Meeting Date	**15th May 2020**	**Agenda Item**	**3.1**
Report Title	**Audit & Assurance Assignment Summary Report**		
Report Author	Neil Thomas, Deputy Head of Internal Audit, NWSSP A&A Huw Richards, Deputy Director, NWSSP A&A (SSu)		
Report Sponsor	Helen Higgs, Head of Internal Audit, NWSSP A&A		
Presented by	Neil Thomas, Deputy Head of Internal Audit, NWSSP A&A Huw Richards, Deputy Director, NWSSP A&A (SSu)		
Freedom of Information	Open		
Purpose of the Report	To advise the Audit Committee of the outcomes of **finalised** Internal Audit reports.		
Key Issues	Five final reports have been agreed with Executive leads since the last meeting. Their outcomes are summarised for information and discussion as appropriate. Full reports can be made available on request. The assurance levels derived can be summarised: *4 Limited* *1 No rating assigned* The Report indicates the timescales for completion of actions agreed with management.		

Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	

Recommendations	Members are asked to: • Note the summarised findings and conclusions presented, and the exposure to risk pending completion of action by management. • Consider any further action required in respect of the subjects reported.

AUDIT & ASSURANCE ASSIGNMENT SUMMARY REPORT

1. PURPOSE

The purpose of this report is to advise the Audit Committee of the outcomes of finalised Internal Audit reports.

2. FINAL REPORTS ISSUED

This report summarises the outcomes of the following finalised assignments:

Subject	Rating[1]
Internal Audit	
Risk Management & Board Assurance Framework (SBU-1920-003)	
Declarations of Interest, Gifts & Hospitality (SBU-1920-004)	
Health & Safety (SBU-1920-008)	
Budgetary Control & Financial Reporting: Committee Reports (SBU-1920-013)	No rating applied
Management of Contractors (SBU-1920-S09)	

The overall level of assurance assigned to reviews is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

Audit report findings and conclusions are summarised below in Section 3. Full copies of the reports can be made available to Audit Committee members on request.

Actions have been agreed with Executive Directors in respect of audit recommendations made for Final reports issued. Progress against agreed actions is input into an online database by lead officers and visible to Executive Officers for monitoring. The Head of Accounting & Governance analyses and summarises the status for Audit Committee meetings as a matter of routine.

Audit & Assurance undertake follow-up reviews on key issues within areas deriving limited assurance ratings as part of its agreed plan of work for subsequent years. Additional follow up reviews may be undertaken at the request of the Audit Committee. The timing of follow up work is planned in liaison with Executive Officers.

[1] Definitions of assurance ratings are included within Appendix A to this report. Explanations for reports without ratings are set out in the main body of the report.

3. INTERNAL AUDIT REPORT SUMMARY: FINAL REPORTS

3.1 RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK (SBU-1920-003)

Board Lead: Director of Corporate Governance

3.1.1 Introduction, Scope and Objectives

The health board managed delivery of a number of improvements in its risk management arrangements via its governance work programme during 2018/19. For 2019/20, the implementation of a Board Assurance Framework was identified as one of its governance priorities. This review considered if a systematic framework is in place to allow the identification, evaluation, control, monitoring and reporting of risk in accordance with best practice. Additionally it considered the incorporation of the BAF into the health board's wider risk management arrangements and Executive engagement in populating its content.

The overall objective of this audit was to review the process that has been adopted to establish a robust risk management and Board Assurance Framework within the health board.

