Sally Shaw (Chief Officer)

Orkney Health and Care 01856873535 extension: 2601 OHACfeedback@orkney.gov.uk



Agenda Item: 8.

Integration Joint Board – Audit Committee

Date of Meeting: 26 June 2019.

Subject: Orkney Islands Council's Internal Audit Report – PARIS System Support.

1. Summary

1.1. An internal audit has been completed on the procedures and controls relating to the PARIS System Support.

2. Purpose

2.1. To present the internal audit report relating to PARIS System Support.

3. Recommendations

The Audit Committee is invited to note:

- 3.1. That an internal audit has been completed on the procedures and controls relating to PARIS, the health and social care case system used within Orkney Health and Care.
- 3.2. The findings of the internal audit report reviewing the procedures and controls relating to PARIS.
- 3.3. That the internal audit report, attached as Appendix 1 to this report, was scrutinised by Orkney Islands Council's Monitoring and Audit Committee on 6 June 2019, where assurance was obtained that action had been taken or agreed where necessary.

4. Background

4.1. PARIS is the health and social care case system used within Orkney Health and Care. It is used for managing client files for both children's services and adult and older people's services.

5. Audit Findings

5.1. The audit provides adequate assurances that the processes and procedures relating to PARIS are well controlled and managed.

- 5.2. The internal audit, attached as Appendix 1 to this report, includes three high priority and four medium priority recommendations within the action plan.
- 5.3. The action plan to address the findings of the audit, has been agreed, with the recommendations due to be implemented by March 2020.

6. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

| Promoting survival: To support our communities. | No. |
|---|------|
| Promoting sustainability : To make sure economic, environmental and social factors are balanced. | No. |
| Promoting equality : To encourage services to provide equal opportunities for everyone. | No. |
| Working together : To overcome issues more effectively through partnership working. | No. |
| Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process. | No. |
| Working to provide better services: To improve the planning and delivery of services. | Yes. |
| Safe : Avoiding injuries to patients from healthcare that is intended to help them. | No. |
| Effective: Providing services based on scientific knowledge. | No. |
| Efficient : Avoiding waste, including waste of equipment, supplies, ideas, and energy. | Yes. |

7. Resource implications and identified source of funding

7.1. There are no financial implications directly arising from this report. Regular review and updating of service and support arrangements is essential to managing costs.

8. Risk and Equality assessment

8.1. There are no risk or equality implications associated with this report.

9. Direction Required

Please indicate if this report requires a direction to be passed to:

| NHS Orkney. | No. |
|-------------------------|-----|
| Orkney Islands Council. | No. |

| No. | Both NHS Orkney and Orkney Islands Council. |
|-----|---|
|-----|---|

10. Escalation Required

Please indicate if this report requires escalated to:

| NHS Orkney. | No. |
|---|-----|
| Orkney Islands Council. | No. |
| Both NHS Orkney and Orkney Islands Council. | No. |

11. Author

- 11.1. Andrew Paterson, Chief Internal Auditor, Orkney Islands Council.
- 11.2. Peter Thomas, Internal Auditor, Orkney Islands Council.

12. Contact details

- 12.1. Email: andrew.paterson@orkney.gov.uk, telephone: 01856873535 extension 2107.
- 12.2. Email: peter.thomas@orkney.gov.uk, telephone: 01856873535 extension 2135.

13. Supporting documents

13.1. Appendix 1: Internal Audit Report – PARIS System Support.



INTERNAL AUDIT

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Audit Report

2018/19

Distribution:

Draft Report Issue Date: 3rd May 2019 **Final Report Issue Date**: 17th May 2019 **Chief Social Work Officer** Head of IT and Facilities.

