

Recommendation	Agreed action, date and owner	Progress at 3 months Describe the status (complete/ partially complete/ not started) and action taken.	Progress at 6 months Describe the status (complete/ partially complete/ not started) and action taken.	Completed or Ongoing as of April 2016
<p>a5. Ensure that the job description for the Transparency and Feedback Team Manager accurately reflects the newly assigned responsibilities for information governance, incorporating records management. There should be a clear distinction between post holders with strategic responsibility and post holders with operational responsibility for the records management function.</p>	<p>Management response: Accepted</p>	<p>Job Description (JD) amends made that provide clarity for strategic and operational records management (RM). These were approved by Chief Officer and submitted to job evaluation panel. New job description now in place. Copy available if required</p>	<p>NA</p>	<p>Completed</p>
	<p>CYC will review current job description to ensure clarity for strategic and operational responsibilities for records management.</p>			
	<p>Owner: Andy Docherty, Assistant Director</p>			
	<p>Date for implementation: 31st December 2015</p>			
	<p>Management response: Accepted</p>			<p>Partially completed / On track</p>
<p>a9. Assign local records management responsibilities in line with the requirements</p>	<p>Management response: Accepted</p>			<p>Partially completed / On track</p>

of the Records Management Policy.	CYC will identify and assign local records management responsibilities in line with the reviewed/updated Records Management Policy.	RM policy review and redraft underway.	Review of current RM policy and procedures continuing, taking account of best practice. These are to be approved by IMB and where relevant, Audit & Governance Committee, and then communicated to all staff using several methods e.g. staff newsletter, intranet "shouts", management team meeting. Staff will have access to full range of RM policies/procedures. These will be in a "toolkit" style.	
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 th June 2016			
a12. Ensure that records management features regularly on the CIGG agenda to mandate and monitor records management improvements.	Management response: Accepted		NA	
	CYC has completed the review of the CIGG terms of reference which will now be the Information Management Board (IMB) and includes records management including monitoring and compliance, in its purpose, aim, remit and objectives. The first meeting is planned for mid-November at which the standard agenda items will be approved.	Replaced CIGG with an Information Management Board (IMB) with new terms of reference and membership. IMB meets monthly and actions recorded.		
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st December 2015			
a14. Implement a records	Management response:			Partially completed -

<p>management programme of work and ensure that records management actions/ improvements and lessons learned are identified and implemented as necessary. This programme should be overseen by the CIGG.</p>	Accepted			<p>revised timescale linked to other interdependent recommendations - 30th June 2016</p>	
	CYC will develop a records management forward work programme.	<p>This is being met by inclusion in IMB monitoring which is identified in the Terms of Reference (ToRs).</p>	<p>The further work required to complete this recommendation is now time-linked/dependent to implementation of RM policy etc - see a15, a9</p>		
	<p>The IMB is to be responsible for records management monitoring and compliance as stated in the Terms of Reference</p>				
	<p>Owner: Lorraine Lunt, Transparency & Feedback Team Manager</p>				
	<p>Date for implementation: 31st March 2016</p>				
<p>a15. Ensure that the Records Management Policy</p>	<p>Management response: Accepted</p>			<p>Partially completed - revised timescale</p>	

outlines methods for monitoring policy compliance and that this is communicated to staff.	CYC will include monitoring compliance and guidance in the review of the current Records Management Policy. The launch of the revised policy will include a communications plan for raising awareness as well as guidance, training package(s). When completed, this will be published on the intranet and internet.	This is being met by inclusion in IMB monitoring which is identified in the Terms of Reference (ToRs).	Review of current RM policy and procedures continuing, taking account of best practice. These are to be approved by IMB and where relevant, Audit & Governance Committee, and then communicated to all staff using several methods e.g. staff newsletter, intranet "shouts", management team meeting. Staff will have access to full range of RM policies/procedures. These will be in a "toolkit" style.	linked to other interdependent recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 March 2016			
a17. Ensure that the Records Management Policy is reviewed in line with time periods for review set out in the policy.	Management response: CYC is currently underway with a review of the Records Management Policy (including a communications plan) and will put in place a monitoring process to ensure future reviews are undertaken within the set time periods.	This is being met by inclusion in IMB monitoring which is identified in the Terms of Reference (ToRs).	Review of current RM policy and procedures continuing, taking account of best practice. These are to be approved by IMB and where relevant, Audit & Governance Committee, and then communicated to all staff using several methods e.g. staff newsletter, intranet "shouts", management team meeting. Staff will have access to full range of RM policies/procedures. These will be in a "toolkit" style.	Partially completed - revised timescale linked to other interdependent recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st March 2016			

<p>a18. Review the draft records management guidance alongside the Records Management Policy to ensure that it is complete, consistent and up-to-date. Ensure that communication of records management guidance is included within a Communications Plan for the Records Management Policy.</p>	<p>Management response: Accepted</p>	<p>This is being met by inclusion in IMB monitoring which is identified in the Terms of Reference (ToRs).</p>	<p>Review of current RM policy and procedures continuing, including development of a communications plan and training package(s). These are to be approved by IMB and where relevant Audit & Governance Committee. The communication plan includes several methods e.g. staff newsletter, intranet "shouts", management team meeting as well as external website publication. This continuing work is time-linked/dependent to several recommendations including implementation of RM policy etc see a17, a15, a9 etc.</p>	<p>Partially completed - revised timescale linked to other interdependent recommendations - 30th June 2016</p>
	<p>CYC is currently reviewing the guidance, training package(s) etc. for records management alongside the review of the policy. Following the approval of the reviewed policy, CYC will undertake the actions from the communications plan including providing guidance, training package(s) and publication on the intranet.</p>			
	<p>Owner: Lorraine Lunt, Transparency & Feedback Team Manager</p>			
	<p>Date for implementation: 31st May 2016</p>			
<p>a23. Ensure that records management is incorporated</p>	<p>Management response: Accepted</p>			<p>Partially completed & ongoing - revised</p>

<p>within a formal training programme that comprises mandatory induction and periodic refresher training for all staff with access to personal data.</p>	<p>CYC will ensure that records management is included in its training/learning/development mandatory framework including induction, targeted dedicated sessions aligned to local records management responsibilities, and refresher.</p>	<p>Business case for role of a council wide elearning developer, agreed by Chief Officers. Job description submitted to job evaluation panel. Recruitment undertaken and individual in post. Work undertaken to understand our requirements for elearning tool.</p>	<p>The content for information governance, data protection, data security awareness /knowledge for all, has been developed. Content for information governance, data protection, data security awareness /knowledge for senior managers has been developed. These are to be delivered using IComply system to relevant groups of staff, as well as councillors . Reports will then be available on delivery of these packages.</p>	<p>timescale linked to other interdependent recommendations - 30th June 2016</p>
		<p>Induction package for all staff has been updated and delivered in line with the council wide induction timetable</p>	<p>Content for revised breach management procedures has been developed and will be delivered as part of a rolling programme of IG / RM training either via I comply or elearning or class based sessions.</p>	
	<p>Owner: Lorraine Lunt, Transparency & Feedback Team Manager</p>			
	<p>Date for implementation: 30 April 2016</p>			
<p>a28. Ensure that records management training needs are assessed and addressed for key roles and staff groups.</p>	<p>Management response: Accepted</p> <p>CYC will link this with the identification of local records management responsibilities, inclusion in the mandatory framework and into the PDR process where appropriate. Progress of TNA as well as meeting the needs identified through the TNA, will be monitored via the IMB.</p>		<p>Requirement to revise IMB ToRs to ensure TNA progress is monitored through IMB. This will be included on the next available IMB agenda.</p>	<p>Partially completed & ongoing - revised timescale linked to other interdependent recommendations - 31st August 2016</p>

