

Assurance Strategy

Category:	Strategy
Summary:	This Strategy outlines the Trust's vision in relation to assurance, explaining what this means, detailing the system and processes in place and highlighting roles and responsibilities.
Equality Impact Assessment undertaken:	September 2015
Valid From:	September 2015
Date of Next Review:	September 2018
Approval Date/ Via:	10 September 2015, Trust Management Executive
Distribution:	Trustwide
Related Documents:	Quality Strategy Risk Management Strategy External Reviews Policy
Lead Director:	Director of Assurance
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Further Information:	Assurance Directorate
This Document replaces:	Assurance Strategy V1.0

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Introduction

1. Assurance is term that is often used although not always fully defined. Within the NHS it has become an ever increasingly important concept. The introduction over a decade ago of the requirement for the Chief Executive, on behalf of the Board, to write and publish an Annual Governance Statement, made sure public sector organisations were able to demonstrate that they are properly informed about the totality of their risks. Put simply they needed to have confidence in their governance framework.
2. The Department of Health was at the forefront of developments with assurance systems and published guidance on building an assurance framework and linkage of this with the Annual Governance Statement. The degree of change expected, including the expanded reliance on Internal Audit, has not however been reflected in practice. A review undertaken by the Audit Commission, the report of which 'Taking it on Trust' was published in 2009 noted that, 'In the worst cases, the assurance process had become a paper chase rather than a critical examination of the effectiveness of the trust's internal controls and risk management arrangements. The NHS has, in many cases, been run on trust.'
3. Over a number of years organisational failures, within both the public and private sector have been attributed to poor governance or failings in risk management. The response to this has been heightened control in these areas via legislation and publications of governance codes. Yet the failures continue to happen and therefore concentration has shifted to assurance and how Boards of Directors know what is being undertaken in their name.
4. The Trust Board understands the challenges that large and complex organisations face when developing robust governance, risk management and assurance systems that are both proportionate and fit for purpose.

Aim

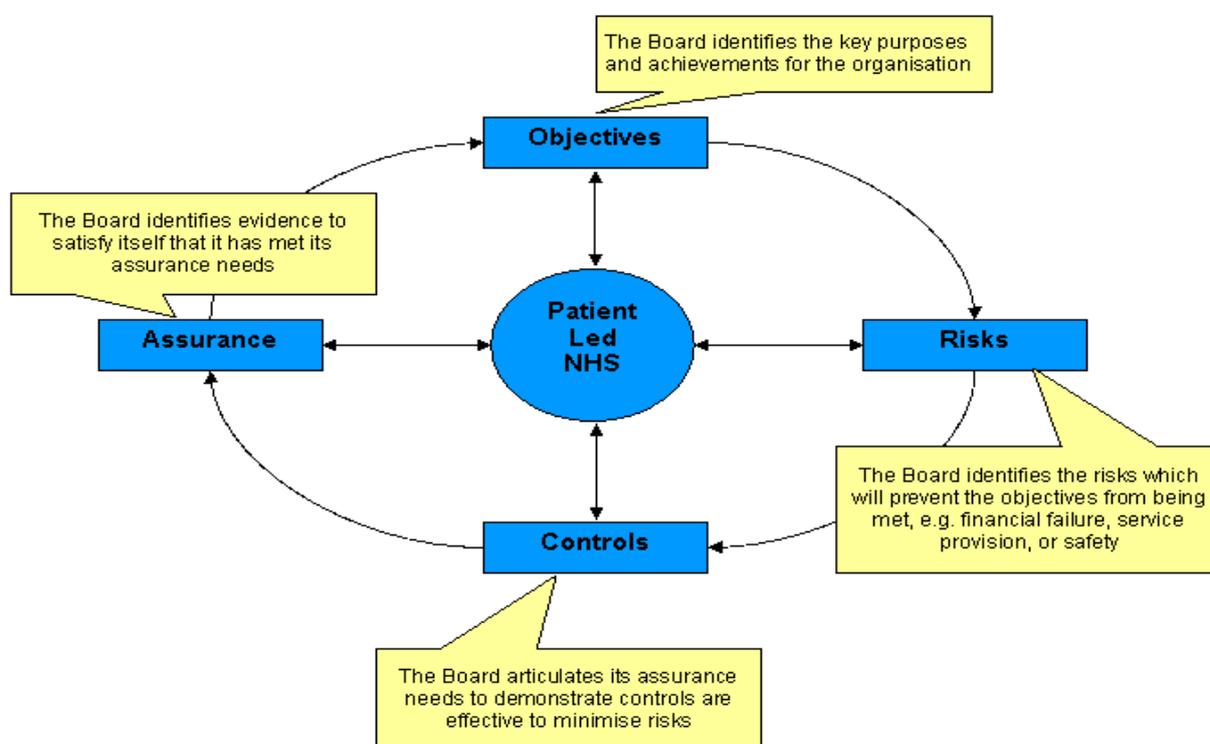
5. The aim of this strategy is to ensure that there is a common understanding throughout the Trust of what is meant by assurance and its importance in a well-functioning organisation.
6. Assurance is underpinned by a number of elements: a robust governance framework with clearly defined and understood strategic objectives, a developed maturity in relation to risk management and effective internal controls. Assurance is about getting the right balance of strategy, risk and control. It is acknowledged that it is never possible to provide complete and absolute assurance and as such the concept of reasonable assurance is adopted.

