

REPORT TO: SCRUTINY COMMITTEE – 23 SEPTEMBER 2020

REPORT ON: INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT

REPORT BY: SENIOR MANAGER – INTERNAL AUDIT

REPORT NO: 217-2020

1.0 PURPOSE OF REPORT

To submit to Members of the Scrutiny Committee, for information only, the Dundee Integration Joint Board (IJB) internal audit report on Information Governance and Technology as Enablers.

2.0 RECOMMENDATIONS

Members of the Committee are asked to note, for assurance purposes, the information contained within this report.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

- 4.1 As stated in the Integrated Resources Advisory Group (IRAG) Finance Guidance, the IJB is responsible for establishing adequate and proportionate internal audit arrangements for reviewing the adequacy of the arrangements for risk management, governance and control of the delegated resources. This includes determining who will provide the internal audit service for the IJB and nominating a Chief Internal Auditor. In line with the IRAG Finance Guidance, the Dundee IJB appointed the Chief Internal Auditor of Fife, Tayside and Forth Valley Audit and Management Services (FTF) / NHS Tayside, as its Chief Internal Auditor. In practice, the resources required to deliver the IJB Internal Audit Plan are provided by the internal audit services within NHS Tayside and Dundee City Council. Time is specifically allocated in the Council's Internal Audit Plan to support the IJB Chief Internal Auditor through the provision of a number of internal audit reviews within the services operationally delegated to the IJB.
- 4.2 Under the arrangements detailed at paragraph 4.1 above, a review of Information Governance and Technology as Enablers was undertaken by the Council's Internal Audit Service on behalf of the IJB. The overall objective of the audit was to review the IT and data processes supporting the delivery of the IJB's strategic plan through seamless cross system working. Consideration was also given to the relevant governance arrangements. The corresponding internal audit report was submitted to the IJB's Performance and Audit Committee on 22 September 2020.
- 4.3 The IRAG Finance Guidance specifically recommends that IJB Internal Audit Plans and annual reports are shared with the parent bodies and that, to avoid duplication of efforts and determine areas of reliance from the work of each team / service, the Chief Internal Auditors for each of the respective bodies should share information and co-ordinate activities with each other and with other external providers of assurance and consulting services. To address and formalise the sharing of internal audit related information in general, a Tayside-wide Internal Audit Output Sharing Protocol, covering key internal audit work across NHS Tayside, the 3 IJBs, and the 3 local authorities was developed. This was subsequently submitted to and approved by the Council's

Scrutiny Committee at its meeting on 14 February 2018 (Article VII of the minute of this Committee of 14 February, 2018 refers). The Protocol enables the sharing of internal audit outputs beyond the organisation that commissioned the work, in particular where the outputs are considered relevant for assurance purposes. Dundee IJB audit reports are presented to the Performance and Audit Committee for scrutiny purposes and are shared, in accordance with these approved arrangements, with NHS Tayside and the Council's Scrutiny Committee. With this in mind, the report on Information Governance and Technology as Enablers is attached at appendix A.

5.0 POLICY IMPLICATIONS

This report has been subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. There are no major issues.

6.0 CONSULTATIONS

The Chief Executive, Executive Director of Corporate Services, Head of Corporate Finance and Head of Democratic and Legal Services have been consulted on the content of this report.

7.0 BACKGROUND PAPERS

None

Pamela Redpath, Senior Manager – Internal Audit

DATE: 02 September 2020

DUNDEE IJB
INTERNAL AUDIT SERVICE



INFORMATION GOVERNANCE & TECHNOLOGY AS ENABLERS

REPORT NO. D04/19 (DCC REPORT NO. 2018/28)

Issued To: **Dundee IJB Officers**
V Irons, Chief Officer
D Berry Chief Finance Officer

NHS Tayside Officers

M Dunning, Board Secretary and Acting Senior Information Risk Owner
J Bodie, Director of eHealth /L Kalique, Director of Digital Technology
A Gentles, Head of Operations, eHealth
A Dailly, Head of Information Governance and Cyber Assurance/Data
Protection Officer
A Graham, Head of Service, eHealth
R Jamieson, eHealth Service Delivery Manager
N McColgan, Head of Service, eHealth