			As time- linked & interdependent on actions in a9, this will be met following completion of those actions.	
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st May 2016			
a30. Review the Data Protection Policy to ensure that it is up to date and reflects best practice.	Management response: Accepted			Partially completed & ongoing - revised timescale of 31st July 2016
	CYC is currently underway with a review of the Data Protection Policy (including a communications plan, guidance, training packages) which is now taking account of the comments and recommendations in this ICO audit.	Continued with review to include ICO audit recommendations.	Due to the timing of the release of the agreed EU wide, General Data Protection Regulation (GDPR), including waiting on UK regulator (Information Commissioners Office/ICO) guidance and also the ongoing discussions on Safe Harbor/Privacy Shield, the completion of the review has been extended. This will then be approved by IMB and where relevant Audit & Governance Committee. A communications plan and training programme will be part of this.	
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 29 th February 2016			
a31. Ensure all privacy notices are readily available and easily accessible from the council's homepage.	Management response: Accepted	Privacy statement on CYC website updated and under quarterly review as other IG work progresses e.g. services update their PNs, transfer of services into CYC (Health Visitors/School Nurses); go live of new systems(Childrens); consent requirements, sharing agreements etc	Development of an ICT system that will enable an improved method of collecting, updating, monitoring and reporting from the approved set of sections in our Information Asset Register (IAR). IMB approval of the IAR process and template to sent out across the council via the IMB directorate information guardians, along with guidance on how to complete the sections.	Partially completed - ongoing - timescale revised to 30th June 2016

	<p>At the launch of the new CYC website, we updated the Privacy Notice accessible via the main/home page. Further work will be undertaken following the collation of all existing privacy notices, information sharing agreements etc. as part of the new “information asset register monitoring and compliance” across the council, to identify how best to ensure all are easily accessible/searchable/linked where relevant from the main web page.</p>		<p>Support and advice given to several areas /services on the updating or provision of Privacy Notices e.g. FEHA. This is being done on a request basis or by a proactive approach when a requirement for a Privacy Notice is identified. Introduction of a centrally held register of all Privacy Notices and planning underway on how to ensure publication is easily accessible from our main web page.</p>	
	<p>Owner: Lorraine Lunt, Transparency & Feedback Team Manager</p>			
	<p>Date for implementation: 30 April 2016</p>			
<p>a32. Ensure that privacy notices are made available for all services to inform individuals about the use of their personal data.</p>	<p>Management response: Accepted</p> <p>As part of the new “information asset register monitoring and compliance” across the council, we will be able to identify where privacy notices are not held and therefore put in place a work plan to complete these.</p>	<p>Privacy notices completed for several areas e.g. FEHA, , benefits online, Health and Safety reporting system. These include a variety of methods for informing individuals about the use of their personal data e.g. leaflets, webpage etc</p>	<p>Support and advice continues to be given to services on the updating or provision of Privacy Notices e.g. surveys, HR online. This is being done on a request basis or by a proactive approach when a requirement for a Privacy Notice is identified. Different methods being used to ensure accessible e.g. leaflets, on forms, on webpages, on phonenumber recorded message etc. The possible provisions/requirements from the GDPR are being taken into account i.e. that these are upfront etc</p>	<p>Partially completed - ongoing - timescale revised to 30th June 2016</p>

	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			Partially completed & ongoing - revised timescale of 31st July 2016
	Date for implementation: 30 April 2016			
a33. Ensure that there is a policy requirement to regularly review the accuracy and content of privacy notices.	Management response: Accepted CYC will include the requirement for regular review of the accuracy and content of privacy notices in the review of the Data Protection policy and develop guidance, training package(s) for staff responsible for privacy notices.	NA	This is included in both the review of the data protection policy and the process/procedure for IAR.	
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			Completed
	Date for implementation: 30 April 2016			
a39. Review the IAR quarterly to ensure that it remains up-to-date and fit for purpose. Ensure that the IAR references relevant risks to the information assets.	Management response: Accepted CYC is currently underway with updating the IAR which includes how it will be monitored and used to identify areas such as PIAs, PIA risks etc. where relevant. The IMB will monitor compliance.	NA	IMB discussed and approved roll out of this requirement. The fields on the IAR reflect those already shared with the ICO auditors and additional ones to support continuous improvement in this process.	
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			Completed
	Date for implementation: 31 March 2016			
a42. Include storage arrangements at Yorkcraft	Management response: Accepted			Completed

within the internal audit plan of security checks.	CYC will include Yorkcraft in the internal audit plan of security checks. Meeting arranged with internal auditors mid-November for this.	Veritau amended forward plan to include this and shared this information at IMB	NA	Completed
a45. Review the requirement for the retention of both scanned and manual client records by adult social care.	Management response: Accepted			Partially completed - revised timescale linked to other interdependent recommendations - 30th June 2016
CYC will review retention requirements for both scanned and manual adult social care records. The Transparency and Feedback Team Manager and the IMB where appropriate, will advise and support the service area. The Transparency and Feedback Team manager is attending the case management system project board to incorporate the scanned and manual records retention requirements into the project.	Previous current retention schedules located and this requirement is included in the project for Adults Social Care (ASC) system replacement.	Privacy Impact Assessment underway for ASC system replacement - both for technical and processes. There will also be a time-linked interdependency on the rollout of the approved RM policy and the IAR.		
Owner: Director of Adult Social Care				
Date for implementation: 31 st March 2016				
a46.	Management response: Accepted			a) Completed
a) Assign owners to the boxes of 'mystery social care' records stored at Yorkcraft.	CYC will identify and/or assign owners within the service area.	a) owners were assigned	b) Yorkcraft and Business Support teams are working through the cabinets	b) Partially completed but no requirement to amend timescale

b) Ensure that the adult social care records stored within the separate filing cabinets at Yorkcraft are logged and tracked in line with Yorkcraft's Archive Procedure.	The Transparency and Feedback Team Manager and Yorkcraft will work with the service area to ensure that arrangements are put in place for logging and tracking of the information held in the storage cabinets.			
	Owner: Director of Adult Social Care			
	Date for implementation: 31st May 2016			
a50. Introduce a tracing system to ensure that services actively manage the whereabouts of records retrieved from storage.	Management response: Accepted			
	CYC will complete the development and introduce a tracing system for records retrieved from storage.	Updating "labelling" requirements and procedures for acceptance by Yorkcraft of boxes leaving office(s) and those being delivered	Process implemented	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st March 2016			
a55. Ensure that all Business Continuity Plans are finalised and reviewed and tested in line with the review dates specified on the plans/ assessments.	Management response: Accepted			
	CYC will ensure all BCPs are finalised and reviewed in line with the dates they specify.	NA	Working with Emergency Planning Unit (most had not been updated to show "final" version) to complete this recommendation	Partially completed
	Owner: Steve Waddington, Assistant Director Housing and Public Protection			
	Date for implementation: 30 June 2016			

