

Appendix A

Detailed findings and action plan

Action plan and progress

| Recommendation | Agreed action, owner and date | Progress at 3 months | Progress at 6 months |
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| Records Management | | | |
| a4. (a) Records management issues should be a standing agenda item on the FIGA agenda. (b) FIGA should consider meeting more regularly, in order to cover the wide ranging scope and objectives that are listed within the Information Governance Policy Framework. | Accept- Item added as of January 2017 and agreed to add additional dates added to schedule for 2017 and furthermore. Implementation date: 31 January 2017. Responsibility: Carol Williams. | | |
| a6. Consider re-introducing a formal work plan to record risks identified and discussed at FIGA meetings which lists the date, action, description of action taken, updates, result, owner and completion date. | Accept- Action plan template re-introduced as of Jan 2017. Implementation date: 31 January 2017. Responsibility: Carol Williams. | | |
| a21. Conduct a review of records stored in team cabinets to check that operational teams are implementing adequate logging and tracking mechanisms to locate and retrieve physical records. | Partially accept- IAOs, IACs and ICs will be supported by IAT and IAGM to conduct periodic sample reviews using agreed measures. Implementation date: 30 | | |

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| | <p>August 2017.</p> <p>Responsibility: Nailah Ukaidi and Helen Dudson.</p> | | |
| <p>a23. The Information Assurance Team should conduct audit checks on the access of Iron Mountain Connect every 3 months instead of annually. All leavers or staff who no longer require access should have their rights revoked.</p> | <p>Partially accept- IAOs will be supported by IAT to conduct audit checks on a more regular basis to ensure that leavers and staff who no longer have a need to access IM do have their rights revoked and good records management processes are in place.</p> <p>Implementation date: 30 September 2017.</p> <p>Responsibility: Nailah Ukaidi and Helen Dudson.</p> | | |
| <p>a27. (a) Ensure that the documented Business Continuity Plan requires that the plan will be tested on an annual basis.</p> <p>(b) Ensure that the Corporate Business Continuity Plan is approved at senior management level.</p> <p>(c) The review log for the Corporate Business Continuity Plan needs to be kept up to date with the date it was last reviewed, its issue date and the date of its next review.</p> | <p>Partially accept-(a) The ICT Service will test its ICT Disaster Recovery Plan, as a minimum, on an annual basis with a prioritised methodology for annual reviews of specific scenarios.</p> <p>(b) This will be taken to the Chief Executive to seek formal approval at the Corporate Management Team on an annual basis for approval to the strategy.</p> <p>(c) The review log metadata table will be detailed on the cover page</p> | | |

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| | <p>in line with the council's corporate document format.</p> <p>Implementation date: 31 October 2017.</p> <p>Responsibility: Steve Pretty.</p> | | |
| <p>a28. Ensure that the Information Security Policy covers all areas of information security, including network access and the use of WC's devices, as planned.</p> | <p>Partially accept- Work required: initial benchmarking exercise, followed by recommendation on what policies will be put in place which will need to be approved. Then policies drawn up and approved.</p> <p>Implementation date: 1 February 2018.</p> <p>Responsibility: Carol Williams.</p> | | |
| <p>a29. Promote the protective marking scheme guidance in the Information Risk and Security Policy to all staff as appropriate.</p> | <p>Accept- Scheme and procedure will be rolled out to all staff, as appropriate, using Meta compliance tool.</p> <p>Implementation date: 30 June 2017.</p> <p>Responsibility: Nailah Ukaidi.</p> | | |
| <p>a40. Amend the Mosaic new access form to include changes to access and removal of access, for consistency of approach.</p> | <p>Accept- Review form and update.</p> <p>Implementation date: 31 March 2017.</p> | | |

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| | Responsibility: Lisa Harris. | | |
| a58. Any amendments from the review of the IG policy framework during December 2016 should be implemented, as appropriate. | <p>Accept- Update the policy in line with the IG documentation review cycle taking into account any recommendations from the audit.</p> <p>Implementation date: 30 April 2017.</p> <p>Responsibility: Nailah Ukaidi.</p> | | |
| a59. Continue with plans to utilise the policy compliance software so that WC has assurance that staff are accessing IG policies, procedures and guidance. | <p>Accept- Currently conducting testing process. If successful, rollout will be extended to all machines. Agree administration structure and policy rollout priority. Communications in internal bulletins leading up to full implementation.</p> <p>Implementation date: 30 June 2017.</p> <p>Responsibility: Nailah Ukaidi.</p> | | |
| <p>a61. Recommendation: (a) Ensure all services are properly identify and document their departmental information risks.</p> <p>(b) Formal assurance of how risks are mitigated should be reported to the SIRO, for example sending them a copy of the risk register.</p> | <p>Partially accept- (a) Ensure that all directorates risk assess all their information assets, using an appropriate tool.</p> <p>(b) Document and embed the process and criteria for escalating risks and providing assurance to SIRO</p> | | |

