Business Services Organisation

Integrated Governance and Assurance Framework

2026/27

Directorate of Strategic Planning & Customer Engagement

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Version 2.0

Business Services Organisation

BUSINESS SERVICES ORGANISATION

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Director responsible	Director of Strategic Planning and Customer Engagement
Policy Author	Aodhan Carland
Policy Author, Position	Governance & Risk Manager
Author Contact Details	Aodhan.Carland@hscni.net
Directorate	Strategic Planning and Customer Engagement

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Contents

1. Introduction 6
1.1 Purpose of the Framework 6
1.2 Governance & Assurance Relationships 6
1.2.1 Accountability to the Minister and the Department 7
1.2.2 Relationships with Stakeholders 8
1.2.3 Strategic Planning & Performance Group 8
1.3 The Four Governance Dimensions 9
2. Strategic Context 10
2.1 Organisational Objectives and Corporate Planning 10
3. Governance Framework 11
3.1 Board 12
3.1 Committees 12
3.2 Executive Leadership Team 13
3.3 Directorates and Service Areas 13
3.4 Governance, Risk, and Assurance Support 14
3.5 Delegation and Accountability Structures 14
4. Roles and Responsibilities for Governance & Assurance Arrangements 15
4.1 Role of BSO Board 15
4.2 Role of the BSO Chairperson 15
4.3 Role of Non-Executive Directors 16
4.4 Role of the BSO Chief Executive 16
4.5 Role of the Executive Leadership Team 17
4.6 Role of Directors 17
4.7 Role of The Executive Director of Finance 18
4.8 Role of The Executive Director of People & Place 18
4.9 Role of The Executive Director of Operations 18
4.10 Role of The Director of Digital 19
4.11 Role of The Director of Strategic Planning & Customer Engagement 19
4.12 Role of Assistant Directors & Heads of Service 20
4.13 Role of the Governance & Risk Manager 20
4.14 Role of Internal Audit 21
4.15 Governance Culture 21
5. Board Committees 22
5.1 Governance & Audit Committee 22

5.2 Remuneration & Terms of Service Committee 22
5.3 Business and Development Committee 23
5.4 Committee Reporting to the Board 23
6. The Assurance Framework 24
6.1 Assurance Definition 24
6.2 Sources of Assurance 24
6.3 Three Lines Model 25
6.3.1 Governing Body – BSO Board 25
6.3.2 First Line 26
6.3.3 Second Line - Governance, Risk and Compliance Functions 26
6.3.4 Third Line – Internal Audit 28
6.3.5 The Three lines in Practice 28
6.3.6 External Assurance Providers 29
6.3.7 Relationship Between Management and Internal Audit 29
6.4 Relationship between Objectives, Risk & Assurance 30
7. Risk Management 31
7.1 Risk Appetite 31
7.2 Risk Identification, Assessment & Review 32
7.3 Risk and Issue Registers 32
7.3.1 Corporate Risk Register 33
7.3.2 Service Risk Registers 33
7.3.3 Corporate Issue Register 33
7.3.4 Service Issue Registers 33
7.4 Risk Escalation 34
7.5 Risk Monitoring and Reporting 35
8. Board Assurance Arrangements 36
8.1 Corporate Performance Reporting 36
8.2 Corporate Risk Reporting 37
8.2.1 Corporate Risk and Assurance Report 38
8.3 Internal Audit Reporting 38
8.4 Schedule of Assurances 39
8.4.1 Assurance Mapping 40
8.4.2 Identification of Assurance Gaps 40
9. Governance Statement 41
9.1 Mid-Year Assurance Statement 41

9.2 Director Assurance Contributions 41
10. Review and Continuous Improvement of the Framework 43
10.1 Ownership and Accountability 43
10.2 Monitoring and Review 43
10.3 Embedding the Framework 43
10.4 Continuous Improvement 44
10.5 Signatories 44
11. Appendices/ Attachments 45

1. Introduction

The Business Services Organisation (BSO) is a Non-Departmental Arm's Length Body of the Department of Health, established under the Health and Social Care (Reform) Act (Northern Ireland) 2009.

BSO operates within a defined governance and accountability framework, with the Board responsible for providing strategic direction, overseeing performance and ensuring the effective stewardship of public resources.

This Integrated Governance and Assurance Framework (IGAF) explains how governance, risk management and assurance arrangements operate within BSO to support the delivery of organisational objectives.

1.1 Purpose of the Framework

This Integrated Governance and Assurance Framework sets out how BSO is directed and controlled, and how the Board gains assurance on the effectiveness of governance, risk management and internal control. It supports the Accounting Officer in discharging their responsibility for maintaining a sound system of internal control and effective risk management.

The Framework brings together:

- organisational structures
- accountabilities
- risk management processes
- sources of assurance;
- a clear view of how the organisation is managed and overseen.

This enables informed decision-making by ensuring that appropriate assurance is available on the management of risks to the achievement of strategic objectives.

The framework also provides transparency on how BSO meets its governance obligations, demonstrating alignment with legislative requirements, departmental expectations and recognised good practice.

Together, these arrangements form BSO's Integrated Governance and Assurance Framework

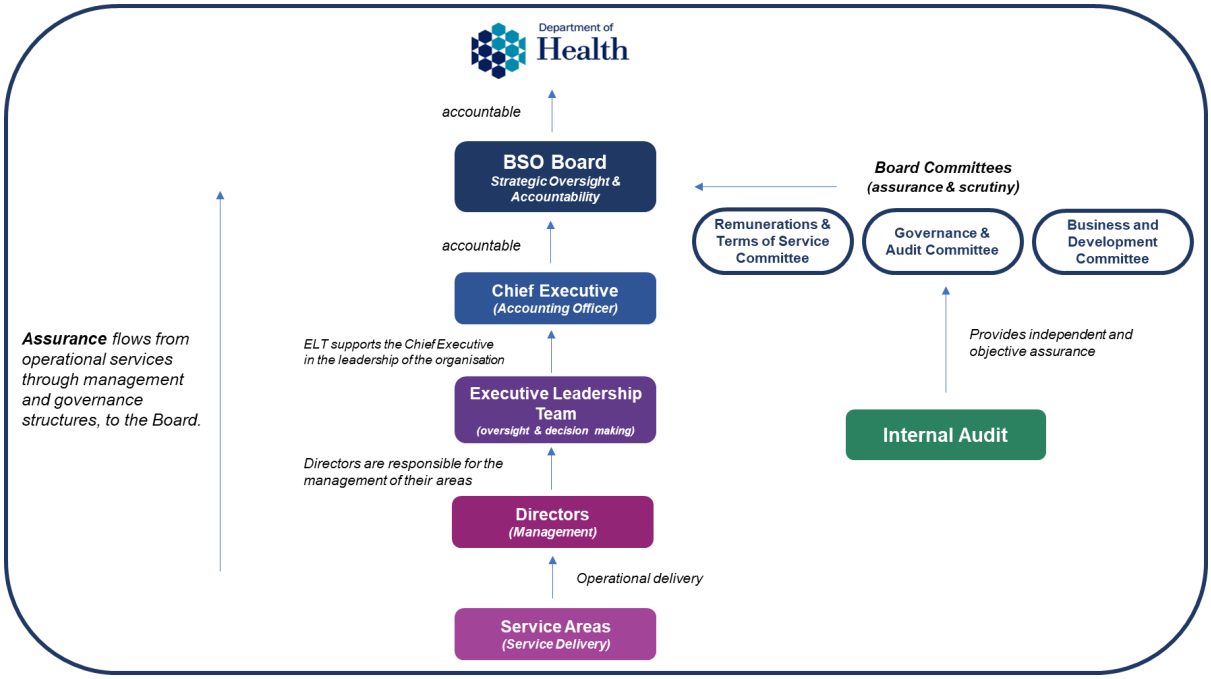
1.2 Governance & Assurance Relationships

Governance refers to the arrangements through which BSO is directed and controlled, including the structures, processes and accountabilities that support effective decision-making.

Assurance is the means by which the Board gains confidence that the organisation is operating effectively, risks are being managed, and that objectives are being achieved.

Governance and assurance are closely linked. Governance provides the structures through which performance and risk are managed, while assurance provides the evidence that these arrangements are working as intended.

The diagram below provides a high-level overview of how these arrangements operate within BSO, illustrating how assurance is generated and flows through the organisation to the Board



This structure demonstrates how assurance is built from the day-to-day management of services, supported by oversight and challenge through governance arrangements, and supplemented by independent assurance. This ensures risks to the achievement of strategic objectives are appropriately escalated, scrutinised and reported, enabling the Board to maintain effective oversight and to make informed decisions based on a comprehensive understanding of the organisation's risk and control environment.

These governance and assurance relationships operate within a wider system of accountability and partnership. The following sections set out BSO's key external accountability relationships and how these support effective governance and assurance.

1.2.1 Accountability to the Minister and the Department

As a statutory body, BSO exercises functions assigned to it by the Department of Health and operates within a defined governance and accountability framework. It is accountable to the Minister for Health for the use of public funds and for the delivery of its statutory functions and organisational objectives.

The Department of Health sets the strategic and policy framework within which BSO operates, including the approval of corporate objectives, performance expectations and financial allocations. The Minister is accountable to the Northern Ireland Assembly for the overall performance of the organisation.

The relationship between BSO and the Department of Health is supported by a Partnership Agreement, which sets out the respective roles, responsibilities and assurance arrangements between both organisations. Within this framework, BSO is responsible for delivering its functions effectively and for ensuring that appropriate governance, risk management and internal control arrangements are in place to support accountability and assurance. *Further details on the Partnership Agreement is provided in Appendix 2*

1.2.2 Relationships with Stakeholders

The Business Services Organisation operates within the Health and Social Care (HSC) system in Northern Ireland, working closely with the Department of Health, Health and Social Care organisations, and other public sector bodies to provide a range of services that support the delivery of health and social care across the region.

BSO's Key stakeholders include:

- the Department of Health
- Health and Social Care Trusts
- HSC Arm's Length Bodies
- Service Users & public interest stakeholders

These relationships are supported through formal arrangements, including service level agreements, partnership working, and transparent established governance processes.

BSO is accountable to its stakeholders for the quality, effectiveness and value of the services it delivers. This includes providing transparent performance information, and ensuring that appropriate assurance is available on the delivery of services and the management of associated risks.

While BSO works closely with its stakeholders and provides assurance in relation to the services it delivers, each organisation operates within its own governance and assurance framework. This Integrated Governance and Assurance Framework relates specifically to the governance, risk management and assurance arrangements within BSO.

1.2.3 Strategic Planning & Performance Group

BSO acts as the hosting organisation for staff within the Strategic Planning and Performance Group (SPPG), formerly the Health and Social Care Board, under arrangements agreed with the Department of Health.

While these staff are hosted within BSO, accountability for the statutory functions and governance of SPPG remains with the Department of Health. As such, SPPG operates under separate governance and assurance arrangements, and is not within the scope of this Integrated Governance and Assurance Framework.

1.3 The Four Governance Dimensions

BSO's governance and assurance arrangements are structured around four key dimensions of governance as set out in the DHSSPS (DoH) Framework Document *[Appendix 2].* These dimensions provide a framework for organising oversight, risk management, and assurance across the organisation, ensuring that all key aspects of governance are considered in a consistent and coordinated way.

The four dimensions support the Board and its committees in reviewing performance, managing risk and obtaining assurance across the full range of organisational activity.