<p>a59. Ensure that a consistent approach is taken across all services for the storage of physical files in the office.</p>	<p>Management response: Accepted</p>				
	<p>CYC has 2 main sites at West Offices and Hazel Court, as well as other facilities/locations across the city. CYC will respond to this recommendation at the 2 main sites by putting in place a consistent approach to storage of physical files. CYC will then roll this out across the other facilities/locations and monitor compliance with this through the information security sweeps conducted by internal auditors.</p>	<p>Work undertaken from information security sweeps, to identify those ongoing areas of concern at West Offices. Further work will be completed using the information security checks at Hazel Court.</p>	<p>All staff emails and staff newsletter (Buzz) communications done. Also completed an all staff awareness package on the updated Electronic Communication Policy (ECP) using I comply. IMB approval for a permanent information security awareness posters to be on all staff noticeboards and display screens.</p>	<p>Completed</p>	
	<p>Owner: Lorraine Lunt, Transparency & Feedback Team Manager</p>				
	<p>Date for implementation: 31st March 2016</p>				
<p>a60. Ensure that all services, and teams within them, have a procedure for the secure central storage of cabinet keys.</p>	<p>Management response: Accepted</p>				
	<p>CYC is underway with investigating the options and impacts for the development of a process for secure central storage of cabinet keys. This will include a roll out/ implementation plan, communications plan and compliance/ monitoring plan.</p>	<p>NA</p>	<p>Options explored and discussed at IMB. Paper for approved option to go to SIRO for final decision/funding. Secure key storage options explored and IMB approved their preferred option. Work now underway to provide budget and process requirements for this approved option.</p>	<p>Partially completed - timescale amended to 30th June 2016</p>	
	<p>Owner: Lorraine Lunt, Transparency & Feedback Team Manager</p>				
	<p>Date for implementation: 31st May 2016</p>				

a65. Ensure that appropriate restrictions are in place to prevent unauthorised staff from accessing original copies of scanned records, stored by the Facilities Management Scanning and Mail Unit.	Management response: Accepted			Partially completed - timescale to be confirmed
	CYC is currently investigating options to ensure that appropriate restrictions are in place to meet this recommendation.	NA	Work is planned to reallocate the users of this storage space however the timing is determined by a partner organisation move	
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st March 2016			
a75. Introduce periodic reviews of access permissions granted in Norwel.	Management response: Accepted			Completed
	CYC is underway with investigating the tasks required and the impacts of introducing periodic access permission reviews in Norwel.	NA	Legal Services implemented annual check on access permissions including for leavers and movers	
	Owner: Practice Manager			
	Date for implementation: 31 st March 2016			
a79. Clear and consistent guidance on taking records containing personal data offsite, should be produced and made available to staff.	Management response: Accepted			Partially completed - time linked to other policy implementations - 30th June 2016
	CYC will include this in the current review of the DP policy and guidance and training package(s).	Information Security/Think Privacy guidance provided to all staff and councillors using IComply. This was also included in the scope for the reviews underway of other policies e.g. RM, DP	Recent Electronic Communications Policy (ECP) awareness and refresh sent out to all staff using Icomply which includes security of personal data on electronic systems etc. Individual areas have been supported in provision of guidance/processes/procedures to use when taking records offsite e.g. healthy child.	
	Owner: Director of Adults Social Care and Director of Children's Services			

	Date for implementation: 29 February 2016			
a80. Staff should be provided with or advised on appropriate methods and/or media for transporting client records offsite.	Management response: Accepted	Information Security/Think Privacy guidance provided to all staff and councillors using IComply.	Policy reminders on use of only CYC provided equipment which is encrypted.	Partially completed - time linked to other policy implementations - 30th June 2016
	CYC will include this in the current review of the DP policy and guidance and training package(s).			
	Owner: Director of Adults Social Care and Director of Children's Services			
	Date for implementation: 29 February 2016			
a83. Ensure guidance on the protective marking scheme within the staff intranet is up-to-date. Any updated scheme arrangements should be communicated to staff.	Management response: Accepted			
	CYC will undertake a review of the current guidance and update this where required. This will include a review of the layout and look and feel of the information on the intranet. All changes will be communicated to staff.	NA	Check made of current guidance on staff intranet and to include the updated and refreshed content with the relevant policy review e.g. DP and RM	Partially completed - time linked to other policy implementations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st March 2016			

<p>a84. Appropriate and consistent security measures should be in place when sending personal data (especially sensitive personal data) by post. Considerations should be given as to whether personal data can be minimised or sent by other means; and addresses should be checked.</p>	<p>Management response: Accepted</p>	<p>Included in the Think Privacy / Information Security awareness package sent out to all staff via I comply. Exploring options for a new secure email system as part of our other accreditations and/or assessment requirements e.g. PSN</p>	<p>Finalising renewal of contract for Doqex system (PIA has been completed for this system and its expected uses). This has also been included in the scope of the review and update of other relevant policies e.g. DP and RM</p>	<p>Partially completed - time linked to other policy implementations - 30th June 2016</p>
	<p>CYC will include this in the current review of the DP policy and guidance and training package(s).</p>			
	<p>Owner: Lorraine Lunt, Transparency & Feedback Team Manager</p>			
	<p>Date for implementation: 31st March 2016</p>			
<p>a85. Consider an appropriate method to reduce the risk of unauthorised access to incoming and outgoing post.</p>	<p>Management response: Accepted</p>			<p>Partially completed - delay due to unexpected absence of IG&FT manager and a65 - 31st July 2016</p>
	<p>CYC will consider options to provide appropriate methods (both in the short and long term) to reduce the risk of unauthorised access to incoming and outgoing post.</p>	<p>Options investigated included: new "fronts" on all pigeon holes which could be secured/locked; procedure implementation for no information/post to be left in pigeon holes after last collection; drop off secure box; etc</p>	<p>Findings from the investigations are now being considered and will be presented for decision and approval of option(s) to implement across council locations. Linked with a65</p>	
	<p>Owner: Lorraine Lunt, Transparency & Feedback Team Manager</p>			

	Date for implementation: 31 st March 2016			
a86. Introduce procedures to ensure that outgoing post is stored securely after the last collection each day.	Management response: Accepted			
	CYC will investigate options to provide appropriate procedures for ensuring outgoing post is stored securely	Linked to a85 and a 65 - Options investigated included: new "fronts" on all pigeon holes which could be secured/locked; procedure implementation for no information/post to be left in pigeon holes after last collection; drop off secure box; etc	Findings from the investigations are now being considered and will be presented for decision and approval of option(s) to implement across council locations. Linked with a65	Partially completed - delay due to unexpected absence of IG&FT manager and a65 - 31st July 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st March 2016			

