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Report Title:	Board Assurance Framework
Decisions to be made:	To approve.

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GB Lead: <i>(Name, Title)</i>	Catherine Wylie, Director of Nursing and Quality
Director approval/signature (MUST BE SIGNED)	
Date:	2.8.17

Continue to improve the quality of services	<input type="checkbox"/>	Improve patient experience	<input type="checkbox"/>
Reduced unwarranted variations in services	<input type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input type="checkbox"/>
Deliver the best outcomes for every patient	<input type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

Executive Summary (Question, Options, Recommendations):

A Board Assurance Framework (BAF) is essentially a tool to provide an integrated approach to governance and internal control processes. The attached draft incorporates best practice guidance from the Good Governance Institute and HM Treasury.

Designed to clarify and strengthen internal control processes and complement the CCG's Risk Management Strategy, the BAF identifies key roles and processes to help the Governing Body effectively discharge its governance responsibilities.

The Framework has been reviewed at the Quality and Audit Group.

Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The Framework should help the Governing Body more effectively manage risks in relation to the achievement of CCG objectives.
Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	Date		N/A	Y	N	Date
Patient:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quality & Audit Groups

Board Assurance Framework

Summary:	This document describes the integrated governance and internal controls processes within NL CCG and the Assurance Framework processes by which the Governing Body and the management of the CCG receives its assurance they are operating effectively. It takes account of Department of Health and other best practice guidance which is listed at the end of this document.	
Keywords	Board assurance framework, governance, system of internal control, risk management	
Target Audience:	All Staff employed by NHS North Lincolnshire Clinical Commissioning Group	
Next Review Date:	(or sooner subject to system and process changes)	
Approved and ratified by:		
Date issued:		
Author:	Head of Governance	
Sponsor:		

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1. Introduction

NL CCG Governing Body must be able to assure itself that it is operating effectively and meeting its strategic objectives. The Governing Body therefore needs to be aware of the current position in relation to the achievement of any of its strategic objectives. Whilst there will always be a degree of uncertainty the Governing Body must be able to assess the probability of an objective been achieved and be aware of any inherent risks to delivery.

Every year Internal Audit assesses the effectiveness of controls in place within the CCG and provides an annual opinion in support of the CCG's Annual Governance Statement. This work includes reviewing the way in which the Governing Body has identified its objectives, risks, controls and sources of assurance and assessed the robustness of the assurances obtained.

This document identifies the integrated governance and internal control processes used within the CCG and the way in which the Governing Body and managers will assure themselves that organisational objectives are being achieved through the use of an Assurance Framework. It takes into account and reflects guidance issued by the DoH, HM Treasury and the Good Governance Institute.

2. Purpose

An Assurance Framework is essentially a tool that supports the achievement of organisational objectives. An Assurance Framework is designed to:

- Provide reliable and timely information to the Governing Body on the effectiveness of the management of major strategic risks and significant control issues;
- Support the escalation of risk and control issues requiring attention by senior management/Governing Body
- Help identify gaps in assurance key to the success of the organisation
- Provide an opportunity to raise understanding of the organisational risk profile and strengthen accountability and ownership of controls
- Provide supporting evidence for the Annual Governance Statement

3. Definitions

Governance

The systems and processes established to systematically support the achievement of objectives. Performance management and risk management are both integral elements of governance.

Board Assurance Framework (BAF)

Over recent years in the NHS the term Board Assurance Framework has become synonymous with the strategic risk register that reports on the risks associated with the delivery of the strategic objectives rather than the wider systems controls and monitoring systems in place. In this paper the term BAF refers to the overall systems and controls: the strategic risk register refers to the risk report that will be presented to the Governing Body.

Strategic Risk Register

Enables the Governing Body to: identify and understand the risks (internal and external) that are critical to the success and continuation of the organisation; agree acceptable levels of strategic risk and approve the actions required to mitigate risks to this level; monitor assurance mitigating actions are

being taken and risks are being appropriately managed

Risk Appetite

The decision about the level of risk that the organisation is prepared to accept in relation to an 'issue', after balancing the potential opportunities and threats a situation presents. It constitutes a balance between potential benefits of innovation and the treats that accompany change. Risk appetite and risk tolerances may vary over time in light of further information and changes in priorities.