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| | Implementation date: 31 July 2016 Responsibility: Nailah Ukaidi. | | |
| a62. Promote awareness amongst staff of privacy impact assessments and the occasions when they need to be completed. | Partially accept- Use internal communication methods and ICT channels to continue to promote current PIA use alongside developments for introduction of GDPR. Implementation date: 31 October 2017. Responsibility: Nailah Ukaidi. | | |
| a66. Amend the clause in the contract referring to transfer of data under Safe Harbour to reflect the EU compliant model clauses now in use. | Partially accept- The Council will work with Iron Mountain to ensure that the contract is updated to reflect the measures that are in place. Implementation date: 30 April 2017. Responsibility: Carol Williams. | | |
| Subject Access Requests | | | |
| b2. Review the Subject access request webpage to ensure it is appropriately tailored to the public and remove any duplication or incorrect information. | Accept- Review and update was completed shortly after audit. Implementation Date: 28 February 2017. Responsibility: Nailah Ukaidi. | | |
| b3. Consider putting the subject access | Accept- Text has been added to | | |

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| request form from the access to personal records leaflet into a separate link on WC's subject access request webpage. | <p>website to indicate that leaflet contains form to be completed and copy of form will be placed on website separately if it can be extracted from leaflet.</p> <p>Implementation date: February 2017.</p> <p>Responsibility: Carol Williams</p> | | |
| b4. Provide a link to the subject access request webpage from the privacy notices page located in the footer of the WC's website homepage. | <p>Accept- key word search criteria will be updated via ICT service. Link has been added.</p> <p>Implementation date: 28 February 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| b7. Recruit two Assurance Officers, to support the full resourcing of the Assurance Team, as planned. | <p>Accept- 2 posts were filled Dec 2016.</p> <p>Implementation date: 31 January 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| b9. Review the subject access data processing arrangement with SCC as planned. If WC decides to continue their relationship with SCC, the data processing contract will need to be reviewed on an annual basis. | <p>Accept- Review contract in line with GDPR requirements. Ensure this is on the IG document review cycle for annual review.</p> <p>Implementation date: 31 May 2017.</p> | | |

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| | Responsibility: Carol Williams. | | |
| b10. Ensure staff are required to read the information governance policy framework through the induction process. | <p>Accept- Induction process to be updated at all access points and policy rolled out through Policy Enforcement Tool.</p> <p>Implementation date: 30 June 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| b12. Consider adding more case scenarios for the subject access request handbook which relate to local government handling of subject access requests. | <p>Accept- IGAM will consider as part of review process.</p> <p>Implementation date: 30 June 2017.</p> <p>Responsibility: Nailah Ukaidi.</p> | | |
| <p>b14. (a) Add subject access content to the e-learning module that all staff are required to complete</p> <p>(b) Staff should complete the e-learning module annually, as planned.</p> | <p>Accept- IGAM will update content as part of yearly review and relaunch. Annual refresh agreed at FIGA and CMT.</p> <p>Implementation date: 30 March 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| b17. Design and document a subject access training plan for Lead Assurance Officers and Assurance Officers, including timescales by which different stages of training will be completed. | <p>Accept- (a) Build a log of case scenarios that can be added to and adapted to ensure some consistency in learning.</p> <p>(b) Quarterly case review meetings to highlight and discuss recent cases that have been</p> | | |

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| | <p>complex or challenging so learning shared across the team.</p> <p>(c) In addition to desk side support and training for new staff formal training will also be sought either as a training course or webinar similar in context to the one all staff have received.</p> <p>Implementation date: 31 May 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| b18. Complete further SAR training for the Assurance Team in order to improve SAR compliance rates as soon as possible. | <p>Accept</p> <p>Implementation date: 31 March 2016.</p> <p>Responsibility: Carol Williams.</p> | | |
| b21. Recommendation: Amend the flow chart to explain when to include a third party who has made a request on behalf of the data subject. | <p>Accept- Amend flowchart / SAR Handbook and disseminate to IAT.</p> <p>Implementation date: 31 May 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| b22. Carry out a review of all template letters in Respond and remove any letters which are no longer relevant. | <p>Accept- review and update as per recommendation.</p> <p>Implementation date: 31 May 2017.</p> | | |

