Trust Board Meeting in Public: Wednesday 13 March 2019
TB2019.39

<table>
<thead>
<tr>
<th>Title</th>
<th>Board Assurance and Corporate Risk Register update report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>For discussion</td>
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</table>

<table>
<thead>
<tr>
<th>History</th>
<th>The BAF and CRR were reported to the:</th>
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<tbody>
<tr>
<td></td>
<td>• Audit Committee in February, April, September and</td>
</tr>
<tr>
<td></td>
<td>November 2018</td>
</tr>
<tr>
<td></td>
<td>• Trust Board in March and September 2018 and January</td>
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<tr>
<td></td>
<td>2019</td>
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<td></td>
<td>• Trust Management Executive January, March, August and</td>
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<td></td>
<td>November 2018</td>
</tr>
<tr>
<td></td>
<td>Extracts of relevant risks from the CRR and the BAF were</td>
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<tr>
<td></td>
<td>reported to:</td>
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<tr>
<td></td>
<td>• Quality Committee in April, August, October and</td>
</tr>
<tr>
<td></td>
<td>December 2018; and February 2019</td>
</tr>
<tr>
<td></td>
<td>• Finance &amp; Performance Committee in April, August,</td>
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<td></td>
<td>October and December 2018; and February 2019</td>
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<table>
<thead>
<tr>
<th>Board Lead(s)</th>
<th>Eileen Walsh, Director of Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
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</table>

Executive Summary

1. This paper provides the Board with the following:

   **Corporate Risk Register:**
   The paper provides a summary of the current risks on the CRR as discussed by the Quality Committee and Finance and Performance Committee on 13th February it has been updated to reflect:
   - The discussions of the Quarter three review of the CRR by Trust Management Executive in January 2019 including the risks escalated onto the CRR and;
   - the changes to risk scores identified by the divisions as part of the quarterly review process.

   **Board Assurance Framework:**
   This provides the current version of the BAF together with summary of the assurance team view, as agreed by the Executive Director owner.

Recommendation

2. The Board is asked to:
   - Review the Corporate Risk Register and the Board Assurance Framework
1. Introduction

1.1. This paper provides an opportunity for the Board to review the Corporate Risk Register (CRR) and Board Assurance Framework (BAF) and to discuss the most recent changes to the Corporate Risk Register, as discussed by Trust Management Executive (TME) in January 2019 and the Quality and Finance and Performance Committees in February 2019.

2. Corporate Risk Register

2.1. The CRR has been reviewed and updated to highlight the proposed changes over the past quarter (Quarter three to 31 December 2018) and includes the changes following the Committee meetings during January 2019. The summary of the CRR is included as Appendix 1 to this report.

2.2. As part of this paper a full copy of the corporate risk register (CRR) was provided to the Board members as a separate paper to this report.

Changes to risk scores

2.3. The following changes to risk scores were proposed for review and approval by TME at the meeting on 10th January. Following discussions at the Trust Board in January the Chief Finance Officers recommended that a change to the risk score of Risk ID 1.4: Failure to deliver the in-year Financial Plan was made. It was agreed at TME on 24th January to reduce the risk from 20 to 16. These are all reflected in Appendix 1.

2.4. The following risk was agreed for escalation to the CRR at TME on 10th January 2019

<table>
<thead>
<tr>
<th>ref</th>
<th>Risk Description</th>
<th>Oct-18</th>
<th>Jan-19</th>
<th>Trend</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3</td>
<td>Ability to deliver other key access standards (including delivery of National Access targets Cancer – 62 day Cancer Standard)</td>
<td>12</td>
<td>20</td>
<td>↑</td>
<td>6</td>
</tr>
<tr>
<td>1.4</td>
<td>Failure to deliver the in-year financial plan and NHSI Financial Control total plan (Dec paper)</td>
<td>20</td>
<td>16</td>
<td>↓</td>
<td>8</td>
</tr>
<tr>
<td>1.7</td>
<td>Ability to strengthen trust safeguarding processes (from November Board seminar in Jan 18 report)</td>
<td>9</td>
<td>12</td>
<td>↑</td>
<td>6</td>
</tr>
<tr>
<td>1.9</td>
<td>Adverse impact on the Trust through the ability to achieve and maintain full compliance with CQC regulations (discussed under item AOB March 2018)</td>
<td>4</td>
<td>16</td>
<td>↑</td>
<td>1</td>
</tr>
</tbody>
</table>

2.5. Following discussions at the Finance and Performance and Quality Committees in December a new risk was presented to TME on 24th January 2019 and is detailed below.