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EXECUTIVE SUMMARY

- Based on our findings, our review of the processes and procedures as to PARIS support provides adequate assurance that processes are well controlled and managed.
- Areas of good practice identified during the audit included:
 - o A recent in-house test restoration of the system being successfully carried out.
 - Daily automated back-up of the PARIS system.
 - Daily reports as to the integrity of the live and back-up PARIS data.
 - Upgrading to the most recent version of PARIS, namely version 6.1.
- Our audit has also identified areas where procedures and internal control arrangements could be further strengthened. There are three high-level recommendations made as a result of this audit. These being:
 - A current signed copy of a service and support contract should be kept by the Service,
 - It is recommended that a set format be established and adhered to for the deregistration of users from the PARIS system,
 - o Access profiles should regularly be reviewed by the Service.
- The report includes recommendations which have arisen from the audit. The numbers
 of recommendations are set out in the table below under each of the priority headings.
 The priority headings assist management in assessing the significance of the issues
 raised. The report includes 7 recommendations which have been made to address the
 high and medium priority issues identified.

| Total | High | Medium |
|-------|------|--------|
| 7 | 3 | 4 |

- Responsible officers will be required to update progress on these agreed actions via Aspireview.
- The assistance provided by officers contacted during the audit is gratefully acknowledged.

INTRODUCTION

PARIS is the health and social case care system used within Orkney Health and Care, it is used for managing client's files for both children's services and adult and older people's services.

AUDIT SCOPE

The purpose of the audit was to review the controls surrounding the use of this system, support bases and resilience of the system, including: -

- 1) That there are adequate maintenance, support and release management controls in place.
- 2) Access to the system is controlled.
- 3) There are adequate controls in respect of input, processing and output.
- 4) Back up, recovery and contingency arrangements are in place.

For clarity, the audit scope did not include activity which is carried out under the role of the Information Governance Group (IGG).

Audit Findings

- 1.0 Maintenance, support and release management.
- 1.1 The Capital project to upgrade the PARIS system completed in October 2018. Upgrade to PARIS 6.1 went smoothly and received user satisfaction as to the task being completed without much disruption to working.
- 1.2 User feedback is that since the upgrade to PARIS 6.1 and associated upgrading of the Oracle database server, the system has been generally stable with good reliability.
- 1.3 The maintenance and support contract held is an unsigned copy, dated 2002, between IN4TEK Limited, the original supplier of the PARIS system, Orkney Health Board and Orkney Islands Council. The Contract was for an initial period of four years from 9 September 2002 and required terms to be agreed between the parties if it were to be continued. IN4TEK was acquired by Civica in 2009.
- 1.4 A service and support contract is an important document in providing, inter alia, a basis as to the standards and longevity of support that can be expected or enforced.
- 1.5 It is recommended that a current service and support agreement be formalised with Civica and that a signed copy of this should be kept by the Service.

Recommendation 1

- 1.6 The PARIS development group on 29th May 2018 noted that "in terms of local contingency and planning, there remains a long-identified need for at least another member of staff to run PARIS and deal with any problems".
- 1.7 It is recommended that the need and identification of staff resources who could also run PARIS and perform service support should be considered.

Recommendation 2

- 1.8 The Council and the health board acquired PARIS in 2002 and it is understood the system has been in use since 2008. Given the long period for which OHAC has used PARIS, best practice would be to review case care management (CCM) systems on the open market to ensure OHAC is benefitting from the most appropriate product which offers the functionality of reporting that is required in achieving service outcomes and supports delivery of the IJB's Strategic Commissioning Plan.
- 1.9 It is recommended that a review be carried out as to CCM software that may be available on the open market.

Recommendation 3

- 2.0 Access to the system is controlled.
- 2.1 In a sample of 53 users, 5 logons were found to be former employees who have now left. These employees left between 272 and 4,432 days ago or an average of nearly 6 years.

Audit Findings (Continued)

- 2.2 Two users were found to have retained their log on access rights for several years after they had changed job roles.
- 2.3 In a sample of eight leaver dates checked on the PARIS system, only one was made promptly compared to leaver dates on the payroll system. The remaining 7 updates were carried out between 78 to 1,223 days of the actual leaving date, an overall average of nearly 22 months.
- 2.4 The risk of these employees being able to access PARIS is mitigated as this also requires as network access rights which has been disabled for each of the remaining 7 leavers. Access rights to all systems however should be kept up to date.
- 2.5 PARIS support has recently been proactive in reviewing and locking accounts that have been inactive for 70 days. This initiative should be supported by recommendations made at 2.3 and 2.4.
- 2.6 It is recommended that a set format be established and adhered to for the de-registration of users from the PARIS system.