<p>a89. CYC should have up-to-date retention schedules in place which are based on business needs and have reference to statutory requirements and other relevant principles. Retention schedules should provide sufficient information for all records to be identified and disposal decisions put into effect. There should also be a link between the assets in the IAR and their associated retention schedules.</p>	<p>Management response: Accepted</p>	<p>Advice and support on RM and retention schedules including storage/archiving/destruction & deletion being provided via the IG&FT manager / team where requested or identified. This is whilst the review and implementation of the IAR and RM policy etc is completed.</p>	<p>Advice and support on RM and retention schedules including storage/archiving/destruction & deletion being provided via the IG&FT manager / team where requested or identified. This is whilst the review and implementation of the IAR and RM policy etc is completed. The process for the IAR as described in separate recommendation(s) e.g. a39 is underway.</p>	<p>Partially completed - no change to timescale</p>
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	<p>CYC is currently underway with a review of the Records Management Policy as well as updating the IAR which will include identifying retention schedule(s) that need updating. This identification will then inform a work plan to ensure they are based on business needs and reference statutory requirements and provide information on identification and disposal.</p>			
	<p>Owner: Lorraine Lunt, Transparency & Feedback Team Manager</p>			
	<p>Date for implementation: 30th June 2016</p>			
<p>a90. Retention schedules should be regularly reviewed to ensure that they meet business needs and statutory requirements.</p>	<p>Management response: Accepted</p>			
	<p>CYC has updated the terms of reference for the IMB (replacing CIGG) and it includes records management monitoring and compliance. Alongside this, CYC is underway with updating the IAR and identifying a work plan for updating retentions schedules, all of which will support the regular review of retention schedules to ensure they meet business needs and statutory requirements.</p>	<p>Linked to a89. A programme for reviews is included in the advice and support on RM and retention schedules being provided via the IG&FT manager / team where requested or identified. This is whilst the review and implementation of the IAR and RM policy etc is completed.</p>	<p>Linked to a89. A programme for reviews is included in the advice and support on RM and retention schedules being provided via the IG&FT manager / team where requested or identified. This is whilst the review and implementation of the IAR and RM policy etc is completed.</p>	<p>Partially completed - no change to timescale</p>
	<p>Owner: Lorraine Lunt, Transparency & Feedback Team Manager</p>			
	<p>Date for implementation: 30th June 2016</p>			

a91. Assign responsibility to appropriate individuals/asset owners to ensure retention periods are adhered to.	Management response: Accepted			
	CYC has updated the terms of reference for the IMB (replacing CIGG) and it includes records management monitoring and compliance. Alongside this, CYC is underway with updating the IAR and identifying a work plan for updating retentions schedules, all of which will support the assigning of responsibility for adherence to retention schedules.	Linked to a89 and a90. A programme for reviews is included in the advice and support on RM and retention schedules being provided via the IG&FT manager / team where requested or identified. This is whilst the review and implementation of the IAR and RM policy etc is completed.	Linked to a89 and a90. A programme for reviews is included in the advice and support on RM and retention schedules being provided via the IG&FT manager / team where requested or identified. This is whilst the review and implementation of the IAR and RM policy etc is completed.	Partially completed - no change to timescale
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 th June 2016			
a100. Ensure that the Yorkcraft SLA is periodically reviewed in line with review periods set out in the Agreement.	Management response: Accepted			
	CYC will review the Yorkcraft SLA and ensure ongoing reviews are conducted in the time periods subsequently set out.	NA	Contract/SLA review periods to be set up and also linked to internal audit/information security check forward plan	Partially completed - time linked to other policy implementations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st March 2016			
a104. Identify records management performance	Management response: Accepted			

measures that reflect organisational needs and risks identified in the corporate risk management framework.	CYC has updated the terms of reference for the IMB (replacing CIGG) and it includes records management monitoring and compliance. Work will now be done to determine what the key performance indicators are to reflect our needs and risks. These will be aligned to the risks identified for the corporate risk management framework.	Work underway with risk management team to ensure service areas risk registers identify DP/Privacy risks, controls and solutions. Corporate risks continue to be identified and will be managed through the IG /Steam risk register and monitored via IMB and where relevant Audit and Governance Committee.	Linked to a15, a17 and review of RM policy etc, continuing work in identifying best practice and improved risk management approach through routes such as National Archives, regional IG groups/networks/forum.	Partially completed - revised timescale linked to other interdependent recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st March 2016			
a105. Ensure that reporting details are being produced as required in the Yorkcraft SLA.	Management response: Accepted CYC will review the Yorkcraft SLA and ensure reports are produced.	NA	Linked to a100 - Contract/SLA review periods to be set up and also linked to internal audit/information security check forward plan	Partially completed - time linked to other policy implementations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st March 2016			
a106. There should be periodic internal audit of the security and use of records, and a formal report issued to senior management.	Management response: Accepted CYC will include this in the internal audit plan. Meeting arranged with internal auditors mid-November for this.	Veritau amended forward plan to include this and shared this information at IMB	NA	Completed

	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 December 2015			
a108. Review the Information Security Incident Procedure and ensure that it is fit for purpose and in line with best practice.	Management response: Accepted			
	CYC have provided breach management training for 2 key staff and they are now underway with a review of the breach management process, procedures and training materials. This will take account of ICO codes of practices, exemplar organisations processes, etc. and will also identify links to the Caldicott Guardian issues reporting process. The review will also include the development and delivery plan for training, guidance/toolkits, and key performance indicators and how to ensure lessons are learned from breach management reporting. Monitoring has been included in the new terms of reference for the IMB.	Following full transfer of all IG tasks, activities and responsibilities from Veritau to council team, the review of the procedures, guidance and reporting requirements was completed and a revised set of guidance introduced, following IMB approval.	Revised and updated procedures, guidance and reporting (including monitoring by IMB and where relevant Audit and Governance Committee) fully implemented into the council. Made available to all staff using a variety of methods e.g. intranet, Buzz newsletter and IMB. Performance management reports now available for breach management including identifying common themes etc. Notification and/or self reporting to regulators (e.g. ICO , HSCIC IG toolkit etc) investigated and decisions made as per breach management procedures. Elearning package content is completed and to be delivered to all staff either via IComply or new elearning tool when procured.	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
a110. Review the IG Risk Register in line with the new	Management response: Accepted			