Our Assurance Vision

7. Our vision is to ensure an assurance system exists that adds value to the Trust by eliminating duplication of effort and resources, reducing the burden of bureaucracy and providing a central point of expertise in relation to governance, risk management and assurance.
8. We aspire to provide guidance on how to assess the value of assurance more widely across the Trust. The promotion of a better understanding of assurance should lead to improved knowledge of the systems and processes in place. This should in turn lead to an improvement in the assurance tools used in the Trust and the ability the Trust to address identified gaps.

The Assurance System

9. The assurance system will enable the Board of Directors and senior management to review the corporate governance, risk management and internal control framework and address any weaknesses identified.
10. It is the policy of the Trust to ensure that there is a robust methodology for enabling evidence based assurance to be provided to the Trust Board on the key risks and the key controls within the organisation as well as stakeholders as required and at the appropriate levels.
11. The methodology is based on the principles of assurance in relation to risk management as defined by the HM Treasury Orange Book publication. These principles, which have been expanded to cover all areas of governance, and the method of application within Oxford University Hospitals NHS Trust, can be found at Appendix 1.
12. The following diagram summarises a model of assurance within the NHS, considered applicable for the Trust:



*A model for structured assurance
Source: Health Care Standards Unit*

Benefits of an Assurance System

13. An assurance system achieves a number of benefits:
 - Provides confidence in the operational working of the Trust.
 - Maximises the use of resources available in terms of audit planning, avoiding duplication of effort.
 - Ensures assurances are appropriately gathered, reported and that the governance structure is working as intended
 - Identifies any potential gaps in assurances relating to key risks and key controls, and that these are understood and accepted or addressed as necessary

- Supports the preparation of the Annual Governance Statement and regular assurance reports

Implementation of the Assurance Strategy

14. The implementation of this strategy will be achieved through clear leadership, effective delivery and defined roles and responsibilities. Roles and responsibilities in relation to assurance within the Trust can be found in Appendix 3. This document applies to all areas of activity within the Trust. All employees of the Trust, including individuals employed by a third party, by external contractors, as voluntary workers, as students, as locums or as agency staff are required to comply with any requirements in relation to assurance noted within this Strategy.
15. The Director of Assurance acts as a champion for this area, providing support across the Trust.
16. All members of the Trust Board will be involved in the evaluation of assurance, except where delegated to specialist committees.
17. The Trust Board will ensure that the appropriate infrastructure in terms of committee and individual responsibilities is in place to facilitate the embedding of the Assurance Strategy. The Assurance Directorate will deliver education and training across the organisation on an on-going basis, ensuring that guidance follows best practice.

Types, Sources and Levels of Assurance

18. There are three types of assurance that can be sought: verbal, written and empirical. All can be of use depending on the circumstances. Each will be valued differently depending on other factors. There are many sources of assurance, examples of which can be found in Appendix 2.
19. The Trust Board has defined the overarching levels of assurance as noted below:
Level 1 – Operational (Management)
Level 2 – Oversight functions (Committees)
Level 3 – Independent (Audits / Reviews / Inspections etc.)
20. Supplementary assurance processes (for example Data Quality Assurance framework) developed within the Trust will have their levels of assurance cross matched using the overarching levels set out above.
21. Management has the primary responsibility for providing assurance on the adequacy of risk management and internal control, which is often subject to challenge from the oversight functions for example the Quality Committee. It is however essential that there are robust frameworks in place to support the managerial assertions about the adequacy and effectiveness of internal control.
22. Independent assurance is used to confirm management assertions and is often seen as of highest value. This is however dependent on many other factors as noted below.
23. There will be a consistent approach to audits, inspections and assessments as outlined in the External Reviews Policy.
24. Worked examples showing types, sources and levels of assurance in relation to the 18 week wait target and Information Governance can be found in Appendix 5.

Assurance Values

25. Regardless of the type, source and level of assurance there are a number of issues that impact on its value, all of which need to be considered:

Age – the time elapsed since assurance was obtained, this may erode the value of assurance.

Durability – whether it endures as a permanent assurance on an historical matter e.g. Auditors Report on Financial Statements, or loses relevance over passage of time e.g. clinical audit.

Relevance – the degree to which assurances aligns to specific area or objective over which it is required.

Reliability – trustworthiness of the source of assurance.

Independence – the degree of separation between the function over which assurance is sought and the provider of assurance.

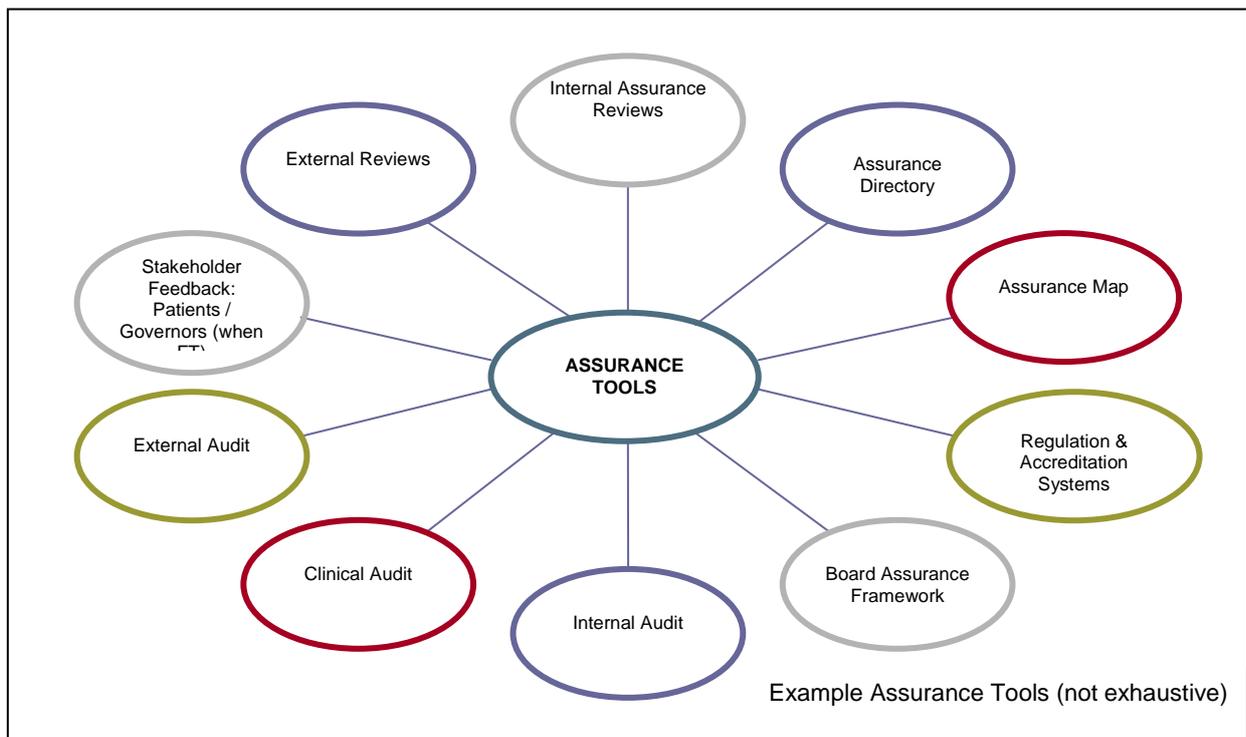
- 26. The value of assurances used for the Board will be assessed by the Assurance Directorate.

