Audit Recommendation	Management Comment	Responsible Officer	Estimated Completion Date
follow-up audits of high risk internal audits in the Strategic Internal Audit Work Program.	Agree — The Director General has requested that the owners of all long outstanding recommendations to ensure that the recommendations are implemented by March 2016.	Director Internal Audit, Risk Management & Compliance	30 March 2016
• Implement more rigorous reporting requirements to ensure that all agreed audit recommendations are implemented on a timely basis.	Implement quarterly reports on outstanding recommendations that have not been implemented by the due dates to now be provided to the Executive Council for appropriate actions.	Director Internal Audit, Risk Management & Compliance	30 June 2016

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Appendix B   Personnel Consulted

The following ACT Health personnel were consulted as part of this audit. We are appreciative of their assistance.

Name	Title
Nicole Feely	Director-General
Ian Thompson	Deputy Director-General, Canberra Hospital & Health Services
Kim Smith	A/g Deputy Director-General, Strategy & Corporate
Linda Kohlhagen	Executive Director, Rehabilitation, Aged & Community Care
Katrina Bracher	Executive Director, Mental Health and Alcohol & Drug Services
Geoff Knuckey	Independent Chair, Audit and Risk Management Committee
Elizabeth Cusack	Auditor, ACT Auditor General's Office
Sarwan Kumar	Director Internal Audit, Risk Management & Compliance

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Appendix C   Risk Rating Framework

LIKELIHOOD

Descriptor	Probability of occurrence	Indicative Frequency
Almost certain	Occurs more frequently than 1 in 10 tasks.	Is expected to occur in most circumstances.
Likely	1 in 10 – 100	Will probably occur.
Possible	1 in 100 – 1,000	Might occur at some time in the future.
Unlikely	1 in 1,000 – 10,000	Could occur but doubtful.
Rare	1 in 10,000 –100,000	May occur but only in exceptional circumstances.

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CONSEQUENCE

	Insignificant	Minor	Moderate	Major	Catastrophic
People (Staff, Patients, Client, Contractors, OH&S)	Injuries or ailments not requiring medical treatment	Minor injury or First Aid Treatment required	Serious injury causing hospitalisation or multiple medical treatment cases.	Life threatening injury or multiple serious injuries causing hospitalisation.	Death or multiple life threatening injuries.
Clinical	No injury No review required No increased level of care	Minor injury requiring: Review and evaluation Additional observations First aid treatment	Temporary loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management.	Permanent loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management. A number of key events or incidents.	Patient death unrelated to the natural course of the underlying illness and differing from the immediate expected outcome of the patient management. All national sentinel events.
Property and Services (Business services and continuity)	Minimal or no destruction or damage to property. No loss of service Event that may have resulted in the disruption of services but did not on this occasion.	Destruction or damage to property requiring some unbudgeted expenditure. Closure or disruption of a service for less than 4 hours– managed by	Destruction or damage to property requiring minor unbudgeted expenditure. Disruption to one service or department for 4 to 24 hours – managed by alternative routine procedures	Destruction or damage to property requiring major unbudgeted expenditure. Major damage to one or more services or departments affecting the whole facility – unable to be managed by alternative routine procedures.	Destruction or damage to property requiring significant unbudgeted expenditure. Loss of an essential service resulting in shut down of a service unit or facility. Disaster plan activation.

	Insignificant	Minor	Moderate	Major	Catastrophic
		alternative routine procedures. Reduced efficiency or disruption of some aspects of an essential service.	Cancellation of appointments or admissions for number of patients. Cancellation of surgery or procedure more than twice for one patient.	Service evacuation causing disruption of greater than 24 hours, e.g. Fire/ flood requiring evacuation of staff and patients/clients (no injury); or Bomb threat procedure activation, potential bomb identified, partial or full evacuation required (+/- injury).	
Financial	1% of budget or <$5K	2.5% of budget or <$50K.	5% of budget or <$500K.	10% of budget or <$5M.	25% of budget or >$5M.
Information	Interruption to records / data access less than ½ day.	Interruption to records / data access ½ to 1day	Significant interruption (but not permanent loss) to data / records access, lasting 1 day to 1 week.	Complete, permanent loss of some ACT Health or Divisional records and / or data, or loss of access greater than 1 week.	Complete, permanent loss of all ACT Health or Divisional records and data.
Business Process and Systems	Minor errors in systems or processes requiring corrective action, or minor delay without impact on overall schedule.	Policy procedural rule occasionally not met or services do not fully meet needs.	One or more key accountability requirements not met. Inconvenient but not client welfare threatening.	Strategies not consistent with Government's agenda. Trends show service is degraded.	Critical system failure, bad policy advice or ongoing non-compliance. Business severely affected.

	Insignificant	Minor	Moderate	Major	Catastrophic
Reputation	Internal review.	Scrutiny required by internal committees or internal audit to prevent escalation.	Scrutiny required by external committees or ACT Auditor General's Office or inquest, etc.	Intense public, political and media scrutiny e.g. front page headlines, TV stories, etc.	Assembly inquiry or Commission of inquiry or adverse national media.
Environment Broadly defined as the surroundings in which ACT Health operates, including air, water, land, natural resources, flora, fauna, humans and their interrelation.	Some minor adverse effects to few species / ecosystem parts that are short term and immediately reversible.	Slight, quickly reversible damage to few species / ecosystem parts, animals forced to change living patterns, full, natural range of plants unable to grow, air quality creates local nuisance, water pollution exceeds background limits for short period.	Temporary, reversible damage, loss of habitat and migration of animal population, plants unable to survive, air quality constitutes potential long term health hazard, potential for damage to aquatic life, pollution requires physical removal, land contamination localised and can be quickly remediated.	Death of individual people / animals, large scale injury, loss of keystone species and habitat destruction, air quality 'safe haven' / evacuation decision, remediation of contaminated soil only possible by long term programme, e.g. off-site toxic release requiring assistance of emergency services.	Death of people / animals in large numbers, destruction of flora species, air quality requires evacuation, permanent and wide spread land contamination, e.g. caused by toxic release on-site; chemical, biological or radiological spillage or release on-site.

RISK MATRIX

			Insignificant	Minor	Moderate	Major	Catastrophic
			1	2	3	4	5
Likelihood	5	Almost Certain	Medium (11)	High (16)	High (20)	Extreme (23)	Extreme (25)
	4	Likely	Medium (7)	Medium (12)	High (17)	High (21)	Extreme (24)
	3	Possible	Low (4)	Medium (8)	Medium (13)	High (18)	Extreme (22)
	2	Unlikely	Low (2)	Medium (5)	Medium (9)	High (14)	High (19)
	1	Rare	Low (1)	Low (3)	Medium (6)	Medium (10)	High (15)

Consequence →

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ACT
Government
Health

Health Promotion Framework
FINAL REPORT
April 2016

Contents

1   Executive Summary

1.1   Background

A key legislative function of the Chief Health Officer is "...*to develop and implement strategies to promote and protect public health*[1]", including health promotion strategies and activities. Health Promotion is broadly defined as the process of enabling people to increase control over, and to improve, their health (WHO Ottawa Charter 1986).

The ACT Health Population Health Strategic Framework 2013-16 describes preventive health and health promotion as prevention of disease through interventions including: behaviour change strategies; incentives including financial or taxation; modifications to the environment; policy changes; removing harm or hazard reduction and identifying and minimising disease through screening or surveillance. The focus of health promotion activities across the ACT over the last 5 years has been aligned with the National Partnership Agreement on Preventative Health (NPAPH), which was agreed by the Council of Australian Governments (COAG) to address the rise in preventable chronic diseases associated with:

- Physical Inactivity;
- Poor Nutrition;
- Obesity; and
- Smoking.

The NPAPH was ceased, including its substantial funding by the Commonwealth in 2014. The ACT Government has maintained priority preventive health programs under the ACT Governments Healthy Weight Initiative and specific new budget initiatives. ACT Health collaborates with other ACT Government Directorates and the private sector to provide a holistic approach to health initiatives and promotion activities. Recent health promotion activities have focussed on improving health across a range of broader population access points:

- Young Families and the Early Childhood Sector;
- Schools;
- Organised Sport for Children and Young People;
- Workplaces; and
- Community.

Additionally, specific health promotion activities have been developed by Business Units across ACT Health to assist with the prevention and management of illness or disease.

1.2   Review objectives

The objective of the internal audit was to:

Provide assurance and advice regarding the governance of Health Promotion across ACT Health, including clarity of strategy, consistency of decision making and investment across ACT Health and outcome evaluation.

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[1] *Public Health Act 1997 – Section 9 (1) (a)*

Key areas of focus for the internal audit included:

- Clarity of strategy;
- Process for endorsement of health promotion activity proposals;
- Decision making, approvals and investment of ACT Health resources;
- Collaboration activities and any duplication of effort; and
- Evaluation of outcomes related to health promotion activities.

1.3   Conclusion

Our review concluded that generally, the administration and governance arrangements to deliver health promotion activities in the Health Improvement Branch (HIB) are in accordance with the Better Practice[2] and include appropriate consideration of relevant aspects within each individual promotion activity. The Health Improvement Branch (HIB) which reports to the ACT Chief Health Officer was able to produce a clear rationale and link to the overall strategy, sound governance, reporting and stakeholder engagement arrangements.

The documentation used to record the governance framework and key decisions was found to be robust and reliable with clear evidence for each of the following elements for the seven health promotion activities reviewed:

- Clarity of strategy;
- Process for endorsement of health promotion activity proposals;
- Decision making, approvals and investment of ACT Health resources;

During the period reviewed, elements of selected health promotion activities of ACT Health were identified to be outsourced and developed in collaboration with other Directorates, consistent with better practice.

However, it was noted from our review that there appears a lack of communication and holistic oversight of health promotion across ACT Health. The Chief Health Officer currently has limited visibility and no direct control or responsibility for health promotion activities that are developed outside of the HIB. Further, based on audit work performed there are opportunities to streamline and improve consistency of health promotion management practices through the widespread distribution and application of the HIB Standard Operating Procedure (SOP) for Project Management.

Overall, the audit identified two recommendations in relation to one high risk finding and one medium risk finding. The findings were in relation to:

- Strategic oversight and collaboration of health promotion activity across the whole of the ACT Health Directorate within the mandate of the Chief Health Officer legislative function, as outlined in the PHD strategic framework (Section 3.1 – risk rating - High); and
- Health promotion project management framework (Section 3.2 – risk rating - Medium).

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[2] Refer to section 2 of this report for Better Practice analysis undertaken as part of this audit.

2   Better Practice Gap Analysis

Identification of better practice guidance for governance arrangements for programmes or projects relevant to health promotion activities was undertaken. This included:

- ANAO Better Practice Guide – Public Sector Governance (June 2014);
- ANAO Better Practice Guide – Planning and Approving Projects (June 2010); and
- Australian Public Service Commission – Building Better Governance.