<table>
<thead>
<tr>
<th>ref</th>
<th>Risk Description</th>
<th>Jan-19</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.12</td>
<td>The JR11 Theatre complex environment which does not meet the standards of modern day standards, which poses an increased surgical risk to patients</td>
<td>20</td>
<td>1</td>
</tr>
</tbody>
</table>

Risk

The complexity of infrastructure may lead to a lack of access to the level of performance information that provides insights and evidence in order to make a timely decision.

Cause:
- Performance information held by function or domain and the integration across domains is not straightforward
- Lack of capacity and capability to carry out complex analytical work
- Culture of challenging voracity of the data which can make it difficult to work through and resolve data issues.

Effect:
- NHS Improvement Plan
- Strengthening performance at Directorate level and trying to bring together performance at different domains
- Use functionality of data warehouse (orbit+ tableau) to automate reporting against KPIs.
- The quality report now includes some control charts of KPIs
- Plan to create a central
2.6. Following discussions at the Quality Committee in February 2019 the Assurance Team are working with the Clinical Support Services Division in relation to conducting a full risk assessment of the potential changes to PET CT services. Once this is completed it will be reported to TME along with the full year end review of the CRR.

Divisional risk registers update

2.7. The divisional risk registers are regularly reviewed and updated within the divisions. This paper includes a copy of the current summary ‘heat map’ showing the scoring of all risks held in the divisional risk registers, shown in the diagram below.

2.8. Additional information in relation to divisional risk registers is provided to all of the Board sub-committees to draw the link between the CRR and divisional risk registers.

2.9. The diagram below shows the ‘heat map’ summary as of December 2018. This demonstrates that there have been amendments to the content and scoring of the divisional risk registers over this period.
3. Board Assurance Framework

3.1. The Board Assurance Framework (BAF) has developed throughout the year, through consultations conducted with the Non-Executive and Executive Directors.

3.2. The BAF has been recirculated to each of the Executive Director’s and no changes have been made to assessment of assurance as at the end of Quarter three.

3.3. The Assurance team has continued to track the papers presented to the Trust Board and other Board sub-committees. This has been reflected in the current iteration of the BAF, included in Appendix 2 to this report. A summary of the assurance definitions is provided in the table on the last page.

4. Further updates

4.1. Both the CRR and BAF are being considered as part of the year-end risk and assurance review process, the results of this will be presented to TME and Audit Committee in April.

4.2. It is anticipated that further changes will be proposed following the development of the strategy and using feedback from the strategy engagement workshop.

5. Recommendations

5.1. The Board is asked to:

- Review the Corporate Risk Register and the Board Assurance Framework.

Eileen Walsh
Director of Assurance
March 2019

Prepared by:
Clare Winch
Deputy Director of Assurance

Catherine Mountain
Assurance Manager
<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Work Programme Link to Strategic Change</th>
<th>17-18 Objective</th>
<th>Risk Description for more detail see CSM</th>
<th>GVR (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.1</td>
<td>Key drivers (Potential STP risk)</td>
<td>Unmet demand on the RTT target</td>
<td>Ability to deliver key business targets - Increase access to NHSI and ensure the RTT target is met, failure to deliver national access target 18 weeks inpatients target and increase outpatient 5% or less for diagnostic waits within 6 weeks (1.2), the delivery of National Access Targets Cancer – (1.3) and the 8 hour ED target (1.1)</td>
<td>Controls</td>
</tr>
<tr>
<td></td>
<td>Abnormal/HR investigation</td>
<td></td>
<td>Development and goal setting in patient care, coordination with partners and clear strategy to deliver access - Delivery of the plan and the implementation of strategies for ED and Cancer performance Delivery of the plan</td>
<td>Performance Indicators and Assurances</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Achievement of ambitious and deliverable plans and Associated Risk</td>
<td>Agreement on an achievable and deliverable plan</td>
</tr>
<tr>
<td>A.2</td>
<td>Financial sustainability</td>
<td></td>
<td>Implementation of control of non-discretionary spending/ Tight performance management of Divisions and Directorates, on track.</td>
<td>Agreement of affordable and deliverable plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Implementation of capital and working capital</td>
<td>Agreement on an achievable and deliverable plan</td>
</tr>
<tr>
<td>A.3</td>
<td>Quality sustainability</td>
<td></td>
<td>Ability to deliver safe and effective clinical care, impacts on ability to deliver STP funding</td>
<td>Agreement of affordable and deliverable plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Monitor high quality care in relation to quality priorities, suite of clinical policies, procedures and protocols that support delivery of clinical outcomes, and open incident reporting process, compliance with CQC regulations</td>
<td>Monitoring via quality reporting, clinical audit, performance metrics registry review and reported through the governance structures of the Trust.</td>
</tr>
</tbody>
</table>