The audit scope considered the following:

- Roles, responsibility and accountability for risk management is clear and well documented within written policies and procedures;
- Risk management is integral to the day to day management and business plans aligned to corporate objectives;
- Risk management activities, and the escalation of risk, operate in accordance with policies and procedures;
- Information contained in the Risk Register is relevant, accurate, reliable and timely;
- All Service Units and Corporate Directorates have up to date Risk Registers;
- The Risk Management Group and Risk Management Scrutiny panels operate effectively and in accordance with their terms of reference;
- Key risks are co-ordinated and reported to the Executive Board, Board Committees and the Health Board;

The audit also considered:

- A Board Assurance procedure has been established that is integrated with risk management and other management arrangements;
- The Board Assurance procedures outlined roles, responsibilities and accountabilities of those involved;
- Information within the BAF is relevant, accurate, reliable and timely;
- The BAF enables the Board to identify and understand the principal risks to achieving its strategic objectives;

- The BAF provides assurance where suitable controls are in place to manage risks;
- The BAF identifies areas for improvement and action plans are in progress to address them;
- The Board Assurance Framework has been approved by the Executive Team/Senior Leadership Team and monitored on a regular basis;
- The relevant sections of the Board Assurance Framework have been monitored by nominated Board Committees and the full Board Assurance Framework has been considered by the health board.

3.1.2 Overall Opinion

The Board can take **limited** assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Last year, our audit did not review the effectiveness of the health board's risk management & assurance framework but commented on progress to develop and strengthen them. Since the last audit, last year's refreshing of risk management arrangements has been formalised within an updated Risk Management Policy. The introduction of a Risk Scrutiny Panel has provided a mechanism to consider escalated risks. The Senior Leadership team has received reports on risk; the Board has received its risk register twice; and discussion has started at committee level in respect of the risks assigned to them for closer scrutiny and oversight.

The presentation of the Board Assurance Framework to the January 2020 meeting of the health board is also a notable development, though it is recognised that it is a work in progress.

The above has been achieved while the corporate risk team has been affected by a number of changes in key staff, and this remained the case at the time of fieldwork.

While the above progress is noted, last year we commented on the need for the Risk Management Group to turn its focus to unit and directorate risk register arrangements. Following this year's review we have identified areas within risk management arrangements that require strengthening.

The key areas to address are:

- The Risk Management Group (RMG) is responsible for overseeing the operational management of risk ensuring local systems and processes are in place and are operating effectively to ensure appropriate reporting and escalation. However, the group has continued to experience attendance issues despite the movement to quarterly frequency from bi-monthly. Two of the three meetings that we reviewed were not quorate due to lack of attendance from senior quality and safety representatives. We also note two of the five

Service Delivery Units did not have a representative attend the group. As a result of the above and the cancellation of a meeting, the RMG had not received scheduled presentations from three Units on their risk registers.

- The Risk Scrutiny Panel is responsible for overseeing the escalation of all risks and ensuring the risk management process is followed. It has no formalised terms of reference, and the process to arrive at outcomes reported within the Risk Scrutiny Panel log is not well documented. Risk reports to the Senior Leadership Team present actions in respect of risks submitted for further escalation. We have recommended more detail be provided within these reports for the Senior Leadership Team to endorse actions taken/proposed.
- The Risk Management Policy requires Corporate Directorates to maintain risk registers on Datix. This has not been achieved yet.

A number of recommendations made in last year's audit were closed as complete; while progress was evident in a number of these, others such as the reporting of high scoring operational risks were still at a very early stage.

Action has been agreed with the Director of Corporate Governance to be completed by the end of December 2020, with most actions due to completed by the end of September 2020.

3.2 DECLARATIONS OF INTEREST, GIFTS & HOSPITALITY (SBU-1920-004)

Board Lead: Director of Corporate Governance

3.2.1 Introduction, Scope and Objectives

The Director of Corporate Governance has confirmed that consideration is currently being given to improving processes for capturing declarations, the intention being to introduce an electronic solution to record and report any form of declaration.

With this in mind the audit benchmarked the health board's current declarations against those published by other NHS organisations to gauge how Swansea Bay University Health Board compares with others by way of volume and type of declarations.

Additionally, the review considered compliance with the current policy and processes managed corporately and a survey of a sample of Directors and managers explored evidence of any departmental systems to capture declarations.