Aspects of better practice relevant to health promotion activity management framework have been assessed based on the following criteria and detailed in the table below:

	Element Substantially Aligned with Better Practice
	Element Partially Aligned with Better Practice
	Improvements require in relation to Better Practice Guidance

Health promotion function	Better Practice	HIB	Assessed level of alignment to better practice
Clarifying the concept	The first step in progressive planning is a short project concept plan. The concept plan helps to establish and focus attention on its central issues. This includes: • the project is developed taking account of the broader context, and contributes as much as practicable to entity and government objectives; • the key business outcomes of the project are clearly articulated; and • the project deliverables are necessary and sufficient to lead to the desired business outcomes.	The initiation stage included in the HIB Project Management SOP includes the requirement to develop a short Project Proposal for the Director, HIB, detailing basic project parameters such as finance/resources, aims and objectives, stakeholders, risks, alignment to Business objectives to establish if the project is feasible and merits undertaking. If approved, the Project Proposal formally endorses the project to commence and move onto the planning stage.	Element Substantially Aligned with Better Practice
Ensuring feasibility (business case)	A business case, particularly for a large project, typically has a great deal of information, such as project background, purpose, scope, assumptions and costs. There are four major logical components of a business case: • The reason for the project, to assist in judging the relative priority of the project against other organisational objectives, and to focus the project team during implementation. Preferably, the concept planning stage has already clarified the underlying reason; • The specification of the project, which clearly and completely describes what is to be delivered, the overall time and cost limits, and the business outcomes those deliverables enable; • Validation of the project specification and implementation plan: that is, checking that the specific plan put forward is the most appropriate. This includes assessment of options and their relative merits, risks and their management and mitigation, and additional detail and justification of the proposed cost and timeframe; and • The implementation approach, described in sufficient detail to provide confidence that the project is in fact achievable, and to set a means for assessing and monitoring implementation progress.	The planning stage included in the Health Improvement Branch Project Management SOP identifies and expands on the necessary resources and parameters identified in the initiation stage. It includes developing a central document, the Project Management Plan to state how the project will be managed. This includes detailing the work plan, resource allocation, scheduling and budgeting, risk management, and links to the evaluation plan.	Element Substantially Aligned with Better Practice

Health promotion function	Better Practice	HIB	Assessed level of alignment to better practice
Approving the project	Informed consideration by decision-makers taking into account the merits, cost and risks of the individual project, and also the cumulative effect and interactions of projects under consideration is an important factor in setting a good foundation for achieving project outcomes. Additionally, at the time of approving a project, the decision-maker also establishes the key controls that will help them understand the rate of progress and identify triggers for possible intervention. This requires striking a sound balance in gaining the right information for effective management, while avoiding information overload.	The Chief Health Officer has ultimate responsibility for strategic direction to promote and protect public health across the ACT Health Directorate. The Executive Director, HIB is accountable for the operations of projects within the HIB and decides whether the project aligns with HIB priorities, whether the project can be delivered based on current resource availability, skill sets and timelines and if so, formally approves the project to start. If endorsed, HIB Finance Officer signs to verify a budget has been identified. The PHD Evaluation Committee is responsible for endorsing Evaluation Plans and Reports and monitoring Evaluation implementation for projects.	Element Substantially Aligned with Better Practice
Implementation of the project	It is essential that the stakeholders are assessed and managed on an on-going basis throughout the project. As soon as initial assessment of value are made, it is important to work with the projects key stakeholders as they will be critical in driving success and achieving the agreed benefits.	The Project Manager and management team undertakes or monitors the work and resources of the project; maintains communications with stakeholders; manages and escalates risks as they occur and communicates all known and potential risks to the Senior / Manager via a Status Report; reports progress against the project work plan; and, communicates all changes and issues to the Senior / Manager using a Status Report.	Element Substantially Aligned with Better Practice
On-going assurance and governance	Robust governance is essential to ensure that the delivery of benefits is maximised. The primary focus of governance is on the achievement of the project outcomes and benefits. Key project outputs should be reported to an overarching steering committee on a regular basis. Clearly documenting the supporting framework, roles and responsibilities of all stakeholders removes ambiguity about the project and helps to ensure that issues and risks that arise can be effectively resolved.	The Senior / Manager notes progress and escalates risks and issues indicated in the Status Report as required. The HIB Finance Officer updates expenditure on Status Reports and provides advice on changes requested. Status Reports also provide information on progress, project performance, upcoming activities, risks and issues.	Element Substantially Aligned with Better Practice
Close out and evaluation of the project	Important areas for attention during the close out of the project are: • providing a completion report on the project to the decision-maker, including the results, time and costs of the project in comparison to the approved business case; and • project closure, including both administrative requirements, and taking the opportunity to celebrate the achievements of the project team. For more complex projects or for programs of projects, after a period of use of the project products, it is good practice to conduct a post-implementation review of the extent to which planned business outcomes and other benefits have been achieved.	The Project Management team is required to complete a Project Closure Report and submit it to the HIB Senior Manager. The HIB Senior Manager ensures the Project Evaluation Report is completed and attached to the Project Closure Report, ensures all activities on the Project Closure Checklist are completed and relevant documents attached to the Project Closure Report including Section 2 of the Quality Improvement Form. The Executive Director, HIB reviews and signs off on the Project Closure report to formally account that the project has been conducted and closure activities completed.	Element Substantially Aligned with Better Practice

3   Internal Audit Findings

3.1   Strategic oversight and collaboration of health promotion activity across the Directorate

Finding Category – Control Framework Issue

Risk Rating   High

Likelihood: Likely

Consequence: Moderate

Finding

As noted in the background section to this report, under Section 9 (1)(a) of the *Public Health Act 1997*, the Chief Health Officer is responsible "…*to develop and implement strategies to promote and protect public health*", including health promotion activities. Health Promotion is broadly defined as the process of enabling people to increase control over, and to improve, their health (WHO Ottawa Charter 1986).

The ACT Health Population Health Strategic Framework 2013-16 describes preventive health and health promotion as prevention of disease through interventions including: behaviour change strategies; incentives including financial or taxation; modifications to the environment; policy changes; removing harm or hazard reduction and identifying and minimising disease through screening or surveillance. The development and management of health promotion activities across the Directorate is currently devolved with limited systems or processes to gain an oversight as to the range of health promotion activities operating across the Directorate.

Further, as part of review the identification of health promotion activities across ACT Health more broadly was undertaken. The terms of reference of the audit required that the consideration of population health initiatives across a comprehensive list of health promotion activities managed within the Health Improvement Branch (Population Health Division) and outside the Health Improvement Branch in the broader ACT Health Directorate was readily provided at the commencement of audit planning. The following points were noted throughout the audit:

- There are no established systems or processes to identify health promotion activities across the broader ACT Health Directorate. As part of the review to enable a comparison health promotion activities across ACT Health, including governance and management processes, a "health promotion activity stocktake" process was undertaken. The stocktake requested the Deputy Directors-General across all ACT Health Divisions to coordinate the collection of health promotion activity information within their Divisions.

- The range of health promotion activities are broad in their nature to address illness and disease in various stages, and target the community and patients across the "preventative health spectrum" including:

  - Well population (Primary Prevention);

  - At risk (Secondary Prevention/Early Detection);

  - Established disease (Disease Management and Tertiary Prevention); and

  - Controlled chronic disease (Disease Management and Tertiary Prevention).

- ACT Health outsource health promotion functions and develop numerous health promotion activities in close collaboration with other Directorates within the ACT, including the ACT Education and Training Directorate, Chief Minister and Treasury Directorate, Environment and Planning Directorate and Territory and Municipal Services. An example of a cross government forum leveraging input and collaboration with a range of stakeholders external to ACT Health established to leverage input and collaboration with a range of stakeholders external to ACT Health is the Whole of Government Healthy Weight initiative,

- There is currently no definition across the Directorate of the nature or type of projects that should be included in any strategic monitoring or review framework for health promotion activities.

- There is currently no Directorate wide governance structure in place to monitor ACT health promotion activities and the associated inputs, outcomes and risks (such as costs, duplication, deliverables, KPIs, objective measurement, accountability, etc.) cannot be centrally reported.

- Existing Communication Plans for health promotion activities reviewed appear to rely heavily on the professional experience or previously established relationships of the staff members involved in the project to collaborate with external stakeholders.

Implication

Key risks associated with the current governance arrangements for health promotion activities may include:

- inefficient use of resources due to duplication of health promotion activities or ineffective collaboration and cost-ineffective interventions;
- impacting the ability for the Chief Health Officer to demonstrate fulfilment of legislative requirements;
- Health promotion activities may not be aligned with key strategic objectives for ACT Health; and
- outcomes from health promotion activities cannot be assessed as evaluation processes are ineffective.

Recommendation 1

The ACT Health Executive should consider developing or formalising systems and processes to improve the strategic framework to monitor and review health promotion activities more broadly across the Directorate. Key systems or processes to consider include:

- Developing appropriate guidance for health promotion activities, including the definition of health promotion activities to be included and outlining initiation, planning, project implementation, assurance and closeout stages;

- Establishing a central ACT Health staff resource to assist with monitoring and review of health promotion activity management more broadly across ACT Health; and

- Developing a single reference point within the ACT Health intranet to link all relevant health promotion activities, policy, guidance, and other references for health promotion activities, including whole-of-government forums/relationships and relevant internal stakeholders to support sufficient collaboration relating to health promotion activities.

Management Comment – Recommendation 1

Agreed. Population Health to seek additional ongoing budget from 2016-17 to establish 1.0FTE position to monitor and review health promotion activities across ACT Health. The finalisation of the selection criteria and duty statement will capture definition of health promotion activities to be included, and once approved and recruited, the position will work to establish project implementation, including collaboration with Communications and Engagement Unit on intranet content.

Accountable Officer	Date to be actioned by
Dr Paul Kelly	31 December 2016

3.2   Health promotion project management framework

Finding Category – Control Framework Issue

**Risk Rating**   **Medium**

Likelihood: Possible

Consequence: Minor

Finding

The HIB has developed a Standard Operating Procedure (SOP) for Project Management.[3] The SOP has combined the nine functions identified for successful management of a project from the ACT Health Project Management Handbook into four overarching functions specific to the Management of health promotion activities. See an illustration of the four project management stages detailed below:
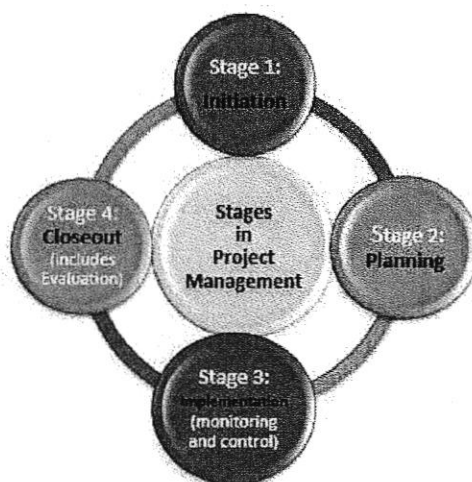
The key templates to assist with health promotion activities included in the HIB Project Management Framework are as follows:

- Project Proposal;
- Project Management Plan;
- Program Logic, Workplan & Timeline;
- Communication plan (using whole of government template)
- Risk Management Plan;
- Budget Plan;
- Project Evaluation Plan;
- Status Reports;
- Project Closure Report; and

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[3] ACT Health, Health Improvement Branch, Standard Operating Procedure - Project Management, April 2014.

- Project Evaluation Report.

Based on the better practice gap analysis undertaken in Section 3 of this report, the HIB Project Management SOP, appears an appropriate framework and provides underlying support processes to facilitate effective management of health promotion activities within ACT Health. Additionally, the HIB was able to demonstrate pro-active use and efficiency gains by streamlining processes and use of templates within the tailored SOP for project management framework specific to health promotion activities.

However, it was noted there is limited awareness and no utilisation of the SOP and support processes outside the HIB to assist project managers across ACT Health with the day-to-day or longer term management of health promotion activities.

Implication

The absence of documented guidance material for the broader ACT Health (i.e. outside the HIB) or uniform policy application to support fundamental procedures can impact consistency, transparency and accountability particularly in the event of external scrutiny or key personnel becoming unavailable.

Recommendation 2

The ACT Health Executive should promote the use of the HIB Project Management Framework to be used as the basis for the development of the policies and operating procedures to support the management of Health Promotion Framework across the broader ACT Health Directorate. The ACT Health Executive should subsequently ensure the suite of policies and operating procedures to support the management of Health Promotion Framework across the Directorate and health promotion activities is appropriately endorsed.

It would be practical for the HIB Project Management Framework to be used as the basis for guidance and tailored to specific needs (i.e. based on the risk profile, size and nature of the health promotion activities).

Management Comment – Recommendation 2

Agreed

Population Health is able to share its suite of Project Management tools and operating procedures across the Directorate to support consistent and quality development and implementation of health promotion initiatives. This will be based on an agree definition of health promotion initiatives.

To be coordinated by the designated Health Promotion staff resource officer referred to in recommendation 1, once recruited.

Disagreed

Population Health does not agree that a suite of associated policies and operating procedures is required to support the use of the Project Management Framework.

