



MIAA Audit and Assurance

Regatta Place
Brunswick Business Park
Summers Road
Liverpool
Tel: 0151 285 4500
Fax 0151 285 4501

1829 Building
Countess of Chester
Health Park
Liverpool Road
Chester
Tel: 01244 364473
Fax: 01244 364471

HM Stanley Hospital
Upper Denbigh Road
St Asaph
North Wales
Tel: 01745 589735
Fax 01745 589796

Salford Royal Hospital
10th Floor
Worthington House
Hope Hospital
Salford
Tel: 0161 206 1909

WEB SITE
www.miaa.co.uk

Western Cheshire Primary Care Trust

Information Governance Review

Internal Audit Report 2007-08

NHS RESTRICTED

Contents	Section
Conduct of Review	
Executive Summary	0
▪ Introduction, Scope and Objective	0.1
▪ Opinion and Assurance	0.2
▪ Management Summary	0.3
Introduction / Background	1
▪ Electronic Patient Record (EPR)	1.1
Objective & Scope	2
▪ Objective	2.1
▪ Scope	2.2
Summary of Issues Arising	3

- Appendix A - Opinions**
- Appendix B - Opportunities for Improvement**
- Appendix C - Assurance Levels**
- Appendix D - Risk/Priority Classifications**

CONDUCT OF THE REVIEW

Client Liaison

Draft Discussed With

Date

S Crutchley	- Information Governance Manager	08/04/2008
-------------	----------------------------------	------------

Report Distribution Date:

E-mail

I Crossley	- Director of Finance	✓
J Hughes	- Director of Knowledge Management and Performance	✓
S Crutchley	- Information Governance Manager	✓

Review Preparation

Review prepared on behalf of MIAA by

S Connor	- Deputy Director
A Cobain	- Head of IM&T Assurance
D Ham	- Senior IM&T Consultant
A Fasting	- IM&T Consultant

Management & Auditor Responsibilities

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

Further Information

This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact Tony Cobain, Head of IM&T Assurance. To discuss any other issues then please contact Tim Crowley, Director.

0. Executive Summary

0.1 Introduction, Scope, Objective

0.1.1 This review has been planned and undertaken to provide assurance to the organisation in accordance with the terms of reference agreed with management. The high level summary is provided in the sections below, which map the key aspects of the review to the supporting documentation.

0.1.2 The report findings have been completed on an exception basis with the opinion provided against the objective covered. The review was limited to the areas detailed in the scope provided (Section 2).

0.2 Opinion and Assurance

0.2.1 In the course of our audit work we are required to provide an assurance statement based upon our findings. In such instances the assurance is limited to the scope and objective of the review as defined (Section 2) and is limited to the findings as at the time the review was conducted. The classification of assurance allocated is in accordance with the definitions provided in Appendix B.

0.2.2 The assurance level provided in respect of this assignment is:-

Significant Assurance

0.3 Management Summary

0.3.1 The PCT delivers Information Governance in a well structured manner. The Information Governance Officer is well positioned to represent IG matters as she is an active member of all relevant working groups.

0.3.2 Risk areas and issues requiring escalation to the PCT Board are managed through delegated committees reporting into the Integrated Governance Committee. Information Governance is included as a regular agenda item on the PCT Board meetings.

0.3.3 Our review of a sample of the scores submitted as part of the 2007/08 return to Connecting for Health has indicated that these appear to be appropriate when compared to the evidence available.

1. INTRODUCTION / BACKGROUND

- 1.1 As part of Mersey Internal Audit Agency's internal audit plan we have performed a review of the Information Governance (IG) processes and procedures in place within the PCT.
- 1.2 The review includes our opinion on the assessment areas described by the NHS IG toolkit and how management complied with, and approached the IG objectives and processes for the 2007-08 year submission.

2. OBJECTIVE & SCOPE

2.1 Objective

- 2.1.1 The objective of our review was to provide an opinion on the adequacy of policies, systems and operational activities to ensure compliance with Information Governance requirements.
- 2.1.2 In undertaking the review we have assessed the underlying control environment, any potential risks and, where appropriate, made recommendations to improve control or operations.