Dundee City Council Officers

B McCleary, IT Service Manager
I Smail, Information Governance Manager
D McCulloch, Head of Health and Community Care
G Colgan, Executive Director of Corporate Services
S Flight, Head of Corporate Finance

Audit Committee
External Audit

Date: 22 January 2020

INTRODUCTION & SCOPE

1. Dundee Health and Social Care Partnership (DH&SCP) utilises financial and other resources provided by Dundee City Council (DCC) and NHS Tayside (NHST) to deliver integrated services. The Integration Scheme states that “it will be the responsibility of the parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements”. One area where this is particularly important is around the provision of and access to IT / data processes, especially where staff need to access systems that are not managed by the organisations that employ them.
2. A Data / Information Sharing Agreement to cover the collaborative arrangements between the Dundee IJB (DIJB), DCC and NHST is not yet in place.
3. A number of teams within the IJB partner organisations work in collaboration, however, it has been highlighted that access to a range of both patient / service user administration systems as well as corporate / admin IT systems, paper based systems, and some key documents, such as the operational risk register are not currently available to appropriate members of staff across each organisation. In addition, there have also been some difficulties in terms of the use of, and access to, email across both organisations. However, we have been informed by NHS Tayside eHealth department that the use of nhs.net is now available to all DH&SCP staff members.

OBJECTIVE OF THE AUDIT REVIEW

4. The Integration Scheme states that “*it will be the responsibility of the parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements*”.
5. In particular, we have undertaken a review of IT and data processes supporting the delivery of the IJB's strategic plan through seamless cross system working. This has included consideration of the relevant governance arrangements.

DETAILED OBJECTIVES

6. The following were identified as within scope for this audit.
 - ◇ Assess the arrangements in place for enabling and managing (including off-boarding) access for DH&SCP staff across each of the key partner's operational systems and determine the effectiveness of the arrangements.
 - ◇ Determine the corporate support arrangements in place for IT services to DH&SCP and whether these are sufficient to allow the partnership to operate efficiently and effectively. This will include whether DH&SCP requirements have been taken into account as part of the partners' strategic planning on IT as well as operational support.
 - ◇ Identify barriers to achieving effective electronic communications across key partner organisations and determine the operational arrangements in place to ensure that accounts are regularly reviewed and managed. Focus to include individuals who have multiple email addresses.

AUDIT OPINION AND FINDINGS

7. The audit opinion is **Category D** – Inadequate – There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.

Key findings are as follows:

8. Information Governance principles included in the HSCI Governance Principles on which DIJB was updated in April 2019 have not yet been agreed. There is also no DH&SCP representation on the NHS Tayside IG & Cyber Security Committee; however DH&SCP is represented on the DCC Information Governance Compliance Group. DH&SCP should identify an appropriate representative to attend the NHST IG & Cyber Security Committee.
9. The Tayside Information Governance Group has no clear reporting lines to the partner bodies or to the DIJB. There is no clear governance route for DIJB to direct IG work or receive appropriate assurances. Clear escalation routes should be agreed between DH&SCP, NHST and DCC for Information Governance and eHealth (IT).
10. The Data / Information Sharing Agreement has not yet been finalised. We have been informed by the NHST Head of Information Governance that progress has been made on a draft version which will apply in both Perth and Kinross Council (PKC) and DCC. We strongly recommend that the pace of getting to an agreed position is increased. A Data / Information Sharing Agreement would provide clarity around the basis for determining appropriate access to systems.
11. There is corporate commitment from both partners to develop integrated IT solutions for the DH&SCP as set out in their IT Strategies. Currently, the lack of integrated or shared use of systems, both for clinical / care use and corporate / admin use, impacts on the level of integration that can be achieved by operational teams. Consideration should be given to how IT services within the Council and NHS Tayside, along with representatives from DH&SCP, should consider the needs of all parties when key IT development decisions are being taken.
12. After meeting in August 2017 and then again in January and March 2018, the DCC and NHS Tayside Workplace Enablement Group (WEG) has recently been reinstated and met again in June 2019. The WEG, which includes representation from NHS Tayside eHealth, DCC IT Service as well as DH&SCP management, has a number of outstanding actions since its first meeting in 2017. The work of this group should address a number of practical issues encountered by DH&SCP staff, including a number of issues included in this report. It is recommended that the role of this group should be reviewed with clear terms of reference established. The group should have appropriate membership and be supported by both senior leadership commitment and clear escalation routes within the wider structures of DH&SCP, DCC and NHS Tayside.
13. A flowchart setting out the process on how DH&SCP staff request access to a partner's systems, and how leavers will be off-boarded has been drawn up. This process requires interaction between the NHS Tayside eHealth department and the DCC IT Service. We have been informed that this is not working in practice due to delays in communication. Agreement should be reached through the WEG, with DH&SCP management escalating if necessary to ensure that the required support is provided by the partners. NHS Tayside has provided a record of DCC staff on NHS Tayside systems to DCC and has requested the equivalent information from them, but had not received it at the time of our audit. This would allow both organisations to ensure leavers have been off-boarded.