The Four Dimensions are:

Corporate Control	**Corporate Control relates to the systems and processes that ensure the organisation operates in a compliant, controlled and well-governed manner. This includes governance structures, policies, internal control systems, and compliance with regulatory requirements**
Finance	**The finance dimension relates to the effective stewardship of public funds, including financial planning, budget management and financial reporting. It supports assurance regarding financial sustainability and the proper use of resources**
Operational Performance & Service Improvement	**This dimension relates to the delivery of services and achievement of strategic objectives, including performance management, service delivery, and continuous improvement activity. It provides assurance on organisational effectives and delivery**
Safety and Quality	**This dimension relates to the quality and safety of services provided, including safeguarding, service standards, and quality assurance arrangements**

These dimensions are embedded throughout the Integrated Governance and Assurance Framework and are reflected in the organisation's governance structures, risk management processes and assurance arrangements. They provide a consistent lens through which performance, risk and assurance are considered across BSO.

By structuring governance and assurance in this way, the Board and its committees are supported in obtaining a balanced and comprehensive view of organisational activity, ensuring that all key aspects of governance are subject to appropriate oversight.

This approach underpins the organisation's ability to deliver its corporate objectives, linking governance and assurance arrangements directly to the strategic context set out in the following section.

2. Strategic Context

BSO's strategic direction and priorities are set out in the Corporate Plan, which establishes the organisation's objectives over the planning period. These objectives drive organisational planning, performance management and the allocation of resources across the organisation.

The Integrated Governance and Assurance Framework supports the delivery of these objectives by ensuring that clear governance arrangements are in place, risks are identified and managed, and performance is effectively monitored. This provides a structured link between strategy and delivery, enabling the organisation to manage performance, risk and accountability in a coordinated and consistent way

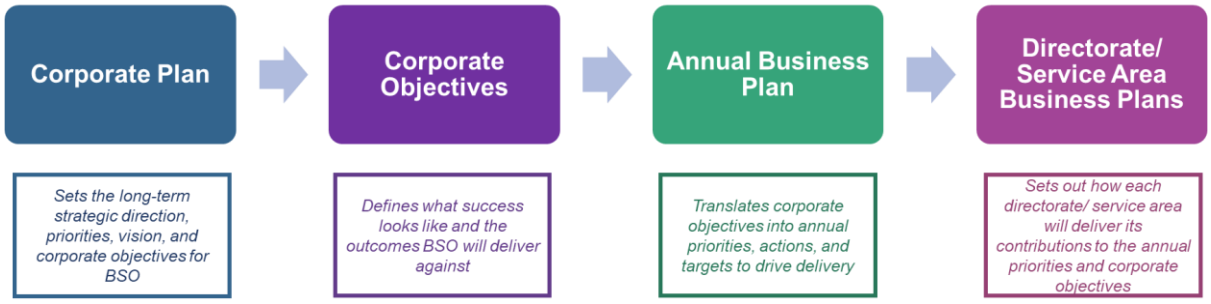
2.1 Organisational Objectives and Corporate Planning

BSO's corporate objectives are established through the corporate planning process and approved by the Board. These objectives reflect the organisation's role within the Health and Social Care system and align with Department of Health policy and regional priorities.

The Corporate Plan sets the organisation's strategic priorities and is supported by an annual Organisational Business Plan, alongside directorate and service area business plans. These arrangements ensure that corporate objectives are translated into clear operational activity across the organisation.

Performance against these objectives is monitored through established reporting arrangements and supported by the organisation's Performance Management Framework, which provides a structured approach to performance management and continuous improvement.

Together, these arrangements ensure that corporate objectives are clearly defined, translated into delivery, and subject to ongoing monitoring and oversight.



3. Governance Framework

Effective Governance Arrangements are essential to ensuring that BSO operates in a transparent, accountable and well-controlled manner. The Governance Framework sets out the structures through which the organisation is directed, controlled, and held to account.

It establishes clear lines of accountability and supports the flow of risk, assurance, and performance information from operational services, through management, to the Board.

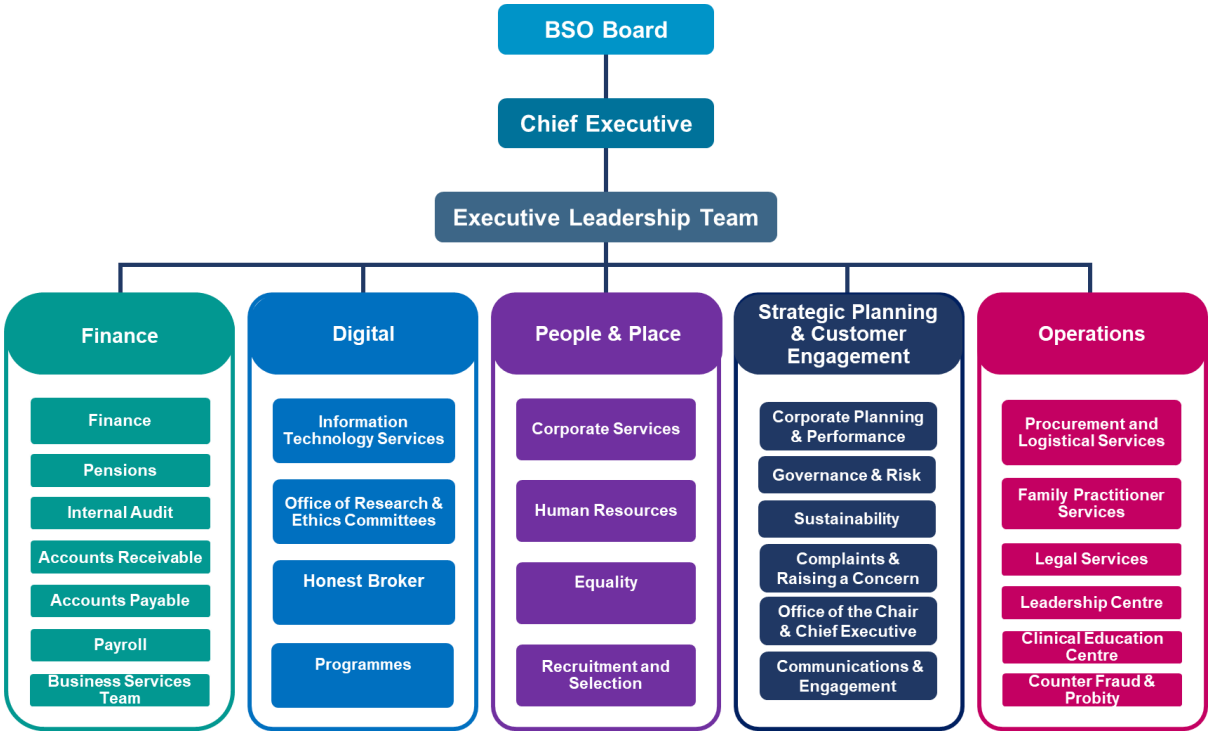
The Governance Framework includes:

- The Board
- Board Committees
- The Executive Leadership Team,
- Directorates and Service Areas
- Central Governance, Risk, and Assurance Function

Together, these structures provide the framework through which oversight, decision-making and accountability are exercised across the organisation.

The organisational structure of BSO supports these governance arrangements.

BSO Organisational Structure:



3.1 Board

The Board has corporate responsibility for ensuring that BSO fulfils its statutory functions and achieves the objectives set by the Department of Health. It provides strategic direction, oversees organisational performance, and ensures the effective stewardship of public resources.

The Board is accountable for ensuring that appropriate governance arrangements are in place and that risks to the achievement of corporate objectives are effectively managed. Through this role, it maintains oversight of organisational performance and risk, supporting informed decision-making, and the delivery of organisational objectives.

The composition of the Board is determined by the Department of Health and is set out in the organisation's Standing Orders. *For further detail see Appendix 1*.

The Board Comprises:

- A Chairperson, appointed by the Minister
- Eight Non-Executive Directors, appointed by the Minister
- the Chief Executive
- Executive Directors
- Additional Non-Executive participants (non-voting)

This structure provides a balance of independent challenge and executive insight in decision-making.

3.1 Committees

The Board is supported by a number of committees which provide oversight and scrutiny in key areas of governance. These committees assist the Board in discharging its responsibilities and obtaining assurance within their respective areas.

The Board has established the following committees:

Governance & Audit Committee

Remuneration & Terms of Service Committee

Business and Development Committee

These committees form a key part of the organisation's governance framework by supporting the Board in maintaining effective oversight of performance, risk, and control.

Further details on the remit and responsibilities of Board committees is provided in in Section 5.

3.2 Executive Leadership Team

The Executive Leadership Team (ELT) supports the Chief Executive in the leadership and management of the organisation and in delivering the corporate objectives set by the Board.

ELT provides collective leadership across BSO and acts as the primary forum for organisational oversight, decision-making, and the coordination of activity across directorates.

ELT Comprises:

- Chief Executive
- Executive Director of Finance
- Executive Director of People and Place
- Executive Director of Operations
- Director of Strategic Planning and Customer Engagement
- Director of Digital
- any other officers as determined by the Chief Executive.

ELT plays a central role within the organisation's governance framework, providing collective oversight and acting as a key point of review and challenge before matters are escalated to the Board. It provides a critical link between operational delivery and Board-level oversight, ensuring that risk and assurance are effectively considered and coordinated at an organisational level.

3.3 Directorates and Service Areas

Operational delivery is undertaken through directorates and service areas. These structures are responsible for delivering services and form the foundation of the organisation's governance and assurance arrangements.

Governance at this level is supported through structured management arrangements, including directorate and service area management teams. They enable the regular review of:

- performance against business plans and key performance indicators
- emerging risks and issues, including reviews of risk registers
- progress against audit recommendations and actions
- any other business relevant to operational planning and horizon scanning

Discussions, decisions, and actions arising from these meetings should be appropriately documented to support transparency, accountability and effective governance. An agenda template and action log for management meetings can be found in appendix 10.

3.4 Governance, Risk, and Assurance Support

BSO's governance framework is supported by a central governance and risk management function, alongside specialist oversight and advisory roles across the organisation. The central governance and risk management function provides coordination and support for organisational governance and assurance arrangements, including:

- development and maintenance of the Integrated Governance and Assurance Framework
- coordination of risk management policy, processes and reporting
- oversight of governance, risk and assurance reporting to senior management and the Board

This is complimented by subject matter experts in key areas, who provide advice and guidance within their areas of responsibility.

Together, these arrangements support effective organisational oversight and the consistent flow of risk and assurance information through governance structures to the Board.

3.5 Delegation and Accountability Structures

The governance framework is supported by clear arrangements for delegation and accountability across the organisation. Authority for decision making is delegated by the Board through the Chief Executive & Executive Leadership Team to directors and senior managers in accordance with BSO Standing Orders, Scheme of Delegation, and Standing Financial Instructions.

These arrangements ensure that decision-making authority is clearly defined and aligned to organisational responsibilities. The roles and responsibilities that underpin these arrangements, and how they support governance, risk management and assurance, are set out in the following section.

4. Roles and Responsibilities for Governance & Assurance Arrangements

Clear roles and responsibilities are essential to the effective operation of governance, risk management and internal control arrangements across the organisation. The governance framework relies on a range of roles and functions to support oversight, decision-making and assurance.

This section outlines the key responsibilities of these roles in relation to governance, risk management and assurance.

All employees of BSO, including permanent and temporary staff, are expected to understand and apply the roles and responsibilities set out in this framework.

4.1 Role of BSO Board

The Board has corporate responsibility for ensuring that the Business Services Organisation fulfils its statutory functions and achieves the wider objectives set by the Department of Health. It provides strategic leadership and direction, and is responsible for overseeing organisational performance and the effective use of resources.

In discharging its responsibilities, the Board:

- sets the strategic direction of the organisation within the policy and resource framework determined by the Department of Health
- oversees the delivery of objectives through the monitoring of performance and outcomes
- ensures effective stewardship of public funds, including financial planning, control and value for money
- promotes high standards of governance and accountability across the organisation
- ensures that appropriate arrangements are in place for governance, risk management and internal control

The Board operates in accordance with its Standing Orders, which set out the framework for decision-making, delegation, and the conduct of business.