**Relevant External Measures:**

- Trust-wide staff survey listening events (L2)
- NHSI: Undertakings: NHSI Operating Productivity paper to FPC
- NHSI: Undertakings: Urgent & Elective Care Programmes (Q2/L1)
- NHSI: Undertakings: Finance Improvement Programme (Q3/L1)

**Significant Risk Area:**

- Workforce Development (L2)
- Finances (L2)
- Governance (L2)

**Partial Risk Area:**

- Workforce Development (L2)
- Finances (L2)
- Governance (L2)

**Moderate Risk Area:**

- Workforce Development (L2)
- Finances (L2)
- Governance (L2)

**Significant Developmental Area:**

- Workforce Development (L2)
- Finances (L2)
- Governance (L2)
Balancing the

• Rebalance the workforce and enhance services and systems:
  - Improve recruitment in non-core areas
  - Recruitment promotion activities and advertising campaigns to increase applications
  - Complete the integration of supported discharges
  - Leverage work of bespoke training programmes for new starters in OSAT
  - Maintain team development, expansion and embedding of processes to further enhance quality standards
  - Partnership working (Quality Priority)
  - Accountable care working principles
  - ETP work streams to address DTOC and Flow issues
  - Quality improvement

HSH.2

• Home Sweet Home: Achieving local healthcare integration to deliver excellent care
  - Development of options for the repatriation of patients from Oxford to the Horton
  - Project plan for delivery of ID move
  - Critical care strategy being devised
  - Develop a system-wide quality dashboard
  - STP work streams to address DTOC and Flow issues
  - Accountable care working principles

HSH.3

• Meet the patient experience indicators
  - Patient experience indicators
  - Agreement and delivery of a project timetable
  - Urgent care delivery board
  - Monthly contract review meetings held between the Trust & the clinical teams
  - Urgent care dashboard
  - Patient experience indicators

HSH.4

• Increase recruitment in HART
  - HART Team development, expansion and embedding of processes to further enhance quality standards
  - Partnership working (Quality Priority)
  - Accountable care working principles
  - ETP work streams to address DTOC and Flow issues
  - Urgent care delivery board
  - Monthly contract review meetings held between the Trust & the clinical teams
  - Urgent care dashboard
  - Patient experience indicators

HSH.5

• Increase the number of care hours delivered beyond the 110,000 threshold
  - Recruitment promotion activities and advertising campaigns to increase applications
  - Complete the integration of supported discharges
  - Seven week cycle of bespoke training programmes for new starters in HART
  - HART Team development, expansion and embedding of processes to further enhance quality standards
  - Partnership working (Quality Priority)
  - Accountable care working principles
  - ETP work streams to address DTOC and Flow issues
  - Quality improvement

HQCL.1

• High Quality Costs Less: "Quality is our Business" – this strategic theme is about quality as an organising principle, and about making a business success out of quality.
  - Home Sweet Home: Achieving local healthcare integration to deliver excellent care
  - Development of options for the repatriation of patients from Oxford to the Horton
  - Project plan for delivery of ID move
  - Critical care strategy being devised
  - Develop a system-wide quality dashboard
  - STP work streams to address DTOC and Flow issues
  - Accountable care working principles
  - ETP work streams to address DTOC and Flow issues
  - Urgent care delivery board
  - Monthly contract review meetings held between the Trust & the clinical teams
  - Urgent care dashboard
  - Patient experience indicators

HQCL.2

• Complete the integration of supported discharges: Enhance and establish the process of supported discharges.
  - Recruitment promotion activities and advertising campaigns to increase applications
  - Complete the integration of supported discharges
  - Seven week cycle of bespoke training programmes for new starters in HART
  - HART Team development, expansion and embedding of processes to further enhance quality standards
  - Partnership working (Quality Priority)
  - Accountable care working principles
  - ETP work streams to address DTOC and Flow issues
  - Urgent care delivery board
  - Monthly contract review meetings held between the Trust & the clinical teams
  - Urgent care dashboard
  - Patient experience indicators

HQCL.3

• Improvement of GP engagement channels
  - Development of options for the repatriation of patients from Oxford to the Horton
  - Project plan for delivery of ID move
  - Critical care strategy being devised
  - Develop a system-wide quality dashboard
  - STP work streams to address DTOC and Flow issues
  - Accountable care working principles
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  - Urgent care delivery board
  - Monthly contract review meetings held between the Trust & the clinical teams
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  - Patient experience indicators

HQCL.4

• Identify opportunities for supporting the sustainability of primary care
  - Development of options for the repatriation of patients from Oxford to the Horton
  - Project plan for delivery of ID move
  - Critical care strategy being devised
  - Develop a system-wide quality dashboard
  - STP work streams to address DTOC and Flow issues
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  - Urgent care delivery board
  - Monthly contract review meetings held between the Trust & the clinical teams
  - Urgent care dashboard
  - Patient experience indicators

HQCL.5

• Contribute to the phase two consultation
  - Development of options for the repatriation of patients from Oxford to the Horton
  - Project plan for delivery of ID move
  - Critical care strategy being devised
  - Develop a system-wide quality dashboard
  - STP work streams to address DTOC and Flow issues
  - Accountable care working principles
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  - Urgent care delivery board
  - Monthly contract review meetings held between the Trust & the clinical teams
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HQCL.6

• Support the continued work associated with the phase one consultation
  - Development of options for the repatriation of patients from Oxford to the Horton
  - Project plan for delivery of ID move
  - Critical care strategy being devised
  - Develop a system-wide quality dashboard
  - STP work streams to address DTOC and Flow issues
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  - Patient experience indicators

HQCL.7

• Improvement of GP engagement channels
  - Development of options for the repatriation of patients from Oxford to the Horton
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  - Develop a system-wide quality dashboard
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HQCL.8

• Support the continued work associated with the phase one consultation
  - Development of options for the repatriation of patients from Oxford to the Horton
  - Project plan for delivery of ID move
  - Critical care strategy being devised
  - Develop a system-wide quality dashboard
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HQCL.9

• Support the continued work associated with the phase one consultation
  - Development of options for the repatriation of patients from Oxford to the Horton
  - Project plan for delivery of ID move
  - Critical care strategy being devised
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HQCL.10

• Support the continued work associated with the phase one consultation
  - Development of options for the repatriation of patients from Oxford to the Horton
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HQCL.11

• Support the continued work associated with the phase one consultation
  - Development of options for the repatriation of patients from Oxford to the Horton
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HQCL.12

• Support the continued work associated with the phase one consultation
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HQCL.13

• Support the continued work associated with the phase one consultation
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  - Critical care strategy being devised
  - Develop a system-wide quality dashboard
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HQCL.14

• Support the continued work associated with the phase one consultation
  - Development of options for the repatriation of patients from Oxford to the Horton
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  - Critical care strategy being devised
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HQCL.15

• Support the continued work associated with the phase one consultation
  - Development of options for the repatriation of patients from Oxford to the Horton
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  - Critical care strategy being devised
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HQCL.16

• Support the continued work associated with the phase one consultation
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HQCL.17

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  - Development of options for the repatriation of patients from Oxford to the Horton
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**FOE.1**

Focus on Excellence: Prioritising investment in services; developing world-class excellence

- Universities have potential to make an invaluable contribution to effective and innovative solutions
- Expertise and resources of local universities have potential to make an invaluable contribution to effective
- Ability to access and utilise the Oxfordshire footprint to create a Master Plan that maximizes opportunities across local council and commercial partnerships
- Establish a mechanism for devolution of capital funds
- Agree criteria to be used to assess cases for investment of capital

**MSP.2**

Improving our healthcare environment – a plan for change

- Identify those areas whose environments are not meeting CQC standards
- Agreed actions to avoid unfavourable comparisons
- Ongoing identified actions to improve

**MSP.3**

Gain access to capital, a target of £50m

- Identify the need for robust capital planning process (6.7) and to take right conditions for investment, acquisition, and disposal (based on plans)
- Agree an approach to capital expenditure in the OUH
- Establish a mechanism for deviation of capital funds
- Establish a mechanism for deviation of capital funds