Governance

14. Paragraph 10.5 of the Dundee Health and Social Care Integration Scheme, Section 10, "Information Sharing and Data Handling", states that "*within three months of the establishment of the Integration Joint Board the Parties will develop and agree an Information Sharing Agreement to define the processes and procedures that will apply to sharing information for any purpose connected with the preparation of a Strategic Plan or carrying out of the integration functions*".
15. Governance principles developed by a pan-Tayside short life working group and adopted by NHS Tayside in December 2017 include the following principles in relation to information governance:
 - i) *The information governance policies, procedures and protocols of the parent bodies shall be amended to reflect integration and partnership working and for each system the data controller and data processor shall be identified with particular consideration given to the role of the IJB and the issues arising from the possibility that staff from outside the body will have access to information and systems;*
 - iii) *The principles will be monitored through the governance systems of each body with appropriate cross-assurances provided.*
16. DIJB was updated in April 2019 in relation to these Governance principles and requested that an agreement is reached between Dundee City Council and NHS Tayside on governance principles as they apply to Dundee IJB.
17. The membership of the NHS Tayside Information Governance and Cyber Assurance Committee as stated in its terms of reference updated in May 2019, includes a representative from each IJB, but the membership as set out in minutes of the committee only shows representatives for Angus and P&K partnerships attending. DH&SCP should identify an appropriate representative to attend this group on their behalf. In DCC, the Information Governance Compliance Group considers Information Governance and includes senior DH&SCP representation.
18. A Tayside-wide Information Governance Group with a remit which includes to '*develop and promote common information sharing model agreements*' is in place and meets regularly. The remit of the Tayside Information Governance Group only states that '*Members will be responsible for reporting to their organisations as appropriate*'. However, there is currently no clear governance route for DIJB to direct Information Governance work or receive assurance on implementation.
19. Relevant officers from DCC and NHS Tayside have met regularly to develop the Data / Information Sharing Agreement. However, this has not been finalised to date and we strongly recommend that the pace of getting to an agreed position is increased. We have been informed by NHS Tayside's Head of Information Governance that progress has been made on a draft version of the agreement which is intended to apply in both P&K and DCC. A Data / Information Sharing Agreement would provide the basis for determining appropriate access to systems and requires to be agreed as a matter of urgency, and disseminated as appropriate.