Risk Tolerance

The pre-determined upper level of risk that can be posed to an objective. This might be set as an overall risk rating, or might specifically relate to an upper 'impact' or upper 'likelihood' rating which if reached must be mitigated at all cost.

Internal Controls

The policies, procedures, practices and organisational structures put in place by the CCG to provide reasonable assurance that objectives will be achieved and that undesired events (risks and hazards) will be detected, prevented or mitigated.

Assurance Measures

Methods of measuring the level of risk and therefore the effectiveness of controls in place, for example; monitoring incidents related to the risk, peer reviews or Monitor compliance.

Internal Assurance Measures

Assurance measures which are part of the organisation's internal processes, such as audit or staff appraisals

External / Independent Assurance Measures

Assurance measures independent to or from outside of the organisation, for example; Internal Audit, NHSLA, NHSE

Positive and Negative Assurances

The Assurance measure will indicate either a positive or negative result. Positive assurance indicates that controls are operating effectively to mitigate the risk to the achievement of objectives. Negative assurance is the reverse, where evidence shows that controls are not operating effectively to mitigate the risk to the achievement of objectives.

Gaps in Assurance Measures

Where there are inadequate assurance measures or assurance measures are limited and cannot provide full assurance that controls are effectively mitigating the risk. Gaps should be identified and listed with actions to close.

Risk Scoring / Assessment

A process by which risks are graded/ scored based on the impact of their occurrence and the likelihood of their occurrence

The table below is used by NL CCG for the purposes of determining scores for a risk's impact and

likelihood. This table is further augmented by the NPSA Risk Matrix, which provides more specific interpretation of impact scoring. This can be found in the Trust Risk Management Policy. To derive the risk's rating, the two scores are multiplied together.

Risk Scoring				
Impact			Likelihood	
5	Catastrophic	An effect upon the objective that renders it unachievable.	5	Almost certain (> 80%)
4	Major	Significant effect upon the objective, thus making it extremely difficult/costly to achieve.	4	Likely (60%-80%)
3	Moderate	Evident and material effect upon the objective, thus making it achievable only with some moderate difficulty/cost.	3	Possible (40%-60%)
2	Minor	Small, but noticeable effect upon the objective, thus making it achievable with some minor difficulty/cost.	2	Unlikely (20%-40%)
1	Negligible	Insignificant effect upon achievement of the objective	1	Rare (< 20%)

4. The role of the Strategic Risk Register in the management of risks.

The HFMA Audit Committee Handbook identified the Assurance Framework (Strategic Risk Register) as *'the key source of evidence that links strategic risks and assurances, and the main tool that the Board should use in discharging its overall responsibility for internal control'*

The Strategic Risk Register provides evidence to support the effective management of risk in the organisation. It provides a comprehensive range of assurances as to those strategic risks that are being effectively managed and those that are at risk of not being delivered. This enables the Governing Body to make informed decisions in respect of allocating resources.

Essentially gaining assurance consists of bringing together all the relevant assurances to make informed decisions and take effective timely actions. In NL CCG the Strategic Risk Register, Corporate Risk Register and directorate registers form the key assurances alongside the Assurance Map and a range performance reports. This information in its totality provides comprehensive assurance framework that can be scrutinised and challenged by the Governing Body and relevant committees.

The Strategic Risk template will be continually adapted in line with the CCG's maturity development and evolution of risk management systems.

5. Good practice requirements for Governing Body Assurance Framework

5.1 The CCG Governing Body will use the Strategic Risk Register as a dynamic tool to drive the board agenda through the following:-

- Assurance reviews via Audit Group,
- Review and assessment by Internal Audit
- Review the Strategic Risk Register at each public meeting of the Governing Body.

The format of the Register will evolve but it will include:

- Trust objectives
- Principle risks
- Key controls
- Sources of assurance
- Gaps in control/ assurance
- Action Plans for addressing gaps

6. CCG Risk Appetite Statement

The CCG recognises it is impossible to meet its objectives and achieve positive outcomes for its stakeholders without taking risks. Indeed, only by taking risks can the CCG realise its aims. It must, however, take risks in a controlled manner, thus reducing its exposure to a level deemed acceptable from time to time by the Governing Body and, by extension, external inspectors/regulators and relevant legislation.

Methods of controlling risks must be balanced in order to support innovation and the effective use of resources. As a general principle the CCG will not accept and will therefore seek to manage all risks which have the potential to:

- Cause significant harm to patients, staff, visitors, contractors and other stakeholders;
- Endanger notably the reputation of the CCG
- Threaten the CCG's compliance with law and regulation.
- Have severe financial consequences which could jeopardise the CCG's viability;
- Significantly impair the CCG's ability to carry out its normal operational activities;

Risk Tolerance

The CCG will determine from time to time that some risks are acceptable / tolerable. This will be informed by the stated risk appetite.

As a general guide all risks with a rating of 3 or less will normally be deemed to be acceptable or tolerable. Some risks with a rating higher than 3 may also be accepted/tolerated. This would most probably be because of the potential benefits of taking the risk.

7. Trust Assurance Process

Board Assurance Framework Operational Procedure

The key components/steps of the assurance process are as follows and are outlined below:

7.1 Step 1 Setting Strategic Objectives

The first step in designing the assurance process is for the CCG Governing Body to identify its strategic objectives e.g. commissioning, financial, quality, workforce, and other objectives focusing on those which are crucial to the achievement of its aims and values. Objective setting and review in NL CCG

will be aligned to the annual business planning cycle. Each strategic objective should be SMART (Specific, Measureable, Achievable, Relevant, Time-bound). Strategic objectives will be translated into operational objectives, which in turn will be broken down as appropriate into directorate and team objectives.

7.2 Step 2 Identification of strategic /principal risks

These are risks which threaten the achievement of the CCG's objectives may be identified through a variety of methods. These could include strategic/principal risks may be identified from the CCG's Operational Risk Register or Directorate Risk Registers, or via team meetings, formal committee meetings, Governing Body workshops, and project planning/review meetings. The CCG's Risk Management Strategy outlines the risk identification process.

The Governing Body needs to be confident that all possible sources of risk have been considered including partnership risks.

As part of the identification of principle risks the level and type of risk the CCG is prepared to accept in pursuance of its strategic aims and objectives must be agreed.

7.3 The Management of Risks

The Governing Body will also need to be kept informed on whether a strategic objective has been achieved or is likely to be achieved and it will therefore be necessary to measure outcomes which have been determined to be indicative of success.

Once a risk has been identified a decision will need to be made on how it is to be managed (terminate, treat, transfer, share, tolerate). It should be noted that there may be multiple individual risks that pose a threat to the achievement of a strategic objective. The Governing Body must therefore be kept informed of the totality of risks against each objective.

7.4 Risk Tolerance

The Governing Body will consider the tolerance in relation to each strategic objective. The level of tolerance that the Governing Body will find acceptable will vary from objective to objective. The Governing Body will likely have zero tolerance concerning issues of statutory compliance. It may however have a high degree of tolerance when commissioning new and innovative services. The risk tolerance may be set as an overall risk rating or as an upper 'impact' or upper 'likelihood' rating.

7.4 Key Controls

These are the management systems and processes the CCG has place to manage its principal risks. Controls will be assessed internally and externally e.g. by independent reviewers, which includes internal auditors, and external audit.

Key controls will also be mapped to the principal risks. When assessments are made about controls, consideration will be given not only to the design but also their effectiveness in light of the governance and risk management framework within which they will operate. Guidance on testing controls can be found as **Appendix 1**

Examples of controls in the CCG include:

- Board, Sub Committee and Management Committee structure (**Appendix 3**)
- Corporate/Operational Risk Register
- Leadership infrastructure
- Directorate Risk Registers
- Assurance Map

- Business Plans - Delivery Plans, Action Plans and Implementation Plans
- Incident reporting and management arrangements
- Policies and Procedures including Risk Management Policy
- Staff Appraisals
- Team meetings
- Staff Training Programmes

Controls will be amended or added to. The Governing Body will require assurance that all controls are in place, are appropriate and are being adhered to.

The CCG's Scheme of delegation should make explicit which individuals, committees or groups are being tasked with the achievement of which objectives.

7.5 Step4–AssuranceonControls:

The Governing Body must then gain assurance about the effectiveness of the controls in place to manage the principal risks. They not only need to ensure they have the right level of assurance but to make use of the work of external reviewers and ensure the whole process is efficient. A system that provides good coordination and evaluation of the work of the auditors, inspectors and reviewers will bring increased benefits to both the CCG and the review bodies. It will help minimise the burden on the CCG by reducing overlap and allow potential gaps in assurance to be identified and addressed.

Examples of sources assurances in NL CCG include:

- Reports e.g. Board, performance management, incident
- Internal and external audits
- Risk registers
- External assessment
- NHS England IAF reviews
- Feedback from three hundred and sixty review

A gap in assurance is deemed to exist where there is failure to gain evidence that controls are effective. Any gaps in either controls or assurance will be identified in the BAF, along with actions, action owners and timescales for implementation.

Scrutiny of assurance

During the course of its business members of the Governing Body should continually ask questions to assess the strength of the internal controls and assurances being presented. Guidance on robust scrutiny on controls assurance, assurance data and triangulation detailing assurance questions for the board to ask can be found within **Appendix 1**.

A popular concept for assisting organisations to identify and understand the differing contributions from various sources is the Three Lines of Defence Model.

First Line

This refers to business operational areas within the CCG that have established measures and processes to help identify how well objectives are being met and risks identified. They will include performance data, monitoring statistics, policies, directorate risk registers, routine system controls and general management feedback. This assurance comes direct from those responsible for delivering specific objectives or operational tasks.

Second line

This is assurance related to oversight of management activity and is separate from those responsible for delivery but not independent of the CCG's management chain. This could include compliance assessments or reviews or quality arrangements are being met in specific areas such as Information Governance.

Third Line

This refers to independent assurance and usually focuses on the role of internal audit that carries out a programme of work on behalf of the CCG to give an objective opinion on the framework of governance risk management and control. Other external reviews could be undertaken by bodies such as NHS England or external consultancy.

7.6 Governing Body Report & Actions

The Strategic Risk Register provides a framework for identifying which of the CCG's objectives are at risk because of inadequacies in controls or where the Trust has insufficient assurance about them. At the same time it provides structured assurances about risks which are being managed effectively and objectives that are being delivered.

This allows the Governing Body to determine where to make best use of its resources and address the issues identified to improve the quality and safety of care.

8. Assurance Roles and Responsibilities

8.1 Organisational Roles and Responsibilities

Governing Body

- Ensure the CCG has sound and comprehensive governance and assurance arrangements in place that guarantee the resources vested in the CCG are appropriately managed and deployed, key risks identified and managed and the CCG fulfils its accountability requirements and delivers its strategic objectives
- Ensuring the CCG complies with its governance and assurance obligations in the commissioning of effective safe care.
- Using the Board Assurance Framework to drive the board agenda
- Assuring it's self that an efficient risk management approach is in operation within the organisation
- Effective use of external and internal audit to provide assurance in internal controls
- Scrutinising the Statement on Internal Control to ensure that the assertions within it are supported by a substantial body of compelling evidence
- Ensuring that controls and processes are reviewed and tested to ensure that they deliver in dealing with real risks and do not become an ineffective bureaucratic process

Quality Group

- Responsible for scrutinising CCG systems for internal control and risk management:
 - ensures the provision and maintenance of an effective system of risk identification and associated controls, reporting and governance
 - maintains an oversight of the Trusts general risk management structures, processes and responsibilities
 - reviews the adequacy of underlying assurance processes that indicate the degree of achievement of corporate objectives and the effective management of principal risks

Audit Group

- The Audit Group will report to the Governing Body and include a view about the effectiveness of the Organisation's system of internal control,:
 - Positive assurances received on risks where controls are effective and objectives are being met
 - Objectives which are at risk through significant gaps in control including the production and issues of any financial risk and control-related disclosure statements or reports (e.g. Annual Accounts, Annual Governance Statement)
 - Gaps in assurances about the Organisation's ability to achieve its objectives

This may on occasion lead to creation of a Governing Body action plan to improve its key controls; to manage its risks and gain assurances where required.

This will also provide opportunities to improve the effectiveness of management and will provide evidence to support the Annual Governance Statement.

Chief Officer/Accountable Officer

- Ensuring the organisation has management controls and systems of risk management and governance in place to enable the organisation to deliver its strategic objectives
- Ensuring the Executive Team provides reports to the Governing Body in relation to delivery of the strategic objectives and operates within the management controls/ risk management systems

All Executive Directors

- Ensuring they and their directorates operate within the organisational management controls and risk management systems, policies and procedures of the CCG
- Presenting to the Governing Body accurate, clear and timely information regarding the delivery of the Trusts strategic objectives and portfolio areas

Lay Members

- Satisfy themselves that management controls and systems of risk management and governance are sound and are used effectively

Director of Nursing & Quality

- Overall responsibility and accountability for the Board Assurance Framework and associated processes, and ensuring these are fit for purpose.
- Ensuring the Trust has a sound and effectiveness risk management process in place and is being operated effectively
- Proposing the organisational assurance process and infrastructure for Board approval and monitoring and reporting upon its effectiveness
- Ensures the provision and maintenance of an effective system of quality and clinical risk identification and associated controls, reporting and governance
- To maintain an oversight of the Trusts clinical and quality risk management structures, processes and responsibilities, including the production of disclosure statements or reports (e.g. Annual Quality Report)

Head of Governance

- Ensuring the CCG has a sound and effectiveness risk management process in place and is being operated effectively
- Proposing the organisational assurance process and infrastructure for Board approval and monitoring and reporting upon its effectiveness

- Coordinates the Director review / population and update of BAF risks
- Document preparation for Committee and Board presentation and scrutiny
 - Maintaining the CCG Assurance Map

8.2 Risk Management Roles and Responsibilities

A Guide to Actions and Responsibilities can be found as **Appendix 3**

Risk Owner / Accountable Lead for Risks on the Board Assurance Framework

- Responsible for the overall implementation of the mitigating actions
- Responsible for the overall coordination of assurances
- Responding to national policy decisions
- To offer expert advice to the Governing Body and relevant Committees

9. Monitoring and review of the Board Assurance Framework

9.1 The Governing Body must evaluate the quality and robustness of the Board Assurance Process and the Strategic Risk Register on a regular basis and to ensure arrangements are in place to keep it updated in the light of evidence from Board Reports, internal and external reviews and organisational achievements.

NL CCG will achieve this through:

- Annual review of the Board Assurance Framework and Process by Internal Audit as part of the Internal Audit Programme
- Annual review of the Board Assurance Process & Infrastructure as set out in the Board Assurance Framework Standing Operating Procedure following agreement or review of the strategic objectives
- Reviewing the assurance process and if new best governance/assurance guidance is issued or annually otherwise

10. Annual Board Assurance Schedule

10.1 The Trusts annual board assurance schedule will be as follows:

Action	Executive Lead	Management Lead	Date
Strategic objective setting to be undertaken as part of the annual business planning cycle	CCG Chair / Chief Officer (working with the Governing Body)	Head of Governance	Quarters 3 and 4 (October to March each year)
Strategic and significant risk review and identification to be undertaken as part of business planning process	CCG Chair/ Chief Officer (working with the Governing Body)	Head of Governance	Quarter 1 (March each year)
Approval of Strategic Risks	Director of Nursing & Quality	Head of Governance	End April each year
Population of Strategic Risk register	Director of Nursing & Quality	Coordinated prepared by Head of Governance in liaison with Identified Management Leads	During Qtr1 and on-going

Strategic risks to be updated in line with the Trust Risk Management Policy	Director of Nursing & Quality	Management Leads	Monthly as required
Sections of the Board Assurance Framework to be monitored by relevant Governing Body committees and Management Forums to ensure delivery of the strategic objectives	Committee Chairs	Presented by Lead Executive and or nominated Senior Manager	On-going
Trust Executive Committee to review full Board Assurance Framework	Director of Nursing & quality	Head of Governance	Monthly
Presentation to Audit Group	Chief Finance Officer	Head of Governance	At Audit Group Meetings
Presentation to Governing Body	Director of Nursing & Quality	Head of Governance	At each public GB Meeting

11. References:

- Building a Framework for Board/Governing Body Assurance – Good Governance Institute (February 2014.)
- Board Assurance: A toolkit for health sector organisations – Baker Tilly (2015)
- HM Treasury Guidance on Assurance Frameworks (2012)

Appendix 1 Questions for the Governing Body (taken from Good Governance Institute Building a Framework for Governing Body Assurance)

Question	Good Answer	Poor Answer
Are we clear what success looks like for each of our strategic objectives?	We have identified and engaged with our key stakeholders and have defined with them strategic objectives and measures of success for each.	We have defined our objectives in respect of compliance with national targets and improvement of patient safety and experience.
Are we clear what is the cause of each material risk and its impact on all strategic objectives?	For each and all objectives we have identified material risks that could compromise achievement of delivery. We understand the causes of these risks and seek to remove or mitigate.	We review our BAF several times a year and this provides us with an overview of risks and action being taken.
Are the necessary and appropriate controls in place, being adhered to and having the desired effect on performance against objectives?	Our staff have confirmed controls to mitigate risks. We have set tolerance for failure beyond which we expect the issue to be escalated to committee or board.	The BAF would appear to have risks, controls and assurance for each objective. This is a management role and we let them get on with it. They would tell us if there was a problem.
How we are performing against each of the success measures associated with each objective?	Having defined the successful outcomes for our strategic objective we expect to see a trajectory of planned progress identified, variation and actions to ameliorate.	We always seem to be missing agreed plans and targets. It is very frustrating, but I appreciate there is so much to do.
Are we aware of the total cumulative risks to the achievement of any particular strategic objective?	Yes, our system triangulates risk, one strategic objective against others. We scrutinise carefully our capacity to deliver all objectives when having to invest time and resources on one failing objective.	Our system doesn't allow for this. Each objective has its own risks but there is no means of seeing crossover between them. I suppose that is the art of governance to spot such effects.
Are decisions being made in relation to risks by committees and individuals in keeping with the scheme of delegation with variances reported to the Strategic Objective owner?	Yes, our audit processes check that trajectories are on track and within risk appetite and where variance occurs that actions will rapidly re-establish planned outcomes and timetable, else the issue will be escalated.	Yes, our individual committees have clear areas of responsibility and effectively get on with taking appropriate action.
What assurance do we have that actions agreed in response to risks appropriately address the root cause and are implemented across the organisation?	We focus heavily on addressing root causes rather than work-arounds and challenge executives to provide independent assurance of mitigation being applied comprehensively.	Risk doesn't work like that. We never get rid of root causes but do the best we can. We rely on our professional staff to learn and apply lessons from when things go wrong.

Appendix 2: Guidance on testing controls, Assurance Sources

1. Testing the Controls

- Prior to presenting reports and information about key controls to the Governing Body, Directors and senior managers of the CCG must satisfy themselves the arrangements in place are robust and will enable reasonable assurance to be provided
- Appendix 2 provides an overview of the Trusts model to support the corporate processes and infrastructures, performance and delivery, and risk management arrangements. It also provides a series of assurance tests in the form of questions managers must be able to answer in their reports.