2.2 Scope

- 2.2.1 This review's aim was to evaluate management processes to support the production of the IG return for the 2007-08 submission year.
- 2.2.2 It should be noted that control and legal compliance remains the responsibility of PCT management and our recommendations, opinions and conclusions cannot be taken to infer any guarantee of such compliance.
- 2.2.3 The following areas were covered by the review:

Processes for completing the current return	A review of the processes for collation of information from across the organisation.
----------------------------------------------------	--------------------------------------------------------------------------------------

Process for embedding improved information governance	A review of the action plans surrounding targeted information governance improvements to ensure progress is being made or, where weaknesses are identified, that remedial processes are in place.
Compliance	Using a sample of indicators across the NHS IG toolkit, the review will validate the 2007/08 self-assessment scores provided by the PCT and as appropriate, evaluate the evidence provided to confirm the declared attainment level.

3. SUMMARY OF ISSUES ARISING

- 3.1 Overall, information Governance is effectively managed in the PCT. Processes and procedures are developed by the responsible committees, using a common corporate house style. These are then approved by appropriate PCT Board delegated committees.
- 3.2 The findings from our review are summarised below and detailed within Appendices A and B.

Processes for completing the current return	Headed by the IG Strategy Group, three delegated committees agreed the content of the IG return in readiness for its submission. Scoring, declaration of evidence and collation of appropriate documentation lies with these committees and the submitted return is ratified by the IG Steering Group prior to submission. The resulting scores are advised to the Integrated Governance Committee as representatives of the PCT
----------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Process for embedding improved information governance	Action plans generated during 2007 have been implemented, particularly relating to the Statement of Compliance issues and the recent Data Mapping initiatives. Both of these initiatives enabled the PCT to investigate its structures and ensure it is able to respond to such requests
--------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Compliance	Appendix A outlines the findings for the sample of thirteen indicators taken from across the toolkit. In all thirteen cases of the requirements reviewed we have agreed with the PCT's score based on the evidence available and process described.
-------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- 3.3 During the course of the review we have also identified a single person dependency for information governance, the PCT has recognised this and provided funding for a supporting post, the post has been through Agenda for Change panel, and is awaiting confirmation of pay band before advertising and recruiting.

Appendix A

Opinions

APPENDIX A - OPINIONS

A1. Requirement 106	PCT Score - 1	Opinion – Reasonable
----------------------------	----------------------	-----------------------------

Requirement – Does the PCT have up to date and tested business continuity plans for all critical infrastructure components and core information systems?

Current Position – The PCT has provided evidence to show it has a continuity plan in place for critical Infrastructure components and core information systems, and has provided evidence of board sign-off.

A2. Requirement 107	PCT Score - 2	Opinion – Reasonable
----------------------------	----------------------	-----------------------------

Requirement – Does the PCT have a comprehensive Board endorsed Information Lifecycle Management Policy/Strategy and implementation plan?

Current Position – The PCT has provided evidence of a full Record Management plan that was ratified by the Information strategy group. The Risk manager is also a member of the Records Management Group.

A3. Requirement 112	PCT Score - 3	Opinion – Reasonable
----------------------------	----------------------	-----------------------------

Requirement – Does the PCT's staff induction procedures effectively raise the awareness of Information Governance?

Current Position – The PCT's Induction process provides comprehensive awareness training on Information Governance. Evidence was provided to show the completion of post-induction questionnaire including the understanding of Information Governance.

A4. Requirement 206	PCT Score - 2	Opinion – Reasonable
----------------------------	----------------------	-----------------------------

Requirement – Has the PCT established appropriate confidentiality audit procedures to monitor access to confidential patient information?

Current Position – Risk management procedures cover staff responsibilities for access to confidential information, and actions in the event of any breach. Staff are made aware of their responsibility by induction and ongoing training.

A5. Requirement 207

PCT Score - 2

Opinion – Reasonable

Requirement – Has the PCT agreed protocols governing the sharing of patient-identifiable information with other organisations where this is required?

Current Position – The PCT has agreed protocols with all its Information partners and provided evidence that these have been signed off at Chief Executive level.

A6. Requirement 303

PCT Score - 3

Opinion – Reasonable

Requirement – Has the PCT established business processes that ensure all staff smartcards and access profiles issued are appropriate and satisfy their obligations as Registration Authorities?

Current Position – The documentation and evidence was provided against the checklist for level 3. for example there is a staff member dedicated to the management of the smart card procedures for this and two other trusts.

A7. Requirement 405

PCT Score - 2

Opinion – Reasonable

Requirement – Does the PCT have robust procedures and processes for monitoring all data collection activities across the PCT ?

Current Position – The PCT has implemented the documented procedures and processes for monitoring data collection activities across the organisation and ensured that queries about data identified by validation and/or from internal recipients are logged and responded to within locally agreed timescales.