Integrated Working

20. Processes in place allow DH&SCP staff employed by DCC and NHS Tayside access to each other's systems. This is for the most part, 'view only' access and is based on the 2007 General Protocol for Sharing Information, which does not support fully integrated working. Operational arrangements being, in general, that NHS Tayside staff use NHS Tayside systems and DCC staff use DCC systems.
21. For corporate / admin functions, DH&SCP managers and administration staff are currently working with 2 systems (1 within each partner organisation) to manage a

- number of operational tasks, specifically e-mail, recruitment, complaints, annual leave, sickness absence, procurement and travel / subsistence.
22. The NHS Tayside eHealth Delivery Plan to 2020 includes the aim '*to contribute to care integration and to support people with long term conditions*', supported by objectives that *NHS Boards will continue to work with the Health and Social Care Partnerships to fully define their information management requirements and develop appropriate solutions and that the current deployment of initial capability to enable sharing of information between health and social care will continue*. The DCC Digital Strategy 2017 also includes a high level action to '*Work with our partners to deliver ICT services that enable Health and Social Care Integration*'. Both support the direction of travel set out in Scotland's Digital Health & Care Strategy.
 23. We acknowledge the restrictions placed on the Health Board by national programmes and directives as well as other practical barriers towards more integrated IT solutions. However, given the corporate commitment from both partners as set out in their IT Strategies, consideration should be given to how IT services within DCC and NHS Tayside can support progress with integration. Representatives from DH&SCP should meet regularly with DCC and NHS Tayside to ensure that the needs of all parties are considered when key IT development decisions are being taken and any IT problems that arise due to the unique circumstances of the DH&SCP can be discussed and resolved timeously. Given the need for NHS Tayside to engage with its partners across all 3 partnerships, it may be useful to establish a Tayside wide forum for this.
 24. Management have informed us that for corporate / admin functions and systems, the introduction of Office 365 planned nationally for the NHS would allow better integrated working for corporate and admin systems as it allows for federated use by both parties. This should be discussed and agreed by the WEG.
 25. However, further commitment is needed to work towards integrated / shared use of required IT systems across Tayside. In the meantime, where required, the possibility of interfaces sharing information between systems should be explored.

Managing System Access

26. NHS Tayside has in place a Systems Access Policy which was due for review in July 2018. Paragraph 8.1 of this Policy states: '*Staff members from external NHS or supporting organisations who require access to NHS Tayside's patient information systems for their job role or function will not be given access until the organisation concerned has completed a System Access Request Form and this has been signed off by all the requisite signatories.*' This would apply to the situation of staff employed by Local Authorities who work in Health & Social Care Partnerships. The current arrangement is that access to systems which hold and provide clinical information relating to patients within NHS Tayside must be sponsored and authorised by a relevant lead clinician for that service.
27. DH&SCP should request that NHST review and update this Policy to ensure any issues encountered in the case of DH&SCP staff are covered as well as address any other findings of this report.
28. DCC has an ICT Security and Safe Use policy with additional procedures in place dependent on the system to be accessed and who manages it.