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| | Responsibility: Carol Williams. | | |
| b26. Subject access request documentation should be reviewed by the Assurance Team at the earliest opportunity to determine whether a letter needs to be sent to the data subject advising of a potential delay. If appropriate, offer to provide the information in batches and where possible a date for the final batch. This should be documented in the subject access flow chart for staff. | Accept- review and update documents and IAT staff as per recommendation. Implementation date: 31 May 2017. Responsibility: Carol Williams. | | |
| b29. Remind the Assurance Team that they should be specifying a deadline for SAR enquiries in the Memo to service areas. | Accept- Action as per recommendation. Implementation date: 28 February 2017. Responsibility: Carol Williams. | | |
| b32. Children's Services should formally document the process for dealing with subject access requests from the Assurance Team. Consider adapting the Adults Services flow chart as a template. | Accept- Action as per recommendation. Implementation date: 28 February 2017. Responsibility: Lisa Harris. | | |
| b40. Regular quality assurance should be undertaken on subject access responses. It may be more beneficial to complete this on live cases, as a preventative measure. Whether quality assurance is undertaken on live or closed subject access request cases, 'lessons learned' can be fed back | Accept- Links to the quarterly review meeting referenced previously. Agenda to be built to develop opportunity to spotlight specific cases. Monthly Respond meeting to include QA element of SAR process of all live cases and | | |

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| to the member of staff responsible for the case and then to the Assurance Team for general guidance. | provide opportunity to review / discuss issues. Implementation date: 30 September 2017. Responsibility: Carol Williams. | | |
| b41. Document further examples of how exemptions can be applied to SAR's in the subject access request handbook. | Accept- IGAM will update content of SAR handbook. Implementation date: 31 March 2017. Responsibility: Carol Williams. | | |
| b42. (a) Review the supplying information template to ensure it includes the requirement to explain all exemptions used and redactions that have been applied (where possible). (b) The Assurance Team should be reminded to explain why information has been withheld rather than just highlighting which exemption or part of the DPA has been applied to the subject access request bundle. | Accept- (a) update document as per recommendation. (b) As per recommendation and compliance to be picked up in monthly and quarterly meeting. Implementation date: 31 May 2017. Responsibility: Carol Williams. | | |
| b43. Information about the searches which have been carried out to locate the information within WC should be included in the 'supply information' template and specified in the covering letter included in the subject access request bundle. | Accept- Action as per recommendation. Implementation date: 31 March 2017. Responsibility: Carol Williams. | | |

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| b44. Provide specific guidance on the various procedures by which subject access request bundles can be supplied to data subjects. | <p>Accept- IGAM will update content of SAR handbook.</p> <p>Implementation date: 31 May 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| b47. A terms of reference should be created for 'Camelot meetings' and minutes of the meeting should also be recorded. | <p>Accept</p> <p>Implementation date: 28 February 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| b48. Subject access compliance should be a standing agenda item for the FIGA group. | <p>Accept- Agenda template updated.</p> <p>Implementation date: 28 February 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| <p>b49. (a) The Information Governance and Assurance Manager should finalise the proposal for children's services to process their subject access requests.</p> <p>(b) If approved, a date should be set for when Children's Services will take over for their areas subject access requests.</p> | <p>Accept- IGAM will action as recommended.</p> <p>Implementation date: 30 April 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| b50. Finalise the reporting process for subject access requests to CMT, as planned. | <p>Accept- Will be incorporated into the quarterly performance monitoring report produced by Assurance Team.</p> <p>Implementation date: 30 September 2017.</p> | | |

