

Board of Directors: 10.5.18

Agenda Item: Bo.5.18.21

Board Assurance Framework (BAF)

Presented by:	Professor Clive Kay, Chief Executive	Author:	Tanya Claridge, Director of Governance and Risk
Previously considered by:	Monthly at the Integrated Governance and Risk Committee (IGRC) Monthly at the Finance & Performance Committee Monthly at the Quality Committee Bi-monthly at the Workforce Committee Bi-monthly at the Partnership Committee		

Key points	Purpose:
1. The Board is asked to discuss and review the Board Assurance Framework (BAF).	To note and gain assurance

Executive Summary:
<p>The BAF is an agenda item at the monthly Integrated Governance and Risk Committee (IGRC).</p> <p>The Chief Executive holds to account the Executive Lead for each strategic risk.</p> <p>The Executive Lead for each strategic risk is responsible for maintaining the risk on the BAF.</p> <p>Each strategic risk is owned by a Sub-Committee of the Board.</p> <p>The BAF, after scrutiny at IGRC, is added to the owning Board Sub-Committee agenda where the Chair of the Sub-Committee ensures discussion occurs around assurance with regard to the strategic risk (s).</p> <p>The BAF is presented to the Board of Directors quarterly for review.</p>

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Financial implications:	
No	
Regulatory relevance:	
Monitor:	Risk Assessment Framework
Equality Impact / Implications:	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
Other:	
Strategic Objective:	To provide outstanding care for patients
<i>Reference to Strategic Objective(s) this paper relates to</i>	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

BOARD ASSURANCE FRAMEWORK: Quarter 4 2017-18

The Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the organisation's strategic objectives. Assurance can be secured through a range of sources, but wherever possible, it should be systematic, consistent, independently verified and incorporated within a robust governance process. The Board achieves this primarily through the work of its assurance committees, through audit and other sorts of independent review, and by the systematic collection and analysis of performance data, to demonstrate the achievement of its strategic objectives. The Board Assurance Framework is a live document that will continue to be populated and amended as risks and assurances associated with the organisational objectives are identified

BOARD ASSURANCE FRAMEWORK											Q4
Assurance Overview						Date					
Strategic Objective		Assurance Level	Reason for Assurance Level	Executive Lead	Assuring Committee	Quarterly assurance ratings				Risk	
						Q1	Q2	Q3	Q4	Principal composite	Highest
1	To provide outstanding care for our patients	Limited	We are aware that the benefits we will get from the EPR will take time to bed in as staff move from paper to electronic records. The optimisation period will usually start 4 – 6 months implementation and it is not until we have a full suite of reports and full implementation that we will be able to be fully assured.	Chief Nurse/ Medical Director	Quality	n/a	n/a			12	16
2a	To deliver our financial plan	Limited	Throughout the quarter the assurance level was limited as there were requirements to continuously improve run rates to sustain the position. However the financial plan was delivered in 2017/18. It is anticipated that the deficit faced by the Trust will be greater in 2018/2019	Director of Finance	Finance and Performance	n/a	n/a			16	20
2b	To deliver our key performance targets	Limited	Current trajectories indicate that there is limited confidence in delivering the required standard in quarter: Recovery plans are in place for the contractual KPIs for RTT, ECS and Cancer. These are yet to deliver	Chief Operating Officer	Finance and Performance	n/a	n/a			16	20
3	To be in the top 20% of employers in the NHS	Limited	The trajectories for the Key Performance indicators were agreed at the March 2018 Workforce Committee. The Workforce Committee were satisfied with the confidence level assigned but will review at the next meeting	Director of Human Resources	Workforce	n/a	n/a	n/a		12	20
4	To be a continually learning organisation	Confident	Evidence presented to committees demonstrates the significant progress made, recognising that there are further opportunities for change and improvement	Medical Director/Director of Governance & Corporate Affairs	Quality	n/a	n/a			12	12
5	To collaborate effectively with local and regional partners	Confident	All planned actions in relation to the delivery of this strategic objective are being completed as per plan. The related risks are being mitigated appropriately	Director of Strategy	Partnership	n/a	n/a			12	12