29. A flowchart setting out a process how DH&SCP staff who require access to a partner's systems should request it, and how leavers will be off-boarded has been drawn up, showing actions to be taken by the Health Board, Local Authority and the DH&SCP end user. This process requires interaction between the NHS Tayside eHealth department and the DCC IT Service. We have been informed by both NHST eHealth and DCC IT Service management that this has not been working appropriately in practice due to a lack of communication and delays in this process. Agreement should be reached through the WEG, with DH&SCP management escalating if necessary, to ensure that the required support is provided by the partners. NHS Tayside has provided a record of DCC staff on NHS Tayside systems to DCC and has requested the equivalent information but had not received it at the time of our audit. This would allow both organisations to ensure leavers have been off-boarded.
30. Through this process, DH&SCP staff employed by DCC can obtain access to appropriate NHS Tayside systems if this is required for their post. Relevant forms must be completed and authorised by an appropriate member of NHS Tayside staff and submitted to the NHS Tayside IT Help Desk. Similarly, DH&SCP staff employed by NHS Tayside can obtain access to relevant DCC systems if this is required for their post and relevant forms must be completed, appropriately authorised and submitted to DCC's IT Help Desk.
31. Whilst currently adding large numbers of DCC staff users to Datix presents difficulties, we have been informed by NHS Tayside officers (eHealth Head of Service as well as the Clinical Governance & Risk Co-ordinator/Datix System Specialist) that the proposed next upgrade to Datix to the Cloud should solve this issue, which would allow the use of Datix for e.g. incident / risk recording across both health and social care services.
32. As part of the audit fieldwork, a request was made to DCC's IT Service to provide details of the DH&SCP staff employed by NHS Tayside who had been granted a corporate login to DCC's active directory for Council access. However, a complete record of this information was not readily available. Recent additions of DH&SCP staff employed by NHS Tayside to the DCC's active directory have been grouped in such a way as to instantly identify that they are DH&SCP staff employed by NHS Tayside, however this was not always the case.
33. The information that was subsequently provided by DCC's IT Service indicated that 137 DH&SCP staff employed by NHS Tayside have DCC corporate logins, 86 of whom also have access to MOSAIC. However, the MOSAIC Support Team records show that only 77 DH&SCP staff employed by NHS Tayside have access to MOSAIC and neither set of records were accurate and up to date. The MOSAIC Support Team advised that an exercise was undertaken recently to tidy up accounts where a request to deactivate accounts had not been completed. Arrangements are now in place to ensure that future requests to deactivate accounts will be completed timeously.
34. We also obtained a list of DH&SCP staff employed by DCC with access to NHS Tayside systems. We were informed by the NHST eHealth Service Delivery Manager that there were likely to be inaccuracies as the flow of information from DCC in relation to leavers has not been operating as intended as set out above. This includes DCC staff with access to TrakCare and EMIS which NHST eHealth were able to identify through a manual trawl.
35. As part of the agreement reached between the DH&SCP Chief Finance Officer and DCC's IT Service Manager in February 2018, a list of DH&SCP staff employed by NHS Tayside with access to DCC systems was to be sent to the Chief Finance Officer on a regular basis in order for him to confirm that these people were still employed by NHS Tayside, however, this exercise has not yet been carried out.

Corporate Support Arrangements

36. Corporate support (including for IT / IG) was identified as a barrier to further integration in the Dundee partnership response self assessment against the MSG report on progress with integration of health & social care. However, internal audit was informed by the Head of IG and Head of Service- eHealth that NHS Tayside's IG and eHealth teams were not involved in the response or subsequent action plan, and neither were relevant IT staff in DCC.
37. As previously detailed in Internal Audit Report D06/17, "Workforce" (DCC Report No 2016/20) a formal Service Level Agreement detailing key corporate support services to be provided to DH&SCP by DCC and NHS Tayside has yet to be agreed. The most recent Audit Follow Up position as reported to the September 2019 Performance and Audit Committee (PAC) shows that lack of management capacity means this has not yet progressed and is planned to be completed by December 2019. An SLA may not be the most appropriate method and other options should be explored in the context of the improvement action plan developed in response to the MSG report and self assessment.
38. Discussions with DCC's IT Service Manager established that, whilst there is not a formal agreement regarding IT support arrangements in place, they have been directed to facilitate integration as much as possible. Discussions with NHS Tayside's Head of Service eHealth established that IT support from NHS Tayside is provided via requests submitted to the NHS Tayside IT Help Desk in the same way as an NHS Tayside employee would request and receive support. For Angus and P&K partnerships, NHS Tayside and the respective councils have agreed IT helpdesk support models in place with the relevant local authority help desks. A similar agreement should be reached for DH&SCP staff.
39. During the audit fieldwork, the following observations were made:
- ◇ DH&SCP staff, employed by NHS Tayside, who are based in DCC buildings have had problems accessing NHS Tayside systems from these buildings. Dual Network Connections have been installed in a number of DCC buildings in order to help alleviate this problem.
 - ◇ DH&SCP staff, employed by DCC who are based in NHS Tayside buildings have experienced problems accessing the DCC network because, as part of the PSN (Public Services Network) accreditation, DCC was not permitted to allow staff to access DCC systems using devices that are managed by other bodies. As a solution, DCC provided laptops for these staff to use. For the majority of these staff this will no longer be a problem as a new secure email blueprint is in the process of being introduced and most staff will not have to interact with the PSN.
 - ◇ DH&SCP staff, employed by NHS Tayside, who are based in DCC buildings are unable to print to the 'Followme' printers because they are not set up on DCC's Active Directory. Whilst a solution has now been set up, which allows the staff to print, the functionality is limited.