The overall objective of this audit was to review compliance with health board policies and procedures with regard to declarations of interest, gifts and hospitality. The audit reviewed arrangements in place to ensure that:

- Appropriate and up to date policies & procedures for the declaration of interests, gifts and hospitality are readily available to staff;

- Appropriate steps are taken to raise awareness/train staff in policy requirements;
- Appropriate arrangements are in place to enable the capture of declarations of interest, and registers of interests are adequately maintained, in accordance with policy requirements;
- Positive declarations are actively sought periodically from individuals and groups in higher risk roles;
- Board, Committee and senior management decision-making meetings prompt and record declarations;
- Appropriate arrangements are in place to manage any identified conflicts of interests;
- Appropriate arrangements are in place to enable the capture of declarations of gifts, hospitality, honorarium payments and sponsorship, and to record these within a register, in accordance with policy requirements;
- Appropriate arrangements are in place to enable concerns and breaches to be raised;
- Registers are reported to the Audit Committee to support its review of the adequacy of arrangements.

This assignment excluded capital and estates functions, and the processes operated by NWSSP Procurement Services on behalf of the health board. These have been subject to review by the NWSSP Audit & Assurance Specialist Services Unit.

It did however considered action taken in response to the last SSU review with respect to improvements within the corporate arrangements.

3.2.2 Overall Opinion

The Board can take **limited** assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Our Specialist Services Unit completed an audit in January 2019, which included a review of the health board's declaration policies and procedures, raising a number of recommendations, which Corporate Governance were to address through a revision of Standards. At the start of this audit's fieldwork, the Standards had not been revised. It is positive to note that at the close the Audit Committee received draft, revised Standards for noting, that when fully approved would address a number of those recommendations. However, noting that they are not yet in place issues are not fully addressed currently. This audit highlighted some further areas for attention also.

While this is the case, we note that declarations have continued to be sought, recorded and reported to the Audit Committee for scrutiny.

Additionally, the draft, revised Standards reflect the desire to seek declarations from a greater number of staff in positions of potential conflict. Issues arising for management attention are:

- There are a number of organisations in NHS Wales which have broadened the groups of staff expected to make annual submissions further than those proposed, and which receive a greater number of submissions. This has revealed a greater number of declarations of interest than are currently received within this health board. Consideration should be given to further expansion. The health board also needs to implement the changes proposed in its draft, revised Standards.
- While awareness raising is noted as continuing via presentations delivered by the counter-fraud team, global reminders to staff via such routes as emails and bulletins have not been utilised this year.
- Some documentation provided recorded only typed names or scanned signatures pasted into documents. Records of submission and review may be traceable within the email system, but these saved records do not currently capture this. The intention to pursue implementation of an electronic system could potentially address this consistently.
- Most board committees record declarations routinely at the outset of meetings, as do the Executive Board and Senior Leadership Team. This was not the case for the Charitable Funds Committee or meetings of the Charitable Fund Trustees. It is not a feature of Unit Board meetings either.
- There is inconsistency between the expectation of template forms and the Standards themselves with respect to who should review declarations of gifts & hospitality. The Standards require approval by Executive or Unit Directors; however, the register records do not demonstrate compliance with this, though we note that for most, the declarations are approved by a head of service.

The Standards currently require a summary of the Register for independent members, executive directors and key staff to be reported annually. The approach taken to date is that only Board members' interests are reported annually, though we note the last report indicates the information can be made available on request. This is to limit the presentation of personal data it the public domain. There is a variation in approach across Wales in respect of what others include: some appear to include every declaration submitted by staff; others summarise but give an indication of numbers received and the numbers expressing interests. One of those organisations also presented this information with a summary that was categorised according to the level of potential conflict. This is noted for information and management consideration in respect of the adjustments to the Standards and future reporting.

Action has been agreed with the Director of Corporate Governance to be completed by the end of September 2020.

3.3 HEALTH & SAFETY (SBU-1920-008)

Board Lead: Director of Nursing and Patient Experience

3.3.1 Introduction, Scope and Objectives

All organisations have a legal duty to put in place suitable arrangements to manage health and safety. The *Health and Safety at Work Act 1974* (Section two sub-section seven) states *"it shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of his employees and such other functions as prescribed".*

The health board has nominated a Health & Safety Committee to support the Board with its responsibilities for health & safety. The Committee is supported by an operational management group which in turn is informed by leads within service delivery units and support services.
At its June 2019 meeting, the Health & Safety Committee approved a paper setting out a number of actions to improve health & safety governance arrangements, including model arrangements for units.

The overall objective of this audit was to review arrangements in place to ensure compliance with Health & Safety Regulations.

The audit reviewed the effectiveness of the Health & Safety Committee and the information and support it received from the operational management group and other sources to enable it to perform its role effectively.

The audit scope considered the following:

- Health & Safety Committee has approved terms of reference and work programme that support its role, and it operates in accordance with them.
- The Operational Health & Safety Group has approved terms of reference and working arrangements that provide a clear route for escalation of issues between Unit groups and the Health & Safety Committee, and it operates in accordance with them.
- Service Delivery Units have established operational Health & Safety groups. (The audit did not review their operation in depth.)
- The Health Board has up to date, approved Health & Safety policies
- Arrangements are in place to monitor improvements made in line with the health & safety action plan and report to the Committee
- Actions required to address issues highlighted following the Health & Safety Executive inspections are monitored & reported to the Committee
- Health & safety risks and action to address them are recorded in a register and reported to the Committee

- The Committee provides assurance to the Board on key health & safety matters.

3.3.2 Overall Opinion

The Board can take **limited** assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

While we reported limited assurance, we acknowledge that there has been a sustained and necessary focus of the organisation's resources on addressing the Health & Safety Executive Improvement notices. The limited resources in place to address health & safety have been reported during the year within the risk register and prioritisation to address the requirements of these notices is appropriate. Progress against these has been reported to the Health & Safety Committee in some detail. Additionally, improvements have been made to the arrangements to engage with Units via the Health & Safety Operational Group (HSOG) in a more consistent way.

Key areas to address are:

- While Unit reporting to the HSOG has been standardised, reporting from specialist groups, including those operating within the Estates department is not effective yet. While Estates reports highlighted risks, the quality of the report content was not sufficient to provide assurance of progress between June and November in several areas.
- The HSC work programme did not prompt papers across all subjects listed within its terms of reference and we found gaps in consolidated reporting on those subject areas. While the Committee has received papers on some specific health & safety specialist subject areas (e.g. as the result of audit reviews or in response to members' requests), the work programme does not prompt papers on those subjects – the route is currently via the HSOG report for several. However, noting limitations above to the reporting of these areas to HSOG this is not currently providing an effective route – detail in the HSOG reporting on these matters is consequently limited. Committee requests for development of Key Performance Indicators and assurance on the status/coverage of policy development and/or review have not yet been addressed – though we note that there is ongoing action to review policies and that these are presented individually to the Committee for approval.
- We noted the limited implementation of actions listed within the 2019/20 Health & Safety Improvement plan against the milestones originally set, though we recognise that when initially presented the team indicated lack of resource could limit progress. We would suggest there could also be strengthened reporting of progress and changes to timescales provided to the Health & Safety Committee.

It was positive to note that the HSC has received information on H&S thematic risks as identified by the H&S team, though it had not yet received the relevant sections of the Health Board risk register for which it is nominated as the Assuring Committee of the Board.

Discussions with the Assistant Director of Health & Safety indicate that further areas for attention are recognised and in the draft Health, Safety & Welfare Implementation Plan submitted to the Health & Safety Committee in December 2019, further improvement actions are presented. The assurance level reported reflects the fact that arrangements to manage health & safety risks are continuing to develop. Whilst it is recognised there is more to do, we would note that the direction of travel is positive.

Action has been agreed with the Director of Nursing & Patient Experience to be completed by the end of August 2020.

3.4 BUDGETARY CONTROL & FINANCIAL REPORTING: COMMITTEE REPORTS (SBU-1920-013)

No rating assigned

Board Lead: Director of Finance

3.4.1 Introduction & Background

The soundness of an organisation's budgetary procedures is crucial to its success. The budget represents a model of the whole organisation's intended activity and is of significance to every employee. Following the setting of the budget, the key tasks are to monitor actual performance against the plan and to take appropriate and prompt action in response to the deviations from the plan which arise.

In 2019/20, Welsh Government commissioned additional support to ensure delivery of a financial plan and delivery framework for the Swansea Bay University Health Board. The support was provided by KPMG and the scope of their brief was extensive, including review of budgetary delegation, compliance with financial procedures, and a review of the organisation's delivery framework. Work was ongoing during Quarter 3.

Recognising the reach of that external support, it was agreed that the scope of our audit work would be limited to the provision of assurance to the Board in respect of evidence in place to confirm the progress of actions reported to address financial controls, as reported within the financial section of the Integrated Performance Reports received by Board and Performance & Finance Committee. We did not seek to review the impact of actions taken to address the financial position.

In light of the work of KPMG, the reports of which the health board has now received, we have considered that the provision of an internal audit assurance 'barometer' rating would not be useful or appropriate this year. Instead we have presented our findings and conclusions narratively. We have reviewed the recommendations raised by KPMG following their work

on the delivery framework and have no additional recommendations to raise, recognising the reach of those already made.

The overall objective of this audit was to review the key, high-level financial controls operating, to manage the risks to achieving financial balance.

The audit scope has been limited to consideration of the following:

- Evidence in place to support the implementation of a sample of actions reported within performance reports as taken to address financial pressures; and
- The clarity and effectiveness of the reporting and tracking of actions taken within Board/Committee papers.

3.4.2 Overall Opinion

As described in our introduction, noting the limited, high-level scope of this review we have considered it not appropriate to assign a standard assurance 'barometer', but to report narratively as above.

We found that actions reported to the Performance & Finance Committee had been progressed operationally, with Board engagement on the most significant matters.

We have not raised any formal recommendations, recognising that matters identified relating to records supporting financial recovery meetings and budgetary alignment have been addressed by the recommendations of the KPMG Delivery Framework report, which is being taken forward by the Executive Board.

While no additional recommendations have been made, the Director of Finance has indicated he will bring it forward alongside the broader KPMG report action plans.

3.5 ESTATES ASSURANCE: CONTROL OF CONTRACTORS (SBU-1920-S09)

Board Lead: Chief Operating Officer

3.5.1 Introduction, Scope and Objectives

The Control of Contractors audit was commissioned in order to evaluate the processes and procedures that support the management and control of contractors working for the University Health Board.

Both the University Health Board and its appointed contractors have responsibilities under health and safety legislation, to ensure appropriate precautions are taken to reduce the risks of danger to patients, employees, visitors and contractors themselves. Applicable legislation includes the Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999, Control of Substances Hazardous to Health

Regulations 2002 and the Control of Asbestos Regulations 2012, amongst others.

The Health & Safety Executive (HSE) has produced a range of guidance on the safe management of contractors, including "Managing Contractors" (HSG 159), and the "Using Contractors – a Brief Guide." The audit assessed compliance with the requirements of this guidance.

Note that assessment of compliance with the Construction (Design and Management) Regulations 2015 was outside the scope of this current review.

Accordingly, the scope and remit of the audit included the following:

Governance – To ensure that the University Health Board had adequate arrangements in place to support the control of contractors and compliance with regulations and guidance. Including:

- that appropriate policy and procedural documents were in place to manage the control of contractors, in line with HSE requirements; and
- that policy requirements encompassed all relevant departments, including Estates, IT, Medical Equipment etc. and that requirements have been effectively communicated.

Appointment of Contractors - To ensure potential contractors were appropriately checked to establish compliance with HSE requirements and the University Health Board's required standards for health and safety, including confirmation that contractors:

- have sufficient skills, knowledge, experience and the ability to implement appropriate health & safety systems;
- have undertaken an appropriate risk assessment in relation to the specific work they are to undertake; and
- have a reasonable track record of occupational health and safety performance at work of a similar nature.