**MSP.4**

Capital budget structure and processes for 2019/20

- A clear and transparent approach to the budget process
- Ongoing actions to avoid unfavourable comparisons
- Ongoing identified actions to improve

**FDS-1**

Reforming the benefits of the initial joint strategy with universities

- Ongoing actions to avoid unfavourable comparisons
- Ongoing identified actions to improve

**FDS-2**

Joint strategy with universities

- Ongoing actions to avoid unfavourable comparisons
- Ongoing identified actions to improve

**MPC.1**

Improving our health and care environment – a plan for change

- Identify those areas whose environments are not meeting CQC standards
- Adaptable and flexible approaches are not meeting CQC standards
- Ongoing identified actions to improve

**MPC.2**

Agree approach to capital expenditure in the OUH

- Ongoing actions to avoid unfavourable comparisons
- Ongoing identified actions to improve

**MPC.3**

Agree a structure and process for the budget

- Ongoing actions to avoid unfavourable comparisons
- Ongoing identified actions to improve
<table>
<thead>
<tr>
<th>Assurance view</th>
<th>Outline descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>No / Limited</td>
<td>The report highlights weaknesses in the design or operation of controls that might have a significant impact on the delivery of the strategic objectives. <strong>Limited</strong> assurance can be given on the system to prevent risks from impacting on the achievement of the strategic objectives. Assurance indicates low effectiveness of controls. <strong>Or</strong> The volume of reporting and assurance levels of those reports do not enable a meaningful assurance view to be gained. <strong>KPMG definition:</strong> Means the system has not been designed effectively and is not operating effectively. Audit work has been limited by ineffective system design and significant attention is needed to address the controls. Might be indicated by one or more priority one recommendations and fundamental design or operational weaknesses in the area under review. (i.e. the weaknesses identified have a fundamental and immediate impact preventing achievement of strategic aims and/or objectives; or result in an unacceptable exposure to reputation or other strategic risks).</td>
</tr>
<tr>
<td>Partial</td>
<td>The report highlighted some weaknesses in the design or operation of controls that might have an impact on the delivery of some of the strategic objectives. <strong>Partial</strong> assurance can be given on the system to prevent risks from impacting on the achievement of the strategic objectives. <strong>Or</strong> The volume of reporting and assurance levels of those reports enables only a partial level assurance view to be gained. <strong>KPMG definition:</strong> Means both the design of the system and its effective operation need to be addressed by management. Might be indicated by one or more priority one, or a number of priority two recommendations that taken cumulatively suggest a weak control environment. (i.e. the weaknesses or weaknesses identified have a significant impact preventing achievement of strategic aims and/or objectives; or result in an unacceptable exposure to reputation or other strategic risks).</td>
</tr>
<tr>
<td>Moderate</td>
<td>The report did not highlight any weaknesses in the design or operation of controls that would in overall terms impact on the delivery of the strategic objectives. However some control weaknesses that might impact on certain objectives were identified. <strong>Moderate</strong> assurance can be given on the system to prevent risks from impacting on the achievement of the strategic objectives. Some assurance in place or still maturing so the effectiveness cannot be fully assessed but is likely to improve. <strong>Or</strong> The volume of reporting and assurance levels of those reports enables a fuller assurance view to be gained. <strong>KPMG definition:</strong> Means the system is generally well designed however minor improvements could be made and some exceptions in its operation have been identified. Might be indicated by one or more priority two recommendations or a number of priority three recommendations (i.e. that there are weaknesses requiring improvement but these are not vital to the achievement of strategic aims and objectives –however, if not addressed the weaknesses could increase the likelihood of strategic risks occurring).</td>
</tr>
<tr>
<td>Significant</td>
<td>The report did not highlight any weaknesses in the design or operation of controls that would in overall terms impact on the delivery of the strategic objectives. Some low impact control weaknesses were identified and if addressed would improve overall performance. <strong>Significant</strong> assurance can be given on the system to prevent risks from impacting on the achievement of the strategic objectives. High level of assurance can be provided over the effectiveness of controls <strong>Or</strong> The volume of reporting and assurance levels of those reports enables a meaningful assurance view to be gained and provides an evidence base to support a significant assurance view. <strong>KPMG definition:</strong> Means the system is well designed and only minor low priority recommendations have been identified in relation to its operation. No recommendations or priority three recommendations. (i.e. any weaknesses identified relate only to issues of good practice which could improve the efficiency and effectiveness of the system or process).</td>
</tr>
</tbody>
</table>