2. Assurance Triangulation

- It is considered best practice (the foundation of good governance: a compendium of good practice (FTN/Beachcrofts, 2011)) for organisations to adopt a triangulation approach to gain their assurance; this consists of looking for three distinct sources of information and comparing them. If those three sources coincide then reasonable assurance can be taken.
 - *Data & Information* – formal board and sub-committee reports and briefings. These will provide comparative information to show performance against other similar organisations and within the Trust over time. Dashboards/ traffic light / heat map and other representations may be used. Performance which falls outside acceptable (and Board defined) parameters will be accompanied by an exception report and actions tracked and reported to the Board. The Board should seek evidence of the quality and reliability of data presented in reports e.g. that it is accurate.
 - *People* – the Board should talk to relevant managers and frontline staff who can add insight into data and information presented.
 - *Observation* – taking a patients-eye view such as a Board programme of site and service visits, participation in internal inspections, structured walkabout programs and requesting reports include patient case studies or request to hear from individual patients at Board meetings
- The BAF requires the Governing Body to consider the effectiveness of each control during the process of gaining assurance. The Governing Body will take all reasonable steps to ensure it looks at the right data, and verifies the data by talking to the right staff and verifies both through direct observations of patient care and treatment. Through this process the Governing Body will ensure it gains all of the three key assurance levels of self-assurance, internal oversight, and external / independent assurance

Appendix 3 Governing Body (GB) Scrutiny & Assurance Remits

Role	Risk Owner/ Accountable Lead Director	Management Lead	Chair of Responsible Committees	Action Owner	Head of Governance
Responsibilities	<ol style="list-style-type: none"> 1. Overall accountability for management and mitigation of Risk. 2. Reporting to GB on progress and changes to the Strategic Risk Register and offer expert corporate /clinical advice to GB. 3. Ensure that strategic and clinical risks are reported via appropriate routes and gaps in assurance highlighted. 	<ol style="list-style-type: none"> 1. Ensuring Action Owners complete relevant sections against each risk and use this information to regularly re-assess the Risk Score. 2. Support staff in day to day management of strategic risks 3. Reporting strategic and clinical risks via appropriate routes and highlighting gaps in assurance. 4. Regular review and re-assessment of Risk Score. 	<ol style="list-style-type: none"> 1. Scrutiny and assurance of: <ul style="list-style-type: none"> • Controls in place • Assurances in place and whether they give positive or negative assurance • Gaps in controls or assurance • Actions to close gaps and mitigate risk 2. Ensuring effective systems are in place to identify, monitor and mitigate risks. 3. Providing assurance to GB or Sub GB Committees 	<ol style="list-style-type: none"> 1. Identification and regular update of: <ul style="list-style-type: none"> • Controls in place • Assurances in place and whether they give positive or negative assurance • Gaps in controls or assurance • Actions to close gaps and mitigate risk 2. Informing update of Risk Assessment 3. Reporting to relevant Committee, Group or Forum (as stated against each Risk) 	<ol style="list-style-type: none"> 1. Creation and maintenance of the BAF documentation. 2. Co-ordinating updates to the BAF and ensuring appropriate sign off process of updates. 3. Document preparation for Committee and GB presentation and scrutiny 4. Maintenance of Policies, Procedures
Regularity of Review	<p>Monthly review of Strategic Risk Register with Head of Governance</p> <p>Report to Public Governing Body Meetings</p>	<p>Monthly review of Director Lead</p> <p>Report to appropriate Committee/Group as per meeting cyclical agenda</p>	<p>As per meeting Cyclical Agenda</p>	<p>Monthly update with Director / management Lead as appropriate</p>	<p>Monthly review of Strategic Risk Register with Risk Owner</p> <p>Report to Trust Executive Team, Audit Group, GB at Public meetings.</p>