in Assurance/ Controls</b>	<b>Action Planned and Timeframe</b>	<b>Update since last report</b>	
1.16	Implementation of the Nursing Midwifery Council's (NMC) revised revalidation arrangements in April 2016	<ul style="list-style-type: none"> <li>• NI Revalidation Programme Board</li> <li>• NI Revalidation Working Group</li> <li>• Establishment of Nursing and Midwifery Revalidation Information Management system</li> </ul>	<p>NI Revalidation Programme Board (bi-monthly)</p> <p>NI Revalidation Working Group (monthly)</p>	<p>SMT</p> <p>Trust Board via Executive Director of Nursing Report</p>		<p>Monthly reports on the status of nursing and midwifery revalidation will be emailed to nursing/ midwifery managers from 1<sup>st</sup> November 2015</p> <p>The Assistant Director Nursing Governance, along with Directorate Champions, are developing tools and proformas to support nurses and midwives in evidencing compliance with the core revalidation elements and to prepare nurses/midwives for their reflective discussion with their NMC colleague.</p>	<p>In October 2015 the NMC agreed its arrangements for the revalidation of nurses and midwives to commence in April 2016</p> <p>The Trust's Medical Revalidation Team has been extended to support the development and implementation of a Nursing and Midwifery Revalidation Information system which is now live</p> <p>Standard Operating Procedures have been developed to provide timely</p>	On Corporate Risk Register as high risk

							reports to nursing and midwifery managers and heads of service on the status of nursing and midwifery revalidation in their area of responsibility .	
--	--	--	--	--	--	--	--	--

**CORPORATE OBJECTIVE 2: MAXIMISING INDEPENDENCE AND CHOICE FOR OUR PATIENTS AND CLIENTS**

No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance	Action Planned and Timeframe	Update since last report	Status
2.1	Commissioning Plan Standards & Target for Resettlement (Mental Health/Learning Disability)	Southern Area Supporting People Plan Resettlement Group	Regional Resettlement Group  HSCB Performance Monitoring	Performance Report to Trust Board		Mental Health continue to plan resettlement with Business cases for Supported Living options.  The Trust has submitted a Business Case to Southern Area Supporting People Planning Group for a 10 place Supported Living scheme in Dungannon to meet emerging need.	Mental Health has successfully completed resettlement of the long stay hospital population .  There is an ongoing need to secure appropriate supported community accommodation for persons whose discharge form Acute inpatient services is delayed.  Learning Disability has resettled	

							<p>all remaining patients in long stay wards in Longstone during 2013/14.</p> <p>As per previous update, one individual in Muckamore Abbey remains to be resettled and has now re-engaged with the process of resettlement and appropriate solutions are being actively sought.</p>	
--	--	--	--	--	--	--	---	--

2.2	<p>Maximising self directed support (SDS)</p> <p>Insufficient SDS Bridging Funding to enable the release of resources for individual budgets whilst ensuring the stability of existing services in the short-term</p>	<p>Performance monitoring In Control project structure</p> <p>Health &amp; Social Care Board Self Directed Support (SDS) Project Initiation document</p> <p>SH&amp;SCT Self Directed Support Implementation Group</p> <p>SH&amp;SCT Self Directed Support Implementation Plan</p> <p>SH&amp;SCT Self Directed Support PPI Action Plan</p>	<p>SH&amp;SCT Director representation on Health &amp; Social Care Board SDS Programme Board</p> <p>SH&amp;SCT Assistant Director representation on Health &amp; Social Care Board SDS Project Team</p>	<p>Indicators of Performance Report to Trust Board (Direct Payments target)</p> <p>Performance reporting to Health &amp; Social Care Board</p>	<p>Clarity on issues linked to ensuring consistency of an SDS approach between Trust areas</p> <p>Lack of clear guidance needed for establishing Trust Costs</p> <p>Ambiguity regarding the process for identifying individual budgets</p>	<p>Key issues from SDS Provider Workshops shared with HSCB requesting guidance on a number of issues, necessary to the progression of SDS</p>	<p>Provider Workshops convened with independent/private and community /voluntary providers</p>	
-----	---	---	--	--	--	---	--	--

**CORPORATE OBJECTIVE 3: SUPPORTING PEOPLE AND COMMUNITIES TO LIVE HEALTHY LIVES AND IMPROVE THEIR HEALTH AND WELLBEING**

No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance/ Controls	Action Planned and Timeframe	Update since last report	Status
3.1	<p>Focus on Prevention and Early Intervention – To ensure all Trust activity has an underpinning ethos of prevention and health promotion</p>	<p>Trust Strategy – “Improving through Change”</p> <p>SHSCT Health &amp; Wellbeing Strategy (under review)</p> <p>Health Improvement Action Plans</p> <p>Community Development Action Plan</p>	<p>Accountability Review meetings</p>	<p>Indicators of Performance Report to Trust Board (Health and Wellbeing targets)</p> <p>Reporting at Accountability Review meetings</p> <p>Reporting framework to Health &amp; Social Care Board and Public Health Agency</p> <p>External funding reporting to range of funding bodies</p>		<p>The Trust continues to work with PHA, Councils, NIHE, to develop collaborative approaches to develop Good Neighbourhoods for Ageing Well across Southern Area</p> <p>Work progressing to ensure greater integration of Trust sexual health services per RQIA recommendation</p> <p>The Trust’s Smoke Free Steering group continues to meet regularly to oversee implementation of Smoke Free sites</p>	<p>‘Making Life Better’ - new Public Health Framework has been published and local and Trust implementation structures to be established before March 2016. A mapping of activity against Making Life Better themes was undertaken across the Trust.</p> <p>Annual Reports 2014/15 for Community Development, PPI, Carers, Travellers, Volunteering and Health Improvement completed.</p>	