Assurance Reporting / Use of the Assurance Information

- 27. The various mechanisms and tools described in the strategy will enable the assurance process and the assurance information that is produced as a result to be assessed in terms of value and enable any gaps in assurance identified to be reported, at an appropriate level, and addressed, where considered necessary.

Assurance Tools

- 28. A number of mechanisms, known as Assurance Tools, will be used as part of the methodology for providing evidence based assurance.
- 29. There are various assurance tools which feed into the overall system of assurance. Through the mapping of sources of assurance, issues can be identified relating to gaps in control or gaps in assurance, and duplication of effort. Where the need for additional control measures or assurances are recognised, these will be reported through an appropriate mechanism, e.g. addition to risk register, performance reporting, or the Board Assurance Framework.



Assurance Directory

30. An Assurance Directory is a central register of assurances, detailing the types and value of assurance. This is maintained by the Assurance Directorate. The information held within the Directory is used to create a map of assurances.

Assurance Map

31. An Assurance Map is created in order to obtain clarification in relation to assurance currently provided. There is more than one purpose for such a map and this will depend on who wants the map and why. One map should not be everything to everyone and therefore a number of different maps at various levels can be produced. Assurance Maps can be used at different levels and for different reasons as determined by need. The starting point can also vary depending on purpose.
32. Gaps, including where assurance has been provided but is deemed to be insufficient and duplications of assurance can be identified and addressed thereby consolidating assurance and reducing the amount of irrelevant information provided. Assurance maps are created and maintained by the Assurance Directorate.

Internal Assurance Reviews

33. Internal assurance reviews may be undertaken in any area of the Trust and are one of the ways the Trust assures itself that relevant standards, regulation and other requirements including best practice are being met. Whenever internal assurance reviews are undertaken, terms of reference are prepared and agreed by all parties. The Assurance Directorate provides support for such reviews.

Internal Regulation and Accreditation Systems

34. Internal regulation and accreditation systems ensure that suitable evidence exists to support adherence with regulation and accreditation standards. The Regulation and Accreditation Team provides support for such reviews. The systems monitor compliance with the Care Quality Commission's Fundamental Standards of Care provides an advisory function to the Trust on other regulatory or accreditation schemes, e.g. Clinical Pathology Accreditation.

Board Assurance Framework

35. The Board Assurance Framework, an NHS requirement, sets out the strategic objectives, identifies risks in relation to each strategic objective and the controls to mitigate these risks. The details of the assurances on the effectiveness of these controls are also included. As such gaps in controls and assurances can be identified and acted upon. This forms an integral part of the risk management reporting system. This document is then used as a tool for further discussion in relation to the levels of assurance received and required at Board and Board Sub Committee level as set out in the Trust Risk Management Strategy. The Board Assurance Framework also provides the starting point for the Trust Board to record the risks in relation to the strategic objectives that then form the basis of the development of the Corporate Risk Register.

Internal Audit

36. Internal Audit is an independent objective function which can help the Trust accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, internal control, and governance processes. The scope of reviews are agreed in advance with relevant directors, and the annual Internal Audit plan agreed by the Audit Committee. Contingency days may be built into the Internal Audit plan to allow for any issues identified where review or further assurance may be required.

Clinical Audit

37. Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery and improve the overall quality of services.

External Audit

38. External Audit is the organisation appointed to fulfil statutory functions in relation to providing an opinion on the annual accounts of the Trust. They are independent audit professionals who undertake their work in accordance with specific laws and accounting / auditing standards.

Stakeholder Feedback

39. Valuable assurance is provided to the organisation through feedback from stakeholders, including patients, visitors, our staff, our governors and Foundation Trust members (when a Foundation Trust) and partner organisations. The views of our patients are captured through the mechanisms described in the Patients' Experience Framework. Additionally, internal feedback processes provide additional sources of assurance, including:
- Surveys carried out with patients and staff
 - Reactive risk processes, such as complaints, claims, inquests or incidents
 - Contractual monitoring information received from other organisations and commissioners
 - Intelligence provided by the Care Quality Commission as part of the Intelligent Monitoring Report.

External Reviews

40. The Assurance Directorate team administer the coordination and evaluation of recommendations arising from external agency visits, inspections and accreditations and the process for disseminating and performance managing the implementation of actions arising from the recommendations and providing assurance against them.

Supporting Software

41. To support the assurance work programme the Trust uses a web-based software system to manage the ongoing monitoring of regulatory standards and associated evidence. The software provides a framework for risk and assurance in relation to compliance with the CQC Fundamental Standards of Care.

Training

42. There is no mandatory training associated with this policy. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan. For training and guidance in relation to assurance please refer to the Trust Intranet.

Monitoring Compliance

43. Compliance with the document will be monitored in line with the key principles and applications as set out in Appendix 1 as summarised below.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
System of internal control/effectiveness of assurance strategy	Internal audit of Board Assurance Framework	Deputy Director of Assurance	Annual	Audit Committee

Review

44. This policy will be reviewed in 3 years, unless best practice dictates the need for an earlier review.

References

45. The Assurance Strategy forms a key component of the wider Trust governance framework and links closely to the Risk Management Strategy and the Quality Strategy.
46. The strategies are supported by a number of frameworks, e.g. Patients' Experience framework, and other related documents such as the Data Quality Assurance framework.
- Assurance: The Board Agenda, Department of Health (2002)
 - Building the Assurance Framework: A Practical Guide for NHS Boards, Department of Health (2003)
 - Governance in the NHS: Statement in Internal Control for 2001 / 2002 and beyond, HM Treasury (2002)
 - Code of Governance for NHS Foundation Trusts, Monitor (latest version 2010)
 - NHS Audit Committee Handbook, Department of Health (2011)
 - UK Corporate Governance Code, Financial Reporting Council (2010)
 - Taking it on Trust: A Review of How Boards of NHS Trusts and Foundation Trusts Get Their Assurance, Audit Commission (2009)
 - The Orange Book (Management of Risk – Principles and Concepts), HM Treasury (2004)
 - Risk Assessment Framework, Monitor (2013)
 - Risk Management Assessment Framework, HM Treasury (2009)
 - Principles of Best Practice in Clinical Audit, National Institute of Clinical Excellence (2002)

47. Equality Impact Assessment

As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation or religious belief. No detriment was identified.