Recommendation 4

2.7 User Profiles should regularly be reviewed by Service, e.g. every three months.

Recommendation 5

- 2.8 The PARIS system enforces stringent strength rules to passwords and locks accounts after three unsuccessful logon attempts which can only be reinstated by the PARIS system support. These controls are good security practices however, the PARIS system, at the time of review was not set to enforce periodic password changes.
- 2.9 It is recommended that periodic password changes within the PARIS system be made mandatory.

Recommendation 6

- 2.10 Each of the four User Agreement Forms reviewed, were unsigned by the line manager or senior manager within OHAC. The User Agreement form does not have a section for Manager's approval to the user account within the Service.
- 2.11 The PARIS Logical Access Policy states "A formal user registration procedure is in place which requires users to be authorised by their line manager.... Users are required to complete the "PARIS User Agreement" (see appendix 2) and have their access request formally verified by their line manager and/or a senior manager of Orkney Health and Care."
- 2.11 The User Agreement form should be updated so that processes follow the PARIS Logical Access Policy of User Registration forms, i.e. being signed by the line manager or senior manager within OHAC.

Recommendation 7

Action Plan

| | Recommendation | Responsible Officer(s) | Management Comments | Agreed Completion Date |
|---|---|---|---|------------------------------|
| | Policy and Procedures | | | |
| 1 | A current service and support agreement should be formalised with Civica. A signed copy of which should be kept by the Service. | Chief Social Work Officer | We will request a copy of the current service and support agreement from our supporting Project Manager at Civica. | 30 June 2019 |
| | High Priority | | | |
| 2 | The need and identification of staff resources who could also run PARIS and perform service support should be considered | Head of IT and Facilities. | Agree. There is still a need to develop a secondary PARIS expert to work with the existing staff member. IT will develop a specification of this role (i.e. make sure the information security and | 31 Dec 2019 |
| | Medium Priority | 01:1:10::1:1 | privacy aspects are understood). | 04.14 |
| 3 | An exercise to review the current availability and functionality of CCM systems available on the open market should be considered. Medium Priority | Chief Social Work Officer | This work has commenced. I will also be commissioning an internal review of PARIS to ascertain if it is going to meet the whole organisations needs in the next 5 – 10 years. | 31 March 2020 |
| 4 | A set format should be established and | Head of IT and | IT will draw up a form. OHAC will be | 30 |
| | adhered to for the de registration of users from the PARIS system. | Facilities / Executive Director OHAC | responsible for completing the forms and sending them back to IT whenever needed, so IT can remove | September 2019 |
| | High Priority | | the users access privileges. | |
| 5 | User Profiles should regularly be reviewed by Service, e.g. every three months High Priority | Executive Director OHAC/Head of IT and Facilities | IT will schedule for a list of current users to be sent to the Service each quarter. It will remain the responsibility of OHAC to ensure that these are completed and returned promptly to IT whenever necessary in order for IT to remove the users access rights. | 30 September 2019 |
| 6 | Periodic password changes within the PARIS system be considered. Medium Priority | Head of IT and Facilities. | Agree. In the interim IT will enforce a change cycle of 90 days. And will review the current National Cyber Security Centre (NCSC) guidance, look at the Information Security Officer's recommendation and review PSN requirements. Current NCSC guidance is that is that passwords should be changed less frequently, but made more complex. | Already Actioned. |
| 7 | It should be ensured that that all user | Executive | IT support will update the User | 30 |
| | registration forms are signed by the line manager or senior manager within OHAC. Medium Priority | Director OHAC/Head of IT and Facilities | registration form and provide this to the Service to replace the current version. It will remain the responsibility of the Service to ensure | September 2019 |
| | modium i norky | i dolliucs | that registration forms are completed fully and sent to IT support. | |

| Priority | Assessment | |
|----------|--|--|
| High | Key control absent or inadequate; Serious breach of regulations; Significantly impairs overall system of internal control; No progress made on implementing control; | |
| Medium | Requires urgent management attention. Element of control is missing or only partial in nature; Weakness does not impair overall reliability of the system; Recommendation considered important in contributing towards improvement in internal controls; Management action required within a reasonable timescale. | |

Note:

It should be recognised that where recommendations in the action plan are not implemented there may be an increased risk of a control failure. It should be noted however that it is the responsibility of management to determine the extent of the internal control system appropriate to their area of operation.