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| | Responsibility: Carol Williams. | | |
| <p>b51. (a) Add the timescale for WC to respond to a complaint about subject access requests to the subject access request webpage.</p> <p>(b) The timescale for responding to a subject access request complaint should also be added to an acknowledgement letter sent to the data subject.</p> | <p>Accept- Update template to reflect inclusion of guidance with letter. Estimated timescales will be included in acknowledgement letter and calculated on a case by case basis connected to complexity and volume of information to be reviewed.</p> <p>Implementation date: 30 September 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| <p>b54. (a) Subject access complaints statistics and content should be reported to Camelot.</p> <p>(b) Subject access request complaints which have been reported to the ICO should be reported to FIGA and the CMT.</p> | <p>Partially accept- in addition to being information reviewed and discussed at Camelot this information will form part of report to CMT on a quarterly basis.</p> <p>Implementation date: 30 September 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| Data Sharing | | | |
| <p>c3. Implement the procedure that is documented in the Information Sharing Procedural Guidelines, to log information sharing agreements in the information asset register.</p> | <p>Accept- IGAM will implement as part of procedural review.</p> <p>Implementation date: 30 August 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| <p>c12. Ensure that the privacy impact assessment (PIA) policy is publicised to all</p> | <p>Accept- Use existing corporate communication channels to advise</p> | | |

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| staff that may be involved in setting up a data sharing agreement. | <p>anyone setting up a data sharing agreement that a PIA needs to be completed. Updates to DS Procedure.</p> <p>Implementation date: 31 May 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| c13. No PIA examples were provided for data sharing agreements, therefore, it is unclear if data sharing agreements are subject to PIA assessment. Ensure PIAs are carried out on existing and future data sharing agreements. | <p>Accept- IGAM will update and publish revised Data Sharing to be applied to future data sharing agreements.</p> <p>Implementation date: 30 June 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| <p>C14. (a) Create a record of PIAs either within the information sharing log or the suggested central repository.</p> <p>(b) Ensure a copy of the PIA is kept and linked to the log or the suggested central repository.</p> | <p>Accept- Central repository has been set up, needs to be populated with back copies and future copies and supplementary documentation.</p> <p>Implementation date: 31 August 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| c15. WC should ensure that the standard template, outlined in the Partners Overarching Sharing Protocol, is used for creating information sharing agreements. Unless it is the case that a leading partner organisation, outside of this protocol, | <p>Partially accept- This will be implemented to the extent that it is necessary. Alternative templates will contain all requisite clauses may also be used.</p> | | |

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| stipulates that a different mandatory template is used. | Implementation date: 30 April 2017. Responsibility: Carol Williams. | | |
| c17. The IG Team should document a review process for information sharing agreements for the service areas. This could include the IG team using their log of agreements to set reminder deadlines to contact the service areas when an agreement is due for review. | Accept- Update the information sharing log to include the review date. Ensure the sharing agreement has a review date included. Implementation date: 31 May 2017. Responsibility: Nailah Ukaidi. | | |
| c19. WC should decide where information agreements are logged and stored, update the relevant policies and procedures to reflect this and ensure staff are aware. | Accept- Create the log and inform staff of its location and purpose. Implementation date: 30 September 2017. Responsibility: Nailah Ukaidi. | | |
| c20. (a) Update the data quality procedure to include quality and minimisation requirements for data sharing. (b) Update the WC IG policies and information sharing guides to refer to the data quality policy and data quality procedural requirements | Accept- (a) Add section on "data minimisation" to DQ procedure. (b) Ensure all relevant IG policies refer to the DQ procedure. Implementation date: 31 August 2017. Responsibility: Nailah Ukaidi. | | |
| c22. WC should update quality policy and procedures to include guidance on | Accept- Update the DQ procedure to give guidance on distinguishing | | |

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| distinguishing between fact and opinion where appropriate in relation to the nature of shared data. | <p>between fact and fiction.</p> <p>Implementation date: 31 August 2017.</p> <p>Responsibility: Nailah Ukaidi.</p> | | |
| c24. Devise a process for seeking assurance, where necessary, that personal information has been securely deleted and disposed of at the end of the retention period. | <p>Accept- develop template / communication that must be provided to partners as part of data sharing arrangements and returned to WC at end of sharing. This step will also be added to data sharing procedural guidelines.</p> <p>Implementation date: 30 September 2017.</p> <p>Responsibility: Carol Williams.</p> | | |
| c29. Ensure that working practices for one off disclosures are supported by policy and procedural guidance for WC staff, as planned. | <p>Partially accept- Review procedure if required to ensure process for one off disclosures is streamlined.</p> <p>Implementation date: 30 October 2017.</p> <p>Responsibility: Carol Williams.</p> | | |

I can confirm that this management response is a true representation of the current situation regarding progress made against our Action Plan outlined in the ICO Data Protection Audit Report dated 3 February 2017.

Signature:

Position:

Organisation: Walsall Council