4.2 Role of the BSO Chairperson

The Chair is accountable to the Minister for Health and is responsible for leading the Board and ensuring its effectiveness in discharging its responsibilities. **The Chair has particular responsibility for:**

- Ensuring the Board provides strategic leadership, maintains effective oversight of organisational performance and upholds high standards of governance and accountability.
- working with Board members to ensure that BSO fulfils its statutory functions and delivers the wider objectives set by the Department of Health, while promoting constructive challenge and effective decision-making.

- ensuring that appropriate relationships are maintained with the Department of Health and other key stakeholders.
- ensuring that risk management is regularly and formally considered at Board meetings

4.3 Role of Non-Executive Directors

Non-Executive Directors are members of the Board who provide oversight, challenge and support to the organisation. They contribute to the development of BSO corporate strategy, scrutinise performance and risk, and provide objective challenge to executive decision-making.

Through their role, Non-Executive Directors support the Board in ensuring effective governance, accountability and assurance.

4.4 Role of the BSO Chief Executive

The Chief Executive is designated as Accounting Officer by the Department of Health and is accountable to the Board for the leadership and management of the organisation. As Accounting Officer, the Chief Executive is responsible for the stewardship of public funds and for ensuring propriety, regularity and value for money in the use of resources.

The Chief Executive has overall responsibility for ensuring that the organisation operates effectively and delivers the corporate objectives set by the Board.

In fulfilling this role, the Chief Executive:

- provides leadership and direction to the organisation in line with the corporate objectives set by the Board
- ensures that effective governance, risk management, and internal control arrangements are in place and operating effectively
- is accountable for the stewardship of public funds, ensuring propriety, regularity and value for money
- ensures compliance with statutory and legal requirements, and with guidance issued by the Department of Health
- supports the Board by providing advice and assurance on organisational performance, risk and the effectiveness of internal control

Through these arrangements, the Chief Executive is accountable for the effective operation of the organisation and for ensuring that appropriate assurance is provided to the Board.

4.5 Role of the Executive Leadership Team

The Executive Leadership Team (ELT) is accountable to the Chief Executive for the effective leadership and management of the organisation and for delivering the corporate objectives set by the Board.

In fulfilling this role, ELT collectively:

- provides leadership across the organisation, ensuring that services are effectively managed and aligned to strategic priorities
- ensures that appropriate governance, risk management and control arrangements are in place throughout the organisation
- engages with stakeholders to ensure that executive decisions are informed by organisational wide perspectives and priorities
- reviews organisational performance, providing oversight and constructive challenge
- promotes a culture of good governance and accountability, ensuring that decision making is transparent, evidence based, and subject to challenge
- ensures that relevant and timely information is available to support decision-making and Board oversight
- supports the escalation of significant risks and issues through governance structures
- where appropriate, seeks direct input from subject matter experts and assurance functions to support informed decision making

Through these arrangements, ELT plays a key role in ensuring the flow of risk and assurance information to the Board.

4.6 Role of Directors

Directors are accountable to the Chief Executive and Executive Leadership Team for the leadership, performance, and governance of their directorates, and for delivering organisational objectives within their areas of responsibility.

In fulfilling this role, Directors:

- maintain effective oversight of performance, risk, and delivery against business plans
- ensure that key performance indicators are monitored and that appropriate action is taken where required
- review and manage risks and issues within their directorates, ensuring that controls are in place and operating effectively
- monitor progress against audit recommendations and improvement actions
- identify emerging issues and ensure that these are appropriately managed

Directors are expected to maintain effective oversight arrangements within their areas to support good governance and informed decision-making.

4.7 Role of The Executive Director of Finance

The Executive Director of Finance is accountable to the Chief Executive for financial governance and stewardship across the organisation.

In fulfilling this role, the Executive Director of Finance:

- provides strategic financial advice to the Board, Chief Executive, and Executive Leadership Team
- ensures that effective financial governance, control and reporting arrangements are in place
- ensures compliance with financial regulations and statutory requirements
- supports effective financial planning and the delivery of value for money

Through these arrangements, the Executive Director of Finance provides assurance on the organisation's financial management and control environment.

4.8 Role of The Executive Director of People & Place

The Executive Director of People and Place is accountable to the Chief Executive for the delivery of human resources, organisational development, regional recruitment and corporate services.

In fulfilling this role, the Executive Director of People and Place:

- provides leadership across people, organisational development and corporate service functions
- has corporate responsibility for information governance arrangements
- acts as the Senior Information Risk Owner (SIRO), with responsibility for information risk policy and oversight
- ensures that information risks are identified, assessed and appropriately managed across the organisation

The Executive Director of People & Place provides assurance on governance arrangements relating to people, corporate services and information risk.

4.9 Role of The Executive Director of Operations

The Executive Director of Operations is accountable to the Chief Executive for the delivery of services to customers across the Health and Social Care system.

In fulfilling this role, the Executive Director of Operations:

- ensures that services are delivered efficiently, effectively and in line with agreed quality and performance standards
- leads service delivery through performance management arrangements and continuous improvement
- ensures that risks and issues relating to service delivery are identified and managed

- supports a customer-focused approach to service delivery across the organisation

The Executive Director of Operations provides assurance on the delivery of services and the achievement of operational objectives.

4.10 Role of The Director of Digital

The Director of Digital is accountable to the Chief Executive for the leadership and governance of digital services and technology across the organisation.

In fulfilling this role, the Director of Digital:

- leads the development and delivery of digital services and shared technology functions
- ensures that effective governance arrangements are in place for digital and ICT activity
- supports decision-making on digital investment, including prioritisation and resource allocation
- ensures appropriate stakeholder engagement in relation to digital services and programmes

The Director of Digital provides assurance on digital governance, technology risk and the delivery of digital services.

4.11 Role of The Director of Strategic Planning & Customer Engagement

The Director of Strategic Planning and Customer Engagement provides strategic leadership for corporate planning, performance management and governance arrangements across BSO, ensuring that these operate in a coordinated and integrated manner to support the delivery of organisational objectives.

The role is central to enabling effective organisational oversight, ensuring that strategic objectives, risk, and assurance are aligned to support informed decision-making at Board level.

In fulfilling this role, the Director:

- leads the development of corporate planning and performance frameworks, ensuring alignment to strategic priorities and Department of Health expectations
- provides organisational oversight of corporate performance, ensuring that reporting is robust, timely and supports effective scrutiny and challenge
- supports the design and implementation of governance and assurance arrangements, ensuring that these are effective and aligned across the organisation

- ensures that the Board receives clear, reliable and integrated assurance on performance and delivery of strategic objectives
- promotes effective engagement with stakeholders, ensuring that services are responsive to customer needs and system priorities

The Director of SP&CE plays a key part in strengthening organisational governance and enabling the Board to maintain a clear and comprehensive view of performance, risk and assurance.

4.12 Role of Assistant Directors & Heads of Service

Assistant Directors and Heads of Service are responsible for the day-to-day management of services and for ensuring that effective governance, risk management and control arrangements are in place within their areas of responsibility.

In fulfilling this role, they:

- identify, assess, and manage risks within their areas, ensuring that risks are recorded and maintained within service risk registers
- ensure that appropriate controls and mitigating actions are in place and operating effectively
- monitor performance and identify issues that may impact the delivery of objectives
- escalate risks and issues in line with established escalation arrangements where they cannot be managed at service level

Through these arrangements, Assistant Directors and Heads of Service play a key role in supporting the effective management of risk and delivery of services.

4.13 Role of the Governance & Risk Manager

The Governance and Risk Manager acts as the organisation's subject matter expert for governance, risk management and assurance, supporting the effective operation and continuous improvement of these arrangements across BSO.

In fulfilling this role, the Governance and Risk Manager:

- leads the development, maintenance and ongoing improvement of the Integrated Governance and Assurance Framework
- coordinates the organisation's risk management arrangements, including oversight of the corporate risk register
- provides specialist advice and guidance on governance and risk management matters to senior officers
- supports and advises the Board and its committees on organisational assurance arrangements
- drives governance and risk reporting processes to support oversight by the Executive Leadership Team, Board Committees and the Board

- facilitates governance and assurance activities that strengthen organisational oversight of risk

Through these arrangements, the role plays a key part in supporting effective governance, risk management and assurance across the organisation.

4.14 Role of Internal Audit

Internal Audit provides independent and objective assurance to the Board and the Governance and Audit Committee on the effectiveness of governance, risk management and internal control arrangements.

In fulfilling this role, Internal Audit:

- provides independent assurance on the adequacy and effectiveness of governance, risk management and control arrangements
- delivers a risk-based internal audit programme aligned to organisational priorities and risks
- reports findings and recommendations to the Governance and Audit Committee
- provides an annual opinion on the overall adequacy and effectiveness of governance, risk management and internal control

Through these arrangements, Internal Audit provides independent assurance to support Board oversight and decision-making.

4.15 Governance Culture

Effective governance is supported by a positive organisational culture, where accountability, transparency and continuous improvement are embedded across all levels of the organisation.

BSO promotes a culture in which staff understand their roles and responsibilities in relation to governance, risk management and assurance, and are supported to apply these consistently in their day-to-day activities.

This includes:

- promoting openness and transparency in decision-making and reporting
- encouraging constructive challenge and effective oversight
- supporting the identification and escalation of risks and issues
- ensuring that learning from assurance activities, including audit and review, is embedded across the organisation

Through this approach, governance becomes an integral part of how the organisation operates, supporting effective delivery of objectives and strengthening overall assurance.

5. Board Committees

Board committees play a key role in supporting the Board to discharge its responsibilities by providing oversight and scrutiny across key areas of governance, performance, risk and internal control.

Through their respective remits, committees review key information, monitor organisational performance and risk, and support the Board in obtaining assurance on the effectiveness of governance arrangements.

Committees receive reports and information from across the organisation and escalate matters to the Board where appropriate. The committee reporting structure forms a key component of the organisation's overall assurance framework.

5.1 Governance & Audit Committee

The Governance and Audit Committee (GAC) is a key committee of the Board, providing oversight and scrutiny of governance, risk management and internal control arrangements.

The Committee supports the Board and the Accounting Officer by reviewing the adequacy and effectiveness of these arrangements and by considering the assurances available to the organisation.

In fulfilling its role, the Committee:

- reviews the effectiveness of governance, risk management and internal control arrangements
- considers the assurances available from internal audit, external audit and other sources
- reviews the Governance Statement and other key control-related disclosures
- monitors the management of key organisational risks and the effectiveness of assurance processes

In line with the HM Treasury Orange Book, the Committee provides oversight and assurance but does not have responsibility for managing risks, which remains the responsibility of management.

Further detail on the remit and responsibilities of the Committee is set out in its Terms of Reference [Appendix 6]

5.2 Remuneration & Terms of Service Committee

The Remuneration and Terms of Service Committee provides oversight of remuneration, terms and conditions, and performance arrangements for senior executive staff within the organisation.

The Committee supports the Board by ensuring that appropriate arrangements are in place for remuneration and terms of service, aligned with Department of Health policy and relevant public sector guidance.

In fulfilling its role, the Committee:

- makes recommendations to the Board on the remuneration and terms of service of senior executives
- oversees performance appraisal arrangements for senior executive staff
- ensures that remuneration arrangements are fair, transparent and compliant with relevant policies and legislation

Further detail on the remit and responsibilities of the Committee is set out in its Terms of Reference [Appendix 7]

5.3 Business and Development Committee

The Business and Development Committee provides oversight and scrutiny of organisational performance, service delivery and development across the organisation.

The Committee supports the Board by reviewing performance against strategic objectives, considering customer feedback and monitoring progress against key organisational priorities and improvement initiatives.

In fulfilling its role, the Committee:

- reviews organisational performance, including delivery against service level agreements and strategic priorities
- considers customer feedback, complaints and learning arising from incidents and reviews
- oversees people and organisational development matters, supporting workforce-related priorities
- monitors the progress of major change and improvement programmes
- considers information governance and management arrangements where relevant to organisational performance and risk

Further detail on the remit and responsibilities of the Committee is set out in its Terms of Reference [Appendix 8]

5.4 Committee Reporting to the Board

Board Committees report to the Board following each meeting, providing updates on key issues, risks and areas of assurance within their respective remits. Through these arrangements, the Board receives assurance across key areas of governance, performance, risk and internal control, enabling it to maintain oversight of the organisation and support informed decision-making. The collective work of the Committees forms a key component of the organisation's overall assurance framework, supporting a structured and comprehensive approach to Board assurance.

6. The Assurance Framework

The Integrated Governance and Assurance Framework sets out how BSO obtains assurance that its corporate objectives are being delivered and that effective governance, risk management and internal control arrangements are in place. It provides a structured approach to identifying and managing risks to the achievement of organisational objectives, and to ensuring that appropriate sources of assurance are in place.

The framework brings together arrangements for governance, risk management and performance oversight, supported by independent assurance activity, to provide the Board and its committees with confidence in the effectiveness of these arrangements.

6.1 Assurance Definition

Assurance is defined as the process by which an organisation gains confidence that risks are being effectively managed and that objectives will be achieved. This includes evaluating the effectiveness of governance, risk management and internal control arrangements.

Assurance supports effective oversight and decision-making by enabling the Board and its committees to assess the extent to which organisational objectives are being delivered and risks are being managed within agreed levels.

6.2 Sources of Assurance

Within BSO, assurance is derived from a range of sources across the organisation, including management oversight, governance processes, and independent assurance activity. These sources provide evidence that risks are being appropriately managed and that controls are operating effectively.

These sources arise from the day-to-day management of services, supported by governance and risk management processes, and supplemented by independent assurance activity. Together, they provide the Board and its committees with confidence in the effectiveness of organisational arrangements.

Sources of assurance within BSO include:

- the management and delivery of services, including the monitoring of performance and achievement of objectives
- the identification, assessment and management of risks through service and corporate risk registers
- governance and reporting arrangements that provide oversight and challenge
- policies, procedures and internal control systems
- independent assurance activity, including internal and external audit

The strength and reliability of assurance may vary depending on its source. Taken together, these sources provide a balanced and comprehensive view of organisational assurance.

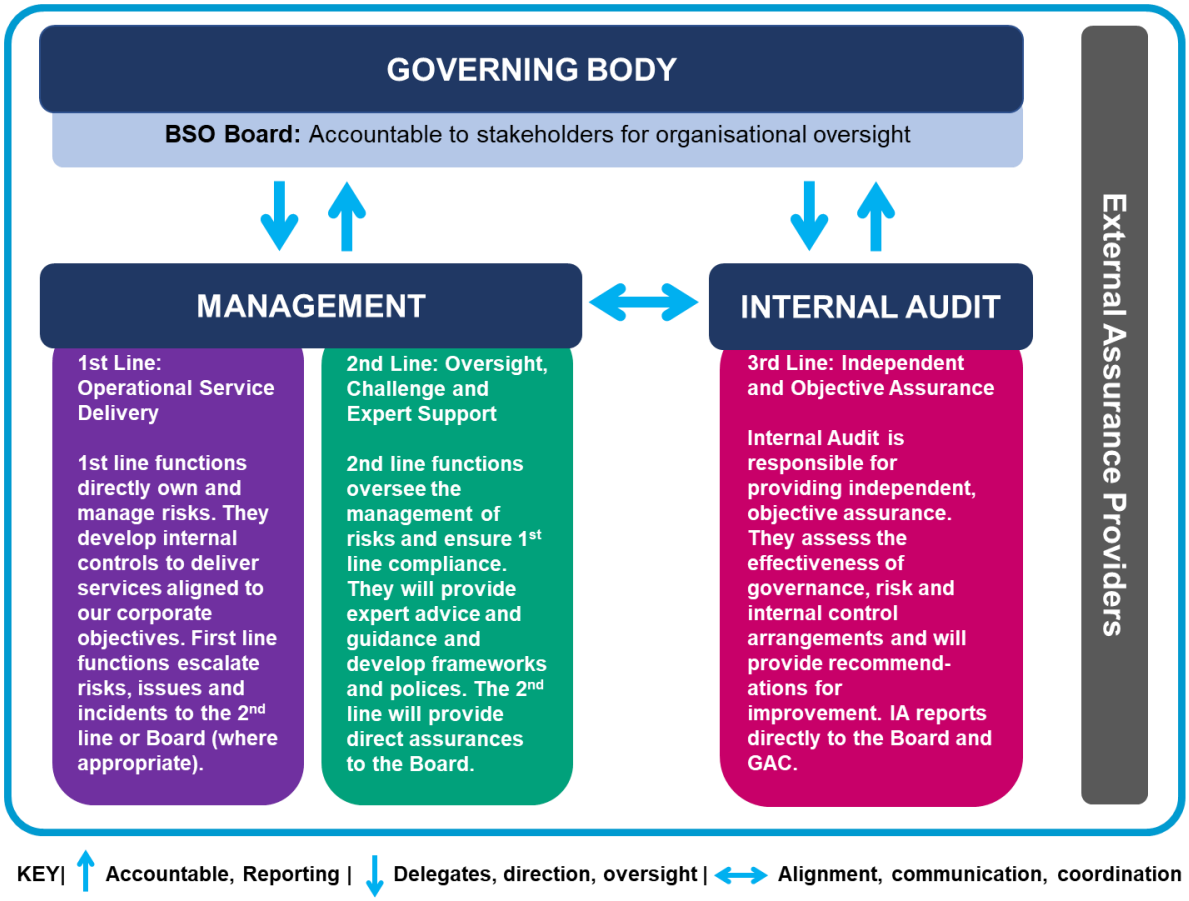
These sources of assurance align to the Three Lines Model, which distinguishes between management responsibility, oversight functions and independent assurance.

6.3 Three Lines Model

BSO adopts the Three Lines Model to support a clear and structured approach to governance, risk management, and assurance.

The model distinguishes between management responsibility, oversight and challenge, and independent assurance, enabling a coordinated and effective approach to organisational governance.

The application of the Three Lines Model within BSO is illustrated below:



6.3.1 Governing Body – BSO Board

The Board, as the governing body, sits above the Three Lines Model and is accountable for ensuring that effective governance, risk management and assurance arrangements are in place across the organisation.

It is accountable to the Department of Health and wider stakeholders for the overall performance and stewardship of the organisation, and for maintaining effective oversight of organisational risk and control.

The Board does not operate within the Three Lines but relies on them to provide assurance. It receives assurance from management, oversight functions and independent assurance to support its understanding of the organisation's performance, risk and control environment.

This enables the Board to form a comprehensive view of organisational effectiveness and to discharge its accountability for governance and assurance.

6.3.2 First Line

The first line consists of management, who have primary ownership, responsibility and accountability for identifying, assessing and managing risks within their areas of responsibility.

This includes Directors, Assistant Directors, Heads of Service and operational management teams across service areas, who are responsible for delivering services and achieving organisational objectives.

In fulfilling this role, management:

- own and manages risks within their areas of responsibility
- designs, implements, and operates effective internal controls
- monitors performance and risk through routine management processes and reporting
- takes corrective action where control weaknesses or issues are identified
- ensures that appropriate policies, procedures and processes are in place to support effective risk management

The Executive Leadership Team forms part of this management structure, providing collective leadership and organisational oversight as part of its management responsibilities.

Through these activities, the first line generates primary assurance through the day-to-day operation of controls, delivery of services and management of risk.

6.3.3 Second Line - Governance, Risk and Oversight Functions

The second line provides oversight, support, and challenge to management, helping to ensure that governance and risk management arrangements are effective and consistently applied across the organisation. This includes a central governance, risk, and assurance function that facilitates the reporting of adequate risk related information up and down the organisation and supports management by bringing expertise, process excellence, and monitoring.

In line with good practice, the second line supports the development of frameworks and processes and monitors the operation of controls.

The second line includes:

- Central governance and risk management function

- the development and maintenance of frameworks, policies and processes
- the provision of advice, guidance and coordination of assurance activities
- monitoring and review of governance and risk management arrangements

Within BSO, second line responsibilities are supported through designated subject matter leads for key areas of governance, risk, and compliance areas. These roles provide organisational oversight, guidance, and challenge within their areas, supporting the consistent application of controls and compliance requirements across service areas.

This approach ensures that responsibility for oversight in key specialist areas is clearly defined and supports a consistent approach to governance across the organisation.

To support clarity of responsibility, lead roles for key compliance and oversight areas have been identified, as set out below.

Key Compliance/ Specialist Areas	Director Responsible	Lead/ Subject Matter Experts	Oversight & Assurance Activity
Corporate Governance	Director of SP&CE	Governance & Risk Manager	Oversight, guidance and challenge to ensure compliance with good governance standards
Financial Governance	Director of Finance	Assistant Director of Finance	Oversight, advice and assurance on financial controls and reporting,
Legal (Compliance)	Director of Operations	Chief Legal Advisor	Provides legal advice, guidance and assurance to support compliance with statutory and regulatory requirements.
Risk Management	Director of SP&CE	Governance & Risk Manager	Oversight, guidance and coordination of risk management arrangements
Information Governance & Data Protection	Director of People & Place	Head of IG and DP	Oversight, advice and assurance on data protection and information governance compliance.
Emergency Planning & Business Continuity	Director of People & Place	Emergency Planning & Business Continuity Manager	Oversight, guidance and assurance on business continuity and emergency planning
Health & Safety	Director of People & Place	Health & Safety Manager	Oversight, guidance, and assurance on health and safety arrangements and statutory compliance.
Cyber Security	Director of Digital	Head of Infrastructure	Advice on cyber controls, ensuring compliance with security requirements.
Counter Fraud	Director of Operations	Head of Counter Fraud	Oversight, advice and assurance on counter fraud arrangements

Workforce Governance	Director of People & Place	Assistant Director – Human Resources	Advice and assurance on workforce governance, wellbeing and compliance with employment standards.
Procurement Compliance	Director of Operations	Assistant Director – Procurement	Advice and assurance on procurement activity, ensuring compliance and value for money.
Sustainability	Director of SP&CE	Sustainability Manager	Oversight, advice and assurance on sustainability and environmental compliance.

These roles also contribute to organisational assurance by supporting the identification, monitoring and reporting of risks and controls within their areas of expertise and support a consistent approach to governance and control across the organisation.

6.3.4 Third Line – Internal Audit

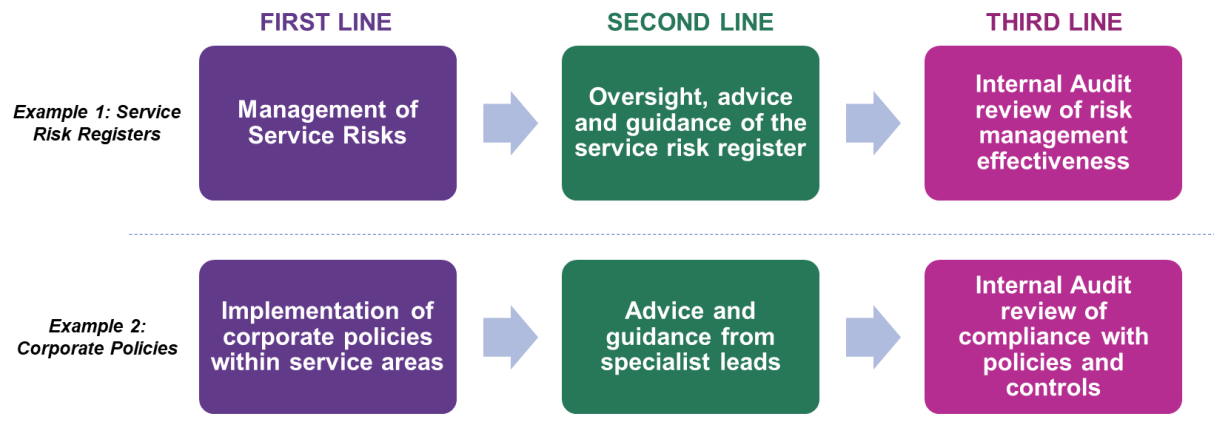
The third line provides independent and objective assurance to the Board and the Governance and Audit Committee on the effectiveness of governance, risk management and internal control arrangements. Internal Audit operates independently of management and is not involved in the delivery of services or the operation of controls. Its role is to provide an objective assessment of the adequacy and effectiveness of governance and control arrangements across the organisation.

