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| **Tracker??** | **FY** | **Rec No Recommendation** | | **RAG** | **Agreed Actions** | **Progress** | **Lead Officer** | **Actionee** | **Audit Due date** | **HTA**  **revised due date** | **Complete (Y/N)** | **Completion date** | **Evidence**  **provided/HTA Comment** | **Date** |
| Utilisation of Capabilities | **2019/20** | 6 | Consideration should be given to the development of a key roles register which would identify key posts and the contingency arrangements in place should an emergency arise including a nominated deputy and comprehensive job instructions. | Medium | A capability framework will be developed which will also identify the key people and key roles across the organisation.  Knowledge and experienced required for each role will be documented along with training expectations for that role.  Where possible a nominated deputy will be identified. However, given the size of the organisation and the recent stress audit, workload and overstretch will need to be carefully considered. | *Comments from Oct‐19, July‐22removed due to lack of space*  September update  SMT discussed the actions at its Portfolio meeting in September and agreed that a change request should be made to GIAA. It is believed that part of the response is achievable this year with the remainder being deferred. Due date updated 31/03/23  March update  No update available. April update  No update available. July update  HoF to pull together work commenced by HoHR.  **September update**  We are pulling together a table of critical roles which tie into our business continuity planning | SMT | Head of HR | 30/11/2019 | 31/03/2023 | **No** |  |  |  |
| **Business Continuity** | **2019/20** | 1.6 | HTA to document any BCP training carried out by staff,  including dates when refresher training is needed. | Medium | Agreed – we will look to identify individuals  an ensure this is part of 2020/21 training plans were pertinent to an individual’s role | February update *removed to make space*  Review of the BCP will be completed by March March update  We are on track to achieve the September due date. April update  None  May update  BCP training will be rolled out to all staff following the test day which is planned for June. We are currently looking into options for BCP training through our learning platform Astute.  **J**uly update  Training videos expected to be complete by the end of August in time for September completion date. | Director of  Resources | Head of HR | 30/06/2020 | 30/09/2023 | **No** |  | RJ to check with JC as to what  evidence they need as the videos will not be tracked. Update ‐ if we are accepting the risk that we cannot evidence staff have undertaken the training, ask Cmtt to approve. |  |
| Cyber Security Essentials | **2020/21** | 1.5 | To produce incident response plans to aid the  restoration of IT service in the event of disruption or service outage. | Medium |  | March 2023 update  SM to speak to CW to ascertain if scenarios are part of DSPT work being done and can they be used.  Target expected to be achieved. April update  Scenarios were provided on 18/4/23. Will submit to GIAA at next review meeting as evidence this recommendation is complete.  July update  HoF to reach out to GIAA to obtain feedback on submisison made in May.  **September update**  Evidence was submitted back in May which we are waiting on feedback. | Director of  Data, Technology and Dev | IT Operations  Manager | 01/12/2020 | 31/03/2023 | **No** |  |  |  |
| **Payables and Receivables** | **2020/21** | 2 | Authorisation limits should be built into the finance  system. This will ensure that where approvers attempt to approve transactions over and above their limits, there are system controls in place to prevent this. | Low | Agreed. Involves the HTA purchasing a  system that has built in approvals. We are looking at this in conjunction with co‐ location of HFEA. | March update  There will be no further updates till 2024 when scoping work can commence and a new Director of Finance will be in place. | Director of  Resources | Head of  Finance | 30/09/2021 | 31/03/2025 | **No** |  |  |  |