Appendix 1: Assurance Principles and Application

Assurance Principle	Application within the Trust
<p><u>Planning to gain assurance</u> Overall assurance will only be gained if there is a strategy for obtaining it. The Assurance Strategy should be approved by the Board and the Audit Committee. Supporting processes for obtaining assurance should be embedded into existing processes.</p>	<p>An Assurance Strategy, which reflects the assurance system in operation within the Trust and therefore the supporting processes, has been approved at Board Level after consultation with both the Audit Committee and the Quality Committee. The Assurance Strategy has been prepared to align with the other key strategies – Risk Management Strategy and Quality Strategy.</p>
<p><u>Making explicit the scope of the assurance boundaries</u> To form an overall opinion the scope of the processes need to include the whole of the organisation’s governance, risk and performance management lifecycle. Whilst this does not reflect the need to review every risk and internal control it should cover:</p> <p>Assurance on the Risk Management Strategies and how these work in practice (the extent to which line managers review the risks and controls within their responsibility and maintain dynamic risk and performance management arrangements)</p> <p>Assurance on management of risks and controls themselves.</p> <p>Assurance on the adequacy of the assurance processes.</p>	<p>The Assurance Directorate will be responsible for ensuring that there is adequate assurance on the risk management system and the risks / controls themselves. The overall Assurance and Risk Management system is subject to Annual Audit.</p>
<p><u>Evidence</u> The evidence supporting assurance should be sufficient in scope and weight to support the conclusion and be:</p> <ul style="list-style-type: none"> - Relevant - Reliable - Understandable - Free from material misstatement - Neutral / free from bias - Such that another person would reasonably come to the same conclusion <p>All evidence does not carry the same weight and should be weighted in accordance to independence and relevance. Evidence may be flawed in terms of both quality and quantity, leading to limitations in the assurance that can be provided.</p>	<p>The Assurance Directorate will define ‘what good evidence looks like’, ensuring that the details within this principle are adhered to.</p> <p>The software being used to support the assurance agenda will act as a central repository of evidence, allowing a quality assurance process to be undertaken by the Assurance Directorate in relation to quality of evidence. Any issues identified in this way will be addressed by additional guidance.</p>

Appendix 1: Assurance Principles and Application (continued)

Assurance Principle	Application within the Trust
<p><u>Evaluation</u></p> <p>The objective is to evaluate the adequacy of:</p> <ul style="list-style-type: none"> - the governance, risk and performance management policies and strategies to achieve their objectives; - the risk management processes designed to constrain residual risk to the risk appetite; - the performance management processes to support the achievement of targets and goals; and - Identify limitations in the evidence provided or in the depth or scope of the reviews undertaken - Identify gaps in control and / or over control and provide the opportunity for continuous improvement - Support the preparation of the Annual Governance Statement 	<p>The independent review of all key areas will be co-ordinated by the Finance Directorate. The Audit Committee will approve the internal and external audit plans.</p> <p>Gaps and duplications in assurance will be identified by the development of an assurance map, the responsibility for which falls within the remit of the Assurance Directorate. A directory of sources of external assurances will be maintained in accordance with the requirements of the External Reviews Policy. This will populate, in part, the assurance directory, which will also contain internal sources of assurance.</p> <p>Central reviews of evidence held within the electronic assurance system will be undertaken by the Assurance Directorate. Training and guidance will be provided across the Trust to enable Divisions and Corporate Directorates to be the first line of evidence assessment.</p>
<p><u>Reviewing and Reporting</u></p> <p>Assurances are reported from many different sources within an organisation and therefore the Assurance Strategy needs to define stages where assurances will be evaluated and opinions reported through the various layers of management to the Trust Board.</p> <p>Assurance opinions need to be reported clearly and worded so as to clearly communicate the scope and criteria used in arriving at those conclusions.</p>	<p>The Assurance Strategy contains the governance structure for the Trust. It makes it clear that assurances for the Trust Board will be assessed in terms of value by the Assurance Directorate. Training and education will be undertaken across the Trust in relation to reporting of assurances.</p>

Source: *The Orange Book (Management of Risk – Principles and Concepts), HM Treasury (2004)*

Appendix 2: Sources of Assurance (examples only)

Source	Assurance Scope	Assurance Process	Type	Level
External Audit	Financial accounts and reviews as determined	Financial audit and review reports	Written	3 - Independent Assurance
Internal Audit	All areas related to corporate governance, risk management and internal control. Will be limited by number of days in audit plan and expertise of staff	Head of Internal Audit Opinion and individual review reports. Scope of reviews agreed in advance with relevant directors. Internal Audit Plan agreed with Audit Committee	Written	3 - Independent Assurance
Clinical Audit	Area under review, defined by the Clinical Audit Plan	Report to Clinical Effectiveness Committee	Written	1 - Operational Assurance / Independent Assurance
Audit Committee	All areas related to corporate governance, risk management and internal control, as determined by Terms of Reference	Report to Trust Board annually and update to Trust Board via issue of minutes after each meeting	Written and Verbal	2 - Oversight function
Trust Management Executive	All areas related to corporate governance, risk management and internal control	Report to Trust Board at each meeting	Written or Verbal	1 - Operational Assurance
CQC Inspection	Restricted to CQC Fundamental Standards, whichever are subject to review at the time	Report to the Trust Board	Written	3 - Independent Assurance
Other Accreditation Systems	Restricted to area of accreditation e.g. CPA	Report to the Trust Board / relevant department depending of accreditation	Written	3 - Independent Assurance
Integrated Performance report	Specific to identified targets, internal and external, for finance, performance, and quality	Reports to relevant groups and committees, TME and Trust Board	Written	1 – Operational Assurance
Stewardship reports	Specific to area of responsibility	Reports to relevant groups and committees, TME and Trust Board	Written	1 - Operational Assurance
Walkabouts	Specific to area of visit	Reports to relevant groups and committees, TME and Trust Board	Empirical	1 - Operational Assurance
Information Governance Toolkit	Specific to area of responsibility	Reports to management, relevant committee etc.	Written	1 - Operational Assurance
Patient Feedback	Linked to National Surveys / specific where internally driven	Reports to relevant groups and committees, TME and Trust Board	Written	3 - Independent Assurance

Appendix 3: Responsibilities

The **Chief Executive** has overall responsibility for the system of internal control within the Trust and for preparing an Annual Governance Statement.

The **Director of Assurance** has delegated authority for the assurance system that underpins the Annual Governance Statement.

The **Deputy Director of Assurance** is accountable to the Director of Assurance for the overall delivery of the Trust's Assurance strategy and the Board assurance framework and is responsible for overseeing the systems for assuring compliance with regulatory standards, in particular CQC.

The **Head of Corporate Governance** is accountable to the Director of Assurance for the overall performance of corporate governance functions including the system of internal control.

The **Assurance Directorate** is responsible for the:

- maintenance of key assurance tools
- education and training programme in relation to assurance processes, accreditation, assessment and supporting evidence
- assessment of assurance and evidence in relation to compliance with CQC regulations
- provision of consultancy and advice in relation to assurance, accreditation, assessment and supporting good evidence processes.

All Executive Directors are responsible for the related management assurances in relation to those strategic objectives delegated to them by the Chief Executive.

All Divisional Directors / Clinical Directors are responsible for the management of risks and internal controls and assurance within their divisional area.

All Managers are responsible for the management of risks and internal controls within their area.

All members of staff are responsible for adhering to internal controls in the undertaking of their work.

The Trust Board is responsible for clarifying expectations around the scope and depth of Board assurance requirements.

The **Audit Committee** supports the Board by critically reviewing the governance, risk and assurance processes on which the Board places reliance. At the corporate level these include systems of internal control, including the risk management system and a performance management system underpinned by the Board Assurance Framework.

The **Quality Committee** is responsible for providing the Board with assurance on all aspects of the quality of clinical care; on clinical governance systems, including the management of risk, for clinical governance, human resources and workforce governance, information governance, research & development issues; and on standards of quality and safety. It will provide assurances to the Audit Committee on the systems in place through review of the non-financial risks on the Risk registers and the Board Assurance Framework. **Terms of reference** for the above committees are available on the Intranet.

Appendix 4: Glossary and definitions of terms used

The terms in use in this document are defined as follows:

Assurance – ‘confidence based on sufficient evidence, that internal controls are in place, operating effectively and objectives are being achieved’ (*Building the Assurance Framework: A Practical Guide for NHS Boards (2003), Department of Health*)

Reassurance – the process of telling others that risks are controlled without providing reliable evidence in support of this assertion

Risk – the uncertainty of outcome, whether positive opportunity or negative threat, of actions and events

Risk Management – the system for identifying, assessing and responding to risks

Corporate Governance – the ‘system by which organisations are directed and controlled in order to achieve their objectives and meet the necessary standards of accountability and probity’ (*Department of Health*). Governance refers to many areas including clinical, information, human resources; all of which fall under the remit of the phrase ‘corporate governance’ in relation to this document

Internal Control – a method of restraint or check used to ensure that systems and processes operate as intended and in doing so mitigate risks to the organisation; the result of robust planning and good direction by management

Key Risk / Key Control – risk to the achievement of a strategic objective / control to mitigate key risks

Evidence – information that allows a conclusion to be reached

Sufficient – in relation to the definition of assurance given above sufficient is defined as whatever is adequate to provide the level of confidence required for the Trust Board

Reasonable – based on sound judgement

Empirical – based on observation or experience

Accreditation – to be awarded official recognition

Assessment – a review of evidence in order to form an opinion; this can be undertaken either internally in the form of a self-assessment or by a third party

Compliance – to act in accordance with requirements

Stewardship – entrusted with the responsibility for and on-going management of a particular area

Stakeholders – person or persons with an interest in the Trust

Management assertions – a statement made, whether verbal or written

Appendix 5: Using Assurance Sources in Practice

Assurance maps can be created in a variety of different ways, depending on the required purpose. Maps may be used to show:

- Sources of assurance for a given area, topic or target
- Sources of assurance on identified risks e.g. against specific targets or across different areas of business
- Sources of assurance on the effectiveness of control measures
- How the assurances are reported and at what level of the organisation
- Areas where further assurance may be required, or areas of duplication

The examples below demonstrate different functions of an assurance map, and how these can be used by different audiences.

Example 1: Identified Sources of Assurance for National Performance 18 week wait

Target: Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted (Threshold: 90% of patients)

Source	Assurance Scope	Assurance Process	Type	Level
Integrated Performance report	Specific monitoring of performance against the target and assessment of data quality	Reports to relevant groups and committees, TME and Trust Board	Written	1 – Operational Assurance
External Audit	Review of data quality for all mandatory national performance targets	Data quality audit and review reports. Scope of review agreed nationally.	Written	3 - Independent Assurance
Internal Audit	Testing of process for recording clock stops and breaches along the pathway by random sample basis. Scope of reviews agreed in advance with relevant directors. Internal Audit Plan agreed with Audit Committee	Report to Audit Committee	Written	3 - Independent Assurance
Adult Inpatient Survey	Sample interview survey conducted on a quarterly basis. Scope agreed as a monitoring measure in the Patients' Experience Framework.	Report to relevant committees, TME and the Trust Board	Written	3 - Independent Assurance
Clinical Audit	Review of adherence to admission criteria in theatres. Scope agreed as part of local clinical audit plan	Report to Clinical Effectiveness Committee, Clinical Governance Committee and Divisional Performance Meetings	Written	1 - Operational Assurance / Independent Assurance

Example 2: Identified Sources of Assurance for Information Governance

Source	Assurance Scope	Assurance Process	Type	Level
Integrated Performance report	Specific monitoring of performance against the target and assessment of data quality	Reports to relevant groups and committees, and Trust Board	Written	1 – Operational Assurance
External Audit	Review of data quality for all mandatory national performance targets	Data quality audit and review reports. Scope of review agreed nationally.	Written	3 - Independent Assurance
Internal Audit	Independent review of Information Governance as required by the Information Commissioner. Scope of reviews agreed in advance with relevant directors. Internal Audit Plan agreed with Audit Committee	Report to Audit Committee	Written	3 - Independent Assurance
Clinical Audit	Review of adherence to Health Records Policy Scope agreed as part of local clinical audit plan	Report to Clinical Audit Committee, Clinical Governance Committee and Divisional Performance Meetings	Written	1 - Operational Assurance / Independent Assurance