Management of work on site – To ensure appropriate arrangements were in place to manage contractors working on University Health Board premises, including:

- controls over access to site;
- appropriateness of site induction arrangements;
- risk assessments, safe systems of work etc., were in place;
- operation of Permits to Work were evident where appropriate; and
- the regular monitoring of contractors on site, to ensure compliance with required practices.

Monitoring & Reporting – To ensure ongoing monitoring and review of contractors / contractor-related incidents, in order to maintain the required standards of health and safety and to improve existing processes, including:

- appropriate arrangements were in place for the monitoring, review and reporting (both internal and external (e.g. RIDDOR requirements) of any contractor-related incidents, including the

feedback of lessons learnt to contractors and to inform University Health Board procedures; and

- Monitoring of compliance with the University Health Board's requirements, both within Works & Estates and in other areas across the University Health Board.

Other – Review of any other issues relevant to the general objectives above which may have arisen during the review.

3.5.2 Overall Opinion

The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Robust controls were evidenced in a number of areas, including:

- The availability of a policy and procedures for the management of contractors;
- the use of a signing in/out system, centrally controlled at the two main sites;
- the provision of risk assessments and method statements by contractors for review and approval by the UHB, in all but one of the jobs reviewed; and
- evidence of a sound lessons learned process operating, when contractor performance issues arise.

However, the application of controls was found to be weak in some areas of testing. Issues included:

- Policy updates had not been published on the UHB's intranet site;
- There was limited evidence of appropriate health and safety competency vetting taking place i.e. where contractors were appointed via Multiquote (for orders between £5,000-£25,000), or from direct appointment by Estates for lower value orders (under £5,000).

  Estates' management advised that they understood (incorrectly) that Multiquote registration requirements ensured sufficient health and safety checks were undertaken.

  Therefore, key requirements such as industry memberships (to demonstrate competence/good practice), insurances held etc. had not been checked by either NWSSP Procurement or Estates. It is acknowledged that, where contractors have been used previously by Estates, in-house knowledge of competency and experience may guide contractor selection.
- The HSE sets out clear guidance for managing contractors on site, including the requirement for all contractors to sign in/out, a clear site contact to be established, information and rules to be reinforced and job checks to be undertaken, before a job can commence. The UHB had documented its requirements for on-site contractor management within

the 'Managing Contractors' policy. Whilst a number of positive actions were noted i.e.

- The Estates department provides contractor inductions from its two main sites;
- Robust processes were in place to inform contractors of the presence of asbestos;
- Risk Assessment/Method Statement (RAMS) documentation was available for all but one of the sampled jobs tested; and
- A signing-in/out process was operated, with registers available at the two main sites (with contractors working at satellite sites required to attend a main site each day to sign in/out).

However, poor compliance with the mandatory requirement to attend induction training was identified i.e.

- Despite the UHB's policy that work should not be permitted to commence without contractors having attended an induction, Estates in-house audits of induction data found that an average of 36% of contractors working on site in March 2018 had not been inducted, with this increasing to an average of 38% in December 2019 (including 45% non-compliance at the Morriston site).

  Despite management previously advising that improvements had been made since the March 2018 in-house audit, a follow up review was not undertaken until January 2020 (post-completion of this audit) to provide updated assurance in this area.

  Accordingly, there was a need to improve the scope and frequency of in-house audits, to provide more robust, ongoing assurance to management and the Health & Safety Committee.
- Whilst signing-in compliance was generally high, improvement in compliance with the signing-out processes was required.

The audit raised 2 high and 6 medium priority recommendations. Management have agreed actions to implement all recommendations arising from the audit.

4. RECOMMENDATIONS

4.1 The Audit Committee is asked to <u>note</u> the summarised findings and conclusions presented by Audit & Assurance Services, and the exposure to risk pending completion of action by management.

4.2 The Audit Committee is asked to <u>consider</u> any further action required in respect of subjects reported.

APPENDIX A

AUDIT ASSURANCE RATINGS

RATING	INDICATOR	DEFINITION
Substantial assurance	 - + Green	The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.
Reasonable assurance	 - + Yellow	The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.
Limited assurance	 - + Amber	The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.
No assurance	 - + Red	The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.