| **Data Security Protection Toolkit** | **2021/22** | 2.1 | Conduct a formal lessons‐learned exercise based on a  gap analysis of Toolkit content/lack of available evidence to support development of the framework described at Recommendation 1.2; and  Reach out to similar organisations deemed more mature in the process of Toolkit completion to learn from their experience, processes and techniques to accelerate knowledge and expertise around the demands and expectations of the Toolkit population process. | Medium | The SIRO will chair a lessons‐learned  exercise to explore evidential gaps and support improved processes. This will include contacting colleagues in other Health ALBs for advice on their approach to substantive evidence to support DSPT submissions. | January 2022 update  A lessons learned was conducted and the SIRO met with two other ALBs to explore their approach.  Learning to be shared to inform plan for submission in June 2022.  May 2022 update  A review was undertaken and discussions were had. This was not formerly presented as report. Due to staff changes, this has not been taken forward internally. Please can this be discussed at June meeting.  July 2022 update None  September 2022 update  Recommendation is superseded by latest DSPT audit but GIAA need confirmation that ARAC have agreed to close | Senior Risk  Information Officer |  | 30/09/2021 |  | **No** |  | Check RJ whether we can close  this as RS shared with JC  RS to rework the HFE template as results were the same and use to clear this recommendation.  ARAC agreed to accept this risk and close. Ensure minutes reflect. |  |

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| **Effectiveness of Inspection Process** | **2021/22** | 1.1 | HTA should undertake an exercise (delivery time study) to more fully understand the delivery landscape in terms of types of activity (routine and non‐routine), time they require, and volumes | Medium | The HTA agrees this would be useful and that this is an action likely to flow from the implementation of the Portfolio Management approach being introduced for business and resource planning during 2022/23. It may also form part of the proposed Independent Review of Inspections during 2022/23. | May‐22 to Mar‐23 updates removed to save space April update  None  May 2023 update  The delivery time study is scheduled to be delivered through Workstream 3 of the Review of Inspections Project. That workstream is now scheduled to be delivered during Quarter 3, 2023/24, with contracts agreed and starting during Quarter 1 2023/24.  As this workstream is only due to start in September 2023, and that is subject to suitable additional funds being available, a revised due date is proposed of 31 December 2023.  June update  No change from May update ‐ this action is now planned for delivery by 31 December 2023 in the second phase of the Review of Inspections Project, which will start from Sept 2023, funding permitting. **September update** | Director of Regulation | Project Manager ‐ DN | 31/03/2023 | 31/12/23 | **No** |  |  |  |
| **Effectiveness of Inspection Process** | **2021/22** | 1.2 | Planning Assumptions should be revisited in light of the  MI gathered from the delivery time study. Plans should be updated to provide a more detailed picture of expected / achievable delivery including both routine and non‐routine work. | Medium | Agreed – this will feed into the planning for  next year’s (2023/24) Inspection Programme | May 2022 update removed  September 2022 update:  SMT apologises that whilst inspection numbers for the 2022/23 business plan were carefully considered in light of planning assumptions, they note that this particular recommendation relates to the process for developing inspection numbers for 2023/24, taking account of a planned *delivery time study.* This management action will therefore not be completed until that study is complete (as noted in the action above) and until 2023/24 inspection plans are made. March 2023 update  On track assuming recommendation 1.1 is delivered. April update  As above  **June update**  As above ‐ dependent on delivery of the Delivery Time Study through the Review of Inspections Project, by 31 December 2023. | Director of  Regulation | TBC | 31/07/2022 | 31/03/2024 | **No** |  | Sept ‐Provide evidence i.e.  copy of Business Plan  [ANH has drawn SMT attention to this action not having been accomplished ‐ see updated progress update in red.] |  |
| **Record to Report** | **2022/23** | 3 | Assurance framework ‐ 1st and 2nd line assurance  requirements should be documented into relevant SOPs. These defined assurance activities should be formally implemented to strengthen the control environment | Medium | Not clear on what areas in particular  this is looking to address ‐ examples of missing assurance are required. | May update  Waiting for clarification from IA to understand what the ask is.  **Sept update**  Ask ARAC if they accept the recommendation and accept the risk | Director of  Resources | Head of  Finance | 31/03/2023 |  | **No** |  |  |  |