Internal Audit:

- delivers assurance through a risk-based programme of work
- provides an independent annual opinion on the effectiveness of governance, risk management and internal control
- reports findings and recommendations to the Governance and Audit Committee

6.3.5 The Three lines in Practice

The table below provides illustrative examples of how the Three Lines Model operates in practice within BSO.



The application of the Three Lines Model can be illustrated through risk reporting within BSO.

First Line
Service areas manage risks through service risk registers, providing assurance through routine monitoring, reporting, and oversight from management.

Second Line (Oversight and Challenge):
The Governance & Risk manager reviews and challenges risk information, providing oversight and supporting the consistency and reliability of reporting.
.

Third Line (Independent Assurance):
Internal Audit may review risk management arrangements, providing independent assurance on the effectiveness of controls and the reliability of information.

Together, these layers of assurance provide the Board with increasing levels of confidence in organisational performance, risk management and control.

6.3.6 External Assurance Providers

External assurance is provided by independent organisations and bodies outside of BSO, offering an objective assessment of aspects of governance, risk management, performance, and compliance. These providers are independent of both management and Internal Audit and provide additional assurance to the Board on the effectiveness of organisational arrangements.

External assurance may include:

- External Audit
- regulatory inspections and reviews
- independent assessments by external bodies or peer organisations
- external system accreditation reviews/certification (e.g. ISO)

The findings and recommendations from external assurance providers are reported through governance structures and where required, contribute to the overall assurance available to the Board.

External assurance complements the Three Lines Model by providing an additional layer of independent scrutiny and validation.

6.3.7 Relationship Between Management and Internal Audit

Internal Audit operates independently of management to provide objective assurance on the effectiveness of governance, risk management and internal control arrangements. While independence is essential, effective governance also requires appropriate engagement between Internal Audit and management. This ensures that Internal Audit work is informed by organisational priorities and that assurance activity is relevant and aligned to key risks.

Management, including both first- and second-line roles, and Internal Audit work collaboratively to support effective governance, while maintaining clear boundaries of responsibility. This approach helps to avoid duplication, overlap or gaps in assurance and supports a coordinated and comprehensive view of organisational assurance.

6.4 Relationship between Objectives, Risk & Assurance

The Integrated Governance and Assurance Framework is underpinned by a clear relationship between the organisation's corporate objectives, the risks that may impact their achievement, and the assurance arrangements in place to manage those risks.

BSO's corporate objectives, as set out in the Corporate Plan, provide the basis for organisational planning and performance management. Risks to the achievement of these objectives are identified and managed through the organisation's risk management framework, including corporate and service risk registers.

Controls and mitigating actions are implemented to manage identified risks. Sources of assurance are then used to provide evidence that these controls are operating effectively and that risks are being appropriately managed.

Assurance is reported through management and governance structures, including the Executive Leadership Team and Board Committees, enabling the Board to maintain oversight of the delivery of strategic objectives and the management of associated risks. The corporate risk register aligns corporate risks to corporate objectives, ensuring that risks are considered in the context of organisational priorities.

This structured approach enables the organisation to assess whether sufficient assurance exists in relation to key risks and to identify areas where assurance may be limited or require strengthening.

The relationship between objectives, risk and assurance is illustrated below.



7. Risk Management

Risk management is a core component of BSO's governance and assurance arrangements, supporting the identification and management of risks that may impact the achievement of corporate objectives. BSO operates a structured risk management framework, as set out in the Risk Management Strategy [Appendix 1], which defines the organisation's approach to identifying, assessing, managing and monitoring risks across the organisation.

Within this framework, risk management is considered in the context of governance and assurance, demonstrating how risks are escalated, monitored and reported to support Board oversight. This Section should be read in conjunction with the BSO Risk Management Strategy, which sets out the organisations detailed approach to risk management, including roles, responsibilities, and processes.

All staff are expected to be familiar with the Risk Management Strategy and apply its requirements in the management of risks within their areas of responsibility

7.1 Risk Appetite

Risk appetite defines the level and type of risk that BSO is willing to accept in pursuit of its corporate objectives and provides a framework for informed decision-making. The Board is responsible for setting the organisation's risk appetite, considering the Corporate Plan, corporate objectives and the wider operating environment. This ensures that risk-taking is aligned with organisational priorities.

Risk appetite supports the assessment and escalation of risks by providing a reference point against which risks can be evaluated, helping to determine when risks require escalation through management and governance structures, including the Executive Leadership Team, Committees, and the Board.

It is embedded within the organisation's risk management arrangements, including the assessment of risks within service and corporate risk registers and the prioritisation of actions to manage those risks. This enables the Board to maintain oversight of the organisation's risk profile and to obtain assurance that risks are being managed within agreed levels.

BSO's detailed risk appetite, including defined risk domains and tolerance levels, is set out in the Risk Management Strategy. This provides a structured articulation of the organisation's appetite across key areas of activity and supports consistent application in risk assessment and decision-making.

BSO defines its risk appetite across a number of key domains such as operational, financial, and reputational, which are supported by agreed tolerance levels that guide the assessment and escalation of risks.

7.2 Risk Identification, Assessment & Review

Risks to the achievement of BSO's corporate objectives are identified and assessed in a structured and consistent manner, supporting effective decision-making and ensuring that risks are managed within the organisation's defined risk appetite.

Risk Identification

Risks are identified at all levels of the organisation, including within service areas and corporate level. This includes risks arising from internal operations, external factors and emerging issues that may impact the delivery of organisational objectives

Risk Assessment

Identified risks are assessed based on their likelihood and impact, considering existing controls and mitigating actions. This enables the organisation to determine the significance of risks and prioritise actions

Risk Appetite

Risk assessment is informed by the organisations risk appetite, which provides a reference point for determining whether risks are acceptable or require further action or escalation

Risk Recording & Review

Assessed risks are recorded within corporate and service risk registers, ensuring that risks are managed at the appropriate level and subject to regular review

This approach supports a consistent and transparent assessment of risk across the organisation.

7.3 Risk and Issue Registers

BSO maintains a structured approach to recording, managing and monitoring risks and issues through a series of registers at both service and corporate levels. These registers form a core component of the organisation's risk management and assurance arrangements.

Risk and issue registers support the:

- consistent identification and assessment of risks and issues
- recording of controls and mitigating actions
- escalation of risks and issues to the appropriate level
- ongoing monitoring and review of risk and issue status

Registers are subject to regular review at service, directorate and organisational levels, ensuring that risks and issues are actively managed, and are escalated where appropriate.

Information from these registers supports governance reporting and provides a key source of assurance to:

- the Executive Leadership Team
- the Governance & Audit Committee
- the Board

7.3.1 Corporate Risk Register

The Corporate Risk Register captures the organisation's most significant risks that may impact the delivery of corporate objectives. These risks typically represent risks scored extreme, outside risk appetite levels, or organisational wide risks.

Risks included on the Corporate Risk Register:

- are aligned to corporate objectives
- include defined controls and mitigating actions
- are subject to regular review and challenge through the Executive Leadership Team and Governance & Audit Committee
- are reported to the Board to support oversight of the organisation's risk profile

7.3.2 Service Risk Registers

Service Risk Registers capture risks identified within individual service areas. These risks are managed locally and reflect operational risks associated with service delivery.

Service risks are:

- regularly reviewed through directorate and service area management arrangements
- reviewed and challenged by the Governance & Risk Manager
- escalated to the Corporate Risk Register where they exceed defined thresholds and cannot be managed locally,
- assessed by the Executive Leadership Team and Governance & Audit committee for emerging risk themes

7.3.3 Corporate Issue Register

The Corporate Issue Register records significant issues that have materialised or will materialise and require active management at an organisational level. These issues may arise from realised risks, performance failures, audit findings, or external factors.

Corporate issues:

- have defined ownership and clear resolution actions
- are actively monitored through governance structures
- are reviewed frequently to ensure timely resolution and ongoing issue management

7.3.4 Service Issue Registers

Service Issue Registers record operational issues arising within service areas. These issues are managed locally and reflect matters requiring resolution to support effective service delivery.

Service issues:

- are monitored through local management arrangements
- reviewed by the Governance & Risk Manager
- support the identification and resolution of operational challenges
- are escalated where they are or will impact organisational performance, service delivery or the achievement of corporate objectives
- are assessed by the Executive Leadership Team for emerging issue themes

7.4 Risk Escalation

BSO has established arrangements for the escalation of risks to ensure that risks are managed at the appropriate level and that those requiring higher-level oversight are brought to the attention of the Executive Leadership Team and the Board.

Risk escalation supports effective governance by ensuring that significant risks are visible, appropriately challenged, and subject to oversight through governance structures.

How Risk Escalation Operates

Risks are escalated from service to corporate level where they:

- exceed defined risk appetite thresholds
- have an extreme residual risk score
- cannot be effectively managed within existing resources or control arrangements
- require organisational-level oversight or decision-making
- Have the potential to impact the wider organisation

Link to Risk Appetite

The organisation's risk appetite supports escalation decisions by providing a reference point for determining when risks fall outside acceptable levels.

Risks that exceed, or have the potential to exceed, agreed risk appetite:

- require escalation to a higher level of management
- are subject to increased scrutiny and oversight
- may require additional controls or mitigating actions

Escalated risks and issues are reviewed and challenged through established management and governance structures, ensuring appropriate oversight and decision-making.

These arrangements ensure that significant risks and issues are:

- managed at the appropriate level within the organisation
- subject to effective challenge and scrutiny

- visible through governance and reporting structures

This supports timely decision-making and ensures that the Board has appropriate visibility of the organisation's risk profile.

7.5 Risk Monitoring and Reporting

Risks are subject to ongoing monitoring and review to ensure that they remain accurate, up to date, and reflective of the organisation's current risk profile. This supports effective risk management and enables timely and informed decision-making across the organisation.

Risk Monitoring

Risks are regularly reviewed at service, directorate and corporate levels to ensure that they are actively managed and remain relevant.

This includes:

- reviewing changes in risk scores
- assessing the effectiveness of existing controls
- monitoring progress against mitigating actions
- identifying emerging risks or changes in context

Reporting Through Governance Structures

Risk information is reported through established management and governance structures, ensuring that risks are subject to appropriate review, challenge and scrutiny.

This includes:

- review at service and directorate management level
- review and challenge by the Governance & Risk Manager
- oversight by the Executive Leadership Team
- scrutiny by the Governance & Audit Committee
- reporting to the Board, where appropriate

Link to Assurance

Risk monitoring and reporting form a key component of the organisation's assurance framework by providing evidence that risks are being actively managed, controls are in place and operating effectively and mitigating actions are progressing as planned

This enables the organisation to assess whether risks are being managed within agreed risk appetite and whether sufficient assurance is available in relation to key risks.

Risk reporting provides a key input into the organisation's wider assurance arrangements, supporting the Board and its committees in obtaining assurance on the management of risks and the effectiveness of controls. This is reflected in the Board Assurance Arrangements set out in Section 8.