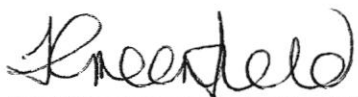| Accountable Officer	Date to be actioned by
Dr Paul Kelly	31 December 2016

4   Audit Report Sign-off

This audit report has been approved by:

_____

Dr Paul Kelly
Deputy Director-General
Population Health/Chief Health Officer
ACT Health Audit Sponsor

25/5/16
Date

_____

Joanne Greenfield
Director, Health Improvement Branch
ACT Health

20/5/16
Date

_____

Sarwan Kumar
Manager, Internal Audit & Risk Management
ACT Health

20/5/16
Date

_____

Andrew Marsden
Director
O'ConnerMarsden

7 April 2016
Date

_____

Shane Bellchambers
Partner
BellchambersBarrett

7 April 2016
Date

5   Appendices

Appendix A Action sheet

Area Audited:	ACT Health Promotion Framework
Date of Audit:	March 2016

	Audit Recommendation	Management Comment	Responsible Officer	Estimated Completion Date
1	The ACT Health Executive should consider developing or formalising systems and processes to improve the strategic framework to monitor and review health promotion activities more broadly across the Directorate. Key systems or processes to consider include: • Developing appropriate guidance for health promotion activities, including the definition of health promotion activities to be included and outlining initiation, planning, project implementation, assurance and closeout stages; • Establishing a central ACT Health staff resource to assist with monitoring and review of health promotion activity Management more broadly across ACT Health; and • Developing a single reference point within the ACT Health intranet to link all relevant health promotion activities, policy, guidance, and other references for health promotion activities, including whole-of-government forums/ relationships and relevant internal stakeholders to support sufficient collaboration relating to health promotion activities.	Agreed. Population Health to seek additional ongoing budget from 2016-17 to establish 1.0FTE position to monitor and review health promotion activities across ACT Health. The finalisation of the selection criteria and duty statement will capture definition of health promotion activities to be included, and once approved and recruited, the position will work to establish project implementation, including collaboration with Communications and Engagement Unit on intranet content.	Dr Paul Kelly	31 December 2016
2	The ACT Health Executive should promote the use of the HIB Project Management Framework to be used as the basis for the development of the policies and operating procedures to support the management of Health Promotion Framework across the broader ACT Health Directorate. The ACT Health Executive should	Agreed Population Health keen to share its Project Management Framework across the Directorate to support consistent and quality development and implementation of health	Dr Paul Kelly	31 December 2016

ACT Health

Audit Recommendation	Management Comment	Responsible Officer	Estimated Completion Date
subsequently ensure the suite of policies and operating procedures to support the management of Health Promotion Framework across the Directorate and Health Promotion activities is appropriately endorsed. It would be practical for the HIB Project Management Framework to be used as the basis for guidance and tailored to specific needs (i.e. based on the risk profile, size and nature of the health promotion activities).	promotion initiatives. To be coordinated by the designated Health Promotion staff resource officer referred to in recommendation 1, once recruited. Disagree Population Health does not agree that a suite of associated policies and operating procedures is required to support the use of the Project Management Framework.		

Appendix B   Overview of health promotion activities reviewed by audit

In support of strategic findings, the 'heat map' below provides a high level overview against key areas of focus of the health promotion activities reviewed during the audit. The key areas of focus were assessed based on the following criteria and detailed in the table below:

	Element Aligned with Better Practice/HIB Project Management SOP
	Element Partially Aligned with Better Practice/HIB Project Management SOP
	Improvements require in relation to Better Practice/HIB Project Management SOP

Health promotion	Budget ($)	Responsible area	Exposure rating – Based on resources and Population of Target Group	Clarity of strategy	Process for endorsement of health promotion activity proposals	Decision making, approvals and investment of ACT Health resources	On-going management practices	Collaboration activities and any duplication of effort	Evaluation of outcomes related to health promotion activities
Good Habits for Life	$330,333	HIB	Medium						N/A
Indigenous Teenage Sexual and Reproductive Health and Young Parenting Support Program	$262,000	S&C Division	Medium				Partially compliant - could be strengthened with on-going status reporting adopted consistent to HIB	Partially compliant – limited collaboration with HIB and documented communication strategy	N/A
Kids at Play Active Play	$64,700	HIB	Low						N/A
Let's Talk Suicide Prevention Campaign	$50,000	S&C Division	Low					Partially compliant – limited collaboration with HIB and documented communication strategy	N/A
Healthy Workers	$21,000	HIB	Low						N/A
School Kids Intervention Program	Nil*	CHHS Division	Low						N/A
Stepping On	Nil*	CHHS Division	Low						N/A

*Note: No specific budget allocation. Funding associated with the Activity is related to Business Unit operational budget.

Appendix C   ACT Health Risk Framework

Risk Assessment Matrix

The risk matrix is used for determining the level of risk and is derived from the Consequence and Likelihood Tables, providing a qualitative outcome. In order to derive a quantitative outcome, the numbers and letters in the outer columns may be combined to give a 'weighting' to the risk, with 25 being the most extreme rating and 1 being the lowest rating.

Likelihood		Consequence				
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
5	Almost Certain	Medium	High	High	Extreme	Extreme
4	Likely	Medium	Medium	High	High	Extreme
3	Possible	Low	Medium	Medium	High	Extreme
2	Unlikely	Low	Medium	Medium	High	High
1	Rare	Low	Low	Medium	Medium	High

Consequence

	Insignificant	Minor	Moderate	Major	Catastrophic
People (Staff, Patients, Clients, Contractors, OH&S)	Injuries or ailments not requiring medical treatment	Minor injury or First Aid Treatment required	Serious injury causing hospitalisation or multiple medical treatment cases.	Life threatening injury or multiple serious injuries causing hospitalisation.	Death or multiple life threatening injuries.
Clinical (Further details see Intranet site of Patient Safety and Quality Unit, PSQU)	• No injury • No review required • No increased level of care	Minor injury requiring: • Review and evaluation • Additional observations • First aid treatment	Temporary loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management.	• Permanent loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management. • A number of key events or incidents.	• Patient death unrelated to the natural course of the underlying illness and differing from the immediate expected outcome of the patient management. • All national sentinel events.
Property and Services (Business services and continuity)	• Minimal or no destruction or damage to property. • No loss of service • Event that may have resulted in the disruption of services but did not on this occasion.	• Destruction or damage to property requiring some unbudgeted expenditure. • Closure or disruption of a service for less than 4 hours– managed by alternative routine procedures. • Reduced efficiency or disruption of some aspects of an essential service.	• Destruction or damage to property requiring minor unbudgeted expenditure. • Disruption to one service or department for 4 to 24 hours - managed by alternative routine procedures • Cancellation of appointments or admissions for number of patients. • Cancellation of surgery or procedure more than twice for one patient.	• Destruction or damage to property requiring major unbudgeted expenditure. • Major damage to one or more services or departments affecting the whole facility – unable to be managed by alternative routine procedures. • Service evacuation causing disruption of greater than 24 hours, e.g. Fire/ flood requiring evacuation of staff and patients/clients (no injury); or Bomb threat procedure activation, potential bomb identified, partial or full evacuation required (+/- injury).	• Destruction or damage to property requiring significant unbudgeted expenditure. • Loss of an essential service resulting in shut down of a service unit or facility. • Disaster plan activation.
Financial	1% of budget or <$5K.	2.5% of budget or <$50K.	5% of budget or <$500K.	10% of budget or <$5M.	25% of budget or >$5M.

	Insignificant	Minor	Moderate	Major	Catastrophic
Information	Interruption to records / data access less than ½ day.	Interruption to records / data access ½ to 1day	Significant interruption (but not permanent loss) to data / records access, lasting 1 day to 1 week.	Complete, permanent loss of some ACT Health or Divisional records and / or data, or loss of access greater than 1 week.	Complete, permanent loss of all ACT Health or Divisional records and data.
Business Process and Systems	Minor errors in systems or processes requiring corrective action, or minor delay without impact on overall schedule.	Policy procedural rule occasionally not met or services do not fully meet needs.	One or more key accountability requirements not met. Inconvenient but not client welfare threatening.	Strategies not consistent with Government's agenda. Trends show service is degraded.	Critical system failure, bad policy advice or ongoing non-compliance. Business severely affected.
Reputation	Internal review.	Scrutiny required by internal committees or internal audit to prevent escalation.	Scrutiny required by external committees or ACT Auditor General's Office or inquest, etc.	Intense public, political and media scrutiny e.g. front page headlines, TV stories, etc.	Assembly inquiry or Commission of inquiry or adverse national media.
Environment Broadly defined as the surroundings in which ACT Health operates, including air, water, land, natural resources, flora, fauna, humans and their interrelation.	Some minor adverse effects too few species / ecosystem parts that are short term and immediately reversible.	Slight, quickly reversible damage too few species / ecosystem parts, animals forced to change living patterns, full, natural range of plants unable to grow, air quality creates local nuisance, and water pollution exceeds background limits for short period.	Temporary, reversible damage, loss of habitat and migration of animal population, plants unable to survive, air quality constitutes potential long term health hazard, potential for damage to aquatic life, pollution requires physical removal, land contamination localised and can be quickly remediated.	Death of individual people / animals, large scale injury, loss of keystone species and habitat destruction, air quality 'safe haven' / evacuation decision, remediation of contaminated soil only possible by long term programme, e.g. off-site toxic release requiring assistance of emergency services.	Death of people / animals in large numbers, destruction of flora species, air quality requires evacuation, permanent and wide spread land contamination, e.g. caused by toxic release on-site; chemical, biological or radiological spillage or release on-site.

ACT Health

Likelihood of Risk Occurring

Descriptor	Probability of occurrence	Indicative Frequency (Expected to occur)
Almost certain	Occurs more frequently than 1 in 10 tasks.	Is expected to occur in most circumstances.
Likely	1 in 10 – 100	Will probably occur.
Possible	1 in 100 – 1,000	Might occur at some time in the future.
Unlikely	1 in 1,000 – 10,000	Could occur but doubtful.
Rare	1 in 10,000 – 100,000	May occur but only in exceptional circumstances.

ACT Health

Appendix D   Consultations

As part of the internal audit, the following officers were consulted or provided information as part of the review:

Position Title/Directorate Area	Personnel Consulted
Deputy Director-General – Population Health	Dr Paul Kelly
Executive Director – Health Improvement Branch	Joanne Greenfield
Senior Manager – Health Improvement Branch	Merryn Hare
Program Manager – Health Improvement Branch	Tony Blattman
Director – Women, Youth and Children Division	Christine Long
Nutrition Manager – Women, Youth and Children Division	Pip Golley
Director – Mental Health Policy Unit	Richard Bromhead
Senior Policy Officer – Mental Health Policy Unit	Graham Ramsay
Director – Falls and Falls Injury Prevention	Todd Kaye
Senior Officer – Aboriginal and Torres Strait Islander Health Unit Policy and Government Relations	Louise Symons
Manager Internal Audit and Risk Management	Sarwan Kumar
Internal Audit and Risk Management	Geetha Mayooran

ACT Health

Appendix E   Review Approach

The scope of the review included health promotion activities developed and managed directly by ACT Health during 2014-15. Health promotion activities related to service funding agreements with Non-Government Organisations were excluded from the review[4].

The following approach was used to meet the objectives of the internal audit:

*   Held discussions with relevant ACT Health staff to gain an overall understanding of health promotion activities, the governance framework and local policies, procedures and systems for Health Promotion. Key areas of focus included:

    *   Strategy development and coordination across ACT Health;

    *   Decision making processes;

    *   Accountability management processes;

    *   Collaboration processes with Directorates and other sectors; and

    *   Performance measurement and evaluation.

*   Obtained relevant documentation on health promotion activities which included:

    *   Overarching context and policy framework for health promotion activities in the ACT, including:

        *   Population Health Division Strategic Framework 2013-16

        *   Taking Preventative Action – A response to Australia: The Healthiest Country by 2020 (National Preventative Health Taskforce)

        *   Australian Institute of Health and Welfare – Australia's Health 2014

        *   ACT Chief Health Officers Report 2014.

    *   Health promotion activities relevant to 2014-15;

    *   Strategic and Operational Plans for health promotion;

    *   Health promotion budgets; and

    *   Health Improvement Branch evaluation guidelines for health promotion activities.

*   Identification of better practice guidance for governance arrangements for programmes or projects relevant to health promotion activities, which included:

    *   ANAO Better Practice Guide – Public Sector Governance (June 2014);

    *   ANAO Better Practice Guide – Planning and Approving Projects (June 2010); and

    *   Australian Public Service Commission – Building Better Governance.

*   Development of a detailed test program identifying key governance requirements related to health promotion activities. Key governance requirements related to:

    *   Clarity of strategy;

    *   Process for endorsement of health promotion activity proposals;

    *   Decision making, approvals and investment of ACT Health resources;

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[4] The governance arrangements for ACT Health service funding agreements was included in a performance audit by the ACT Auditor General "Management of Funding for Community Services – December 2013"

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- • Collaboration activities and any duplication of effort; and
- • Evaluation of outcomes related to health promotion activities.
- • Reviewed a sample of health promotion activities to assess the effectiveness of the governance framework, including better practice elements, and key areas of focus identified above. Sample health promotion activities included:
  - • Activities developed and managed by the Health Improvement Branch – Population Health Division
  - • Activities developed and managed across ACT Health.
- • Identified areas of weakness in the health promotion activity management framework;
- • Confirmed any areas of weakness or issues identified with responsible ACT Health staff;
- • Developed recommendations to address any identified weaknesses;
- • Prepared a draft report;
- • Held exit discussions with the audit sponsor;
- • Sought management comments; and
- • Issued a final report.

Appendix F   Statement of Responsibility

Management's Responsibility

- The management of ACT Health Directorate is responsible for establishing and maintaining an effective system of internal control over its operations and financial reporting, including, without limitation, systems designed to assure achievement of its control objectives and its compliance with applicable laws and regulations.   OCM is not responsible for whether, or the manner in which, any recommendations made in this report are implemented. Suggestions for improvement should be assessed by management for their full commercial impact before they are implemented.

OCM's Responsibility

- Our responsibility is to express a conclusion on the procedures implemented on the ACT Health Promotion framework. We conducted our review in accordance with Australian Standard on Assurance Engagements ASAE 3000, Assurance Engagements Other than Audits or Reviews of Historical Financial Information, in order to state whether, on the basis of the procedures described, we have become aware of any matter that makes us believe that Report is not in accordance with the criteria listed above.

- A review consists primarily of making enquiries, primarily of persons responsible for the Engagement/Review Title and underlying documentation, applying analytical and other review procedures, and examination of evidence for a small number of transactions or events. A review is substantially less in scope than a reasonable assurance audit conducted in accordance with ASAE 3000. Accordingly, we do not express an audit opinion. Had we performed a reasonable assurance audit as defined by ASAE 3000 or an audit as defined by Australian Standards on Auditing, additional information may have come to our attention, which would have been reported to ACT Health Directorate.

- While conducting our review and/or in our report we may provide advice and/or recommendations in relation to the mitigation of risk of challenge to the processes undertaken by ACT Health Directorate. In these cases, our responsibility is limited to providing such advice and/or recommendations, based on our experience and knowledge of the subject matter of the project. For the avoidance of doubt, the procedures performed in providing advice and/or recommendations do not constitute an assurance engagement in accordance with Australian Standards for Assurance Engagements, nor do they represent any form of audit under Australian Standards. We therefore do not express any form of assurance in relation to the advice and/or recommendations, and none should be inferred from any such commentary in this report.

Inherent Limitations

- Our Work is subject to the following limitations:
    - Owing to the inherent limitations of any internal control structure, it is possible that errors or irregularities may occur and not be detected. Our procedures were not designed to detect all weaknesses in control procedures as they were not performed continuously throughout the period and the tests performed are on a sample basis.
    - Any projection of the evaluation of the control procedures to future periods is subject to the risk that the systems may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.
    - The matters raised in this report are only those which came to our attention during the course of performing our procedures and are not necessarily a comprehensive statement of all the weaknesses that exist or improvements that might be made. We cannot, in practice, examine every activity and procedure, nor can we be a substitute for management's responsibility to maintain adequate controls over all levels of operations and their responsibility to prevent and detect irregularities, including fraud. Accordingly, management should not rely on our report to identify all weaknesses that may exist in the evaluation process, or potential instances of non-compliance that may exist.

o   Advice and/or recommendations for improvement should be assessed by management for their full commercial impact before they are implemented.

Limitations on use

- This report is made to ACT Health Directorate for the purpose of providing an assurance opinion to executive management and should not be quoted in whole or in part without our prior written consent. We disclaim any assumption of responsibility for any reliance on this report to any person other than the management of ACT Health Directorate or for any purpose other than that for which it was prepared.

- We disclaim all liability to any other party for all costs, loss, damages, and liability that the other party might suffer or incur arising from or relating to or in any way connected with the contents of our report, the provision of our report to the other party, or the reliance on our report by the other party.

Independence, Competence, and Experience

- All professional personnel involved in this engagement have met the independence requirements of the Australian professional accounting bodies. Our team has been drawn from our Professional Services team, including BellchambersBarrett personnel and has the required competencies and experience for this engagement.

RECORDS MANAGEMENT (HP Records Manager) REVIEW

ACT HEALTH

NOVEMBER 2015

In the event of any enquiries with respect to this report, please contact:

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1. Executive Summary

1.1   Introduction

ACT Health as part of the 2014 Strategic Internal Audit Plan has undertaken an internal audit Review of Records Management. This audit has been performed by RSM Bird Cameron.

The Territory Records Act 2002 requires ACT agencies to have, and comply, with a Records Management Program. ACT Health have implemented a policy which outlines the Records Management Program for ACT Health's administrative records and details how ACT Health will adhere to the requirements of the Act.

Under the Territory Records Act 2002 and Standards issued under the Act, official records in ACT Government agencies are hard copy records. Therefore digital records do not have the status of official records. Therefore all digital records must be printed and attached to an official file. The ACT Health Records Management Policy sets out the requirements for administration of hard copy records.

ACT Health have implemented the TRIM records management system (name has recently changed to HP Records Manager (HPRM)) to assist in records management. HPRM is utilised in a limited sense by ACT Health and is used for tracking records only in respect of ministerials, correspondence between executive levels within ACT Health and cabinet documents. The system is also used for registering hard copy files and for tracking movement and disposal of such files in accordance with the ACT Health Records Management Policy. There are relatively few users of HPRM in ACT Health. Executive staff are generally not Users of HPRM although their Executive Support Officers including Personal Assistants are Users of HPRM.

The limited adoption of HPRM within the Directorate is attributable to a combination of factors. Key amongst these is the understanding in ACT Health that all official records have to be paper based. This has resulted in the system use being limited to tracking ministerials and executive correspondence. In addition the relatively high cost of HPRM licences has acted as a disincentive for the Directorate to move to a wide use of the system.

Furthermore, at the time of this audit, a whole of government pilot project established by the ACT Territory Records Office, was underway to consider and provide guidance on the adoption of digital records management across ACT Government Directorates. The Territory Records Office have undertaken, as part of this project, to review which software product is the most appropriate for ACT Government Directorates and following a decision on this issue, to co-ordinate negotiation with the selected vendor on licence costs.

1.2   Review objective and scope

The objective of this review was to provide assurance to ACT Health in relation to whether key controls within HPRM are adequate to ensure compliance obligations are met in connection with corporate records management and whether corporate records are created, stored, registered, secured and destroyed appropriately.

The audit also considered the following related issues:

- reasons for the low uptake of the HPRM system across the Directorate; and
- why hard copies of records are maintained.

This internal audit considered electronic records made via HPRM. The focus was on corporate or business records and did not consider clinical records. The focus of the audit included:

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- Assessing design-effectiveness of key controls within and around use of HPRM to support management of risks and compliance obligations as they relate to the whole of ACT Health.

- Selecting two branches, representing use organisation wide, not just within Strategy and Corporate, that are required to manage corporate or business records, to test operation of key organisation-wide controls associated with use of HPRM that are determined to be designed effectively.

- ACT Health's readiness to implement digital records once the requirement to implement a digital records management system comes into effect.

The two Branches that were selected by ACT Health Internal Audit Unit are:

- Policy and Government Relations Branch, Strategy and Corporate Group; and

- Canberra Hospital and Health Services Division of 'Cancer, Ambulatory and Community Health Support'.

The audit did not test application controls within the configuration of HPRM. The internal audit also did not consider the accuracy or quality of information included in records.

The audit was confined to controls associated with use of HPRM to manage electronic documents and hard copy official files.

In undertaking this engagement, RSM has applied APES110 - The Code of Ethics for Professional Accountants that is applicable to all services, including management consulting services, by members of Australian professional accounting bodies, and ASAE 3000 - Assurance Engagements Other than Audits or Reviews of Historical Financial Information. Our procedures have been designed to provide limited assurance, as defined by ASAE 3000.

1.3   Approach

The audit included:

- Identification of all key legislative or regulatory compliance obligations associated with corporate and business records within ACT Health;
- Conduct and agree a risk assessment of management of corporate and business records within ACT Health by means of HPRM;
- Document the key controls in place across ACT Health within HPRM (based on policy and procedure settings) to manage identified risks and compliance obligations;
- Assess the design effectiveness of identified key controls within HPRM with reference to better practice material published by the National Archives of Australia, ACT Government and other sources as appropriate;
- For controls assessed as design-effective test the reliability of the operation of the controls using a test program to be applied at the selected branches; and
- For controls not assessed as design effective identify practical recommendations for agency-wide controls.

1.4   Summary of Key Findings

Our review highlighted the observations, findings and recommendations illustrated below and summarised in the following table. Further details are provided at Section 2 of this report. To enable the Committee and Executive to set priorities on their action plans we have reported our findings in three categories, namely, high/extreme, medium and low based on our assessment of the importance of each finding. These definitions are based upon those included in the ACT Health Risk Ratings Framework and are summarised below.

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Control Risk – matters identified that present a source of potential downside risk for ACT Health due to deficiencies in control systems	**High / Extreme** Matters identified where a high risk for ACT Health is not suitably controlled. Recommendations require urgent attention. OR Significant benefits in efficiency, control, effectiveness or financial gains and should be considered for implementation as a matter of priority.
Business Improvement Opportunities – matters identified which present scope for potential benefits to ACT Health, for example through more efficient and effective processes or financial gains.	**Medium** Matters identified where a moderate risk for ACT Health is not suitably controlled. Recommendations require timely management attention. OR Considerable benefits for ACT Health and should be considered for implementation in a timely manner. **Low** Management issues to be raised and discussed, but seen to be of lesser significance. These matters require management consideration, but as a lesser priority. OR Tangible benefits for ACT Health and should be considered for implementation by management.

Item No	Summary of Findings and Recommendation	Risk Rating	Control Risk or Business Improvement Opportunity
1.	**The Records Management Policy and Program does not address all records management requirements.** 1. The Records Management Policy and Program should be reviewed to (clarify current requirements for the management of digital records; and clarify obligations under the *Territory Records Act 2002* and associated Standards for record keeping and disposal of records.	Medium	Control Risk
2.	**A risk exists that staff without access to HPRM may incorrectly rely on the version of a document held outside HPRM as the official record.** Pending a Directorate wide adoption of HPRM as an Electronic Document Records Management System further education should be provided to Directorate staff on the importance of relying on the HPRM version of a document as the authentic version of that document.	Low	Control Risk
3.	**The most recent review of HPRM system user access rights was found to be incomplete due to failure to respond by some individuals.** Update the biannual review process to include suspension of access to HPRM of users who do not respond to the requests for update of user access rights within a reasonable time frame.	Low	Control Risk

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4.	The HPRM ICT Security Plan notes that a risk exists of clinical data being stored in the administrative record keeping system. The risk at the date of this review is untreated. A commitment should be made by ACT Health to address the untreated risk of clinical records being held in the HPRM system.	Medium	Control Risk
5.	RSM observed that a significant number of records (hard copy files) are assigned to staff who are no longer working in the relevant business units. Return of assigned records should be a requirement of the formal staff separation process.	Low	Control Risk

1.5   Conclusion

Based on the scope of the review described in section 1.2 above and the testing undertaken, and except for the matters noted in the key findings of this report, nothing has come to our attention that causes us to believe that the ACT Health has not maintained, in all material respects, effective control procedures in regards to the aspects of records management activities as defined within the scope of this review.

This report has been reviewed and discussed with management in ACT Health.

Sarwan Kumar

Director, Audit, Risk Management &Compliance

Rodney Miller

Director

RSM Australia

Rosemary Kennedy

Executive Director

Business and Infrastructure Branch

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2. Detailed Observations and Recommendations

2.1 Background

Definition of Record Keeping and Records

Record keeping is the process of making and maintaining complete, accurate and reliable evidence of business activities in the form of recorded information.

The AS/ISO Standard for Records Management 15489 defines a Record as: information created, received, and maintained as evidence and information by an organization or person, in pursuance of legal obligations or in the transaction of business. Records are an essential part of transparent and accountable Government. Records provide evidence, explain actions, justify decisions and demonstrate the process undertaken.

As defined by Territory Records Advice No.1 Records may be in any form:
- Paper,
- microfilm,
- digital;
- Documents or files,
- maps, plans, drawings, photographs etc.;
- Data from business systems, word-processed documents, e-mail, digital images;
- Audio or video; and
- Handwritten documents.

Legislation

The *Territory Records Act 2002* establishes that each agency is required to develop and maintain a Records Management Program that includes requirements for the creation, management, protection, preservation, storage and disposal of, and access to records of the agency. Agencies are required to develop a Records Management Program that is appropriate and relevant to their functional requirements utilising the Standards and Codes approved by the Director of the Territory Records Office (TRO).

The main purposes of the Act are to:
- encourage open and accountable Government by ensuring that Territory records are made, managed and, if appropriate, preserved in accessible form;
- support the management and operation of Territory agencies;
- preserve Territory records for the benefit of present and future generations; and
- ensure that public access to records is consistent with the principles of the *Freedom of Information Act 1989*.

A thesaurus of classification terms and disposal schedules for the records of government functions has been developed by the Territory Records Office. An agency's Records Management Program, which is the public face of an agency's recordkeeping practices is the primary vehicle for accountability and is to be open for public inspection.

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Territory Records Office

The Territory Records Office (TRO) is responsible for the implementation of the *Territory Records Act 2002* and the regulation of recordkeeping across the ACT Government. The Standards for Records Management used by all agencies in the development of their Records Management Programs have been developed by the Territory Records Office.

Standards and Guidelines

The *Territory Records Act 2002* allows the Director of the Territory Records Office to approve Standards or Codes for agency records management. The Standards are "technology neutral" and are therefore independent of the records management system used. The Standards are mandatory for ACT Government agencies.

Standard No. 1 Records Management Programs - released by the TRO provides for the establishment by agencies of an individualised Records Management Program. The establishment of a Records Management Program is required under the Act. Required elements of the Program are set out in section 16 of the Act. The Standard sets out requirements for a number of elements which are mandatory under the Act, as well as for some elements which support the Act and are necessary for good records management.

While an agency's Records Management Program is able to be tailored to its individual needs and circumstances, all Programs must comply with the principles set out in the Standard.

The TRO has also produced a number of additional Standards under the Act to assist agencies achieve compliance with the requirements of the Act. In each case the Standards are accompanied by detailed Guidance Statements. Specific Standards which are of relevance to record keeping within ACT Health are as follows:

- Appraisal of records
- Records description and control
- Access
- Digital records
- Physical storage

Under the legislation and standards all records in ACT Government entities must be captured in paper format and must be stored on a hard copy file. Therefore while it is recognised that most records are created and stored in digital format the requirement is that the digital record should be printed out and placed on file. Under the Standards any record that documents business activities of the agency including emails, if significant to the business activity, are deemed to be official records.

The requirement to print documents out and place them on an official file derives from the fact that most digital records and documents created and stored by ACT Government agencies are held on Microsoft Windows drives. In the case of ACT Heath this is the Q Drive. A shared drive such as the Q drive does not provide the functionality required of an Electronic Document Records Management System principally

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in the fact that there is no trail of changes made to a document and there is inadequate control over document versions.

The TRO advised ACT Government agencies in October 2015 that it intends to undertake a review of ACT Records Management Standards and Guidelines. The review is advised to be in connection with further consideration on the status of digital records as official records.

Records Management System

ACT Health uses HP Records Manager (HPRM) Version 8.1 (formerly known as TRIM) to provide records management support for administrative records within ACT Health. HPRM is a system used in other ACT Government agencies and is supported by ACT Shared Services as a Whole of Government tool. The system is supported within ACT Health by a system administrator. The system has been in use in ACT Health since 2005.

HPRM is capable of being operated as an electronic document records management system (EDRMS) but is also able to be used as a file registry system. Within ACT Health the EDRMS functionality of HPRM is applied to tracking ministerials, cabinet documents, Director-General correspondence and inter governmental business. The system is also used as a file registry and tracking system for hard copy files (for around 50,000 files). HPRM does not store clinical or payroll related documents. Separate systems exist for clinical or payroll related documents.

At the time of this review ACT Health had 195 users of the system. Users within ACT Health are:

- Staff of Records Management who operate as "local" administrators of the system;
- Directorate staff involved with records management in the Executive Co-ordination unit; and
- Personal Assistants and Executive Officers.

In accordance with ACT Government Policy an IT System Security Plan (ICT SSP) has been developed for the HPRM system. The Plan is current as at August 2014 and identifies the position of Director Business Support and Development as the system. Under the ICT SSP the system has been rated as "business critical" for ACT Health. Guidance on the implementation and maintenance of an ICT SSP is provided in the Australian Government's Information Security Manual (ISM). The ISM recommends that such documents should be reviewed and updated annually. The ICT SSP is therefore now due for review and update. It is noted that the 2014 version of the ICT SSP is a first version of such a document for HPRM or its predecessor TRIM.

The HPRM ICT SSP notes that there are a number of required control measures that, at the time the Plan was approved, were not yet in place. The status of implementation of these control measures are discussed in this report.

ACT Health Records Management Centre

Records Management of ACT Health ensures administrative records are captured, maintained and accessible in accordance with the legislation and Standards pertaining to records management. Records Management sits within the Business and Infrastructure Branch and reports to the Executive Director, Business and Infrastructure.

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Records Management staff create hard copy files from file request forms available on the ACT Health Records Management intranet site. The files are registered on HPRM and assigned to the requesting officer. Records Management is also responsible for coordinating the disposal of hard copy records in accordance with the Territory disposal schedules.

Records Management also provides local level user administration of HPRM. The Whole of Government system administration is carried out by Shared Services ACT.

2.2   ACT Health Records Management Program and Policy

ACT Health have issued an administrative Records Management Policy incorporating a Records Management Program. The Policy and Program was issued and approved by the Chief Executive of ACT Health and lodged with and approved by the Director of the Territory Records Office (TRO) in June 2009. The document has been issued in accordance with the Records Management Standard on Record Management programs (Standard No.1). The Records Management Program has responsibility only for ACT Health administrative records, not clinical or patient records.

The Administrative Recordkeeping Manual provides a framework for ACT Health to create, capture, register, classify, use, store, retain and dispose of records. The Manual has recently been updated and distributed to all ACT Health staff. The intention of the Manual is to ensure compliance with legislation across all ACT Health sites.

Training in the Records Management Program is provided through formal and on-the-job training sessions. A records management module has been incorporated into ACT Health's Managers Orientation Program.

Records Management staff provide training for ACT Health staff. In addition, an e-learning package has been developed to raise awareness of, and reinforce the requirements for, recordkeeping compliance and management. The access request form that is required to be completed by all staff seeking access to HPRM requires staff to confirm that they have completed the e-learning package.

It is noted that the Records Management Policy makes only one reference to the existence and role of digital records. This is in respect to the requirement for managers and supervisors to be accountable for both paper and digital records. However, under the Scope part of the policy the following statement is made…"This policy is supported by ACT Health's Administrative Recordkeeping Manual which outlines the records management procedures for ACT Health administrative records. It details the way all staff in ACT Health will make, modify, use, handle and care for records, how, and for how long records will be kept, and how access to them will be provided". The scope of the manual however is only in respect to paper based records. It is considered therefore that the there are some internal conflicts within the policy in respect to the definition of records. There is a reasonable possibility therefore that there is a degree of confusion and misunderstanding on the part of staff on what constitutes an official record and whether digital records created and stored on ACT Health's systems constitute official records under the Act and Standards.

Other references in the policy that require clarification are the following:
(Each reference is Commentary in the "Roles and Responsibilities" section).
- "the Records Management Unit is responsible for the physical creation of ACT Health's Administrative records". This suggests that "records" are defined as hard copy files. However

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elsewhere they are referred to as individual documents held on a file. It is suggested that the policy should be reviewed to clarify the precise meaning of "Records" in the ACT Government context.

- The requirement on the Executive Director Business and Infrastructure to…"ensure full and accurate records of business activities are made and kept". This is an unachievable requirement in an environment of reliance on paper based documents as records. In addition folioing of records placed on file is not mandatory practice in ACT government agencies. There is therefore no assurance that official records are either placed on file or retained on file.

- The requirement for managers and supervisors to "keep full and accurate records of all business activities, including the disposal of records within the privacy and confidentiality obligations of ACT Health recordkeeping procedures and practises". Under the policy the only authority for disposal within ACT Health is the Records Management Section. Therefore disposal is not a responsibility of section/ unit managers.

Implication

The Records Management Policy requires review to clarify current arrangements for management of digital records.

The Policy lacks clarity in some aspects of records management specifically in whether hard copy files are deemed to be records, in assurance over the keeping of complete records, the responsibility for record disposal and in definition of items covered under Normal Administrative Practice (NAP).

Recommendation
1. The Records Management Policy and Program should be reviewed to
   - clarify current requirements for the management of digital records; and
   - clarify obligations under the *Territory Records Act 2002* and associated Standards for record keeping and disposal of records.

Management Comments

*C*larify current requirements for the management of *digital records:*
Agreed. Records Management will update the Administrative Records Management Policy and Manual to include the current requirements for the management of digital records.
Clarification of obligations under the Territory Records Act 2002 and associated Standards for record keeping and disposal of records, specifically, reference to "The requirements on the Executive Director Business and Infrastructure to 'ensure full and accurate records of business activities are made and kept'..
Agreed. Management agree to remove this line and revise the policy. The Records Information and Data Management policy template from the TRO has been revised and includes the following:
"The Executive Director is responsible for the active support of, and adherence to, this policy by promoting a culture of compliant records, information and data management, and overseeing the development and currency of strategic documents such as the Records Management Program, Records Management Procedures, Records, Information and Data Architecture Register, and information management plans."

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Reference to…The requirement for managers and supervisors to 'keeping full and accurate records of all business activities, including the disposal of records within the privacy and confidentiality obligations of ACT Health recordkeeping procedures and practices'.

Agreed. Management agree that rewording in the policy to provide clarity on the disposal obligations and the roles and responsibilities of the various stakeholders involved in the management of administrative records.

Management agrees with the audit finding that the Records Management Policy and Program does not address all records management requirements. Management agree to review of amendments to the policy as noted in this section. ACT Health Records Management Program is currently undergoing its five year review and will address the above issues.

However, management disagrees with the audit finding that "The Policy lacks clarity in some aspects of record management specifically in whether hard copy files are deemed to be records, in assurance over the keeping of complete records, the responsibility for definition of items under Normal Administrative Practice (NAP)". The policy is an overarching document and supported by the ACT Health Administrative Recordkeeping Manual which outlines the procedures for ACT Health administrative records. The Administrative Recordkeeping Manual has a section that describes items covered under NAP plus an additional Schedule 1 that provides examples of NAP.

Management disagrees with the audit comment regarding folioing of records on hard copy files. ACT Health follows TRO Guidelines and management of records. Folioing can be both time-consuming and labour intensive, particularly if applied retrospectively, therefore this practice is normally reserved for records that are deemed to be part of a high risk activity. The TRO does not mandate folioing and in most cases it is not deemed necessary. The information held in a record is the responsibility of the owner of the record.