| **Record to Report** | **2022/23** | 7 | Close period processes ‐ The following should be  implemented to strengthen the controls around period end procedures:  ‐the DoF should be given limited access to GP to allow them to carry out checks of key processes in the event of team members being absent during close period deadlines. Checks to ensure segregation of duties have been applied should be included within the second line assurance activities (see Assurance recommendation).  ‐System controls should be updated to prevent two accounting periods from being open at the same time within GP. | Medium | Not fully agreed.  Access is not required by the DoF routinely, segregation between the Finance Manager and Head of Finance responsibilities will be clarified within an SOP. Should a situation arise where the Head of Finance was unavailable, a user account will be created that could be activated by IT if required.  We do not believe that system controls can do this automatically, this will be documented in the SOP in line with the recommendation. | May update  No changes have been made to the system to create an account for DoF at present.  We have amended our processes to include a step that involves a review prior to period close.  **September update**  This recommendation has two parts to it. The first giving the Director of Finance access to the finance system ‐ this has been done.  The second is a system control that our current system does not allow. | Director of  Resources | Head of  Finance | 31/05/2023 |  | **No** | 02/05/2023 | RJ to check with JC as we  have queried why our response is not sufficient. |  |
| **Living Organ Donation** | **2022/23** | 1.1 | HTA should revisit key Policy, SOPs and stakeholder  templates (to include Policy 102) and update to include strengthened direction on risk indicators and inclusion of additional checks as recommended in this audit. | Medium | HTA agrees. Policy 102 and associated SOPs  and guidance need to be reviewed. Policy 102 requires approval by the Board | May update  Revised Policy 102 being taken to the Board meeting on 29 June 2023 for their approval. Remaining SOPs will be updated after that.  **June update**  **Board approved the Policy at its meeting on 29 June.** | Director of  Regulation | Head of  Regulation (ODT) | 31/12/2023 |  | **No** |  |  |  |

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| **Tracker??** | **FY** | **Rec No Recommendation** | | **RAG** | **Agreed Actions** | **Progress** | **Lead Officer** | **Actionee** | **Audit Due date** | **HTA**  **revised due date** | **Complete (Y/N)** | **Completion date** | **Evidence**  **provided/HTA Comment** | **Date** |
| **Living Organ Donation** | **2022/23** | 1.2 | HTA to consider ways to triangulate ID checks between the IA, Donor and Clinical Teams, and implement if viable. IA guidance should be updated to reflect any  changes made. | High | HTA will consider and engage with clinical staff about possible ways to triangulate ID checks. | May update Not started yet. | Director of Regulation | Head of Regulation (ODT) | 31/12/2023 |  | **No** |  |  |  |
| **Living Organ Donation** | **2022/23** | 1.3 | HTA to no longer accept an affidavit as standalone  evidence of relationship, and amend all guidance including referral letter to reflect this. | High | HTA agrees and will update all guidance to  reflect this change. | May update  Not started yet.  **August update**  Reivew of guidance has begun | Director of  Regulation | Head of  Regulation (ODT) | 31/12/2023 |  | **No** |  |  |  |
| **Living Organ Donation** | **2022/23** | 1.8 | HTA to deliver targeted refresher training to all IA's on  the subject of organ trafficking and the signs to look out for. A record of attendance / completion should be held to provide assurance the training has been undertaken. | Medium | HTA agrees. Given the numbers of IAs and  the geographic spread this will take some time to deliver. | May update  Not started yet.  **August update**  Have started to explore dates for training and have had discussions about content. Likely to take place Q4. | Director of  Regulation | Head of  Regulation (ODT) | 31/03/2024 |  | **No** |  |  |  |
| **Living Organ Donation** | **2022/23** | 1.9 | HTA to provide additional training to the LOD and LDAT  teams, focusing specifically on key flags / indications of Human Trafficking and appropriate actions to take. | Medium | HTA agrees and will implement | May update  Head of Regulation has discussed with LOD and LDAT, more formal training to follow.  **August update**  This training will take place on 29 September. | Director of  Regulation | Head of  Regulation (ODT) | 31/12/2023 |  | **No** |  |  |  |
| **Records Management3** | **2022/23** | 1.1 | Management should ensure that the HTA Records  Management and Retention Policy is updated to incorporate the following or reference them to another policy document which might contain them. | High | The Records Management & Retention  Policy was approved in March 2023. This policy will be subject to review by the appointment of the agreed IG Lead with | Sep update  NT, RM&IG Lead briefed on RM&RM V1.2 policy updates required for V2.0 approval  July update | Director of  Data, Technology and Dev | Project  Manager - SM | 31/10/2023 |  | **No** |  | Update shared with RJ (SM)  Actual documents sent via zipped files to RJ | 22 Sep  02/08/2023 |
