

DG SANTE

Audit Report Template

**eHealth**

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# Purpose of The Audit

*The purpose of the Audit [IDENTIFIER OF THE AUDIT] was to objectively evaluate adherence and the level of compliance to the requirements as these are defined in [reference of the applicable procedures or the baseline eHealth that will serve the auditor to be informed about what they need to check compliance against] and the applicable standards ISO/IEC 20000-1:2011, ISO/IEC 27001:2013 (or 27001:2005 to be defined), ITIL v3 framework.*

*In addition, the audit aimed at examining any areas of potential improvement or inconsistencies in order to propose corrective or proactive/improvement actions.*

*[If this is a follow-up audit, then the purpose of the audit is as well that all actions from the previous audit were followed-up.]*

# Scope of the Audit

*The Audit was conducted at the [Name of Entity Audited/ Location] and covered the following areas:*

* *Legislative Requirements and Compliance*
* *Semantics Requirements*
* *Organisational Requirements*
* *Operational Readiness*
* *Information Security*
* *Technical Requirements*

# Related Documents

*[1] To reference here the applicable eHealth Audit Procedure (or Methodology)*

*[2] To be defined if ISO/IEC 27001:2013 or ISO/IEC 27001:2005*

*[3] To be defined if ISO/IEC 20000-1:2011*

*[4] To be defined if ITIL v3*

*[5] Reference of the Checklist for Information Security*

*[6] Reference of the Checklist for Readiness (Operations)*

# Audit Summary

## Audit Information

*(This information is traceable in addition in the Audit checklist)*

*Audited Entity:*

*Auditee(s):*

*Auditor(s):*

## Audit Report Distribution

*To be defined that that the distribution list is based on the need-to-know principle. The list should be predefined.)*

## Audit Summary

### Method of Performing the Audit

- *Records review*

*- Walkthrough review*

*- Desktop review*

*- etc.*

### Strong areas identified

*The areas identified where findings implementation level is above 50% or areas that are in partial compliance (Finding-B) but need low effort to increase the implementation level should be mentioned in this paragraph.*

### Weak areas identified

*The areas identified that perform below 50% and have a risk of decreasing their performance should be mentioned here.*

## Categorization of findings

*For the purpose of the audit the definitions that will be used to classify the findings are detailed in the Audit Framework [Ref.]:*

| *Findings Category* | *Implementation Level* | *Severity Description* | *Follow-up Timeframe* | *Closure Timeframe* |
| --- | --- | --- | --- | --- |
| *Finding-A* | *Not Implemented*  *(0%-25%)* | *The requirement of implementing this criterion is not met.*  *A finding of this type can be a result but not limited to the following:*  *- a weakness that diminishes the readiness criterion*  *- a disregarded requirement/criterion*  *- a weak application of a control which under circumstances can bypass a requirement/criterion*  *- complete absence of relevant documentation*  *The Finding-A should be described in detail and supportive proof provided.* | *2 months before going live* | *Before going live* |
| *Finding-B* | *Partially Implemented*  *(25%-50%)* | *The criterion is understood and has proof of an ad hoc implementation.*  *A finding of this type is partially met but might have one or more limitations such as:*  *- Some inconsistencies in the the implementation*  *- Not adequately following the requirement*  *- Inconsistencies or gaps between the documentation and the actual implementation, which require improvement of documentation and/or implementation.*  *- A weak application of a control which under circumstances can bypass a requirement and lead to a Fining-A weakness* | *Within 6 months after going live* | *Within 1 year after going live* |
| *Recommendation* | *Largely Implemented*  *(50%-75%)* | *This is implemented to an extent where the criterion is largely met, and a documented description exists.*  *It has a low impact but might become greater in time.*  *The fulfilment of the criterion should be monitored.* | *2 years after the Go-Live date* | *2 years after the Go-Live date* |
| *Success* | *75%-100%* | *Fully implemented and satisfactorily and systematically executed.*  *Documentation is supportive and sufficient.* | *No action* | *No action* |
| *Improvement* | *-* | *Improvements to increase efficiency or effectiveness* | *NCPeH decision* | *NCPeH decision* |

## Audit Findings

*[…] Attachment of the checklist with the detailed and documented findings*

# Detailed Action Plan

*The below action plan has been discussed and agreed between [Auditing Entities] and [Auditee Entities] and Action items and resolution and implementation agreed upon during the closure meeting that took place on the [Date and Place]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Requirement ID | Finding | Corrective Action Agreed | Owner | Implementation Due Date | Follow up planning |
|  | *(short description or copy the finding from the Readiness Criteria Checklist)* |  |  |  |  |
|  |  |  |  |  |  |