40. After meeting in August 2017 and then again in January and March 2018, the DCC and NHS Tayside Workplace Enablement Group (WEG) has recently been reinstated and met again in June 2019. The WEG, which includes representation from NHS Tayside eHealth, DCC IT Service as well as DH&SCP management, has a number of outstanding actions since its first meeting in 2017. The work of this group should address a number of practical issues encountered by DH&SCP staff, including a number of issues included in this report. It is recommended that the role of this group should be reviewed with clear terms of reference established. The group should have appropriate membership and be supported by both senior leadership commitment and clear escalation routes within the wider structures of DH&SCP, DCC and NHS Tayside.

ACTION

41. An action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

42. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin BSc. ACA
Chief Internal Auditor

P Redpath FCCA
Senior Manager – Internal Audit,
DCC

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	There is currently no clear governance route for DIJB to direct IG work or receive assurance on implementation. The remit of the Tayside Information Governance Group only states that ' <i>Members will be responsible for reporting to their organisations as appropriate</i> '. There is also currently no DH&SCP representation on the NHST IG & Cyber Security Committee, but DH&SCP is represented on the DCC Information Governance Compliance Group.	<p>Clear escalation routes should be agreed between DIJB and its partners for Information Governance and eHealth (IT).</p> <p>DH&SCP should identify an appropriate representative to attend the NHST IG & Cyber Security Committee.</p>	2	<p>The Tayside Information Governance Group includes representatives from all Councils within the region and was established as a working group. NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer agreed to raise the Terms of Reference for this Group via the online forum with a view to establishing a governance route for IJB's by 31st March 2020.</p> <p>DHSCP to identify appropriate representation to the NHST IG Cyber Security Committee</p>	<p>NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer</p> <p>31 March 2020</p> <p>DHSCP Chief Officer</p> <p>31 March 2020</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
2.	Relevant officers from DCC and NHST have met regularly to develop the Data / Information Sharing Agreement. However, this has not been finalised to date. We have been informed by the NHST Head of IG that progress has been made on a draft version to apply in P&K and DCC	We strongly recommend that the pace of getting to an agreed position is increased. A Data / Information Sharing Agreement would provide the basis for determining appropriate access to systems and as a matter of urgency requires to be agreed and disseminated as appropriate.	2	NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer to work with DCC's Information Governance Manager to agree, disseminate and gain approval for a Data Sharing Agreement. The Data Sharing Agreement will not cover specific systems. The Data Sharing Agreement should be considered by the Systems Application Strategy and Sharing Group which should develop policies and procedures for governing access to specific systems.	NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer/DCC's Information Governance Manager 31 March 2020

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
3.	There is corporate commitment from both partners to develop integrated IT solutions for the DH&SCP as set out in their IT Strategies. However, currently the lack of integrated or shared use of systems, both for clinical / care use and corporate / admin use, impacts on the level of integration that can be achieved by operational teams. Therefore, further commitment is needed to work towards integrated/ shared use of required IT systems across Tayside.	Consideration should be given to how IT services within the Council and NHS Tayside, along with representatives from DH&SCP, should meet regularly to ensure that, the needs of all parties are considered when key IT development decisions are being taken and any IT problems that arise due to the unique circumstances of the DH&SCP can be discussed and resolved timeously. Given the need for NHST to engage with its partners across all 3 partnerships, it may be useful to establish a Tayside wide forum for this. In the meantime, where required, the possibility of interfaces sharing information between systems should be explored.	2	<p>Strategic discussions will be held between all partners in conjunction with Scottish Government to help facilitate an operational solution through the provision of available funding / resources.</p> <p>Dundee HSCP's MOSAIC Project / IT Board has been focussed on developing and implementing the MOSAIC case recording system since the inception of the HSCP. As the main system features have now been implemented the focus of this group will now move to identifying, prioritising and planning the integrated IT needs of the HSCP through the development of an IT strategy. IT leads from both NHST and DCC are invited members to this Board. The Board will provide</p>	<p>Executive Director of Corporate Services DCC</p> <p>Director of Digital Technology NHST</p> <p>Chief Finance Officer, DIJB</p> <p>30 June 2020</p> <p>Chief Finance Officer DIJB</p> <p>30 June 2020</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
		As previously noted under Internal Audit report D06/17 key corporate support services to be provided to DH&SCP by DCC and NHS Tayside has yet to be agreed. Options should be explored in the context of the improvement action plan developed in response to the MSG report and self assessment.		<p>the strategic direction with the WPE providing the technical response.</p> <p>Frequency of meetings of the Workplace Enablement (WPE) group will be increased to quarterly. A Bi-Yearly meeting will be established which will include Angus and PKC representation.</p> <p>It was agreed that the remit of the WPE Group was to remain a technical enablement forum. The DHSCP IT Board will set out the direction including the key issues highlighted in the MSG report.</p>	<p>NHST E-Health Service Delivery Manager, DCC IT Service Manager</p> <p>30 June 2020</p> <p>Chief Finance Officer</p> <p>30 June 2020</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
4.	NHST Systems Access Policy is out of date	DH&SCP should request that NHST review and update this Policy to ensure any issues encountered in the case of DH&SCP staff are covered as well as address any other findings of this report.	3	This policy is currently under review and will be submitted to the NHS Tayside Information Governance Committee in January 2020. If agreed this will then be submitted to the Audit and Risk Committee for final approval.	NHS Tayside's Head of Information Governance and Cyber Assurance/Data Protection Officer 31 March 2020
5.	A flowchart setting out a process how HSCP staff who require access to a partner's systems should request it, and how leavers will be off-boarded has been drawn up. This process requires interaction between the NHS Tayside eHealth department and the DCC IT Service. We have been informed that this is not working appropriately in practice due to a lack of communication and delays in this process, leading to inaccuracies in the list of users.	Agreement should be reached through the Workplace Enablement Group (WEG), with DIJB management escalating if necessary to ensure that this process operates effectively and that the required support is provided by the partners.	2	This recommendation is already in progress. Workflows are required to be tested around off boarding of staff.	NHST E-Health Service Delivery Manager, DCC IT Service Manager 31 March 2020

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
6.	After meeting in August 2017 and then again in January and March 2018, the DCC and NHST Workplace Enablement Group (WEG) has recently been re-instated and met in June 2019. However, a number of actions remain outstanding since the first meeting in 2017. The work of this group would address a number of practical issues encountered by DH&SCP staff as included in the body of this report.	<p>The role of this group should be reviewed with clear terms of reference established. The group should have appropriate membership and be supported by both senior leadership commitment and clear escalation routes within the wider structures of DH&SCP, DCC and NHST.</p> <p>Future meetings of this group should also include discussion on an IT helpdesk agreement for DH&SCP staff as well as agreement on the processes for sharing information on DH&SCP staff active directory users.</p> <p>Given the need for NHST to engage with its partners across all 3 partnerships, it may be useful to establish a Tayside wide forum for this.</p>	2	<p>Terms of Reference for the Workplace Enablement Group to be drawn up and agreed at the next meeting at the end of January 2020.</p> <p>This agreement and process has already been agreed and is now in place.</p> <p>A Bi-Annual Meeting to be arranged.</p>	<p>NHST E-Health Service Delivery Manager, DCC IT Service Manager 31 January 2020</p> <p>Complete</p> <p>NHST E-Health Service Delivery Manager 30/11/2020</p>

DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

Categories of Assurance:

A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

The priorities relating to Internal Audit recommendations are defined as follows:

Priority 1 recommendations relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

Priority 2 recommendations relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings

Priority 3 recommendations are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

Priority 4 recommendations are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.