Risk Management Policy and Strategy to ensure that risk ratings are correct.	CYC will start the review of the IG risk register in mid-November to ensure it is in line with the new Risk Management Policy and Strategy.	Review of corporate IG risks undertaken with Risk Management team	NA	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st December 2015			
	Management response: Accepted			
a112.				
a) Assigned responsibility for IAO roles across CYC should be clearly communicated.	CYC is underway with reviewing the IAR and this will include identifying assigned IAOs and IAAs. This will then enable us to develop and deliver awareness, guidance and dedicated training for the IAOs and IAAs and a communications plan.	NA	a) work is underway for the IAR which will identify all IAOs and IAAs. Linked to a89, a91	a) Partially completed - time linked to other recommendations - 30th June 2016
b) IAOs should receive appropriate training to fulfil their roles.		NA	b) training requirements will follow from the update of IAR including role specific needs e.g. IAO, IAA and also from work underway on elearning packages. Linked to a89, a91, a113	b) Partially completed - time linked to other recommendations but no change to timescale
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: (a) 31st March 2016 (b) 30 June 2016			
a113. Information Asset Administrators should be	Management response: Accepted			

identified and nominated, as planned to support the IAO function, and should receive training as appropriate.	CYC is underway with reviewing the IAR and this will include identifying assigned IAOs and IAAs. This will then enable us to develop and deliver awareness, guidance and dedicated training for the IAOs and IAAs and a communications plan.	NA	b) training requirements will follow from the update of IAR including role specific needs e.g. IAO, IAA and also from work underway on elearning packages. Linked to a89, a91, a112	Partially completed - time linked to other recommendations but no change to timescale
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 June 2016			
a114. CYC should ensure that its Data Processor Contracts provide it with a right to physically audit its data processors' premises.	Management response: Partially Accepted			
	CYC will write a clause to be included in new tender documents to provide us with this right and for existing contracts. We will include this at the point of renewal.	Relevant reviews undertaken when contracts have been renewed	Relevant reviews undertaken when contracts have been renewed	Completed
	Owner: Andy Docherty, Assistant Director			
	Date for implementation: 29 th February 2016			
b1. Finalise and implement the new SAR process.	Management response: Accepted			
	CYC is currently underway with a review of the SAR process, Access to Records policy, training material etc. and will use this ICO report recommendations to further update where required. This review will include the writing of what will be required in the training packages, checklists/toolkits, templates and a communications plan.	Review process in line with refresh/review of DP policy and transfer of management and monitoring of all SAR requests from Veritau to CYC. This was not completed until early 2016. Also waiting for finalised version of the rights of individuals in the recent GDPR.	GDPR rights of individuals and other relevant changes from this, as well as ICO guidance releases are being incorporated into the review of the DP policy which includes Subject Access Request (SAR) process.	Partially completed - time linked to other recommendations - 30th June 2016

	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
b2. Finalise the draft Access to Records Policy and SAR checklist. Update the 'Interim Practice Guidance to Social Workers: Subject Access Requests', 'Business Support SAR Process Children's Services' and 'Business Support SAR flowchart' to reflect the final SAR process.	Management response: Accepted CYC is currently underway with a review of the SAR process, Access to Records policy, training material etc. and will use this ICO report recommendations to further update where required. This review will include the writing of what will be required in the training packages, checklists/toolkits, templates and a communications plan.	Updating and finalising of SAR policy and checklist underway including updating the appropriate guidance for social workers and business support in line with refresh/review of DP policy and transfer of management and monitoring of all SAR requests from Veritau to CYC. This was not completed until early 2016. Also waiting for finalised version of the rights of individuals in the recent GDPR.	GDPR rights of individuals and other relevant changes from this, as well as ICO guidance releases are being incorporated into the review of the DP policy which includes Subject Access Request (SAR) process, guidance, checklists and training.	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
b3.	Management response: Accepted			
a) Update website guidance to reflect the new SAR process, as planned.	Following completion of the review of the SAR process and Access to Records policy, and as part of the communications plan being actioned, (a) the website pages will be updated and (b) easier access and search options will be investigated and put in place where possible.	linked to b1 and b2	linked to b1 and b2	Partially completed - time linked to other recommendations - 30th June 2016

b) Make the SAR guidance on the website easier to locate.	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31st March 2016			
b4.	Management response: Partially accepted			
a) CYC should review current data processing contracts to ensure they include the appropriate obligations regarding SARs. This should be included in all future contracts with data processors.	(a) CYC will undertake reviews of current data processing contracts at the time of renewal and (b) include the provision for 3rd party SARs within the review of the SAR process.	Link to a114. Relevant reviews undertaken when contracts have been renewed	Link to a114. Relevant reviews undertaken when contracts have been renewed	a) Completed
b) Integrate third party SARs into the new SAR process to ensure adequate oversight.		Linked to b1 and b2	Linked to b1 and b2	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: (a) Andy Docherty, Assistant Director			
	(b) Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: (a) to be determined by renewal timescales (b) 31st March 2016			
b7. Implement quality assurance procedures through the council team for all SAR responses as proposed.	Management response: Accepted CYC is currently underway with a review of the SAR process, Access to Records policy, training material etc. and will include how the CYC team will quality assure/check SAR responses and how this will be reported. The new IMB will be responsible for monitoring and compliance.	Following on from completion of b1, b2, b3. Reporting and monitoring will be through IMB and where relevant Audit and Governance Committee	Following on from completion of b1, b2, b3. Reporting and monitoring will be through IMB and where relevant Audit and Governance Committee	Partially completed - time linked to other recommendations - 30th June 2016

	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31st March 2016			
b8. Raise awareness of the 'Interim Practice Guidance to Social Workers: Subject Access Requests' amongst all relevant staff/teams.	Management response: Accepted			
	CYC team will continue to raise awareness and provide guidance to relevant teams and staff.	raised awareness in relevant service areas	NA	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 th November 2015			
b9. As proposed, develop council wide training for staff so staff can recognise a SAR. Conduct training needs analysis of staff involved in the SAR process and provide role specific training where appropriate.	Management response: Accepted			
	CYC will include this training needs analysis in with that being done for records management, IAOs, IAAs etc. Training packages are being developed which will include induction and refresher awareness, and more role and responsibility specific training packages. Delivery will be using the most appropriate method e.g. I comply, elearning or classroom.	Ongoing awareness raising by poster campaign on staff noticeboards, staff display screens.	Included in induction package and elearning packages will be developed alongside any class based requirements. Linked to outputs and timescales for b1, b2, b3	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 April 2016			
b10. Update guidance available on staff intranet to	Management response: Accepted			

reflect new SAR process.	CYC will update intranet guidance when SAR process and Access to Records policy reviews are completed.	Linked to b1, b2, b3	Linked to b1, b2, b3	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 April 2016			
b14. Where appropriate, staff should consider whether children have capacity to independently request a SAR.	Management response: Accepted			
	CYC will include this in SAR process and Access to Records policy guidance, training and published on the intranet. However if advice sought verbally whilst this work is underway, the CYC team will give this.	Linked to b1, b2 and b3 and will be covered in training. IG&FT manager and CFTeam continues to offer advice and support where required	Linked to b1, b2 and b3 and will be covered in training. IG&FT manager and CFTeam continues to offer advice and support where required	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 April 2016			
b19. The council team should routinely record what information (if any) is withheld under exemption or relating to third parties and the basis for withholding the personal data.	Management response: Accepted			
	CYC is currently underway with a review of the SAR process, Access to Records policy, training material etc. and will use this ICO report recommendations to further update where required. This review will include the writing of what will be required in the training packages, checklists/toolkits, templates and a communications plan.	Whilst policy, guidance and training is being developed, the council team continues to provide this advice and support and recording evidence requirements following transfer from Veritau to council team. This requirement will be stated in the SAR process, guidance, etc	Linked to b1, b2, b3 and also the finalisation of the rights of individuals from the GDPR as well as the issuing of guidance on these from the ICO/regulators.	Partially completed - time linked to other recommendations - 30th June 2016

	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
b20. Formalise the requirement for staff to promptly contact the SAR requestor in the event of delay. In such cases, CYC should explain to the requestor the reason for the delay and the expected date for response.	Management response: Accepted			
	CYC is currently underway with a review of the SAR process, Access to Records policy, training material etc. and will use this ICO report recommendation to further update where required. This review will include the writing of what will be required in the training packages, checklists/ toolkits, templates and a communications plan.	This will be included in the policy, guidance and training is being developed, the council team continues to provide this advice and support for SAR responses.	Linked to b1, b2, b3 and also the finalisation of the rights of individuals from the GDPR as well as the issuing of guidance on these from the ICO/regulators.	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
b21. Record the formal process for chasing departments for SAR responses and escalating to Heads of Services when overdue. This process should look to identify why the SAR is overdue, current progress, and when it is likely to be finished.	Management response: Accepted			
	CYC will include this is the SAR process and monitoring reports will go the IMB to monitor compliance.	This will be included in the policy, guidance and training is being developed, the council team continues to provide this advice and support for SAR requests.	Linked to b1, b2, b3 and also the finalisation of the rights of individuals from the GDPR as well as the issuing of guidance on these from the ICO/regulators.	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			

b22. Ensure any new manual records are maintained to a good standard. Where practicable, take steps to improve any older files that have been poorly maintained.	Management response: Accepted			
	CYC will undertake to develop good standards for manual records in line with the work being done in Adults and Children's Social Care case management system improvements and linked to recommendations made for records management in this audit report.	Linked to a15, a17, a59, a79, a80 including review of DP and RM policies	Linked to a15, a17, a59, a79, a80 including review of DP and RM policies	Partially completed - time linked to other recommendations - but no amend to timescale
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 Jun-16			
b24. Keep a record of the searches made to locate personal data in response to a SAR.	Management response: Accepted			
	CYC is currently underway with a review of the SAR process, Access to Records policy, training material etc. and will use this ICO report recommendations to further update where required. This review will include the writing of what will be required in the training packages, checklists/toolkits, templates and a communications plan.	This will be included in the policy, guidance and training is being developed, the council team continues to provide this advice and support for SAR requests	Linked to b1, b2, b3 and also the finalisation of the rights of individuals from the GDPR as well as the issuing of guidance on these from the ICO/regulators.	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
b25. Ensure that adult social care retains an unredacted	Management response: Accepted			

copy of the SAR response.	CYC is currently underway with a review of the SAR process, Access to Records policy, training material etc. and will use this ICO report recommendations to further update where required. This review will include the writing of what will be required in the training packages, checklists/ toolkits, templates and a communications plan.	Advice and instructions issued to the service area	Linked to b1, b2, b3 and also the finalisation of the rights of individuals from the GDPR as well as the issuing of guidance on these from the ICO/regulators.	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
b26. Ensure there are appropriate retention periods for unredacted and redacted SAR responses.	Management response: Accepted			
	CYC will include this is in the Access to Records policy, guidance, training and also publish on the intranet. However if advice sought verbally whilst this work is underway, the CYC team will give this.	This will be included in the policy, guidance and training is being developed, the council team continues to provide this advice and support for SAR requests.	Linked to b1, b2, b3 and also the finalisation of the rights of individuals from the GDPR as well as the issuing of guidance on these from the ICO/regulators. Also linked to RM policy review and implementation a17	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
b28. Ensure Yorkcraft securely destroy SAR	Management response: Accepted			

responses in line with retention periods.	CYC will include the requirement for a checking process at Yorkcraft for destruction of SAR responses in line with the current checking process they have for destruction of other stored records.	In line with the amended destruction process with Yorkcraft and will be linked to outcomes of a42, a50, a100	NA	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
b30. Support the advice function provided by Veritau, and in future the council team, with written guidance on exemptions and redactions.	Management response: Accepted			
	CYC is currently underway with a review of the SAR process, Access to Records policy as well as training and guidance material required which includes exemptions and redacting information. Delivery of awareness and role –specific training will be delivered using a variety of methods such as induction and refresher sessions, I comply, elearning and classroom based. However if advice sought verbally whilst this work is underway, the CYC team will give this.	Supported Veritau up to the transfer to council team. Currently council team continues to provide advice and support on exemptions and redactions. This will be included in the policy, guidance and training being developed	Linked to b1, b2, b3 and also the finalisation of the rights of individuals from the GDPR as well as the issuing of guidance on these from the ICO/regulators.	Partially completed - time linked to other recommendations - but no amend to timescale
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 th June 2016			
b31. Amend practice guidance to advise staff to	Management response: Accepted			

<p>contact either Veritau or the council team for SAR advice when required.</p>	<p>CYC is currently underway with a review of the SAR process, Access to Records policy as well as training and guidance material, which will include contact information for advice and support. However if advice sought verbally whilst this work is underway, the CYC team will give this.</p>	<p>Supported Veritau up to the transfer to council team which was completed early 2016. Currently council team continues to provide advice and support on SARs. This will be included in the policy, guidance and training being developed</p>	<p>Linked to b1, b2, b3 and also the finalisation of the rights of individuals from the GDPR as well as the issuing of guidance on these from the ICO/regulators.</p>	<p>Partially completed - time linked to other recommendations - but no amend to timescale</p>
<p>b33. Issue guidance and template letters/paragraphs to assist staff in their response to the data subject. This should include a description of how data subjects' personal data is being used and to whom it may be disclosed, an explanation of the searches undertaken to locate their personal data, and where appropriate, an explanation as to why information has been redacted or exempted.</p>	<p>Management response: Accepted</p>			
	<p>CYC is currently underway with a review of the SAR process, Access to Records policy as well as training and guidance material. This will include a suite of template responses for SARs. However if advice sought verbally whilst this work is underway, the CYC team will give this.</p>	<p>Supported Veritau up to the transfer to council team which was completed early 2016. Currently council team continues to provide advice and support on SARs. Guidance letters etc will be included in the policy, guidance and training being developed</p>	<p>Linked to b1, b2, b3 and also the finalisation of the rights of individuals from the GDPR as well as the issuing of guidance on these from the ICO/regulators.</p>	<p>Partially completed - time linked to other recommendations - 30th June 2016</p>

	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 th April 2016			
b34. Consider marking SAR responses 'data subject copy' before release.	Management response: Accepted			
	CYC will include the requirement for a marking process in the review of the SAR process and Access to Records policy as well as include in the review of the data protection policy where relevant.	This will be included as part of the updated policy, process, guidance and training	Linked to b1, b2, b3 and also the finalisation of the rights of individuals from the GDPR as well as the issuing of guidance on these from the ICO/regulators.	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
b36. Introduce regular reporting of SAR performance and complaints to the CIGG or other relevant groups as proposed. Ensure that issues are acted upon accordingly.	Management response: Accepted			
	CYC has completed the review of the CIGG terms of reference which will now be the Information Management Board (IMB) and includes monitoring and compliance, in its purpose, aim, remit and objectives. The first meeting is planned for mid-November at which the standard agenda items, such as KPI reporting, will be approved.	SARs performance reported through IMB and where relevant to Audit and Governance Committee and published on York Open Data platform.	an	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			

	Date for implementation: 31 st December 2015			
b37. Introduce and regularly monitor an appropriate target rate for SAR compliance, as planned. See also b36.	Management response: Accepted			
	The SAR report for 1 st April 2015 to 31 st August 2015 shows 30 SARs received, 25 responded to in time and 5 out of time, which is a compliance rate of 83.3%.	SARs performance reported, including against set target, through IMB and where relevant to Audit and Governance Committee and published on York Open Data platform. Target introduced	Continue to improve performance in SAR compliance and working towards achieving and maintaining performance target.	Completed
	Reporting of KPIs will be through the new IMB and will include SAR compliance. The first meeting is planned for mid-November.			
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st December 2015			
b38. Produce management information on SAR compliance which can demarcate performance at the service level, as planned.	Management response: Accepted			
	Reporting of KPIs will be through the new IMB and will include SAR compliance rates both for the whole council and by service. The first meeting is planned for mid-November. Also the review of the SAR process will include points during the 40 day timescale to provide opportunities for early identification of issues.	SARs performance reported, through IMB and where relevant to Audit and Governance Committee and published on York Open Data platform.	Further work underway to establish further drill down reporting and publishing.	Partially completed - time linked to other recommendations - 31st July 2016
	Owner: Lorraine Lunt Transparency & Feedback Team Manager			

	Date for implementation: 31 st December 2015			
b39. Raise awareness amongst staff that the new process requires all SAR requests go to the council team in the first instance.	Management response: Accepted			
	CYC has conducted an awareness campaign for SARs using a variety of methods e.g. staff email, staff newsletter, display screens in staff hub areas and posters on all staff noticeboards.	Following transfer of SAR process management to council team from Veritau, different methods were used to inform and raise awareness of staff. Intranet editing access, permissions and training given to team members to start to update intranet pages.	an	completed
	The current review of the SAR process and Access to Records policy will include opportunities for further ongoing awareness.			
	Owner: Lorraine Lunt Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
c3. Finalise and action the MAISP Implementation Strategy, and align existing ISAs to MAISP requirements, as planned.	Management response: Accepted			
	The MAISP has been published on the CYC intranet and further progress of the final MAISP implementation strategy is underway. The MAISP information sharing template is also published on the intranet and has been used for new arrangements. Using the IAR monitoring process, CYC will be able to identify a schedule for review of ISAs which will include alignment with MAISP for relevant ISAs.	All new DSAs and those being reviewed are using the protocol's approach and template as in the MAISP. Information made available to staff via intranet, is promoted where possible. Drafted external website information in line with North Yorkshire County Council's.	Further reviews of existing DSAs is linked to IAR timescales. Publication of most up to date MAISP (version 5) including new signatories on external website, has been delayed due to workloads of protocol group members. This has been picked up w/c 23 May 2016 and group will be meeting again soon.	Partially completed - timescale amended to 31st July 2016

	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 June 2016			
c4. Ensure all ISAs are signed off by an appropriately senior member of staff.	Management response: Accepted			
	CYC has highlighted this at the MAISP group and there has been an agreement to consider making any relevant amendments to the MAISP from the recommendations. CYC is also underway with the review of data protection policy and processes which include the development of a toolkit for completing ISA e.g. request and decision templates, ISA templates, checklists etc. and training and guidance will be provided to those with ISA responsibilities.	Advice and instructions issued to the relevant senior member of staff and/or lead on each ISA being undertaken or reviewed. This includes understanding and mitigating/reducing/avoiding DP and privacy risks related to the ISA.	Continue to provide advice and instructions.	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st March 2016			
c5. Embed requirement to record the reason for all data	Management response: Accepted			

sharing decisions at CYC.	CYC is underway with the review of data protection policy and processes which include the development of a toolkit for completing ISA e.g. request and decision templates, ISA templates, checklists etc. and training and guidance will be provided to those with ISA responsibilities.	Following transfer of all IG tasks, activities and responsibilities from Veritau to the council team, and IMB approval, the council team instructs and advises on the requirement for a central record of all data sharing decisions made at the council. This includes a register for ISAs and section 29 requests. This means that reporting on volumes and decisions can be done.	Continuing to embed this requirement across the council.	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st March 2016			
c7. Conduct generic and role-based training needs analysis for all staff sharing personal data at CYC. Deliver appropriate training, including refresher training, thereafter.	Management response: Accepted			
	CYC will link this with the identification of other local records management and data protection role specific responsibilities, and include it in the training/ learning/development mandatory framework including induction, targeted dedicated sessions aligned to local or role specific responsibilities, and refreshers as well as the PDR process. This means that progress of TNA will be aligned to the timescales for training development and delivery.	IG&FTManager fed into the project team leading on the childrens system replacement to include role based training and awareness of data sharing.	Linked to other recommendations for training and the development of elearning packages, classroom based packages etc.	Partially completed - time linked to other recommendations - but no amend to timescale

	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 th June 2016			
c10. Communicate individual responsibilities set out in MAISP to relevant staff.	Management response: Accepted			
	CYC has published the MAISP on the intranet. CYC team has already advised on responsibilities to those services/ areas/ staff who have requested advice on information sharing. Further roll out is planned as set out in the MAISP implementation strategy which will be amended and finalised from the draft version provided during the audit.	Council team continues to advice, support and instruct individuals on MAISP responsibilities.	Council team continues to advice, support and instruct individuals on MAISP responsibilities.	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st December 2015			
c12. Update the data sharing elements of the Data Protection Policy.	Management response: Accepted			
	CYC will include this is the review underway of the data protection policy.	NA	Linked to other policy related recommendations and timescales in scope areas a and b.	Partially completed - revised timescale of 31st July 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 29 th February 2016			
c13. Develop a comprehensive up-to-date	Management response: Accepted			

suite of policies, procedures and guidance for data sharing.	CYC is underway with a review of full suite of policies and processes, training packages, guidance, checklists, toolkits, templates, monitoring and compliance reporting (with KPIs and targets) which includes data sharing.	Work continues to fulfil this requirement and it is linked to other policy related recommendations and timescales in scope areas a and b		Partially completed - time linked to other recommendations - but no amend to timescale
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 th June 2016			
c18. Finalise the draft Project Management Approach, and associated documents. Develop a specific policy for PIAs. See also c13.	Management response: Accepted			
	CYC will finalise the draft PM approach and associated documents. CYC will finish development of a PIA policy which will include the current PIA toolkit and guidance material and updating the information available on the intranet.	IG&FTManager worked with relevant project and programme managers to ensure that PIAs were embedded in the council's approach.	Recent senior management approval for "All about projects" with PIAs included as a "gateway". An effective gateway process is the key to successful project delivery. Each gateway is a review that occurs at key decision points before the project is allowed to progress to the next Phase. They are conducted by experienced practitioners independent of the project team who ensure that the original business case, the project objectives and expected benefits continue to be achieved throughout the lifecycle of the project. The reviews also highlight risks and issues, which if not addressed would threaten successful delivery	Completed - but not by timescale
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			