Responsible Officer: Executive Director, Business & Infrastructure

Implementation Date: December 2017

2.3 Utilisation of HP Records Manager as an Electronic Document Records Management System (EDRMS)

Background

HPRM is utilised in a limited capacity within ACT Health as an EDRMS. Records are registered in HPRM as being linked to a "container", that is, an electronic folder. However, the records created and linked in HPRM to date are limited to correspondence generated by and sent to Senior Executives and to tracking of Ministerials. Documents created and "mastered" in HPRM can be documents created outside HPRM or can be scanned pdf documents.

The number of users of HPRM within ACT Health is limited to those staff who are co-ordination points for Ministerial responses (generally Executive Officers within Business Units and Branches) and staff required

RSM

to co-ordinate and manage correspondence to and from Senior Executive staff including and correspondence involving the Director-General or Deputies (generally Personal and Executive Assistants).

Audit Findings:

RSM documented the key risks relevant to the operation of HPRM as a tool for electronic data records management and evaluated whether the risks are adequately addressed through configuration and use of HPRM in ACT Health.

Risks Addressed Through Use of HPRM

The following risks were found to be adequately addressed through use of HPRM as an EDRMS. The controls set out below include controls inherent in the system design and controls established for system administration purposes within ACT Health.

Risk	Controls Observed to be Operating Effectively
Integrity of records: Changes to a document may be able to be made without authority. This may result in lack of reliability over the integrity of the record. Changes may be able to be made to a document without tracking or logging of such changes It may not be clear who the owner of a record is.	All changes to documents and records are tracked by the system. This is a system feature which cannot be turned off by a user. Users can restrict the ability of other users to edit a document based on access permissions set by the user as record owner. Users can restrict access to a record they have created to view only by some or all users. The owner of a record is always clearly indicated on the system. In this respect it is noted that while the owner of a record is clearly indicated on the system as a result of confining users to staff who co-ordinate movement of records the owners of a record as designated by HPRM are in fact informal delegates of the true owners of the records. The true owners of the records typically do not have access to the system. This is not a weakness of HPRM as an EDRMS but a feature of the limited use made of the system in this capacity within ACT Health
Provision of system access System access may not be adequately controlled or may not be adequately reviewed	A process exists for granting users access to HPRM. The process requires staff to complete a system access request form available on the staff intranet. The access requests are required to be approved in writing by the applicant user's manager. A process exists for review of ongoing access permissions. This process requires all users to effectively reapply for their access to the system biannually.
Access Security The records management system may not be	

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Risk	Controls Observed to be Operating Effectively
capable of restricting access to records to users who have a business need to view, edit, delete a record (i.e. permissions settings). Security settings available in the system may not have been enabled resulting in unrestricted access to records held in the system.	HPRM has the capability of restricting access to records in accordance with a user's business requirements for access. RSM confirmed that HPRM has the capacity to allow each user to be allocated a range of security permissions. In addition each record is able to be allocated a security permission level, referred to within HPRM as a "caveat". However, it is noted that the default position within ACT Health is to set the security level for all users to "Unclassified". It is also practice not to apply caveats to records and therefore all users have access to all records. There are exceptions to this practice resulting in caveats being applied by users to records. Some instances of caveats being applied were noted by RSM during this review. These instances were in relation to the "staff-in-confidence" caveat applied. The decision to restrict access to any record is that of the record owner and therefore application of appropriate security settings is heavily dependent on user understanding of the records management policy and the system capabilities. While it is noted that it has not been practice to limit access to records within HPRM any resultant risk is mitigated by the relatively small user population who use the system for a limited range of actions. In the event of an extension of the EDRMS broadly across the Directorate more attention will need to be given to security settings within the system.
Audit trail of access It may not be clear who has accessed the document / record	The system provides a clear audit trail of all access to a record.
Metadata Metadata may not be adequate to enable efficient classification and retrieval of records.	RSM selected a sample of specific requirements for metadata as released by TRO and verified that these are provided for in HPRM. Satisfactory evidence was obtained that the metadata standard has been implemented within HPRM. It was noted that ACT Health have provided an undertaking to TRO that all required meta data format has been implemented in ACT Health's instance of HPRM.
Storage of Digital Records Digital records may not be stored securely. They should be stored on a secure database	Digital storage of records on HPRM is managed by Shared Services ACT as the

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Risk	Controls Observed to be Operating Effectively
which is subject to all controls available under a network system including access control, back up and availability.	party responsible for network and database administration. The Directorate therefore has no role in managing digital storage of records.

Disposal

Records may not be disposed of in accordance with an approved disposal schedule.

While it is noted that there is no process for disposal of digital records it is acknowledged that ACT Shared Services have responsibility for archival of digital records and accordingly this is not a matter for action by ACT Health.

Integration with Office Automation tools.

For use of workflow via Email.

There is a need for the system to enable referral of documents to Action Officers within the business unit to not be reliant on manual intervention.

RSM observed that integration with Office Automation tools is a feature of HPRM and is in use within the Directorate.

Link to other records

There is a requirement for the system to allow links to other documents in order to make up an entire record from linked documents and to allow cross referencing to other related documents.

RSM observed that linkage of related documents is a feature of HPRM and is in use within the Directorate.

Use of collaboration features of HPRM

The opportunity for collaboration between staff may not be available through use of the records management system.

Opportunities for collaboration between document users is a value added feature of all EDRMS including HPRM. Increasing collaboration within the organisation leading to productivity improvements is generally seen as one of the great benefits of implementation of an EDRMS across the organisation, However, there are only limited users of HPRM as an EDRMS and the use is not for enabling collaboration. Therefore when other users within the branch or division are asked to work on a document the document will be made available on Q Drive and will only be registered on HPRM when finalised.

This is a known weakness of the decision not to use HPRM as a full EDRMS across ACT Government. Given that this is a whole of government issue no recommendation is made in this report.

Issues Referred for Management Attention

1. Version control

HPRM is designed to ensure version control is in place. This is achieved through a revision being created within HPRM every time a HPRM record is edited. However the risk does exist that a document that is outside HPRM may be relied upon by staff who do not have access to HPRM. Given the fact that access to HPRM is effectively restricted to the PA/Executive Officer group that directly supports the Executive level

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the majority of staff do not have access to HPRM. Therefore these staff need to be aware that they cannot rely on records and documents outside HPRM as final versions.

This risk derives directly from HPRM not being used as an EDRMS across the organisation. The risk of an inability to find a "single source of truth" is recognised in the HPRM ICT Security Plan. However from a system perspective this is deemed to be a low risk with "insignificant" consequences. This rating is not disputed here, however, it is appropriate to consider this risk to exist outside the HPRM system and derive from reliance on Q Drive in combination with the low number of HPRM users throughout the agency. Business Unit managers spoken to during the course of this review advised that reliance by staff on versions of documents held outside HPRM is something that occurs quite regularly. This risk derives from the fact that there are relatively few users of HPRM in each Business Unit and that staff outside the user group may not be familiar with use of the system and the need for reliance on the system for the version of a record held in HPRM as the correct version of a record. The potential therefore exists for staff to rely on an earlier version of a record stored outside HPRM.

Implication

The implication of this issue is that version control, which is a critical element of a Records Management System, may be weakened therefore resulting in, at least, inefficiencies, and, at worst, reliance on an incorrect version of a document.

Recommendation

2. Pending a Directorate wide adoption of HPRM as an Electronic Document Records Management System further education should be provided to Directorate staff on the importance of relying on the HPRM version of a document as the authentic version of that document.

Agreed. Records Management will review the manual and will include a section on HPRM version control.

Responsible Officer: Executive Director, Business & Infrastructure

Implementation Date: December 2017

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2. User Access Review

As noted in this report a process exists for review of ongoing access permissions. This process requires all users to reapply for their access to the system biannually. A key element of the user access application template is the requirement for users to acknowledge their responsibilities for non-disclosure of private information.

The most recent review process was carried out in September 2015. The process is extensive and requires all users of the system to reapply for access and to have this approved by their manager or supervisor.

However, it was noted that the review process for September 2015 had not been fully completed in that, of the 8 registered users within P&GR Branch and CA&CH Division forms were not provided for 2 of the 8 users.

- In 3 cases all requirements on the form were provided

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- In 3 cases the form does not indicate what access level is sought
- In 1 case the form is undated
- In 2 cases no form was provided.

This finding is advised to be reflective of the broader population of users.

A key weakness of the current review system is that there is no ability for Records Management to suspend access rights of users who do not comply with requests for information.

Implication

It may not be appropriate to rely on the user access review if it has not been fully completed.

Recommendation

3. Update the biannual review process to include suspension of access to HPRM of Users who do not respond to the requests for update of User access rights within a reasonable time frame.

Management Comments

Agreed. Records Management has a plan underway to improve the HPRM user access rights process. Instead of a biannual review, it has been agreed to perform an annual comprehensive review of the access rights to HPRM users.

Responsible Officer: Executive Director, Business and Infrastructure

Implementation Date: December 2016

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3. Risk of Inclusion of clinical and patient data in HPRM

HPRM is designed for administrative records, however there is an acknowledged and untreated risk that clinical patient details may be stored in HPRM and are therefore treated with a level of security which is below the accepted requirements for such data. This risk is acknowledged in the ICT SSP for HPRM (Version August 2014) and treatment of this risk is noted as an outstanding measure in the ICT SSP.

The ICT SSP notes that there is a requirement to decide how to deal with documents that are managed through HPRM that are classed as clinical records; and that that there is a need to establish a process for management of documents that are managed through HPRM that fit into both classes of record.

Management have advised that in the normal course of events information that is included in documents stored on HPRM does not identify individual patients and is usually in the form of aggregated information.

In addition staff who obtain access to HPRM are required to make an undertaking that they have completed the ACT Health Privacy and Confidentiality e-Learning module and agree to not disclose or discuss information available on HPRM as per the Records Management Policy, *Privacy Act 1988 & Territory Records ACT 2002*. It is acknowledged that staff education and diligence is the key control over non-administrative records being stored in the administrative record keeping system HPRM.

Implication

The System Security Plan for HPRM is incomplete in that it notes that action needs to be taken to address the untreated risk of clinical data being stored in HPRM.

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Recommendation

4. A commitment should be made by ACT Health to address the untreated risk of clinical records being held in the HPRM system.

Management Comments

Agreed. Currently clinical trial records are stored in Records Management (Hume warehouse). A full comprehensive review of the clinical trial records will be conducted in order to clarify if clinical trial records are to be classified as clinical or administrative records in consultation with the TRO.

Responsible Officer: Executive Director, Business & Infrastructure

Implementation Date: December 2017

2.4 Utilisation of HP Records Manager as a File Registry System

Background

The primary use for HPRM within the Directorate is a registry system for paper based files. The process for establishment of a paper based file is initiated by a staff member requesting creation of a file. This is requested by completing the form available on the Records Management intranet site. The file request is received by Directorate Records Management by email. Records Management reviews the request. If there is no existing file for the function or business activity a file is created. File creation is reflected in both the creation of a physical file cover and registration of the new file on HPRM. An official file is referred to as a "container" within HPRM.

The file is linked in the system to the file requestor (assignee). The following file attributes are created in the system for the new file prior to the new file cover being sent through the internal mail to the assignee:

- File linked to location of the assignee
- Security classification, alternatives as follows:
  - Unclassified
  - In- Confidence
  - Protected
  - Highly Protected
- Disposal category which gives disposal date:

Files are held in the custody of the assignee until they are returned   Staff have been directed to adopt a Clear Desk Policy where files records not in use are stored appropriately and files are secured at the end of the work day or when the staff member is away from the desk for an extended period. Files taken home or outside ACT Health are required to be stored securely.

A file may be transferred to another staff member or outside ACT Health. The ACT Health Record Keeping Manual requires Records Management to be notified via email of any official file movements or transfers whether being carried out within ACT Health, or between Health and other Directorates, Agencies or Authorities.

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Files no longer required by the Business Area are returned to Records Management via the internal ACT Government mail service.

Records and file disposal are managed by Records Management in accordance with official records disposal schedules issued by TRO. In addition, records can be destroyed under the Normal Administrative Practice (NAP). NAP allows for the destruction of ephemeral, duplicate or transitory material to be carried out as part of normal agency practices and procedures and therefore without specific approval under a disposal schedule.

Risks Addressed Through Use of HPRM

The following risks were found to be adequately addressed through use of HPRM as a file registry system. The controls set out below include controls inherent in the system design and controls established for system administration purposes and file management purposes within ACT Health.

Risk	Controls Observed to be Operating Effectively
File Creation. File requests may not be in a consistent format.	This risk is adequately addressed by the availability of a form for file requests. Completion of the form ensures that all required fields within the database are populated.
File Classification Files may not be classified in accordance with security requirements	The ACT Health Record Keeping Manual provides guidance on classification of files. Sufficient information is available to enable staff and Records Management to make an informed decision on file classification. RSM noted that the default position within ACT Health for administrative records is that they are classified as "Unclassified" unless a different classification is requested.
File Naming A file for the subject area may already exist resulting in duplication of record keeping	New files are registered by ACT Health Records Management who also administer the functional thesaurus and therefore are in a sound position to ensure that the risk of duplicate files being created is adequately addressed.
File registration The file may be issued to the business unit but may not be registered on the file management system.	The file registration process is documented in the ACT Health Record Keeping Manual. File registration is completed on HPRM by Records Management and therefore this risk is addressed. RSM reviewed a sample of files registered for

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Risk	Controls Observed to be Operating Effectively
	the two selected business units and noted that the process followed was in accordance with the documented procedures.

File Custody

Risk	Controls Observed to be Operating Effectively
Staff may not provide custody of official files in accordance with requirements under the legislation and Standards	The Records Management Policy provides direction to staff in relation to custody of files. This policy is supported by procedures set out in the ACT Health Record Keeping Manual.
	ACT Health has a clean desk policy.
	RSM noted that storage units are provided for storage of official files in the selected business units.

File Destruction

Risk	Controls Observed to be Operating Effectively
Documented procedures may not exist for records destruction	Records destruction schedules are issued by the TRO. The process for destruction of records is set out by the TRO (Refer Records Management Advice No. 36).
Files may not be sentenced for destruction in accordance with business requirements leading to poor use of available space and inefficient retrieval.	ACT Health Records Management have developed a records destruction program in accordance with the destruction schedules RSM reviewed a sample of records (file containers) assigned to the two selected business units and destroyed by Records Management section during 2015. It was noted that the destruction was carried out in accordance with the approved destruction schedule (including destruction carried out under Normal Administrative Process") and the Whole of Government destruction schedules.
Files may be destroyed without a proper authority or may not be destroyed in accordance with formally approved destruction schedules..	
	RSM noted that the destruction of the sampled records had been approved in accordance with the process set out in Records Management Advice No.36.

Issues Referred for Management Attention

1.   Recording of File (Container) movements

The ACT Health Record Keeping Manual requires file assignees to advise Records Management of file movements and transfers.

RSM selected 3 of the Business Units for P&GR Branch at random and checked to determine whether for all active files assigned to staff within those Business Units the staff to whom the files are assigned were

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still working in the Branch as at October 2015. Results obtained were that of the 643 active files for the 3 selected business units 273 files were assigned on HPRM to staff no longer working in the Branch.

Records Management advise that this result is consistent with their expectations in that the requirement for file transfers to be advised to Records Management is generally not followed throughout the Directorate. This issue is also particularly apparent when Business Units are abolished or merged. Files are typically taken into custody by the gaining Business Unit without this information being updated in HPRM. As a result the HPRM register of file locations and file assignees is likely to be substantially incorrect.

Implication

The location and assignee of a large percentage of official files and records may be unknown.

Recommendation

5. Return of assigned records should be a requirement of the formal staff separation process.

Management Comments

Agreed. All Managers and individual staff in ACT Health should take responsibility to return the records, when they are reallocated to other positions or exiting ACT Health to return all records that are assigned to him/her. Records Management will adjust the Administrative Records Management Policy to reflect this responsibility under the roles and responsibilities.

Records should be returned through the staff separation process. This should be addressed by Management in consultation with People Strategy & Services (PSS) Branch (formerly HR), to include this process in the Staff Exit Clearance Processes.

Responsible Officer: Executive Director, Business & Infrastructure

Implementation Date: December 2017

B&I Executive will raise the requirement of the formal staff separation process recommendation with PSS to address.

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Attachment - Statement of Responsibility

This report has been prepared in accordance with the terms and conditions of our approved engagement scope and with the Australian Standard on Assurance Engagements *ASAE 3000, Assurance engagements other than audits or reviews of historical financial information* and subject to the following limitations:

- Our procedures were designed to provide limited assurance as defined by *ASAE 3000*, which recognises the fact that absolute assurance is rarely attainable due to such factors as the use of judgment in gathering and evaluating evidence and forming conclusions, the use of selective testing and because much of the evidence available to the auditor is persuasive rather than conclusive in nature.

- Because of the inherent limitations of any internal control structure, it is possible that errors or irregularities may occur and not be detected. Our procedures were not designed to detect all weaknesses in control procedures as they were not performed continuously throughout the period and the tests performed are on a sample basis.

- Any projection of the evaluation of the control procedures to future periods is subject to the risk that the systems may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.

- The matters raised in this report are only those which came to our attention during the course of performing our procedures and are not necessarily a comprehensive statement of all the weaknesses that exist or improvements that might be made. We cannot, in practice, examine every activity and procedure, nor can we be a substitute for management's responsibility to maintain adequate controls over all levels of operations and their responsibility to prevent and detect irregularities, including fraud.

- Accordingly, management should not rely on our report to identify all weaknesses that may exist in the systems and procedures under examination, or potential instances of non-compliance that may exist.

- This report has been prepared for distribution to the ACT Health Directorate. We disclaim any assumption of responsibility for any reliance on this report to any other persons or users, or for any purpose other than that for which it was prepared.

Suggestions for improvement should be assessed by management for their full commercial impact before they are implemented.

Appendix A   Action sheet

Area Audited:	RECORDS MANAGEMENT (HP Records Manager) REVIEW
Date of Audit:	October – November 2015

	Audit Recommendation	Management Comment	Responsible Officer	Estimated Completion Date
1	The Records Management Policy and Program should be reviewed to (a) address the impact of digital records; and	Agreed. Records Management is in the process of compiling a HP Records Manager (HMRM) procedure (manual), for HPRM users who process business administrative records. A Whole of Government approach to digitalising record keeping is underway including the Territory Records Office (TRO) 'one ACT Public Service (ACTPS) Digital Recordkeeping capability project'. The project commenced in January 2016, to establish a framework for electronic administrative document records management systems (EDRMS) across the ACTPS. Until this pilot is completed, which is expected at the end of 2016, ACT Health will continue to manage ACT Health's administrative records through paper based records.	a)not applicable	This recommendation is dependent on the WOG pilot program project established by the ACT Territory Records Office, which is underway to provide guidance on the adoption of digital records management across ACT Government Directorates. The Territory Records Office have undertaken, as part of this project, to review which software product is the most appropriate for ACT Government Directorates and following a decision on this issue, to co-ordinate negotiation with the selected vendor on license costs.

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Audit Recommendation	Management Comment	Responsible Officer	Estimated Completion Date
(b) clarify obligations under the Territory Records Act 2002 and associated Standards for record keeping and disposal of records.	Clarify current requirements for the management of digital and associated records: Agreed. Records Management will update the Administrative Records Management Policy and Manual to include the current requirements for the management of digital records. Clarification of obligations under the Territory Records Act 2002 and associated Standards for record keeping and disposal of records, specifically, reference to "The requirements on the Executive Director Business and Infrastructure to 'ensure full and accurate records of business activities are made and kept'.. Agreed. Management agree to remove this line and revise the policy. The Records Information and Data Management policy template from the TRO has been revised and includes the following: "The Executive Director is responsible for the active support of, and adherence to, this policy by promoting a culture of compliant records, information and data management, and overseeing the development and currency of strategic documents such as the Records Management Program, Records Management Procedures, Records, Information and Data Architecture Register, and information	b) Executive Director Business & Infrastructure	December 2017

RSM

Audit Recommendation	Management Comment	Responsible Officer	Estimated Completion Date
	management plans."		
	Reference to...The requirement for managers and supervisors to 'keeping full and accurate records of all business activities, including the disposal of records within the privacy and confidentiality obligations of ACT Health recordkeeping procedures and practices'.		
	Agreed. Management agree that rewording in the policy to provide clarity on the disposal obligations and the roles and responsibilities of the various stakeholders involved in the management of administrative records.		
	Management agrees with the audit finding that the Records Management Policy and Program does not address all records management requirements. Management agree to review of amendments to the policy as noted in this section. ACT Health Records Management Program is currently undergoing its five year review and will address the above issues.		
	However, management disagrees with the audit finding that "The Policy lacks clarity in some aspects of record management specifically in whether hard copy files are		

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Audit Recommendation	Management Comment	Responsible Officer	Estimated Completion Date
	deemed to be records, in assurance over the keeping of complete records, the responsibility for definition of items under Normal Administrative Practice (NAP)". The policy is an overarching document and supported by the ACT Health Administrative Recordkeeping Manual which outlines the procedures for ACT Health administrative records. The Administrative Recordkeeping Manual has a section that describes items covered under NAP plus an additional Schedule 1 that provides examples of NAP. Management disagrees with the audit comment regarding folioing of records on hard copy files. ACT Health follows TRO Guidelines and management of records. Folioing can be both time-consuming and labour intensive, particularly if applied retrospectively, therefore this practice is normally reserved for records that are deemed to be part of a high risk activity. The TRO does not mandate folioing and in most cases it is not deemed necessary. The information held in a record is the responsibility of the owner of the record.		

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2	Pending a Directorate wide adoption of HPRM as an Electronic Document Records Management System further education should be provided to Directorate staff on the importance of relying on the HPRM version of a document as the authentic version of that document.	Agreed. Records Management will review the manual and will include a section on HPRM version control.	Executive Director Business & Infrastructure	December 2017
3	Update the biannual review process to include suspension of access to HPRM of Users who do not respond to the requests for update of User access rights within a reasonable time frame.	Agreed. Records Management has a plan underway to improve the HPRM user access rights process. Instead of a biannual review, it has been agreed to perform an annual comprehensive review of the access rights to HPRM Users.	Executive Director Business & Infrastructure	December 2016
4	A commitment should be made by ACT Health to address the untreated risk of clinical records being held in the HPRM system.	Agreed. Currently clinical trial records are stored in Records Management (Hume warehouse). A full comprehensive review of the clinical trial records will be conducted in order to clarify if clinical trial records are to be classified as clinical or administrative records in consultation with the TRO	Executive Director Business & Infrastructure	December 2017

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| 5 | Return of assigned records should be a requirement of the formal staff separation process. | Agreed. All Managers and individual staff should take responsibility to return the records, when they are reallocated to other positions or exiting ACT Health to return all records that are assigned to him/her. Records Management will adjust the Administrative Records Management Policy to reflect this responsibility under the roles and responsibilities...

Records should be returned through the staff separation process. This should be addressed by Management in consultation with People Strategy & Services (PSS) Branch (formerly HR), to include this process in the Staff Exit Clearance Processes.

B&I Executive will raise the requirement of the formal staff separation process recommendation with PSS to address this issue. | Executive Director Business Records & Infrastructure | December 2017 |

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Appendix B   Personnel Consulted

The following ACT Health personnel were consulted as part of this audit.
We are appreciative of their assistance.

