INTRODUCTION & SCOPE

1. The scope of this review was to evaluate and report on controls established to manage the risks relating to the reporting of continuous improvement of information governance in NHS Fife and the compliance programme associated with the Public Records (Scotland) Act 2011.

2. We assessed current progress reporting procedures regarding the information governance continuous improvement programme to determine whether these provide the Board with effective oversight. This also included an evaluation to determine whether the relevant requirements of the NHSScotland Information Assurance Strategy (CEL 26 (2011)) and Information Governance Standards are included in the programme.

3. The Public Records Management (Scotland) Bill 2011 was fully implemented on 1 January 2013 and requires public authorities (including Health Boards) to develop a formal Records Management Plan and submit this to the Keeper of the Records of Scotland for their agreement. We considered the processes associated with the development of NHS Fife’s Records Management Plan and the methods employed for monitoring its implementation.

OBJECTIVES

4. Our audit work was designed to evaluate whether appropriate systems were in place and operating effectively to mitigate risks to the achievement of the objectives identified below.

5. The relevant service objective to the review was:

◊ To ensure NHS Fife collects, stores, manages, shares and controls information across the organisation in such a way that it supports NHS Fife’s immediate and future regulatory, legal, risk, environmental and operational requirements.

RISKS

6. The following risks could prevent the achievement of the above objectives and were identified as within scope for this audit.

◊ The Information Governance Group may not be monitoring progress of the delivery of the implementation of information governance improvement plans in a manner that allows it to provide appropriate assurance to the Clinical Governance Committee

◊ The actions necessary to achieve continuous improvement in information governance may be incomplete and/or incorrectly prioritised resulting in the speed and quality of improvement being sub-optimal

◊ The Board’s Records Management Plan may not include sufficiently robust arrangements for the storage, retention, disposal, archiving and security of records and may not receive the Keeper’s approval.
AUDIT OPINION AND FINDINGS

7. The audit opinion is Category 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.

8. A description of all audit opinion categories is given in the final section of this report.

Consideration of Progress Reporting by the Information Governance Group

9. The Information Governance Group is provided with updates regarding the implementation of actions to improve Information Governance in NHS Fife. Commentary regarding the progress towards the completion of these actions is recorded on the NHS Fife Information Strategy Workplan 2011-15 and this is appended with further information on an ongoing basis.

10. A review of the Information Governance Group minutes and papers for the meetings held in financial year 2012/13 highlighted the fact that these recorded little discussion regarding the commentary provided in the plan and although the actions in the plan are grouped in sections they are not clearly linked to key Information Governance outcomes for NHS Fife.

11. The reporting of progress to the Information Governance Group would be improved by linking improvement actions to key Information Governance Outcomes for NHS Fife, informing the group regarding whether these key outcomes are expected to be delivered and of any perceived threats to their delivery.

Information Governance Progress Reporting Completeness and Prioritisation

12. The NHS Fife Information Governance improvement programme (comprising the current Information Strategy Workplan 2011-15 and the Information Governance Workplan 2013-14) was reviewed to determine whether these included all necessary actions to comply with the relevant requirements of the NHSScotland Information Assurance Strategy (CEL 26 (2011)) and the existing NHS Scotland Information Governance Standards published in 2007.

13. This revealed that whilst relevant actions were included in the Information Strategy Workplan 2011-15 these were a mixture of high level objectives and more detailed tasks and lead responsibility for their delivery was not always clear as some actions are listed with groups or more than one officer being responsible. The actions included in the Information Governance Workplan 2013-14 were not attributed to individual lead officers to undertake and although all are expected to be delivered in 2013-14 the actions did not have timescales associated with them within the year to prioritise them. The actions in both workplans were not cross referenced to the relevant legislation they addressed and (as per paragraph 10 above) they are not linked to key Information Governance Outcomes for NHS Fife.

14. Whilst we do recommend that the Information Governance Group is provided with a high level summary regarding the delivery of key Information Governance Outcomes we also recommend that this is supported by detailed progress reporting against specific tasks attributed to individual lead officers with defined timescales for delivery. The linking of these tasks to key Information Governance
Outcomes for NHS Fife would also allow the summary report referred to in paragraph 10 above to be regularly updated.

15. We considered the draft revised NHS Scotland Information Governance Standards during this review and identified a number of tasks not currently covered by NHS Fife’s Information Governance improvement programme. Details of these tasks have been communicated to the Head of Information so that they can be considered for inclusion in the programme.

Public Records Act (Scotland) 2011 Programme

16. NHS Fife was identified as a vanguard Board for the implementation of the requirements of the Public Records (Scotland) Act 2011 and will be the first Board in Scotland to submit their Records Management Plan (RMP) to the Keeper of the Records of Scotland (the Keeper). The Keeper will work with NHS Fife from March 2013 until July 2013 to agree the Records Management Plan and this will be published nationally which will allow other public bodies to benefit from the work undertaken in NHS Fife.

17. The project management and governance arrangements in place should allow the project to deliver the Records Management Plan within the timescales agreed with the Keeper.

18. The NHS Fife Public Records Project Board met for the first time in September 2012. The Board is chaired by the Director of Public Health (with the Head of Corporate Services deputising in this role) and includes representation from across NHS Fife. The Board reports to the Information Governance Group and provided the Group with its first progress report, covering the period to December 2012, at its meeting on 17 January 2013. The Board met monthly initially but it has been decided to reduce this to meeting quarterly. A role and remit was agreed by the Project Board at their September 2012 meeting and is to be presented to the Information Governance Group at their next meeting on 18 April 2013 for retrospective approval.

19. The Board convenes short life working groups to address specific issues. A recent example of this is the Business Classification Scheme short life working group convened to develop and test a Business Classification Scheme and ultimately recommend this to the Project Board for endorsement to go to the Information Governance Group for approval.

20. The Project Manager maintains a detailed action plan for the completion of NHS Fife’s Records Management Plan recording the tasks required to address the 14 key elements of the Public Records (Scotland) Act. The two major pieces of work included in the action plan are the agreement of a Business Classification Scheme for records and the cataloguing of records to create a Records Inventory and specific project plans are to be produced for these. Whilst recognising that these tasks will take years to complete and will involve significant staff training and a need for culture change many of the items on the action plan are complete or are nearing completion and NHS Fife has already undertaken action that has placed it in an advantageous position regarding compliance with the act (for example the eHealth Infrastructure Department’s work towards ISO 27001 accreditation means that Information Security Policies have been produced and are regularly reviewed and updated).
21. Our testing of progress reporting regarding completion of actions in the NHS Fife detailed Action Plan for completion of Records Management Plan revealed a number of issues with the progress being reported to the Project Board. These issues related to matters within other departments beyond the direct control of the Project Board and were highlighted to the Project Manager during the review. We are advised that all identified issues have been, or are being, addressed and action has been taken to prevent similar issues recurring in the future.

22. A short life working group has been established to identify risks associated with failure to implement actions under the Public Records (Scotland) Act 2011 and the risks associated with the implementation. This group was due to meet on 15 January 2013 but was cancelled due to inclement weather was rescheduled for 20 March 2013.

ACTION

23. 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

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

David Archibald BAcc CPFA
Regional Audit Manager
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<thead>
<tr>
<th>Ref.</th>
<th>Finding</th>
<th>Audit Recommendation</th>
<th>Priority</th>
<th>Management Response / Action</th>
<th>Action by/Date</th>
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<tbody>
<tr>
<td>1.</td>
<td>A review of the Information Governance Group minutes for the meetings held in 2012/13 revealed little discussion regarding the commentary provided in the NHS Fife Information Strategy Workplan 2011-15 and although the actions in the plan are grouped in sections they are not clearly linked to key Information Governance outcomes for NHS Fife.</td>
<td>The mechanism for reporting progress towards delivering the NHS Fife Information Governance improvement programme should be improved by linking improvement actions to key Information Governance Outcomes for NHS Fife and informing the group regarding whether these key outcomes are expected to be delivered and of any perceived threats to their delivery.</td>
<td>3</td>
<td>Consideration will be given to the production of a summary report detailing whether progress in implementing improvement actions is on track. This summary will be based upon the key Information Governance Outcomes for NHS Fife.</td>
<td>Head of Information 31 December 2013</td>
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### Action Plan

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<td>2.</td>
<td>Information Governance improvement actions, included in the Information Strategy Workplan 2011-15, are a mixture of high level objectives and more detailed tasks and lead responsibility for their delivery is not always clear as some actions are listed with groups or more than one officer being responsible. The actions included in the Information Governance Workplan 2013-14 are not attributed to individual lead officers to undertake and although all are expected to be delivered in 2013-14 the actions do not have timescales associated with them within the year to prioritise them. The actions in both workplans are not cross referenced to the relevant legislation they address.</td>
<td>The improved summary reporting mechanism referred to in action point 1 should be supported by detailed progress reporting which links to the key NHS Fife Information Governance Outcomes and the legislative requirements they address.</td>
<td>3</td>
<td>The reporting mechanisms will be reviewed to make sure all actions are clearly linked to relevant legislation and key NHS Fife Information Governance outcomes.</td>
<td>Head of Information 31 December 2013</td>
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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.