A8. Requirement 506

PCT Score - 2

Opinion – Reasonable

Requirement – Does the PCT have a documented procedure and a regular audit cycle for accuracy checks on patient data?

Current Position – The PCT produced procedures for the documentation of the audit cycle for the patient data accuracy checks. Minutes of meeting provided to show reports are submitted.

A9. Requirement 511

PCT Score - 0

Opinion – Reasonable

Requirement – Does the PCT have sufficient Governance processes in place to ensure adherence to the principles enshrined in the Code of Conduct for Payment by Results?

Current Position – The PCT has acknowledged the CISSU (Contact Information Shared Services Unit) which serves Cheshire and pcts. The PCT's board agreed to contract out at this time.

A10. Requirement 512

PCT Score - 1

Opinion – Reasonable

Requirement – Has the PCT established working arrangements with its main commissioning partners to develop processes to assure itself of the validity of the PCT's data?

Current Position – The PCT has shown that the CISSU Management Boards are attended by DOF or contract management. All issues are taken to board as per the establishment agreement, and minuted management board meetings.

A11. Requirement 602

PCT Score - 3

Opinion – Reasonable

Requirement – Does the PCT have documented and implemented procedures for the creation, filing and tracking/tracing of paper corporate records to enable efficient retrieval and effective records management?

Current Position – The PCT has a Records management policy and archiving policy in place, all evidence previously supplied and signed off as approved by the Health Records sub-group of the Information Governance strategy group. Relevant staff are trained to follow these procedures.

A12. Requirement 604

PCT Score - 2

Opinion – Reasonable

Requirement – Has the PCT carried out an audit of its corporate records and information as part of the information lifecycle management strategy?

Current Position – The PCT supplied evidence of the audit programme. All HR files and complaints retrieved. Minutes of corporate group records supplied into which the Audit reports were submitted.

Appendix B

Opportunities for Improvement

APPENDIX B – OPPORTUNITIES FOR IMPROVEMENT

B1. Information Governance Officer Dependency

Risk Rating – Low

Issue Identified – Single Information Governance officer dependency

Specific Risk - There is a single person dependency on the IG officer, who is heavily involved in all areas of Information Governance. Should this officer be unavailable it would leave the PCT with a significant gap.

Recommendation – The PCT may wish to consider further personnel to support Information Governance

Management Response (Remedial Action Agreed) – The funding has been agreed, the post has been through Agenda for Change panel, and is awaiting confirmation of pay band before advertising, then recruiting.

Responsibility for Action: Jim Hughes, Director of Knowledge Management and Performance.

Deadline for Action: 31/03/08

B2. Business Continuity Planning

Risk Rating – Medium

Issue Identified – Business Continuity Planning

Specific Risk – Systems Continuity plans exist for core systems but do not link to the overall Business Continuity Plan.

Recommendation – The PCT should ensure development of the Business Continuity Plan continues to fruition.

Management Response (Remedial Action Agreed) – The Business Continuity Plan was ratified at Directors Meeting on 31/03/08.

Responsibility for Action: Cathy Maddaford, Director of Patient Safety, Governance and Performance.

Deadline for Action: 31/03/08

Appendix C

Assurance Levels

Level of assurance	Description
High	Our work found some low impact control weaknesses which, if addressed would improve overall control. However, these weaknesses do not affect key controls and are unlikely to impair the achievement of the objectives of the system. Therefore we can conclude that the key controls have been adequately designed and are operating effectively to deliver the objectives of the system, function or process.
Significant	There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.
Limited	There are weaknesses in the design and / or operation of controls which could have a significant impact on the achievement of the key system, function or process objectives but should not have a significant impact on the achievement of organisational objectives.
No	There are weaknesses in the design and/or operation of controls which [in aggregate] have a significant impact on the achievement of key system, function or process objectives and may put at risk the achievement of organisational objectives.

Appendix D

Risk / Priority Classifications

Each of the recommendations made in Appendix B has been categorised according to risk as follows:

Risk /priority rating	Assessment rationale
Critical	Weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> ▪ the efficient and effective use of resources ▪ the safeguarding of assets ▪ the preparation of reliable financial and operational information ▪ compliance with laws and regulations.
High	Weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Weakness that: <ul style="list-style-type: none"> ▪ has a low impact on the achievement of the key system, function or process objectives; ▪ has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
Low	Weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.