8. Board Assurance Arrangements

The Board requires assurance that BSO's corporate objectives are being delivered and that effective systems of governance, risk management and internal control are in place.

This assurance is obtained through a structured framework of reporting and governance arrangements, which together provide a comprehensive and integrated view of organisational performance, risk and control.

Overview of Board Reporting Arrangements

Assurance is provided to the Board through a coordinated framework of reporting, including:

- corporate risk reporting
- corporate performance reporting
- independent assurance activity
- Other relevant assurance reports

These reports are reviewed and challenged through management and governance structures, including the Executive Leadership Team and Board Committees, before being presented to the Board.

Together, these arrangements provide the Board with an integrated view of organisational risk, performance, and assurance, supporting effective oversight and informed decision-making.

These arrangements are further supported by the Schedule of Assurances, which brings together key sources of assurance and supports the identification of assurance gaps.

8.1 Corporate Performance Reporting

Corporate performance reporting provides the Board with assurance on the delivery of BSO's strategic objectives, enabling it to monitor progress and identify areas of underperformance.

Performance Monitoring Arrangements

Performance is monitored and reported through structured arrangements aligned to the Corporate Plan and supported by the organisation's Performance Management Framework.

All staff are expected to be familiar with the Performance Management Framework and apply its requirements within their areas of responsibility

Performance monitoring arrangements ensure that performance information is aligned to corporate objectives, is consistent and reliable, and relevant to organisational priorities.

Governance and Challenge

Performance information is reviewed and challenged through management and governance structures prior to being reported to the Board.

This includes:

- review at service and directorate level
- oversight by the Executive Leadership Team
- scrutiny by the Business and Development Committee

This process supports effective scrutiny and validation of performance information.

Link to Risk and Assurance

Corporate performance reporting can support the identification of risks to the delivery of objectives and provides evidence on the effectiveness of controls and improvement actions.

It contributes to the organisation's assurance framework by:

- highlighting areas of underperformance
- providing evidence of progress against objectives
- supporting the assessment of whether controls and actions are effective

Together, these arrangements provide the Board with assurance on organisational performance and the achievement of corporate objectives.

8.2 Corporate Risk Reporting

Corporate risk reporting provides the Board with assurance on the organisation's risk profile and the effectiveness of arrangements in place to manage risks that may impact the achievement of corporate objectives.

Risk information is reported in line with the organisation's risk management framework and is aligned to corporate objectives through the Corporate Risk Register.

This ensures that key risks are considered in the context of organisational priorities, risks are clearly linked to corporate objectives, and the organisation's overall risk profile is understood at Board level

Governance and Challenge

The Corporate Risk Register and associated risk information is reviewed and challenged through established management and governance structures prior to being reported to the Board.

This includes:

- review at directorate and service level
- review and challenge by the Governance & Risk Manager
- oversight and challenge by the Executive Leadership Team
- scrutiny by the Governance & Audit Committee

This process supports effective scrutiny of risks and the adequacy of controls and mitigating actions.

8.2.1 Corporate Risk and Assurance Report

The Board receives a Corporate Risk and Assurance Report, which provides a consolidated view of:

- the organisation's corporate risks
- changes in risk scores
- the effectiveness of controls and mitigating actions
- areas where risk may exceed agreed risk appetite and tolerance levels
- Assurance assessments

It also supports the identification of areas where assurance may be limited and where further action or assurance activity may be required. This report supports a comprehensive and structured view of organisational risk and assurance, enabling the Board to assess whether risks are being effectively managed.

Together, these arrangements provide the Board with assurance on the organisation's risk profile and the effectiveness of risk management processes.

8.3 Internal Audit Reporting

Internal Audit provides the Board with independent and objective assurance on the effectiveness of governance, risk management and internal control arrangements across BSO.

Internal Audit delivers a risk-based programme of work informed by the organisation's risk profile, focusing on key areas of governance, risk and control. This includes assessing the design and effectiveness of controls, reviewing the adequacy of governance and risk management arrangements, and providing recommendations to strengthen control and improve effectiveness

Audit reviews provide an independent assessment of the adequacy and effectiveness of these arrangements.

Internal Audit operates independently of management and is accountable to the Board through the Governance and Audit Committee. This ensures that audit work is free from bias or undue influence, findings are objective and evidence-based, and Internal Audit has unrestricted access to information required to perform its role

Internal Audit reports its findings, recommendations and progress against agreed actions to the Governance and Audit Committee, providing independent scrutiny of organisational arrangements.

Significant issues are escalated to the Board where appropriate, ensuring that key risks and control weaknesses are visible at the highest level.

Annual Opinion

Internal Audit provides an annual opinion on the overall adequacy and effectiveness of governance, risk management and internal control arrangements. This opinion draws on the outcomes of audit work completed during the year, reflects the organisation's overall control environment, and supports the preparation of the Annual Governance Statement.

Link to Assurance Framework

Internal Audit forms a key component of the organisation's assurance framework by providing independent validation of management and governance assurances.

It supports the Board by:

- confirming whether controls are operating as intended
- identifying areas where controls require strengthening
- highlighting gaps in governance, risk management or assurance arrangements

Together, these arrangements provide the Board with independent assurance and insight into the effectiveness of organisational governance, risk management and internal control.

8.4 Schedule of Assurances

The Schedule of Assurances provides a structured and coordinated approach to identifying, recording and reviewing sources of assurance across the organisation. It brings together assurance in relation to corporate objectives and associated risks, providing a comprehensive and integrated view of organisational assurance.

It acts as a key mechanism for linking performance, risk and assurance, supporting the Board in understanding whether sufficient assurance is in place to support the achievement of organisational objectives.

The Schedule of Assurances supports the Board by:

- providing visibility of the sources and strength of assurance available
- supporting a structured and risk-based view of organisational assurance
- identifying areas where assurance may be limited, duplicated or require strengthening

This provides a clear line of sight between what the organisation is seeking to achieve, the risks it faces, and the assurance available to support effective oversight.

8.4.1 Assurance Mapping

Assurance mapping is the process of identifying and aligning sources of assurance to the organisation's corporate objectives, principal risks and key controls, providing a structured view of assurance coverage.

Through assurance mapping, sources of assurance are systematically identified and recorded, assurance is aligned to the three lines model, and alignment between risks, controls and assurance is assessed.

Assurance mapping enables the organisation to:

- identify areas where assurance is strong
- highlight potential duplication of assurance
- identify areas where assurance may be limited or absent

These insights support targeted action to strengthen assurance and improve governance arrangements.

8.4.2 Identification of Assurance Gaps

The identification of assurance gaps is a key outcome of the assurance mapping process and supports the continuous improvement of governance, risk management and assurance arrangements. An assurance gap arises where there is insufficient evidence to confirm that risks are being effectively managed or existing sources of assurance do not provide adequate coverage of key risks or controls.

Assurance gaps are identified through:

- assurance mapping
- assessment of alignment between risks, controls and assurance
- consideration of the strength and reliability of available assurance

Where gaps are identified, actions are taken to strengthen assurance. This may include strengthening existing controls, enhancing monitoring and reporting arrangements, and commissioning additional assurance activity.

Governance and Oversight

Identified assurance gaps and associated actions are reported through governance structures, including:

- Governance & Risk Manager
- Executive Leadership Team
- Governance & Audit Committee
- The Board, where escalated

This approach supports the continuous strengthening of organisational assurance and ensures that the Board has visibility of areas where assurance may be limited, enabling informed decision-making and targeted action.

9. Governance Statement

The Governance Statement is a key component of BSO's governance framework and provides a formal assessment of the effectiveness of governance, risk management and internal control arrangements.

The Governance Statement is signed by the Chief Executive, as Accounting Officer, and forms part of the organisation's annual report and accounts. It supports accountability to the Department of Health and other stakeholders by providing transparency on the organisation's control environment and the management of risk.

The Governance Statement is informed by a range of assurance sources across the organisation, including:

- corporate risk reporting
- corporate performance reporting
- outputs from the Executive Leadership Team and Board Committees
- Internal Audit findings and annual opinion
- Director-level assurance contributions

These arrangements ensure that the Governance Statement is based on a comprehensive, evidence-based and balanced view of organisational assurance, and reflects the effectiveness of systems of governance, risk management and internal control.

9.1 Mid-Year Assurance Statement

The Mid-Year Assurance Statement provides an interim assessment of the organisation's governance, risk management and internal control arrangements during the financial year.

It supports the Board in:

- reviewing the organisation's assurance position at a mid-year point
- identifying emerging risks or control issues
- determining whether any corrective actions are required

The statement is informed by a range of assurance sources, including: performance and risk reporting, Internal Audit activity, and governance and committee reporting

9.2 Director Assurance Contributions

Directors provide formal assurance on the effectiveness of governance, risk management and internal control arrangements within their areas of responsibility. These contributions form a key component of the evidence base supporting both the Mid-Year Assurance Statement and the annual Governance Statement.

Director Assurance Contributions are informed by:

- service risk management and risk registers
- performance monitoring and reporting
- compliance with organisational policies and procedures
- outcomes of internal and external reviews, including audit findings

Directors are responsible for ensuring that their assurance statements are:

- evidence-based and supported by appropriate documentation
- reflective of the current control environment within their areas
- inclusive of any significant control issues or areas of concern

Together, these arrangements ensure that the Governance Statement is informed by robust and comprehensive sources of assurance, providing a clear and transparent assessment of the organisation's governance, risk management and internal control arrangements.

This supports accountability, strengthens organisational oversight, and provides confidence to stakeholders on the effectiveness of the organisation's control environment.

10. Review and Continuous Improvement of the Framework

The Integrated Governance and Assurance Framework is subject to ongoing review to ensure that it remains effective, relevant and aligned to organisational priorities and best practice.

It is a dynamic framework that evolves in response to organisational learning, changes in the operating environment and developments in governance, risk management and assurance.

10.1 Ownership and Accountability

Overall accountability for the Integrated Governance and Assurance Framework rests with the Chief Executive as Accounting Officer.

Directors are responsible for ensuring that governance, risk management and assurance arrangements are effectively implemented within their areas of responsibility and that the principles of the framework are embedded in day-to-day management and decision-making.

10.2 Monitoring and Review

The framework is subject to regular monitoring and periodic review to ensure that it continues to reflect organisational arrangements, governance requirements and best practice.

The Governance and Risk Manager is responsible for leading the development, maintenance, and review of the framework, including:

- ensuring alignment with organisational governance, risk management and assurance processes
- updates to reflect changes in organisational structures or requirements
- development of the framework in response to emerging risks, assurance findings and best practice

10.3 Embedding the Framework

The effectiveness of the framework depends on its integration into the organisation's day-to-day activities and governance processes.

This is achieved through:

- alignment with risk management, performance reporting and governance arrangements
- integration into management and governance structures across the organisation
- ongoing engagement, advice and support to directors, managers and staff

These arrangements support the consistent application of the framework and ensure that governance, risk and assurance are considered as part of routine management and decision-making.

10.4 Continuous Improvement

The framework is subject to continuous improvement to ensure that it remains robust and responsive to organisational needs.

This includes consideration of:

- feedback from governance structures and Board Committees
- findings from Internal Audit and other assurance activity
- outputs from assurance mapping and identification of assurance gaps
- changes in external guidance, including government and professional standards

Where improvements are identified, updates to the framework are developed and implemented through governance arrangements.

Together, these arrangements ensure that the Integrated Governance and Assurance Framework remains an effective and evolving tool, supporting organisational oversight, accountability and the continuous strengthening of governance, risk management and assurance across BSO.

10.5 Signatories

Karen Bailey
Chief Executive

Signature:



Date: 28 May 2026

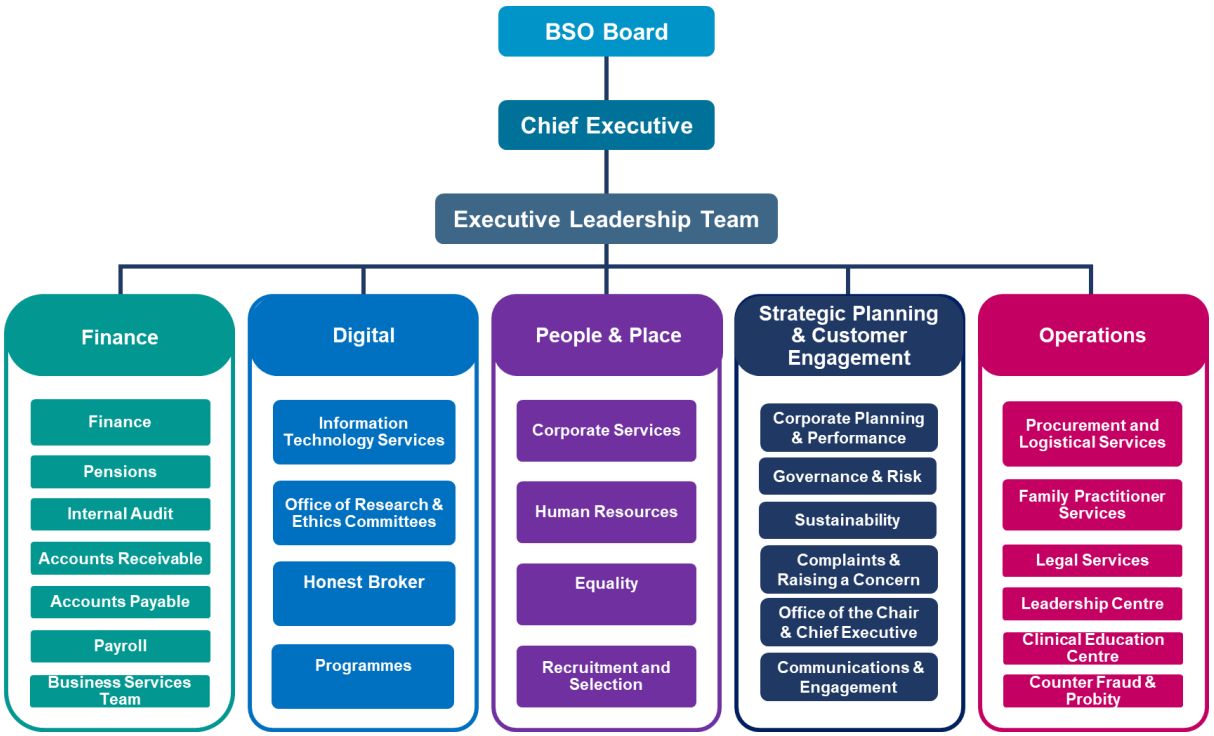
11. Appendices/ Attachments

Appendix 1: Key Governance Documents	
BSO Standing Orders and Standing Financial Instructions (SFIs)	*link – When published
Corporate Plan	BSO Corporate Plan 2024-27
Annual Business Plan	*link – When published*
BSO Risk Management Strategy	BSO Risk Management Strategy 2025-29
Performance and Improvement Framework	*link – When published

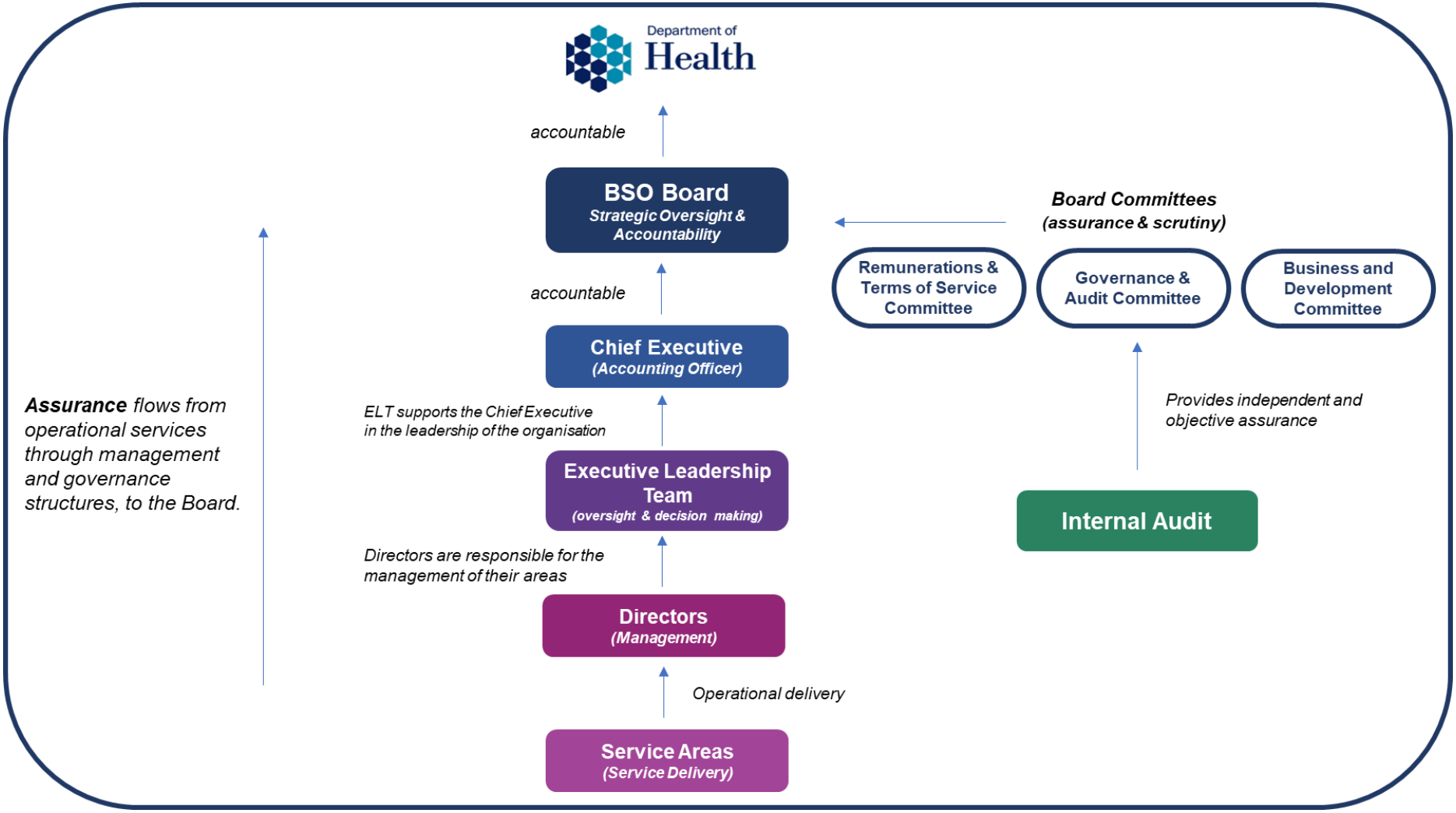
Appendix 2: External Frameworks and Guidance	
BSO DoH Partnership Agreement	BSO DoH Partnership Agreement Oct 24
DHSSPS Framework Document - September 2011	DHSSPS Framework Document September 2011
HM Treasury Orange Book (Management of Risk)	HMT Orange Book May 2023
Institute of Internal Auditors – Three Lines Model (2024)	THE IIA'S THREE LINES MODEL
UK Corporate Governance Code	FRC UK Corporate Governance Code 2024

Appendix 3: Legislative and Statutory References	
Health and Social Care (Reform) Act (NI) 2009	Legislation.gov.uk - Health and Social Care (Reform) Act (NI) 2009
Health and Social Care Act (Northern Ireland) 2022	Legislation.gov.uk - Health and Social Care Act (NI) 2022
Government Resources and Accounts Act (NI) 2001	Legislation.gov.uk - Government Resources and Accounts Act (NI) 2001
Managing Public Money Northern Ireland	Managing Public Money NI (MPMNI)

Appendix 4: Organisational Structure



Appendix 5: Governance & assurance structure diagram



Appendix 6: Governance & Audit Committee Terms of Reference

1. CONSTITUTION

The Board has established a Committee of the Board to be known as the Governance and Audit Committee (The Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. MEMBERSHIP OF THE COMMITTEE

The Committee shall be approved by the Board from amongst the Non-Executive Directors of the BSO and shall consist of not less than three members. A quorum shall be two members. The Chair of the Governance and Audit Committee will be approved by the Board. The Chair of the organisation shall not be a member of the Committee.

Membership may be reviewed periodically by the Board. The Chair will serve for a period of four years or as long as he/she is a member of the Board, if shorter. The Chair may be permitted to serve a second term if approved by the Board.

The Committee has the ability to co-opt members for a period of less than 1 year to provide specialist skills that enhance the effectiveness of the Committee.

3. ATTENDANCE AND SECRETARIAT

The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However at least once a year the Committee will meet privately with the External and Internal Auditors.

The Governance and Audit Officer, Finance Directorate, shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

The Committee has the right to request the attendance of other Directors and staff from within the BSO should a relevant issue arise.

The Chair of the BSO will be invited to attend one Governance and Audit Committee per year.

The Chief Executive of the BSO should attend at least one Governance and Audit Committee per year.

4. FREQUENCY OF MEETINGS

Meetings shall be held not less than four times in a financial year. The External Auditor, Head of Internal Audit or a Governance and Audit Committee Member may request a meeting if they consider that one is necessary.

5. AUTHORITY

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional

advice and to secure the attendance of external parties with relevant experience and expertise if it considers this necessary.

To maintain confidentiality of BSO business and, as directed by the GAC Chair, certain papers may be taken in a confidential section of the meeting and records of these discussions will not be available publicly. Confidential discussions at GAC meetings will be reported to the BSO Board under the confidential section of the BSO Board meeting.

6. ROLES AND RESPONSIBILITIES

The role and responsibilities of the Committee can be categorised as follows:

Governance and Internal Control

The Committee will:

- oversee the establishment and maintenance of an effective system of internal control;
- review the adequacy of all control related disclosure statements (in particular the Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- review the adequacy of the policies for ensuring compliance with relevant regularity, legal and code of conduct requirements, including the BSO's Standing Orders and Standing Financial Instructions;
- review the adequacy of the policies and procedures for all work related to fraud and corruption as required by the DoH and the Fraud Response Plan;
- review the structures, processes and responsibilities for identifying and managing key risks facing the organisation, and receive regular reports and assurance on risk which contribute to the assurances required for the Board;
- provide scrutiny, challenge and support in ensuring organisational compliance with Information Governance (IG) legislation and adherence to IG policies and procedures including assessment of their adequacy to satisfactorily meet IG requirements.

In carrying out its work, the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these functions.

Internal Audit

The Committee shall seek to ensure that there is an effective internal audit function established by management that meets the Global Internal Audit Standards and provides appropriate independent assurance to the Governance and Audit Committee, Chief Executive and Board. This will be achieved by:

- formal consideration of the provision of the Internal Audit service;
- review and approval of the Internal Audit strategy and operational plan, ensuring that this is consistent with the audit needs of the organisation and consistent with the Controls Assurance Framework;
- consideration of the Head of Internal Audit annual report, major findings of internal audit work (and management's response), and encourage co-ordination between the Internal and External Auditors to optimise audit resources;
- monitoring the Internal Audit function to ensure it is adequately resourced and has appropriate standing within the organisation;
- review outcomes of external quality assessments

- annual review of the effectiveness of internal audit.