						by March 2016.	<p>Action Plans for 2015/16 developed and being implemented.</p> <p>Quarterly and end of year monitoring reports continue to be provided to Public Health Agency/HSCB re: health improvement/ community development/ PPI action plans.</p> <p>Trust participating in Council Community Planning workshops to influence health and wellbeing priorities and promote Making Life Better Themes</p>	
--	--	--	--	--	--	----------------	--	--

3.2	<p>Development of robust community infrastructure Sustainable funding for maintenance and development of community/voluntary sector providers. Impact of reduced funding streams for the community/voluntary sector from other funding bodies can impact on service delivery in SHSCT area</p>	<p>Annual SHSCT investment plan for community/voluntary sector Trust in Community Project Children &amp; Young People's Strategic Partnership Collaborative working with other government departments e.g Department of Social Development</p>	<p>Regular review meetings.  Annual updates to SMT</p>	<p>Quarterly/Annual contract monitoring on agreed Service Level Agreement and service specification.  Resources from Health &amp; Social Care Board, Public Health Agency and other funding sources which Trust channel to community/voluntary sector partners is reported annually.</p>		<p>The Trust continues to participate in Council Community Planning meetings in relation to health and wellbeing priorities  Contract review process being finalised for SMT approval  Active support for community/voluntary sector in sourcing funding to remain sustainable  Re-procurement of generic Carers Support underway and being finalised for advertisement November/December 2015</p>	<p>Small grants programme made available annually</p>	
-----	--	--	--	--	--	--	---	--



**CORPORATE OBJECTIVE 4: BE A GREAT PLACE TO WORK, VALUING OUR PEOPLE**

No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance	Action Planned and Timeframe	Update since last report	Status
4.1	<p>A well trained workforce</p> <p>Fully embedded appraisal system</p> <p>Risk that workforce does not have the skills and competency development necessary to deliver high quality service</p>	<p>There are a variety of mechanisms in place to ensure appraisal takes place:-</p> <ul style="list-style-type: none"> <li>• Medical Appraisal</li> <li>• Professional Supervision</li> <li>• Knowledge and Skills Framework (KSF) policy and monitoring system in place</li> <li>• KSF is a standing item on the agenda of the Education, Training and Workforce Development Committee and SMT meetings</li> <li>• Action Plan in place and reviewed quarterly</li> <li>• Staff Attitude</li> </ul>	Audit Reports	<p>HR Report to SMT monthly</p> <p>HR Report to Trust Board</p> <p>Medical Director report to Trust Board and Governance Committee</p>	<p>Lack of evidence of compliance</p> <p>All staff to complete PDP form on an annual basis</p>	<p>KSF reports continue to be collated monthly and forwarded to Directors</p> <p>Work is ongoing with individual Directors and Heads of Service to support staff and managers when completing their KSF documentation to increase uptake</p> <p>Work underway to improve Mandatory Training levels</p>	<p><u>Knowledge and Skills Framework</u></p> <p>As a result of the Knowledge and Skills (KSF) monitoring system in place, there has been an increase in the extent to which KSF is being implemented within the Trust</p> <p><u>Consultant/ Medical Appraisal</u></p> <p>As at 16/11/15, 93% of 300 eligible doctors have completed their 2014 appraisal.</p>	On Corporate Risk Register as moderate risk

		<p>Survey results provide staff view</p> <ul style="list-style-type: none"><li>• Working Group established by Vocational Workforce Assessment Centre to further embed KSF throughout the organisation.</li></ul>						
--	--	--	--	--	--	--	--	--

<b>CORPORATE OBJECTIVE 4: BE A GREAT PLACE TO WORK, VALUING OUR PEOPLE</b>								
<b>No</b>	<b>Risk Area and Principle Risks</b>	<b>Key Current Controls</b>	<b>Assurance on Controls</b>	<b>Assurance Reporting</b>	<b>Gaps in Assurance</b>	<b>Action Planned and Timeframe</b>	<b>Update since last report</b>	<b>Status</b>
4.2	<p>Compliance with Controls Assurance Standards</p> <p>Human Resources Health and Safety</p>	<p>Process for management of self assessment of compliance with Controls Assurance Standards</p>	<p>Self assessment against Controls Assurance Standards and action plan</p> <p>Accountability Review with DHSSPS</p>	<p>Report and Action Plans to SMT (bi-annually)</p> <p>Reports to Governance Committee and Trust Board (annually)</p>		<p>Implementation of action plans ongoing in 2015/16</p> <p>Self-Assessment process for 2015/16 underway</p>	<p>Self-assessment for 2014/15 demonstrated Substantive compliance</p>	

CORPORATE OBJECTIVE 5: MAKE THE BEST USE OF RESOURCES								
No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance	Action Planned and Timeframe	Update since last report	Status
5.1	<p>Effective systems of financial control</p> <ul style="list-style-type: none"> <li>Achievement of financial balance in 2015/16</li> </ul>	<p>Contingency Plan for in place</p> <p>BCBV project structure</p> <p>Financial Monitoring systems</p> <p>Annual Capital Plan</p> <p>Financial Management Controls Assurance Standards</p> <p>Financial Management</p>	<p>BCBV Project Board</p> <p>BCBV Project Assurance Group</p> <p>Internal Audit Reports</p> <p>External Audit Reports</p> <p>Due Diligence process with HSCB</p>	<p>Finance Report to SMT and Trust Board (monthly)</p> <p>Contingency Plan reported to SMT and Trust Board (monthly)</p> <p>Financial Plan monitored by BCBV Programme Board</p> <p>Final Accounts to Audit Committee and Trust Board (annually)</p> <p>SBA monitoring reports to SMT (bi-monthly)</p> <p>Capital Investment Plan to Trust Board (annually)</p>			<p>As a result of additional Health and Social Care Board allocations and Departmental approval to a number of additional contingency proposals, the Trust would now expect to breakeven in 2015/16</p>	<p>On Corporate Risk Register as medium risk</p>

	Fraud Prevention	SHSCT Fraud Policy and Response Plan  Training programme  Internal monitoring  Involvement in National Fraud Initiative	Audit Committee  Internal Audit  External Audit  Counter Fraud & Probity Services	Reports to Audit Committee				
	Compliance with Financial Management Controls Assurance Standard	Trust process for management of self assessment and verification of compliance with Controls Assurance Standards Internal Audit assessment and verification of level of compliance	Internal Audit verification of self assessment	Reports to Audit Committee  Report and Action Plans to SMT  Reports to Governance Committee and Trust Board (annually)  Internal Audit verification reports to Audit Committee (annually)		Ongoing monitoring of Action Plan		

CORPORATE OBJECTIVE 5: MAKE THE BEST USE OF RESOURCES								
No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance	Action Planned and Timeframe	Update since last report	Status
5.2	Effective Procurement and Contract Management	<p>Action Plans to address weaknesses identified in Internal Audit reports</p> <p>Contracts Management Establishment Group</p> <p>COPE for significant element of spend</p>	<p>Controls Assurance Standard: Management of Purchasing and Supply</p> <p>Internal Audit</p> <p>External Audit</p> <p>DHSSPS approval for STAs</p>	<p>Progress updates to SMT and Audit Committee</p> <p>Internal Audit reports to Audit Committee</p> <p>Baseline Risk Report on Contract Management provided to Directors</p>	<p>Clarification on scope of Procurement required</p> <p>Lack of compliance with procurement standards associated with COPE capacity</p> <p>No agreed regional way forward for procurement capacity gaps at CoPE level or for Estates/ Social Care which is outside CoPE coverage. Issues continue to be raised</p>	<p>Recommendations of Internal Audit reports continue to be progressed</p> <p>Capacity for new TYC related social care procurement under recruitment</p> <p>E-learning programme for contract management training being updated</p> <p>Proposals brought forward by Trusts on regional basis to address procurement deficit for Estates services to be pursued regionally.</p>	<p>Regional Social Care Procurement Group developing approach for social care procurements</p> <p>New Structures for contract &amp; procurement management being developed.</p> <p>Measured Term Contract (MTC) in place for 2015/16 which mitigates risks to procurement for schemes &lt;£45k</p>	On Corporate Risk Register as medium-risk

					with DHSSPS and Regional Procurement Board	New Regional Task and Finish Group established to determine impact of new EU Directives for Social Care Procurement and provide guidance for social care.	Internal resource diverted to provide procurement support to key Mental Health Directorate projects in 2015/16 enabling change	
--	--	--	--	--	--	---	--	--

**CORPORATE OBJECTIVE 5: MAKE THE BEST USE OF RESOURCES**

No	Risk Area and Principle Risks	Key Current Controls	Assurance on Controls	Assurance Reporting	Gaps in Assurance	Action Planned and Timeframe	Update since last report	Status
5.3	<p>HRPTS:</p> <p>Payroll &amp; Travel Payments - potential for inaccurate and/or late payments. Negative media publicity and impact on Trust's reputation as a good employer.</p> <p>Transfer to Payroll Shared Services and maintenance of service delivery</p>	<ul style="list-style-type: none"> <li>• Customer Forums in place for monitoring the performance of services in Shared Services Centres</li> <li>• Progress updates to Audit Committee</li> <li>• 3 weekly performance monitoring meetings between the Trust's Head of Resourcing and Shared Services Centre Head of Recruitment &amp; Selection</li> </ul>	SMT			Ongoing communication/ engagement with Managers as regards timely completion of paperwork	The challenge with BSO regarding the timeliness and effectiveness of recruitment processes is now impacting on operational services	