|  |  |  |  |  | reference made to the points raised. | Regulation Leads feedback on the revised policy to be |  |  |  |  |  |  |
|  |  |  | Roles and responsibilities of |  |  | handed over to the IG Lead |  |  |  |  |  |  |
|  |  |  | both the Board Level Champion. |  |  | Jun update |  |  |  |  |  |  |
|  |  |  | * Guidance on data sharing and management of |  |  | The Records Management and Retention Policy was |  |  |  |  |  |  |
|  |  |  | paper/physical records. |  |  | shared with the BDT for review following the |  |  |  |  |  |  |
|  |  |  | * Guidance on management and disposal of sensitive |  |  | inclusion of the retention schedule in the policy |  |  |  |  |  |  |
|  |  |  | data/records. |  |  | (Annex 3). |  |  |  |  |  |  |
|  |  |  |  |  |  | Regulation Leads have provided feedback on the |  |  |  |  |  |  |
|  |  |  |  |  |  | complexity of the schedule and alignment with ROPA |  |  |  |  |  |  |
|  |  |  |  |  |  | and IAR. |  |  |  |  |  |  |
|  |  |  |  |  |  | May update |  |  |  |  |  |  |
|  |  |  |  |  |  | The Records Management and Retention Policy was |  |  |  |  |  |  |
|  |  |  |  |  |  | approved and published in Mar 23. |  |  |  |  |  |  |
| **Records Management3** | **2022/23** | 1.3 | Management should work to complete their review to  ensure that the Information Asset Register (IAR) contains a definitive list of the information assets held by them as required. The IAR should be reviewed and signed‐off by senior management. | High | To complete the review of the IAR. | Sep update  NT, RM& IG Lead to issue the ROPA & IAR to Asset & Procees Owners to ensure that registers are up‐to‐ date. NT developing a Lunch & Learn sessions to increase owner understanding & R&Rs  July update  Status as per Jun update Jun update | Director of  Data, Technology and Dev | Project  Manager - SM | 30/09/2023 |  | **No** |  | Update shared with RJ (SM)  Actual documents sent via zipped files to RJ | 22 Sep  02/08/2023 |
| **Records Management3** | **2022/23** | 2.4 | Management should ensure that checks on staff access  rights are undertaken periodically to ensure that staff only have access to the systems and data they require to fulfil their role | Medium | To formally report the findings of the IT  equipment, roll out and review of systems access.  To complete the data security checklist | Sep update  NT, RM&IG Lead to check if the Info Governance & Cyber Sec policy references staff access & security audit checks | Director of  Data, Technology and Dev | TBD | 31/10/2023 |  | **No** |  | Update shared with RJ (SM)  Actual documents sent via zipped files to RJ | 22 Sep  02/08/2023 |
|  |  |  |  |  | which includes an audit of system and | July update |  |  |  |  |  |  |
|  |  |  |  |  | folder access. | Status as per Jun update |  |  |  |  |  |  |
|  |  |  |  |  |  | Jun update |  |  |  |  |  |  |
|  |  |  |  |  |  | Random spot checks completed w.c 12 Jun by the |  |  |  |  |  |  |
|  |  |  |  |  |  | DPO and IT Ops Managers, 4 members of staff |  |  |  |  |  |  |
|  |  |  |  |  |  | participated in security audit checks , next random |  |  |  |  |  |  |
|  |  |  |  |  |  | spot checks planned in 6 months |  |  |  |  |  |  |
|  |  |  |  |  |  | May update |  |  |  |  |  |  |
|  |  |  |  |  |  | With the DPO to complete and share outcomes of a |  |  |  |  |  |  |
|  |  |  |  |  |  | data security audit by 16 Jun |  |  |  |  |  |  |
| **Records Management3** | **2022/23** | 3.1 | Management should ensure that following approval  from SMT the required skills and capacity for records management activities are identified and prioritised in its resource planning. | Medium | To recruit to a substantive IG Lead role as  per the decision of the SMT on 7 March 2023. | Sep update  NT, IG&RM to ask HR for an updated report that reflects the completion rate for mandatory RM training  July update  1st round of interviews completed 14 Jul, next round | Director of  Data, Technology and Dev | TBD | 31/10/2023 |  | **No** |  | Update shared with RJ (SM)  Actual documents sent via zipped files to RJ | 22 Sep  02/08/2023 |
| **DSPT3** | **2023/24** | 1.1 | GIAA comments on potential improvement required to  further meet the DSPT assertions as outlined in Annex 2 of the DSPT report for the 22/23 submission, associated with ‘partially met’ assertions, should be addressed to fully meet the relevant DSPT Assertions | Low | Only date action agreed | **September update**  RM/IG Lead Nicholas Taylor appointed Aug 23, will take ownership of the 5 partially met assertions management action plans | Director of  Data, Technology and Dev | Information  Governance Lead | 31/12/2023 |  | **No** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |