Audit Committee –   24th June 2017

Information Commissioner Office (ICO) – Data Protection Audit (DPA)

1. Summary of report

1.1 This report provides a 3 month and update on progress towards completion of the 49 recommendations made by the ICO following the recent audit. It also confirms the approach that will be taken in regard to completing the recommendations over the coming months. The report is accompanied by the updated action plan to be provided by the ICO and a project highlight report for May 2017.

1.2 The Council is required to provide a detailed update to the ICO on progress against each of the recommendations, The ICO will contact the Council during August 2017 to request an update on progress at 3 and 6 months as detailed in the action plan. They will also be seeking assurances that all recommendations will be completed within the 12 month period as agreed. The update will need to be provided in September or October.

1.3 The project team has been managing the progress of the 49 tasks across the 3 scope areas; subject access, records management and data sharing, since the publication of the final report in February 2017. The project is being monitored by a project board with monthly highlight reports to the board.

1.4 The highlight report attached at Appendix 1 sets out the achievements as at 17th May 2017 and also details planned activity over the next 4 months. Indicative timescales were agreed with the ICO regarding the completion of tasks with the latest completion date being Feb 2018.

1.5 Progress across the 3 areas and all recommendations is on track ' Green' overall, however it is noted that, of the 26 tasks relating to subject access, 16 are not yet complete. As this area received a 'limited assurance' rating, the project will be seeking to focus input here to ensure that all, if not the majority, of these recommendations are completed prior to the update to the ICO in September / October 2017. Responsibility for this sits within the Assurance Service.

1.6 Compliance against statutory timescales for SAR responses has decreased since the audit from 63% to 42%. The Assurance Service will therefore be focussing on addressing this response rate through the appointment of additional temporary resource in the short term and a request for consideration of permanent resource in the long term.

2. Recommendations

   That Audit Committee

2.1 Note the progress on the recommendations

2.2 Note the ongoing risks related to non compliance with the DPA in regard to responding to Subject Access Requests

3. Background

3.1 Following a consensual audit by the ICO in November 2016, a final report was issued in February 2017 and the Council received an overall rating of 'Reasonable Assurance' in regard to compliance with the Data Protection Act 1998. This is a significant achievement for the Council signifying that there is a Reasonable level of assurance that processes and procedures are in place, delivering data protection compliance, but that there is some scope for improvement in existing arrangements, in particular the handing of subject access requests.

4. Resource and Legal Consideration, Performance and Risk Management issues

4.1 The fall in the compliance rate for SAR responses presents a significant risk in regard to further intervention from the ICO in the form of a follow up audit and or an enforcement notice. It is also represents a service to customers that continues to be in breach of the law. This is identified as the primary risk in the highlight report attached. The actions proposed below seek to mitigate this risk.

4.2 The Corporate Management team have now given their support to a proposal for additional sort term resources and consideration of further permanent resource to focus specifically on responding to subject access requests. The short term resources are expected to be in place during June 2017.

4.3 The project team will prioritise the recommendations directly associated with subject access requests for the duration of the project. This will ensure that all, if not the majority, of these will be completed prior to the update to the ICO in September / October 2017. Responsibility for completion of these sits within the Assurance Service.

The timely completion of the action plan will assist the Council to
• reduce and or mitigate risks to personal data from Data breaches,
• implement measures to support improved handling of subject access requests
• improve overall compliance with the Data Protection Act and
• assist with preparation for the General Data Protection Regulations (replacement for Data Protection Act)

5. Citizen Impact

5.1 Subject access requests are submitted by the public who request this information for personal use. Data breaches often include personal data being processed by the Council. The impact on customers will vary upon the number and size of requests and severity of data breaches.