Rosemary Kennedy - Executive Director Business and Infrastructure
Jeanne McLauchlan - Director of Business Support & Development, Business & Infrastructure;
Shar Wyer - Manager, Records Management, Business & Infrastructure;
Harrish Sacdeva - Records Management, Business & Infrastructure;
Ross O'Donoghue - Executive Director Policy and Government Relations;
Kathleen Vosey – Executive Officer, Policy and Government Relations Branch, Strategy and Corporate Group;
Susannah Durrell – PA to Executive Director, Policy and Government Relations Branch;
Christina Rose - Executive Officer Cancer, Ambulatory and Community Health Support Rehabilitation, Aged and Community Care;

Appendix C ACT Health Risk Framework

Risk Assessment Matrix

The risk matrix is used for determining the level of risk and is derived from the Consequence and Likelihood Tables, providing a qualitative outcome. In order to derive a quantitative outcome, the numbers and letters in the outer columns may be combined to give a 'weighting' to the risk, with 25 being the most extreme rating and 1 being the lowest rating.

		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Likelihood	Almost Certain 5	Medium	High	High	Extreme	Extreme
	Likely 4	Medium	Medium	High	High	Extreme
	Possible 3	Low	Medium	Medium	High	Extreme
	Unlikely 2	Low	Medium	Medium	High	High
	Rare 1	Low	Low	Medium	Medium	High

Consequence

	Insignificant	Minor	Moderate	Major	Catastrophic
People (Staff, Patients, Clients, Contractors, OH&S)	Injuries or aliments not requiring medical treatment	Minor injury or First Aid Treatment required	Serious injury causing hospitalisation or multiple medical treatment cases.	Life threatening injury or multiple serious injuries causing hospitalisation.	Death or multiple life threatening injuries.
Clinical (Further details see Intranet site of Patient Safety and Quality Unit, PSQU)	• No injury • No review required • No increased level of care	Minor injury requiring: • Review and evaluation • Additional observations • First aid treatment	Temporary loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management.	• Permanent loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management. • A number of key events or incidents.	• Patient death unrelated to the natural course of the underlying illness and differing from the immediate expected outcome of the patient management. • All national sentinel events.
Property and Services (Business services and continuity)	• Minimal or no destruction or damage to property. • No loss of service • Event that may have resulted in the disruption of services but did not on this occasion.	• Destruction or damage to property requiring some unbudgeted expenditure. • Closure or disruption of a service for less than 4 hours– managed by alternative routine procedures. • Reduced efficiency or disruption of some aspects of an essential service.	• Destruction or damage to property requiring minor unbudgeted expenditure. • Disruption to one service or department for 4 to 24 hours - managed by alternative routine procedures • Cancellation of appointments or admissions for number of patients. • Cancellation of surgery or procedure more than twice for one patient.	• Destruction or damage to property requiring major unbudgeted expenditure. • Major damage to one or more services or departments affecting the whole facility – unable to be managed by alternative routine procedures. • Service evacuation causing disruption of greater than 24 hours, e.g. Fire/ flood requiring evacuation of staff and patients/clients (no injury); or Bomb threat procedure activation, potential bomb identified, partial or full evacuation required (+/- injury).	• Destruction or damage to property requiring significant unbudgeted expenditure. • Loss of an essential service resulting in shut down of a service unit or facility. • Disaster plan activation.
Financial	1% of budget or <$5K.	2.5% of budget or <$50K.	5% of budget or <$500K.	10% of budget or <$5M.	25% of budget or >$5M.

	Insignificant	Minor	Moderate	Major	Catastrophic
Information	Interruption to records / data access less than ½ day.	Interruption to records / data access ½ to 1day	Significant interruption (but not permanent loss) to data / records access, lasting 1 day to 1 week.	Complete, permanent loss of some ACT Health or Divisional records and / or data, or loss of access greater than 1 week.	Complete, permanent loss of all ACT Health or Divisional records and data.
Business Process and Systems	Minor errors in systems or processes requiring corrective action, or minor delay without impact on overall schedule.	Policy procedural rule occasionally not met or services do not fully meet needs.	One or more key accountability requirements not met. Inconvenient but not client welfare threatening.	Strategies not consistent with Government's agenda. Trends show service is degraded.	Critical system failure, bad policy advice or ongoing non-compliance. Business severely affected.
Reputation	Internal review.	Scrutiny required by internal committees or internal audit to prevent escalation.	Scrutiny required by external committees or ACT Auditor General's Office or inquest, etc.	Intense public, political and media scrutiny e.g. front page headlines, TV stories, etc.	Assembly inquiry or Commission of inquiry or adverse national media.
Environment Broadly defined as the surroundings in which ACT Health operates, including air, water, land, natural resources, flora, fauna, humans and their interrelation.	Some minor adverse effects too few species / ecosystem parts that are short term and immediately reversible.	Slight, quickly reversible damage too few species / ecosystem parts, animals forced to change living patterns, full, natural range of plants unable to grow, air quality creates local nuisance, and water pollution exceeds background limits for short period.	Temporary, reversible damage, loss of habitat and migration of animal population, plants unable to survive, air quality constitutes potential long term health hazard, potential for damage to aquatic life, pollution requires physical removal, land contamination localised and can be quickly remediated.	Death of individual people / animals, large scale injury, loss of keystone species and habitat destruction, air quality 'safe haven' / evacuation decision, remediation of contaminated soil only possible by long term programme, e.g. off-site toxic release requiring assistance of emergency services.	Death of people / animals in large numbers, destruction of flora species, air quality requires evacuation, permanent and wide spread land contamination, e.g. caused by toxic release on-site; chemical, biological or radiological spillage or release on-site.

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Likelihood of Risk Occurring

Descriptor	Probability of occurrence	Indicative Frequency (Expected to occur)
Almost certain	Occurs more frequently than 1 in 10 tasks.	Is expected to occur in most circumstances.
Likely	1 in 10 – 100	Will probably occur.
Possible	1 in 100 – 1,000	Might occur at some time in the future.
Unlikely	1 in 1,000 – 10,000	Could occur but doubtful.
Rare	1 in 10,000 – 100,000	May occur but only in exceptional circumstances.

Appendix E   Review Approach

The scope of the review included health promotion activities developed and managed directly by ACT Health during 2014-15. Health promotion activities related to service funding agreements with Non-Government Organisations were excluded from the review[4].

The following approach was used to meet the objectives of the internal audit:

- Held discussions with relevant ACT Health staff to gain an overall understanding of health promotion activities, the governance framework and local policies, procedures and systems for Health Promotion. Key areas of focus included:

    - Strategy development and coordination across ACT Health;

    - Decision making processes;

    - Accountability management processes;

    - Collaboration processes with Directorates and other sectors; and

    - Performance measurement and evaluation.

- Obtained relevant documentation on health promotion activities which included:

    - Overarching context and policy framework for health promotion activities in the ACT, including:

        - Population Health Division Strategic Framework 2013-16

        - Taking Preventative Action – A response to Australia: The Healthiest Country by 2020 (National Preventative Health Taskforce)

        - Australian Institute of Health and Welfare – Australia's Health 2014

        - ACT Chief Health Officers Report 2014.

    - Health promotion activities relevant to 2014-15;

    - Strategic and Operational Plans for health promotion;

    - Health promotion budgets; and

    - Health Improvement Branch evaluation guidelines for health promotion activities.

- Identification of better practice guidance for governance arrangements for programmes or projects relevant to health promotion activities, which included:

    - ANAO Better Practice Guide – Public Sector Governance (June 2014);

    - ANAO Better Practice Guide – Planning and Approving Projects (June 2010); and

    - Australian Public Service Commission – Building Better Governance.

- Development of a detailed test program identifying key governance requirements related to health promotion activities. Key governance requirements related to:

    - Clarity of strategy;

    - Process for endorsement of health promotion activity proposals;

    - Decision making, approvals and investment of ACT Health resources;

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[4] The governance arrangements for ACT Health service funding agreements was included in a performance audit by the ACT Auditor General "Management of Funding for Community Services – December 2013"

ACT Health

- Collaboration activities and any duplication of effort; and
- Evaluation of outcomes related to health promotion activities.
- Reviewed a sample of health promotion activities to assess the effectiveness of the governance framework, including better practice elements, and key areas of focus identified above. Sample health promotion activities included:
  - Activities developed and managed by the Health Improvement Branch – Population Health Division
  - Activities developed and managed across ACT Health.
- Identified areas of weakness in the health promotion activity management framework;
- Confirmed any areas of weakness or issues identified with responsible ACT Health staff;
- Developed recommendations to address any identified weaknesses;
- Prepared a draft report;
- Held exit discussions with the audit sponsor;
- Sought management comments; and
- Issued a final report.

Appendix F   Statement of Responsibility

Management's Responsibility

- The management of ACT Health Directorate is responsible for establishing and maintaining an effective system of internal control over its operations and financial reporting, including, without limitation, systems designed to assure achievement of its control objectives and its compliance with applicable laws and regulations.   OCM is not responsible for whether, or the manner in which, any recommendations made in this report are implemented. Suggestions for improvement should be assessed by management for their full commercial impact before they are implemented.

OCM's Responsibility

- Our responsibility is to express a conclusion on the procedures implemented on the ACT Health Promotion framework. We conducted our review in accordance with Australian Standard on Assurance Engagements ASAE 3000, Assurance Engagements Other than Audits or Reviews of Historical Financial Information, in order to state whether, on the basis of the procedures described, we have become aware of any matter that makes us believe that Report is not in accordance with the criteria listed above.

- A review consists primarily of making enquiries, primarily of persons responsible for the Engagement/Review Title and underlying documentation, applying analytical and other review procedures, and examination of evidence for a small number of transactions or events. A review is substantially less in scope than a reasonable assurance audit conducted in accordance with ASAE 3000. Accordingly, we do not express an audit opinion. Had we performed a reasonable assurance audit as defined by ASAE 3000 or an audit as defined by Australian Standards on Auditing, additional information may have come to our attention, which would have been reported to ACT Health Directorate.

- While conducting our review and/or in our report we may provide advice and/or recommendations in relation to the mitigation of risk of challenge to the processes undertaken by ACT Health Directorate. In these cases, our responsibility is limited to providing such advice and/or recommendations, based on our experience and knowledge of the subject matter of the project. For the avoidance of doubt, the procedures performed in providing advice and/or recommendations do not constitute an assurance engagement in accordance with Australian Standards for Assurance Engagements, nor do they represent any form of audit under Australian Standards. We therefore do not express any form of assurance in relation to the advice and/or recommendations, and none should be inferred from any such commentary in this report.

Inherent Limitations

- Our Work is subject to the following limitations:

  o Owing to the inherent limitations of any internal control structure, it is possible that errors or irregularities may occur and not be detected. Our procedures were not designed to detect all weaknesses in control procedures as they were not performed continuously throughout the period and the tests performed are on a sample basis.

  o Any projection of the evaluation of the control procedures to future periods is subject to the risk that the systems may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.

  o The matters raised in this report are only those which came to our attention during the course of performing our procedures and are not necessarily a comprehensive statement of all the weaknesses that exist or improvements that might be made. We cannot, in practice, examine every activity and procedure, nor can we be a substitute for management's responsibility to maintain adequate controls over all levels of operations and their responsibility to prevent and detect irregularities, including fraud. Accordingly, management should not rely on our report to identify all weaknesses that may exist in the evaluation process, or potential instances of non-compliance that may exist.

      o   Advice and/or recommendations for improvement should be assessed by management for their full commercial impact before they are implemented.

Limitations on use

- This report is made to ACT Health Directorate for the purpose of providing an assurance opinion to executive management and should not be quoted in whole or in part without our prior written consent. We disclaim any assumption of responsibility for any reliance on this report to any person other than the management of ACT Health Directorate or for any purpose other than that for which it was prepared.

- We disclaim all liability to any other party for all costs, loss, damages, and liability that the other party might suffer or incur arising from or relating to or in any way connected with the contents of our report, the provision of our report to the other party, or the reliance on our report by the other party.

Independence, Competence, and Experience

- All professional personnel involved in this engagement have met the independence requirements of the Australian professional accounting bodies. Our team has been drawn from our Professional Services team, including BellchambersBarrett personnel and has the required competencies and experience for this engagement.

ACT Government

Health

September 2016

Final Report

Review of Pathology Sample Management

pwc

Overall report rating

A number of extreme and high priority issues requiring focussed management attention	
Some extreme and / or high priority issues requiring management attention	
Few high priority issues for management to address or high number of medium priority issues	✓
No extreme or high priority issues and small number of medium issues or no issues at all.	