



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	28/02/23
Report Title	Internal Audit Report – IJB Data Sharing
Report Number	HSCP23.014
Lead Officer	Jamie Dale, Chief Internal Auditor
Report Author Details	Name: Jamie Dale Job Title: Chief Internal Auditor Email Address: jamie.dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of IJB Data Sharing that was included in the Internal Audit Plan for Aberdeen City Integration Joint Board.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee review, discuss and comment on the issues raised within this report.

3. Summary of Key Information

Assurance Assessment

- 3.1. The level of net risk is assessed as **MODERATE**, with the control framework deemed to provide **REASONABLE** assurance over the IJB's approach to data sharing.



RISK, AUDIT AND PERFORMANCE COMMITTEE

- 3.2. Information, when used lawfully, held securely and is reliable in terms of its availability and accuracy, facilitates the Aberdeen City Health and Social Care Partnership in providing high quality, safe and effective services which meet service user needs. Data ultimately facilitates the IJB and Partnership management's decision making in order for integration and transformation intentions to be realised, performance targets to be met, and strategic objectives delivered.
- 3.3. Data Protection and other information legislation requires the Partners within the Aberdeen City Health & Social Care Partnership (Aberdeen City Council and NHS Grampian) and the IJB to be aware of the consequences of inadequate information risk management. Accordingly appropriate resources, robust policies and procedures, and a clear governance framework must be in place to ensure data is appropriately managed in an information risk environment which the Aberdeen City Health & Social Care Partnership and the IJB itself understands.
- 3.4. Information risk is increased where data is shared between organisations, hence the Information Commissioner's Office (ICO) Data Sharing Code of Practice recommends that organisations have a data sharing agreement. A data sharing agreement between NHSG and the Aberdeen City, Aberdeenshire, and Moray councils was drafted and issued in 2022 but has not yet been signed by all parties. However the Policy, Procedure and Governance framework in place within each Partner organisation should ensure their staff are adequately trained in data protection to operate in a risk environment where their responsibility is clear.
- 3.5. Records Management plans are in place in accordance with legislation, but how these and other procedural documents and the key staff involved fit into the overall information governance framework for the IJB is not clearly documented. The types of information, how this is shared, the systems used, and the individuals responsible for ensuring its quality, security, safe passage, and the authority required, should be clearly mapped out. Where appropriate, there may be scope for the harmonisation of procedures, potentially with the other IJB's that NHS Grampian serves.
- 3.6. Assurance over information compliance can be drawn from the Partners' Risk Boards and records of training, data protection impact assessments, and



RISK, AUDIT AND PERFORMANCE COMMITTEE

information breaches, all of which are reported internally. The Chief Officer of the IJB is also a member of NHS Grampian's Chief Executive Team and similar with Aberdeen City Council. The Business and Resilience Manager is responsible for providing the IJB with this assurance: more comprehensive regular assurance reporting to the Risk, Audit and Performance Committee, based on such sources, would be beneficial for the IJB.

- 3.7. The original intention of this review was for the assurance providers of the three organisations to work together and where individual reports would be produced, also include a covering report providing details of the assurance gained from all areas of work. As there is currently limited assurance being provided directly to the IJB on this aspect of its business, Internal Audit sought assurance from the Partners over their data protection governance arrangements, and how these are applied in respect of services delegated to the IJB.
- 3.8. Comprehensive data was available on the arrangements put in place by Aberdeen City Council. However, due to other commitments (a regulatory audit from the ICO) NHS Grampian has not been able to facilitate such a review and their auditors instead plan to carry out the work later in the year. The IJB will still require assurance over this aspect of its governance arrangements, and recommendations have been made in this report as to the type and extent of assurance required. The intention is still to carry out analysis of all three pieces of work and create an overarching summary, however this will not be available until later in the financial year. Where we have been unable to confirm arrangements or gain assurance over elements of the control framework managed by NHS Grampian, this has been highlighted in the report and Management should seek to gain assurance over these areas where they feel it is needed. However, assurance can be taken from the results of the ICO audit, and from the engagement of NHS Grampian in the finalisation of this report.

Management Response

- 3.9. Management welcome the audit and its recommendations. The audit will help to provide assurance to the Partnership's Senior Leadership Team as well as the IJB. The Business and Resilience Manager post can provide assurance to the Senior Leadership Team around data sharing and the IJB's Data Protection officer can provide assurance to the Board. The mapping of



RISK, AUDIT AND PERFORMANCE COMMITTEE

this assurance from the IJB's partners (NHS Grampian and Aberdeen City Council) helps to provide clarity as well as assurance and the mapping process can assist in outlining the roles and responsibilities of the Business and Resilience Manager and Data Protection officer posts in relation to data sharing matters for the IJB.

- 3.10. The remit and agency of the IJB over data protection governance is relatively limited – as it is data controller for only a limited amount of information. It will need to rely on Partners to the Integration Scheme (NHSG and Aberdeen City Council) which are data controllers in their own right, and have their own governance and reporting arrangements, in respect of appropriate processing of personal data in the joint activities Directed by the IJB; and in addressing the implications of any data breaches. Training has been provided by the DPO in this regard in previous years. However, it is acknowledged that a review of the assurance required by and provided to the IJB could be beneficial.
- 3.11. A pan-Grampian data sharing agreement was drafted in 2022 and shared with relevant partners. There has been positive feedback and it is awaiting conclusion of the relevant partners' internal governance arrangements before it can be fully implemented.

4. Implications for IJB

- 4.1. **Equalities** – An equality impact assessment is not required because the reason for this report is for the Risk, Audit and Performance Committee to discuss, review and comment on the contents of an Internal Audit report and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. **Financial** – there are no direct implications arising from this report.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – there are no direct implications arising from this report.



RISK, AUDIT AND PERFORMANCE COMMITTEE

4.6. Other - NA

5. Links to ACHSCP Strategic Plan

5.1. Ensuring effective performance reporting and use of Key Performance Indicators will help the IJB deliver on all strategic priorities as identified in its strategic plan.

6. Management of Risk

6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.

6.2. **Link to risks on strategic risk register:** There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.

6.3. **How might the content of this report impact or mitigate these risks:** Where risks have been identified during the Internal Audit process, recommendations have been made to management to mitigate these risks.