External Audit

The Committee shall review the work and findings of the External Auditor appointed by the Comptroller and Auditor General and consider the implications of, and management's responses to, their work. This will be achieved by:

- consideration of the performance of the External Auditor;
- discussion and noting with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan and of their coordination with External Auditors of third-party organisations as appropriate;
- discussion with the External Auditors of their local evaluation of audit risks and assessment of the BSO;
- review of all External Audit reports, including consideration of the annual Report to those Charged with Governance (RTTCWG) before submission to the Board and any work carried out in addition to the annual audit plan, together with the appropriateness of management responses;

The Head of Internal Audit and a representative from External Audit will have free and confidential access to the Chair of the GAC at any time.

Financial Reporting

The Governance and Audit Committee shall be provided with the draft Annual Report and Accounts to allow adequate time before submission to the Board, focussing particularly on:

- the Letter of Representation which accompanies the draft final accounts;
- the assurances contained in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
- changes in, and compliance with, accounting policies and practices;
- unadjusted errors in the financial statements;
- major judgemental areas;
- significant adjustments resulting from the audit.

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

General Responsibilities

The Committee will also have a role in a number of areas where its independence, objectivity and skills are of importance:

i. The Governance and Audit Committee shall oversee the adequacy of the BSO's arrangements for ensuring that value for money is obtained in the expenditure of all public funds entrusted to its care. This will include a review of the findings from, and management's response to, all value for money audit reports issued to the BSO as part of the regional VFM programme sponsored by DoH. These findings will be reported to the BSO Board;

ii. Consider relevant reports from the Public Accounts Committee and any relevant circulars issued by the DoH and consider with management the implications for BSO;

iii. Review proposed changes to Standing Orders, Standing Financial Instructions and the Scheme of Delegation and examine the circumstances where Standing Orders are waived;

iv. Review all losses and compensation payments as part of the annual accounts process and recommend any appropriate actions;

v. The Governance and Audit Committee chair will authorise the payment of any expenses of the Chair of the BSO, following validation of their accuracy by the Chief Executive of the BSO;

vi. Consider any ultra vires transaction advised to them and recommend an appropriate course of action.

vii. Review the BSO Register of Direct Award Contracts.

7. REPORTING

The minutes of Governance and Audit Committee meetings shall be formally recorded by the Secretary to the Committee and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

The Chair of the Governance and Audit Committee, shall on behalf of the Committee, prepare and publish an annual report on the activities of the Committee and this shall be presented to the Board of Directors.

8. REVIEW OF EFFECTIVENESS

The Governance and Audit Committee will, on an annual basis review its effectiveness using an appropriate assessment methodology. It will also ensure that its members are kept up to date with developments in audit practice through accessing appropriate training.

9. OTHER MATTERS

The Committee shall be supported administratively by the BSO Director of Finance and the Governance and Audit Officer, whose duties in this respect will include:

- Agreement of agenda with the Chair and attendees;
- Collation and distribution of papers sufficiently in advance of each meeting to facilitate their full consideration and discussion at the meeting;
- Taking the minutes and keeping a record of matters arising and issues to be carried forward;
- Advising the Committee on pertinent areas.

Appendix 7: Remuneration & Terms of Service Committee Terms of Reference

Remit Constitution and Conduct of Business

1.1. Introduction – The Health and Social Care (Reform) Act (Northern Ireland) 2009 applies

The Code of Conduct and Code of Accountability set out in Circular HPSS PDD 8/94 requires that a Remuneration and Terms of Service Committee be established.

1.2 Background

All staff are on the nationally-agreed terms and conditions of service. The work of the Committee must take place within this context.

1.3 Role

The primary responsibility of the Remuneration and Terms of Service Committee is to make recommendations to the Board regarding Senior Executives Remuneration and it is for the Board then to approve any decisions. The Circular referred to above also indicates that the BSO Board may decide to extend the remit to include other Senior Managers' terms and conditions of service.

1.4 Terms of Reference

The main functions of the Committee are:

a) to make recommendations to the Board of the BSO on the total remuneration and terms of service package for Executive Directors, senior executives to ensure that they are fairly rewarded for their individual contribution to the organisation. This would include having proper regard to the organisation's circumstances and performance and to the provision of any national arrangements for such staff, where appropriate. The Remuneration Committee shall also ensure that Board members' total remuneration can be justified as reasonable in accordance with Departmental limits and in the light of general practice in the public sector in Northern Ireland;

b) to oversee the proper functioning of performance and appraisal systems;

c) to oversee appropriate contractual arrangements for all staff. This would include a proper calculation and scrutiny of termination payments, taking account of such national guidance as is appropriate;

d) to agree and monitor a remuneration strategy that reflects national agreements and Departmental policy;

e) to monitor the application of the remuneration strategy to ensure adherence to all equality legislation.

1.5 Relationship with and Reporting to the Board

The Committee shall report, in writing, to the Board on the basis for its decisions. Minutes of the Board meeting shall record such decisions.

1.6 Composition of the Remuneration and Terms of Service Committee

The Committee shall comprise the BSO Chairperson and at least one Non-Executive Director. None of these members should be members of the Governance and Audit Committee. A quorum shall be two members.

The Chief Executive and other senior executives shall not be present for discussions about their own remuneration and terms of service. However, they can be invited to attend meetings of the Committee to discuss other staffs' terms as required.

The Chief Executive, People and Place and the Director of Finance shall provide advice and support to the Committee.

1.7 Establishment of Remuneration and Terms of Service Committee

The Committee shall be constituted as a Committee of the Board with the power to make decisions on behalf of the Board of the BSO and where appropriate make recommendations to the Board. The Terms of Reference are to be approved by the Board and recorded in the Board minutes.

Committee meetings shall be conducted formally and minutes submitted to the Board at its next meeting in accordance with policy.

The Committee shall expect to meet at least three times per year. Agenda and briefing papers shall be prepared and circulated in sufficient time for members to give them due consideration.

2.0 Conduct of Business

2.1 Attendance

2.1.1 Only the members of the Committee, the Chief Executive, Director of People and Place and the Director of Finance shall attend the meetings as a matter of course. Appropriate administrative support staff shall be in attendance to record the business of the meetings.

The Director of People and Place will be responsible for the implementation of remuneration and terms and conditions of service in the BSO. He/she shall deal with all matters affecting terms and conditions of service. He/she shall be present at every meeting.

Other Executive or Non-Executive Board members and officers may be invited to attend as required. The Director of Finance shall have a standing invitation to attend all meetings.

Any member of staff of the BSO may be required to attend a meeting of the Committee, as necessary.

The Committee Chair shall request fuller explanatory information in papers put before them, if there are any doubts or uncertainties and the issues discussed shall be summarised in the minutes.

2.2 Frequency of Meetings

2.2.1 Meetings should be held as appropriate to review remuneration matters or deal with specific matters. Further meetings may be arranged at the discretion of the Chairperson, as necessary.

Appendix 8: Business and Development Committee Terms of Reference

1. CONSTITUTION

The Board has established a Committee of the Board to be known as the Business and Development Committee ('the Committee'). The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

The Terms of Reference will be approved by the Board and recorded in the Board minutes.

Committee meetings shall be conducted formally and a report made to the Board at its next meeting. Agenda and briefing papers shall be prepared and circulated in sufficient time for members to give them due consideration.

2. MEMBERSHIP OF THE COMMITTEE

The Committee shall comprise of three Non-Executive Directors of the BSO. The quorum for meetings of the Committee shall be two members.

Membership may be reviewed periodically by the Chair of the Board. The Committee Chair will serve for an initial period of one year or as long as he/she is a member of the Board, whichever is shorter.

The Chair of the Board shall designate a Chair of the Business and Development Committee from its members and has the power to co-opt members.

The Committee has the ability to co-opt members for a period of less than one year to provide specialist skills that enhance the effectiveness of the Committee.

3. ATTENDANCE AND SECRETARIAT

Only the members of the Committee, Director of Strategic Planning and Customer Engagement (SP&CE), Director of Operations and Director of People & Place shall attend the meetings as a matter of course. Other Executive and Non-Executive Board members and officers may be invited to attend as required. The Chief Executive of the BSO should attend at least one Business and Development Committee meeting per year.

The Committee has the right to request the attendance of any member of BSO staff should a relevant issue arise.

The BSO Board Secretary shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and committee members.

4. FREQUENCY OF MEETINGS

The Committee shall meet up to 4 times per year for 2 hours per meeting. A fifth meeting may be arranged if needed. Further meetings may be arranged at the discretion of the Committee Chair as necessary.

5. AUTHORITY

The Committee is authorised by the Board to investigate any activity within its terms of reference. The Committee Chair is authorised to seek any information required from any employee and all employees are directed to co-operate with any request made by the Committee.

The Terms of Reference will be kept under review in light of any emerging or changing accountability arrangements for the Business Services Organisation.

6. PURPOSE

The purpose of the Business and Development Committee is to support the effective operation of the BSO Board.

The Committee will:

- Review reports from officers on the BSO's handling of complaints, FOIs and other administrative matters and consequential actions with a view to ensuring they have been addressed in accordance with relevant policies and protocols and identify if there are any recurring themes which require to be brought to the attention of the Board;

- Review on behalf of the Board the handling of serious adverse incidents to ensure that lessons learned are acted upon and communicated where appropriate across the organisation and/or wider HSC;

- Review reports on People & Place matters with a view to supporting the management of the workforce in a manner conducive with organisation strategic plans and values and report significant matters to the Board.

- Keep under review the organisation's performance in relation to delivery of Service Level Agreements;

- Monitor the progress of implementation of major change projects in BSO as delegated by and on behalf of the Board;

- Monitor and make recommendations where necessary and advise the Board on the organisational process for Information Management;

- Monitor and report on service development proposals between BSO and its customers in a twice-yearly report.

- Discuss opportunities for innovation in service delivery

- Review on behalf of the Board customer survey benchmarking results.

The Chair of the Board may use their discretion to refer to any relevant matter to the Committee.

7. REPORTING

The minutes of the Business and Development Committee meetings shall be formally recorded by the BSO Board Secretary and submitted to the Board. The Chair of the Committee shall report to the full Board on the work of the Committee.

8. REVIEW OF EFFECTIVENESS

The BSO Board shall as part of its annual governance self-assessment review the effectiveness of the Business and Development Committee.

Appendix 9: HSC Risk Scoring Matrix

Likelihood Scoring Descriptors	Impact (Consequence) Levels				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	Medium	Medium	High	Extreme	Extreme
Likely (4)	Low	Medium	Medium	High	Extreme
Possible (3)	Low	Low	Medium	High	Extreme
Unlikely (2)	Low	Low	Medium	High	High
Rare (1)	Low	Low	Medium	High	High

Appendix 10: Senior Management Team Agenda Template

Senior Management Team (SMT) Meeting

(Directorate/ Service Area)

Date/ Time:
Chair: *Director/ Assistant Director/ Head of Service*
Attendees:
Apologies:

Agenda

Ref	Item	Attendees required
1	**Review of Actions Log** • *Progress against previous actions*	
2	**Business Plans** • *Delivery against business plan targets* • *Rag format recommended*	*e.g. Performance Manager*
3	**Key Performance Indicators** • *Summary of Directorate KPI performance* • *Exceptions*	
4	**Service Risk Reviews** • *New risks* • *Changes to risks* • *Risk Escalations*	*e.g. Governance & Risk Manager*
5	**Service Issue Reviews** • *New issues* • *Changes to issues* • *Issue Escalations*	
6	**Audit** • *Status of audit recs* • *Overdue actions*	
7	**Finance & Resources** • *Budget position* • *Workforce/ Capacity issues*	*e.g. Finance*
8	**Compliance** • *Data breaches/ incidents* • *Mandatory training*	*e.g. Head of IG & DP*
10	**Escalations** • *Items requiring escalation to ELT*	
11	**Any Other Business**	

Actions Log

Ref	Action	Owner	Due Date	Status
SMT-1				
SMT-2				