

HIC Services SOP10/4.0  
Effective Date: 08/11/2018

## HIC SERVICES STANDARD OPERATING PROCEDURE

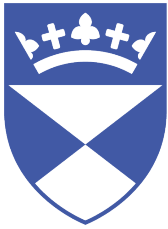
### Audit of HIC’s Information Security Management System (ISMS)

<b>SOP NUMBER:</b>	HIC Services SOP 10
<b>VERSION NUMBER:</b>	4.0
<b>EFFECTIVE DATE:</b>	8 <sup>th</sup> November 2018
<b>DOCUMENT SECURITY LEVEL:</b>	Open
<b>REVIEW DATE:</b>	This SOP will be reviewed at least every 12 months, or at other times as requested by: HIC Information Governance Committee
<b>AUTHOR:</b>	Duncan Heather
<b>DATE APPROVED BY THE INFORMATION GOVERNANCE COMMITTEE:</b>	08/11/2018
<b>DATE APPROVED BY THE HIC EXECUTIVE COMMITTEE:</b>	14/11/2018
<b>DATE REVIEWED BY HIC OPERATIONS GROUP:</b>	N/A
<b>CONTACT PERSON FOR THIS SOP:</b>	HIC Governance Manager



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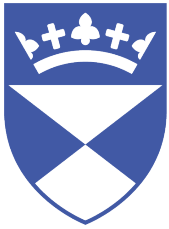
## DOCUMENT REVIEW AND REVISION HISTORY:

Version Number:	Edited by (job title):	Effective Date:	Details of editions made:
1.0	Duncan Heather (HIC Governance Manager)	01/09/13	This is a new SOP which expands on a subset of policies and supersedes Version 6 of the HIC Standard Operating Procedure, Management of HIC Datasets. Effective from 1st August 2011.
1.1	Duncan Heather (HIC Governance Manager)	01/04/14	Add details about more rigorous checking of archive record in section 4 Internal Audit a. vii
2.0	Duncan Heather (HIC Governance Manager)	01/01/15	General review and update
3.0	Duncan Heather (HIC Governance Manager)	01/01/16	Change title from “Responding to HIC annual audit” to “Audit of HIC’s Information Security Management System (ISMS)”, broaden content to encompass ISO requirements and move minor detail to separate Work Instructions.
4.0	Duncan Heather (HIC Governance Manager)	08/11/18	Update to reflect new GDPR
4.0	Tracey Stewart (Data Entry Team Leader)	24/02/20	Updated cover sheet with new approval process information



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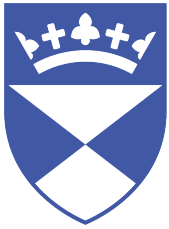
4.0	Rachael Torano (Business Support)	15/05/2020	Updated with new and approved Header Changes made to cover page to include Op's review date as agreed at the HIC Information Governance Meeting Document Review and Revision History table header updated As agreed by the HIC Governance Committee signatures have been removed from cover page and Document Review and Revision History table has been updated to include review dates and notes
4.0	Duncan Heather (HIC Governance Manager)	30/06/20	Reviewed, no changes made

***Draft and Archived/Obsolete revisions are not to be used.  
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## 1. PURPOSE

Health Informatics Centre Services (HIC Services) is a University Research Support Unit operating within the Tayside medical Science Centre (TASC) at the University of Dundee, in collaboration with NHS Tayside and NHS Fife. HIC Services provides Data Users with linked, anonymised information derived mostly from large Population Based Health Datasets, owned mainly by the NHS and the University of Dundee. HIC also develops data collection software, provides data entry and securely hosts data for research use.

The HIC Services External Audit is commissioned by the HIC Governance Committee and is carried out annually by an external auditing company. The audit includes a review of operating standards, documentation, Standard Operating Procedures, systems, facilities and projects for compliance with conditions of approval (by Caldicott Guardian, Ethics Committee and other authorities) and requirements of UK data protection legislation. The audit is carried out at the Health Informatics Centre and the Clinical Information Bureau, both located in Ninewells Hospital.

HIC also receives a second annual external audit involving an external penetration test of HIC's Safe Haven environment and IT systems, to check for system security vulnerabilities.

This SOP describes procedures to follow-up and resolve actions raised in the audit reports and the routine internal audits carried out more widely across HIC processes to provide information on whether HIC Services' Information Security Management System (ISMS) is being effectively implemented, maintained and followed.

## 2. SCOPE

This SOP covers the HIC's response to external HIC audits and wider routine internal audits. It is applicable to all HIC staff. This SOP is made available to all users and potential users of the HIC Service and will be externally visible on the public HIC website.

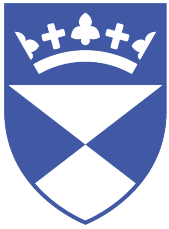
## 3. DEFINITIONS

For overall Definitions see HIC Services SOP Appendix B – Definitions.



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## 4. RESPONSIBILITIES

- HIC Director – Responsible for overall HIC security policy and implementation
- Process Manager – Ensuring SOPs are followed by team
- Governance Manager – Monitoring compliance, handling significant events, keeping SOP up to date
- All HIC Staff – Responsible for adherence to the SOP as specified

## 5. POLICY

For overall Policy see HIC Services SOP Appendix A – Policy.

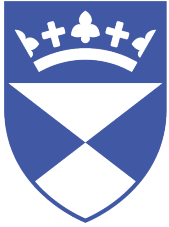
### 5.1 External Audit

- 5.1.1.1 HIC Services will receive 2 external audits annually, one an IT System Penetration test and the other a wider audit of HIC Processes and Procedures.
- 5.1.1.2 Once the external audits have taken place and the Auditor reports are received by HIC Services they will be circulated to the Chair of the HIC Information Governance Committee and the HIC Services Executive Committee. They are subsequently discussed, along with HIC's response, at the HIC Information Governance Committee meeting.
- 5.1.1.3 All action points raised will then be taken from the audit reports and inputted to the HIC Services PM system which allows the progress of each point to be monitored until complete, with space for additional comments and updates. Each action will be assigned to the appropriate member of staff, with a completion deadline, who will then carry out the remedial work needed.



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## 5.2 Internal Audit

- 5.2.1.1 A quarterly internal audit plan of HIC's Information Security Management System (ISMS) will be prepared in advance, covering a 12 month period, to ensure that HIC's ISMS is conforming to the International Standard requirements and is being effectively implemented and maintained.
- 5.2.1.2 Individual audits are planned, including methods, responsibilities and reporting; and a scope of audit agreed with the Team Leader as appropriate.
- 5.2.1.3 Audits are carried out throughout the year, following the audit plan, by staff independent of the work being audited, or by external auditors employed for the purpose.
- 5.2.1.4 Previously issued corrective/preventative action requests are reviewed at audits and entered, where appropriate, onto the audit plan.
- 5.2.1.5 The internal audit results, including target implementation dates for completion of corrective/preventative action, will be recorded centrally and reported to the HIC Governance Manager who is then responsible for assigning responsibility and ensuring remedial action is taken. The results of audits are presented for discussion at the HIC Executive Committee meeting.

## 6. APPLICABLE REFERENCES

- 1. HIC Services Security Policy
- 2. HIC Services SOPs