BOARD ASSURANCE FRAMEWORK		Strategic Objective	1	To provide outstanding care for our patients			Assurance Level	Q1	Q2	Q3	Q4
Executive Lead		Karen Dawber/Bryan Gill		Assuring Committee		Quality		n/a	n/a		

Positive Assurance			Negative Assurance			Gaps in Assurance	Rationale for Assurance Level
Date	Assurance	Source	Date	Assurance	Source		
Nov 17	Significant Assurance – Complaints Handling	Internal Audit	Dec 17	Performance reports	Internal reporting	Impact of EPR on patient quality and safety, including record keeping and the ability to audit and report whilst the systems are being built.	We are aware that the benefits we will get from the EPR will take time to bed in as staff move from paper to electronic records. The optimisation period will usually start 4 – 6 months implementation and it is not until we have a full suite of reports and full implementation that we will be able to be fully assured.
Dec 17	Assurance and reporting structure – ward to board	Internal reporting	Nov 17	National Stroke Audit	National reporting		
	Internal audit reports – various	Internal Audit	Nov 17	PLACE report	National reporting		
	NHSI visit / deep dive	External Body	Dec 18	NHSI visit/ deep dive	External Body		
	Benchmarking / model hospital reporting	External Body	Dec 18	Infection Control / documentation monthly audits	Internal reporting		
Sept 17	Significant assurance – Safer staffing	Internal Audit	Feb 18	Components of Q3 Clinical Effectiveness report highlighting concerns with compliance with NICE guidance and High Priority audits	Quality Committee		
		National Reporting					

Key performance Indicator		Principal Risk (s)		Potential consequences	Composite risk rating					Component risks	
					Initial	Residual	Target	Current	Direction of travel	Number	Highest Current
a	To achieve and sustain an overall CQC rating of ‘good’ by the conclusion of the next CQC inspection (post March 2018). To have no services rated inadequate.	1	Failure to maintain the quality of patient services	Poor quality of care to the population that we provide services for.	16	8	4	12	↑	20	16
b	To continuously improve in the number of services with a CQC rating of ‘outstanding’ over the cycle of the clinical services strategy and have no services rated as requires improvement or inadequate.			Reduced reputation and risk to continuity of services							

High Level Controls	Gaps in controls	Routine Sources of Assurance	Risk Appetite
Clinical Service Strategy 2017-22 Various frameworks that under pin clinical strategy. Personal Responsibility Framework Quality and Performance Indicators monitoring (Quality dashboard) Sub-Committees of the Quality Committee National Audit Programme Quality oversight System Quality Improvement strategy Structured Judgement Review Process Policy and procedure related to the management of precursor incidents (e.g. incidents/claims/complaints) Risk management strategy CQC steering group CQC compliance action Divisional and directorate structures Workforce Committee Part of NHSI / NHSE programme “moving to good”	Acting arrangements and absence of key substantive appointments. Clinical staffing vacancies: <ul style="list-style-type: none"> Nursing Midwifery Medical Theatres / ODP An emerging but not clearly defined clinical workforce plan to match the delivery of current services and clinical service strategy Lack of real time reporting of quality information	Ward to board reporting and the committee structures Patient experience report Risk management report Effectiveness Report CQC compliance reporting Safeguarding report Learning report Friends and Family Test Patient Survey Draper Dash Dashboards National reports: <ul style="list-style-type: none"> Mortality Clinical audits Infection control Model hospital 	Minimal. (as little as reasonably possible) preference for ultra- safe delivery options that have a low degree of inherent risk

BOARD ASSURANCE FRAMEWORK				Strategic Objective		2a	To deliver our financial plan		Assurance Level		Q1	Q2	Q3	Q4
Executive Lead		Matthew Horner				Assuring Committee		Finance and Performance			n/a	n/a		
Positive Assurance						Negative Assurance						Rationale for Assurance Level		
Date	Assurance		Source	Date	Assurance		Source				Limited confidence: Throughout the quarter the assurance level was limited as there were requirements to continuously improve run rates to sustain the position. However the financial plan was delivered in 2017/18. It is anticipated that the deficit faced by the Trust will be greater in 18/19			
Nov 17	Improvement Plan submitted and approved at November Board of Directors – including strengthened governance arrangements		Improvement Plan	Nov 17	Under-recovery of contract income against plan		Financial Performance Report							
Oct 17	Improvement Plan Presentation to NHSI		Improvement Plan	Nov 17	Sustainable delivery of CIP to Oct not identified (mitigated by non-recurrent measures)		Trust Improvement Committee (TIC) Report							
Mar 18	Draft accounts confirm control total was delivered in 2017/18		Draft accounts											
Key performance Indicator		Principal Risk(s)		Potential consequences		Composite risk rating					Component risks			
	Initial	Residual	Target	Current	Direction of travel	Number	Highest Current							
a	Deliver a NHS Improvement Use of Resources rating of at least “2”	4	Failure to maintain financial stability	Damage to reputation, financial compromise, loss of market share, regulatory action	16	12	6	16	↑	7	20			
High Level Controls		Gaps in controls		Routine Sources of Assurance					Risk Appetite					
Executive led Divisional Financial performance management meetings Divisional ownership of CIP schemes Budget setting and business planning Quality Impact Assessment and Financial Impact Assessment process – Improvement plan Urgent Care Programme Board Planned Care Programme Board Trust Improvement Committee (TIC) Performance management arrangements Chief Executive confirm and challenge meetings Standing Financial Instructions and Scheme of Delegation		Financial control panel – new panel established to control spend but, as yet, not fully embedded Income oversight panel – new panel to facilitate understanding of contract income position but, as yet, not fully embedded		Director of Finance report to Finance and Performance Committee and Board – including assessment of NHSI ‘Use of Resources’ framework Trust Improvement Committee report to Finance and Performance Committee Improvement Plan report to Finance and Performance Committee and Board Internal Audit Committee Reports on controls assurance Audit Committee Report to Board					Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward					

BOARD ASSURANCE FRAMEWORK				Strategic Objective		2b	To deliver our key performance metrics				Assurance Level	Q1	Q2	Q3	Q4
Executive Lead		Sandra Shannon				Assuring Committee		Finance and Performance							
Positive Assurance						Negative Assurance						Rationale for Assurance Level			
Date	Assurance	Source				Date	Assurance	Source				Limited confidence: current trajectories indicate that there is limited confidence in delivering the required standard in quarter: Recovery plans are in place for the contractual KPIs for RTT, ECS and Cancer. These are yet to deliver			
Nov 17	Implementation of the action plan to improve the ECS performance	ECS Action Plan				Nov 17	Current delivery performance in relation to ECS standard	Performance Report to Finance & Performance Committee							
Nov 17	Implementation of the action plan to improve the Cancer 62 Day performance	Cancer 62 day performance Action Plan				Nov 17	Current delivery performance in relation to Cancer 62 day standard	Performance Report to Finance & Performance Committee							
						Nov 17	Current delivery performance in relation to RTT 18 week access standard	Performance Report to Finance & Performance Committee							
Key performance Indicator		Principal Risk (s)		Potential consequences		Composite risk rating					Component risks				
						Initial	Residual	Target	Current	Direction of travel	Number	Highest Current			
	To achieve organisational trajectories set for RTT, Cancer and ECS	3	Failure to maintain operational performance	Damage to reputation, financial compromise, loss of market share, regulatory action		20	6	6	16	↑	10	20			
		6	Failure to achieve sustainable contracts with commissioners	Loss of market share, loss of public confidence, lack of service sustainability		12	6	6	15	↔	6	16			
High Level Controls		Gaps in controls		Routine Sources of Assurance					Risk Appetite						
Executive led Divisional performance management meetings (national/local and contractual KPI’s/standards) ECS performance action Plan Cancer 62 day action plan Weekly Access Meetings Urgent Care Programme board Trust Improvement Committee work programmes – Urgent Care				Director of Finance - Performance report to Finance and Performance Committee and Board Audit Committee Report to the Board Contract Management Board Internal Audit Committee Reports on controls assurance					Cautious Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward						

BOARD ASSURANCE FRAMEWORK			Strategic Objective		3	To be in the top 20% of employers in the NHS			Assurance Level		Q1	Q2	Q3	Q4
Executive Lead		Pat Campbell				Assuring Committee		Workforce		n/a		n/a		
Positive Assurance			Negative Assurance			Gaps in Assurance		Rationale for Assurance Level						
Date	Assurance	Source	Date	Assurance	Source	2017 NHS Staff Survey: detailed analysis being undertaken to determine where gaps are		The trajectories for the Key Performance indicators were agreed at the March 2018 Workforce Committee. The Workforce Committee were satisfied with the confidence level assigned but will review at the next meeting						
09/2017	Safer Staffing – significant assurance	Audit Yorkshire	02/2017	NHS Staff Survey – lower than average staff engagement scores	NHS Staff Survey									
12/2017	E-Rostering and IR35 compliance – significant assurance	Audit Yorkshire	01/2018	Inability to meet our sickness target for 2017/18 due to performance in Dec/Jan	ESR/Workforce report January 2018									
11/2017	Workforce metrics on appraisal,sickness, junior doctor fill and overall Trust turnover	Workforce report	03/2018	Staff engagement/experience scores for disabled staff	NHS Staff Survey 2018									
03/2018	NHS Staff Survey: staff engagement scores	Workforce report												
03/2018	Engaged workforce-high assurance	Audit Yorkshire												
Key performance Indicator		Principal Risk (s)		Potential consequences		Composite risk rating					Component risks			
						Initial	Residual	Target	Current	Direction of travel	Number	Highest Current		
A	Achieve a Friends and Family Test (Staff) result showing a target percentage of staff recommending the Trust as a place to work	2	Failure to recruit and retain an effective and engaged workforce to meet the needs of our Clinical Services Strategy	Disengaged staff – poor staff morale High staff turnover High vacancy rate/agency staff usage Poor quality and continuity of care Unanticipated bed closures		15	6	4	12	↑	13	20		
B	To be in the top 20% of places to work as measured by the NHS staff survey though a year on year improvement in staff engagement scores													
C	To deliver good performance on recruitment fill rates and turnover as benchmarked against other acute hospitals													
D	To employ a workforce representative of our local communities in line with our Equalities Objectives/WRES action plan													
High Level Controls			Gaps in controls			Routine Sources of Assurance					Risk Appetite			
Divisional performance management Monitoring of safe staffing Monitoring of recruitment against budget Time to talk Our People Strategy 2017 and workplans Workforce planning Staff survey action plan Annual review of nurse and midwife staffing establishments Mandatory training and appraisal performance management Education and workforce Committee Human Resources Policies and Procedures Equality objectives/ WRES Action plan NHS QUEST Standards when developed			Contemporaneous staff experience data Vacancy position particularly in nursing and theatres Live vacancy position in ESR			Workforce report HEE workforce return Junior Doctor fill rates Update report on staff action plan Nurse recruitment GMC survey Nurse staffing data publication report Bi-annual review report of nurse and midwife staffing Medical appraisal and revalidation report Quarterly ‘freedom to speak up guardian’ return Workforce Race Equality Standard Report Guardian of safe working hours report Staff Friends and Family Test EWin/Model Hospital portal for benchmarking purposes					Minimal: as little as reasonably possible) preference for ultra- safe delivery options that have a low degree of inherent risk			

BOARD ASSURANCE FRAMEWORK		Strategic Objective	4	To be a continually learning organisation			Assurance Level	Q1	Q2	Q3	Q4
Executive Lead		Bryan Gill /Donna Thompson		Assuring Committee		Quality Committee		n/a	n/a		

Positive Assurance			Negative Assurance			Gaps in Assurance	Rationale for Assurance Level
Date	Assurance	Source	Date	Assurance	Source		
July 2017	Board session on <i>BTHFT as a learning organisation</i> - clinicians from multiple specialties presented organisational learning using different recognised methodologies	Board development session	Nov 2017	Approved strategy for continual learning including a QI strategy not published	Agreed objective from ‘Moving to Good’ NHSI programme	Agreed Key Performance indicators and access to comparator data	<p>Confidence: evidence presented to committees demonstrates the significant progress made, recognising that there are further opportunities for change and improvement</p>
Nov 2017	Learning hub becoming well established and meeting expectations in relation to delivery of agreed learning outputs	Board Integrated Dashboard	Nov 2017	Improve the governance mechanisms to support the Board level assurance	Board Integrated Dashboard	Publication and embedding of a Trust-wide strategy on continuous learning	
Nov 2017	Core and High priority training targets reviewed and remain stable	Board Integrated Dashboard	Dec 2017	Further work required to embed and engage re Safer Procedures	Peer review [Progress/NHSI]	Identification of risks associated with the delivery of the objectives.	
Nov 2017	Assurance that number of participants recruited to National Institute for Health Research portfolio studies including commercial and non- commercial studies is in line with KPIs	Board Integrated Dashboard					
Dec 2017	Presentations from specialties and Directors on outcomes from Quality Summits	Quality Committee					
Dec 2017	Paper describing positive progress and delivery from the Learning hub	Quality Committee					
Dec 2017	Service Improvement in orthopaedics	Trust’s Improvement Programme/ Brilliant Bradford Awards					
Jan 2018	Quality plan 2018-19	Quality committee					

Key performance Indicator		Principal Risk (s)		Potential consequences	Composite risk rating					Component risks	
					Initial	Residual	Target	Current	Direction of travel	Number	Highest Current
1	To achieve 5% year on year training of clinical staff in Quality Improvement	8	Failure to continually learn and improve the quality of care to our patients	Reputation, loss of HEE contracts, research funding, harm to patients, reduced recruitment and retention of staff	12	8	6	12	↔	1	12
2	To deliver upper quartile performance for recruitment to time and target for NIHR portfolio studies										
3	Achieving upper quartile performance on national education surveys										
4	Continuous learning: Ratio of near miss to SI reporting [Learning culture]										

High Level Controls	Gaps in controls	Routine Sources of Assurance	Risk Appetite
Research Committee Organisational learning system Trust’s Improvement Programme Quality oversight system National Audit Programme (Improvement) Patient safety/Clinical Effectiveness/workforce and education Sub-Committee NHS QUEST AHSN Improvement Academy BIHR Centre for applied health research HEE HEI	A review of the Corporate and Divisional risk register is scheduled for Q4 to support identification of any gaps in controls	Quarterly learning report National Education Surveys ESR reports Board Integrated dashboard National Audits	Open: Willingness to support staff to innovate in methods of delivering continuous learning and improvement

BOARD ASSURANCE FRAMEWORK		Strategic Objective	5	To collaborate effectively with local and regional partners		Assurance Level	Q1	Q2	Q3	Q4
Executive Lead		John Holden		Assuring Committee		Partnership Committee		n/a	n/a	

Positive Assurance			Negative Assurance			Gaps in Assurance	Rationale for Assurance Level
Date	Assurance	Source	Date	Assurance	Source		
Mar 2018	Partnerships Committee noted ongoing work in respect of acute collaboration with Airedale NHS FT; also progress on determining the location of the vascular arterial centre	P.31.18.69 (Airedale) P.3.18.8 (Vascular)	Mar 2018	Partnerships Committee noted that the ICS “mutual accountability” arrangements involve a proposed accountability group with one WYAAT representative and there are unresolved issues regarding its functioning and its “performance management” role	P.31.18.8	Partnerships Committee (23 March, P.3.8.11) acknowledged the need for “soft” ie subjective assessment of progress on acute collaboration and local vertical integration which will not provide hard numerical KPIs. We are developing a risk descriptor for acute collaboration, and working on the potential for hard KPIs for horizontal and vertical integration. This is judged to be acceptable but will be inconsistent with other strategic objectives	Confident: Basic infrastructure and controls in place, but concerns re: direction of acute collaboration, and utility/alignment of local vertical integration integrated care work-streams. (Partnerships Committee 26 Jan/23 Mar 2018)

Key performance Indicator		Principal Risk (s)		Potential consequences	Composite risk rating					Component risks	
					Initial	Residual	Target	Current	Direction of travel	Number	Highest Current
1	Progressive improvement in key stakeholder relationships using a “maturity index score”)	7	Failure to deliver strategic partnerships	Missed opportunity to improve patient care due to e.g. loss of market share, reputational damage, financial loss, operational issues							
2	Balanced scorecard of outputs/outcomes attributable to programme of work relating to integrated care demonstrating optimal progress				12	9	9	9	↔	2	12
3	Weighted assessment across different services demonstrating momentum in progress										

High Level Controls	Gaps in controls	Routine Sources of Assurance	Risk Appetite
1. EMT partnerships discussions (eg in time-out sessions) and use of tracker spread-sheet for acute workstreams 2. Implementation of Clinical Services Strategy 2017-2022 through Divisional service planning and EMT updates 3. Participation in :- <ul style="list-style-type: none"> Integrated Management Board of Bradford Provider Alliance Bradford Accountable Care Programme Board WYAAT groups (CEOs, MDs, DoFs, Strategy & Ops) BTHFT/Airedale FT (Partnership Executive Meeting; Collaboration Programme Board; 	Need to better co-ordinate activity, track progress and manage risks across BTHFT in respect of “vertical integration” ... therefore potential need forout to advert for dedicated post holder eg Head of Partnerships (analogous to Head of Policy, who leads on acute collab)	1. Stakeholder engagement survey 2. Pathology JV Board of Directors meetings (receives regular reports from Managing Director and Clinical Director) 3. WYAAT Programme Director’s Report 4. Papers for STP System Leadership Executive and WYAAT CEOs	Seek: Eager to be innovative and to choose options offering potentially higher business rewards

Appendix 1 Corporate Risk Register

CORPORATE RISK REGISTER: PRINCIPAL RISKS

December 2017

	Principal Risk	Proposed Overall Risk Rating					Risk Appetite	
		Initial	Residual	Target	Current	Direction	Current	Profile
1	Failure to maintain the quality of patient services	16	8	4	12	↑	Minimal	
2	Failure to recruit and retain an effective and engaged workforce	15	6	4	12	↑	Minimal	
3	Failure to maintain operational performance	20	6	6	16	↑	Cautious	
4	Failure to maintain financial sustainability	16	12	6	16	↑	Cautious	
5	Failure to deliver the required transformation of services	12	8	8	8	↔	Open	
6	Failure to achieve sustainable contracts with commissioners	12	6	6	15	↔	Cautious	
7	Failure to deliver the benefits of strategic partnerships	12	9	9	9	↔	Open	
8	Failure to continually learn and improve the quality of care for our patients	12	8	6	12	new	Open	

Appendix 2: Board Assurance Framework Legend				
Descriptors		Defining risk appetite		
Principal Risk	What could prevent the Strategic Objective from being achieved?	0	Avoid	Avoidance of risk is a key organisational objective
High Level Controls	What controls/systems do we have in place to assist secure delivery of the objectives?	1	Minimal	(as little as reasonable possible) preference for ultra- safe delivery options that have a low degree of inherent risk
Gaps in Controls	Are there any gaps in the effectiveness of controls or systems?	2	Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Sources of assurance	Where can we gain evidence in relation to the effectiveness of the controls/systems which we are relying on?			
Positive Assurance	What evidence have we of progress towards or achievement of our strategic objective?	3	Open	Willing to consider all potential delivery options and choose while also providing and acceptable level of reward
Negative Assurance	What evidence have we of progress towards our strategic objectives being compromised?	4	Seek	Eager to be innovative and to choose options offering potentially higher business rewards
Gaps in Assurance	Where can we improve the evidence about the effectiveness of one or more of the key controls/systems which we are relying on?	5	Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
Rationale for assurance level	(see Appendix 2) a description of the reason for the decision in relation to assurance level agreed by the assuring committee			
Risk Appetite	The level of risk the organisation is prepared to tolerate in relation to the secure delivery of each individual strategic objective			
Levels of assurance				
little or no confidence	Low. No evidence of necessary structure/processes supporting mitigation of risk associated with the achievement of strategic objective			Risk
limited confidence	Compromised. Limited evidence of necessary structure/processes mitigation of risk associated with the achievement of strategic objective			Risk
confidence	Confident. Range of structures and processes in place supporting mitigation of risk associated with the achievement of strategic objective available and used by the organisation			Opportunities for change and improvement
High Confidence	Trust. Comprehensive evidence of effective and sustainable mitigation of risk associated with achievement of the strategic objectives			Opportunities for learning