6. Equality Implications

6.1 There are no direct equality implications arising from this report

7. Consultation

7.1 None

8. Background Papers

8.1 Data Protection Audit Report – Action Plan – 3 month update
    Project highlight report May 2017

James T. Walsh, Chief Finance Officer

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Detailed findings and action plan

Action plan and progress

Recommendation	Agreed action, owner and date	Status Month 3	Progress at 3 months
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.		Regular meetings have been setup and started with RM as a standing agenda
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.		Action log has been reintroduced
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 August 2017. **Responsibility:** Nailah Ukaidi and Helen Dudson.		Task A21 has been started. We do not envisage any issues
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.	**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. **Implementation date:** 30 September 2017. **Responsibility:** Nailah Ukaidi and Helen Dudson.		Task A23 to start 31/05 2017. We do not envisage any issues
a27. (a) Ensure that the documented Business Continuity Plan requires that the plan will be tested on an annual basis. **(b)** Ensure that the Corporate Business Continuity Plan is approved at senior management level. **(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.	**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. **(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. **(c)** The review log metadata table will be detailed on the cover page in line with the council's corporate document format. **Implementation date:** 31 October 2017. **Responsibility:** Steve Pretty.		Task has been started and is currently running according to schedule

Purple	Completed
Blue	Not Started - Not yet scheduled to start
Green	Task Started (On Track No delays expected)
Amber	Task Started (Minor delays but expected to get back on track)
Red	Task Started (Significant risk of missing target date)
Grey	Not Started – Due to have started

		<td style="background-color:green"></td>	
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.	**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. **Implementation date:** 1 February 2018. **Responsibility:** Carol Williams.		A gap analysis is currently being created in regards to ISO 27001. Once the Gap Analysis has been completed, any actions will be implemented by the due date.
a29. Promote the protective marking scheme guidance in the Information Risk and Security Policy to all staff as appropriate.	**Accept-** Scheme and procedure will be rolled out to all staff, as appropriate, using Meta compliance tool. **Implementation date:** 30 June 2017. **Responsibility:** Nailah Ukaidi.		This is linked to the successful roll out of metacompliance. The document is due to be reviewed at the August FIGA
a40. Amend the Mosaic new access form to include changes to access and removal of access, for consistency of approach.	**Accept-** Review form and update. **Implementation date:** 31 March 2017. **Responsibility:** Lisa Harris.	<td style="background-color:purple"></td>	Form has been created and a copy is located within evidence
a59. Continue with plans to utilise the policy compliance software so that WC has assurance that staff are accessing IG policies, procedures and guidance.	**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. **Implementation date:** 30 June 2017. **Responsibility:** Nailah Ukaidi.		We are currently in the process of UAT and Implementation. Once final defects have been resolved, we will be in a position to rollout - We are expected to meet the target implementation date
a61. Recommendation: **(a)** Ensure all services are properly identify and document their departmental information risks. **(b)** Formal assurance of how risks are mitigated should be reported to the SIRO, for example sending them a copy of the risk register.	**Partially accept- (a)** Ensure that all directorates risk assess all their information assets, using an appropriate tool. **(b)** Document and embed the process and criteria for escalating risks and providing assurance to SIRO **Implementation date:** 31 July 2017 **Responsibility:** Nailah Ukaidi.		All Directorates are in the process of reviewing their IAR and starting to use the associated risk tools. These will be analysed and a criteria set for escalating any asset that hits the threshold.
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.	<td style="background-color:green"></td>	Task A62 to start 31/07 2017. We do not envisage any issues

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Recommendation	Response		Status
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.	(Amber)	Discussions are underway with Iron Mountain. Awaiting further updates. Whilst the planned implementation date has passed we are satisfied that this recommendation will be implemented in good time
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.	(Purple)	Website has been updated to ensure it is appropriately tailored to the public. Incorrect/duplicate information removed
b3. Consider putting the subject access request form from the access to personal records leaflet into a separate link on WC's subject access request webpage.	**Accept-** Text has been added to 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. **Implementation date:** February 2017. **Responsibility:** Carol Williams	(Purple)	Changes have been implemented to differentiate the forms accordingly
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.	**Accept-** key word search criteria will be updated via ICT service. Link has been added. **Implementation date:** 28 February 2017. **Responsibility:** Carol Williams.	(Purple)	Link to SAR has been added to Privacy Notice page which has a link on the footer of WC homepage
b7. Recruit two Assurance Officers, to support the full resourcing of the Assurance Team, as planned.	**Accept-** 2 posts were filled Dec 2016. **Implementation date:** 31 January 2017. **Responsibility:** Carol Williams.	(Purple)	SO and LA have been recruited to fill the positions of Assurance Officers
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.	**Accept-** Review contract in line with GDPR requirements. Ensure this is on the IG document review cycle for annual review. **Implementation date:** 31 May 2017. **Responsibility:** Carol Williams.	(Red)	"NU to schedule meeting with HD to confirm how this will be progressed. HD has been reviewing the existing contract.
b10. Ensure staff are required to read the information governance policy framework through the induction process.	**Accept-** Induction process to be updated at all access points and policy rolled out through Policy Enforcement Tool. **Implementation date:** 30 June 2017. **Responsibility:** Carol Williams.	(Green)	Task has been started, liaising with HR, and is currently running according to schedule

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b12. Consider adding more case scenarios for the subject access request handbook which relate to local government handling of subject access requests.	**Accept-** IGAM will consider as part of review process. **Implementation date:** 30 June 2017. **Responsibility:** Nailah Ukaidi.	 	This will be considered when reviewing handbook under other actions
b14. (a) Add subject access content to the e-learning module that all staff are required to complete (b) Staff should complete the e-learning module annually, as planned.	**Accept-** IGAM will update content as part of yearly review and relaunch. Annual refresh agreed at FIGA and CMT. **Implementation date:** 30 March 2017. **Responsibility:** Carol Williams.	 	Content added URL will be available once training is launched
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.	**Accept- (a)** Build a log of case scenarios that can be added to and adapted to ensure some consistency in learning. **(b)** Quarterly case review meetings to highlight and discuss recent cases that have been complex or challenging so learning shared across the team. **(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. **Implementation date:** 31 May 2017. **Responsibility:** Carol Williams.	 	Task has been started and is currently running according to schedule. Linked to B18 below
b18. Complete further SAR training for the Assurance Team in order to improve SAR compliance rates as soon as possible	**Accept** **Implementation date:** 31 March 2016. **Responsibility:** Carol Williams.	 	Training plan is being developed and desk side training has commenced within the team
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.	**Accept-** Amend flowchart / SAR Handbook and disseminate to IAT. **Implementation date:** 31 May 2017. **Responsibility:** Carol Williams.	 	In progress will be amended as part of handbook review
b22. Carry out a review of all template letters in Respond and remove any letters which are no longer relevant.	**Accept-** review and update as per recommendation. **Implementation date:** 31 May 2017. **Responsibility:** Carol Williams.	 	Task has been started and is currently running according to schedule Linked tasks B22,B42 and B43
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.	 	Review of process has started, proposing to add task to process to ensure action completed. Linked task B21
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.	 	Task Completed

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Recommendation	Response	Status	Comment
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.	Purple	SARS request workflow has been completed
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 to the member of staff responsible for the case and then to the Assurance Team for general guidance.	**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 provide opportunity to review / discuss issues. **Implementation date:** 30 September 2017. **Responsibility:** Carol Williams.	Blue	Task B40 to start 30/06 2017. We do not envisage any issues
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.	Purple	Examples have been identified updates to be completed by end of May
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.	Green	Review of templates is underway Linked tasks B22,B42 and B43
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.	Green	Included in current review of templates Linked tasks B22,B42 and B43
b44. Provide specific guidance on the various procedures by which subject access request bundles can be supplied to data subjects.	**Accept-** IGAM will update content of SAR handbook. **Implementation date:** 31 May 2017. **Responsibility:** Carol Williams.	Amber	Task has been started and is currently running according to schedule
b47. A terms of reference should be created for 'Camelot meetings' and minutes of the meeting should also be recorded.	**Accept** **Implementation date:** 28 February 2017. **Responsibility:** Carol Williams.	Purple	Completed

Purple	Completed
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Green	Task Started (On Track No delays expected)
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Recommendation	Management Response	Status	Progress
b48. Subject access compliance should be a standing agenda item for the FIGA group.	**Accept-** Agenda template updated. **Implementation date:** 28 February 2017. **Responsibility:** Carol Williams.	Purple	SA compliance is now a standing agenda for FIGA
b49. (a) The Information Governance and Assurance Manager should finalise the proposal for children's services to process their subject access requests. **(b)** If approved, a date should be set for when Children's Services will take over for their areas subject access requests.	**Accept-** IGAM will action as recommended. **Implementation date:** 30 April 2017. **Responsibility:** Carol Williams.	Amber	This task forms part of report being considered by James Walsh and will be updated mid May
b50. Finalise the reporting process for subject access requests to CMT, as planned.	**Accept-** Will be incorporated into the quarterly performance monitoring report produced by Assurance Team. **Implementation date:** 30 September 2017. **Responsibility:** Carol Williams.	Green	Planned completion date 30/9/17
b51. (a) Add the timescale for WC to respond to a complaint about subject access requests to the subject access request webpage. **(b)** The timescale for responding to a subject access request complaint should also be added to an acknowledgement letter sent to the data subject.	**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. **Implementation date:** 30 September 2017. **Responsibility:** Carol Williams.	Green	Website states "We will acknowledge your Subject Access Request and as soon as we are clear on what information you require and have the relevant Identification. Under the legislation we have 40 calendar days to provide a full response to your request. The time starts once we are satisfied we have all the information outlined in points 2, 3 and 4 if applicable"
b54. (a) Subject access complaints statistics and content should be reported to Camelot. **(b)** Subject access request complaints which have been reported to the ICO should be reported to FIGA and the CMT.	**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. **Implementation date:** 30 September 2017. **Responsibility:** Carol Williams.	Green	a. Statistics template being reviewed - and refresh Camelot TOR b. Report to be received at June FIGA will minute onward to CMT Link to B50 - Same Report Report format designed and shared with project for feedback.
Data Sharing			
c3. Implement the procedure that is documented in the Information Sharing Procedural Guidelines, to log information sharing agreements in the information asset register.	**Accept-** IGAM will implement as part of procedural review. **Implementation date:** 30 August 2017. **Responsibility:** Carol Williams.	Grey	Task is due to be started within the next 2 weeks and will be completed by Implementation date

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c12. Ensure that the privacy impact assessment (PIA) policy is publicised to all staff that may be involved in setting up a data sharing agreement.	**Accept-** Use existing corporate communication channels to advise anyone setting up a data sharing agreement that a PIA needs to be completed. Updates to DS Procedure. **Implementation date:** 31 May 2017. **Responsibility:** Carol Williams.	 	Updates made to intranet and Mandatory training Task will also be addressed as part of GDPR due to additional changes required.
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.	**Accept-** IGAM will update and publish revised Data Sharing to be applied to future data sharing agreements. **Implementation date:** 30 June 2017. **Responsibility:** Carol Williams.	 	Task has not started but will be completed by Implementation date
C14. (a) Create a record of PIAs either within the information sharing log or the suggested central repository. **(b)** Ensure a copy of the PIA is kept and linked to the log or the suggested central repository.	**Accept-** Central repository has been set up, needs to be populated with back copies and future copies and supplementary documentation. **Implementation date:** 31 August 2017. **Responsibility:** Carol Williams.	 	Central repository has been created and needs populating. We expect to have the repository populated by Implementation date.
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, stipulates that a different mandatory template is used.	**Partially accept-** This will be implemented to the extent that it is necessary. Alternative templates will contain all requisite clauses may also be used. **Implementation date:** 30 April 2017. **Responsibility:** Carol Williams.	 	Templates are on intranet and guidance have been updated
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.	 	Work on this task will commence week starting 15/05
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 it location and purpose. **Implementation date:** 30 September 2017. **Responsibility:** Nailah Ukaidi.	 	Work on this task will commence week starting 22/05
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.	 	This work will commence during May 2017 Linked tasks C22 and C20
c22. WC should update quality policy and procedures to include guidance on distinguishing between fact and opinion where appropriate in relation to the nature of shared data.	**Accept-** Update the DQ procedure to give guidance on distinguishing between fact and fiction. **Implementation date:** 31 August 2017. **Responsibility:** Nailah Ukaidi.	 	This is on schedule. Linked tasks C22 and C20
c24. Devise a process for seeking assurance, where necessary, that personal information has been securely deleted and disposed	**Accept-** develop template / communication that must be provided to partners as part of data sharing arrangements and returned to WC	 	Task C24 to start 01/06 2017. We do not envisage any issues

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Grey	Not Started – Due to have started

of at the end of the retention period.	at end of sharing. This step will also be added to data sharing procedural guidelines. **Implementation date:** 30 September 2017. **Responsibility:** Carol Williams.		
c29. Ensure that working practices for one off disclosures are supported by policy and procedural guidance for WC staff, as planned.	**Partially accept-** Review procedure if required to ensure process for one off disclosures is streamlined. **Implementation date:** 30 October 2017. **Responsibility:** Carol Williams.		Task C29 to start 01/06 2017. We do not envisage any issues

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

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