	Date for implementation: 31 st December 2015			
c21. Cascade PIA requirements and guidance throughout CYC, once finalised.	Management response: Accepted			
	CYC is underway with the cascading of PIA requirements and guidance, by publishing on the intranet and provision of advice and support in conducting PIAs. PIAs will be monitored via the IAR and the IMB.	PIA guidance and toolkit is available and is currently provided directly to individuals from the council team. Provision of high level PIA training is being designed for elearning.	Recruitment of an elearning developer and now progressing release of IG packages e.g. PIAs through elearning (still to procure) and / or I comply and/or classroom based.	Partially completed - amended timescale 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st December 2015			
c22. Ensure PIAs are carried out for individual applications of Doqex, as planned.	Management response: Accepted			
	CYC is underway with the further PIA requirements for Doqex.	Provision of advice, support and instruction on PIAs by IG&FTManager and /or council team.	PIAs completed for several applications, policies etc across the council including Doqex	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager Transparency & Feedback Team Manager.			
	Date for implementation: 31 st December 2015			
c24. Establish governance arrangements at CYC to	Management response: Accepted			

systematically review ISAs.	CYC will include this in the IAR monitoring process and has included the monitoring/compliance in the new terms of reference for the IMB.	Arrangements to review ISAs will be through the updating of the IAR, including assigning both IAOs and IAAs, and new/reviewed ISAs always including a review date/timescale which will be recorded centrally / through IAR. Monitoring will be through IMB and where appropriate to Audit and Governance Committee	NA	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st December 2015			
c25. Formalise the terms of reference for the MAISP cross-county Information Governance Monitoring Group. Ensure the MAISP cross-county Information Governance Monitoring Group and/or MAISP “Information Sharing quarterly review” group periodically review the membership and workings of MAISP.	Management response: Accepted			Completed
	The terms of reference for the MAISP being formalised and the comment regarding incorporating periodic review of the membership and workings of MAISP by the relevant group, was raised at the September meeting. This will be formalised at the next relevant meeting.	Raised as described in the management response section. Awaiting approved amended MAISP version (version 5)	Linked to c3 - Publication of most up to date MAISP (version 5) including new signatories on external website, has been delayed due to workloads of protocol group members. This has been picked up w/c 23 May 2016 and group will be meeting again soon.	

	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
c27. Develop service level and a central, register of all ISAs, which detail the nature of the sharing, authorisation, and the partners. This should include information about the legal basis for data sharing.	Management response: Accepted			
	CYC is underway with implementing a register of all ISAs using the IAR process and the development of data sharing request and decision templates.	Use of MAISP template where ISA is between signatories, others use a template derived from the MAISP template. Following transfer of IG tasks, activities and responsibilities from Veritau to council team early 2016, the central register is being kept and maintained by that team.	Further work linked to the IAR, will improve the information regarding ISAs kept centrally.	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st January 2016			
c28. Ensure there are corporate controls in place to ensure the data shared is of appropriate quality and is not retained for longer than necessary by all parties. This requirement should also be reflected in relevant policies and guidance.	Management response: Accepted			
	CYC will include the requirement for controls for quality within both the review of the data protection policy and processes and records management policy and processes.	Linked to work progressing for recommendations in scope area a and b, including review of RM and DP policies.	Linked to work progressing for recommendations in scope area a and b, including review of RM and DP policies.	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 29 th February 2016			

c29.	Management response: Accepted			
a) Update MAISP to explicitly discuss the requirement that shared data is minimised to agreed data sets or redacted.	(a) This recommendation will be shared at the next relevant MAISP group meeting	Comment(s) raised to MAISP group. Relevant amendments being considered via the approval route for amends to MAISP	a) NA	a) Completed
b) Ensure ISAs, relevant policies and guidance include the requirement that shared data is minimised to agreed data sets or redacted.	(b) CYC will include this requirement within the review of the relevant policies and processes.	Linked to work progressing for recommendations in scope area a and b, including review of RM and DP policies.		Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 29th February 2016			
c30. Issue common guidance to CYC about clearly distinguishing between fact and opinion when recording personal data.	Management response: Accepted CYC will update existing guidance where required and include in the relevant policy and processes reviews e.g. as part of the development of training materials and packages.	Advice and support given	To be included in elearning training development as well as reviews of DP and RM etc policies, procedures etc	Partially completed - time linked to other recommendations - 30th June 2016
	Owner: Lorraine Lunt Transparency & Feedback Team Manager			
	Date for implementation: 29 th February 2016			
c31. Ensure that where appropriate, the sender	Management response: Accepted			

informs recipients when shared data has been amended or updated.	CYC will update existing guidance where required and include in the relevant policy and processes reviews e.g. as part of the development of training materials and packages.	NA	Inclusion of this requirement in ISA advice, support and guidance given by IG&FTManager / council team. This will be included in relevant training and guidance on ISA that is underway	Partially completed - time linked to other recommendations - 31st July 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 29 th February 2016			
c34. Ensure common retention and disposal arrangements are included in all ISAs and that these are adhered to by all parties to any given ISA.	Management response: Accepted			
	CYC will include the requirement for retention and disposal arrangements to be included in all new ISAs and be part of the review for existing ISAs. The IAR process will enable monitoring of this.	Ensuring this by use of MAISP DSA template for those areas where possible. Amended version of this template is in use in other areas	Linked to review of RM policy and recommendations made in scope area a.	Partially completed - time linked to other recommendations but no amend to timescale
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 30 th June 2016			
c36. Ensure that all ISA and supporting procedures set out	Management response: Accepted			

specifically how personal data will be shared securely.	The partner information sharing agreement template in the MAISP has a section to detail how information will be shared at section 7. CYC has included this in the development of the data sharing request and decision templates. It will also be reflected in the review of the data protection policy and processes, training material etc.	Ensuring this by use of MAISP DSA template for those areas where possible. Amended version of this template is in use in other areas	NA	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 29 th February 2016			
	Management response: Accepted			
c38. ISAs should ensure that access to shared personal data is restricted to authorised personnel within each organisation where possible, on the basis of business need, e.g. a nominated point-of-contact.	CYC will include this requirement in the review of the data protection policy and processes, training material etc. and in the data sharing request and decision templates.	Ensuring this by use of MAISP DSA template for those areas where possible. Amended version of this template is in use in other areas.	NA	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 29 th February 2016			
	Management response: Accepted			
c41. Include a clause in data processor contracts requiring	Management response: Accepted			

them to notify CYC of any data security breaches.	CYC will write a clause to be included in new tender documents to provide us with this notification and for existing contracts. We will include this at the point of renewal.	Link to a114 and b4. Relevant reviews undertaken when contracts have been renewed	Link to a114 and b4. Relevant reviews undertaken when contracts have been renewed	Completed
	Owner: Andy Docherty, Assistant Director			
	Date for implementation: 29 th February 2016			
	Management response: Accepted			
c42. Develop a policy for disclosing personal data to third parties. This should be communicated to staff and updated regularly.	CYC is underway with a review of the data protection policy and processes (and Access to Records policy) which will include provision for disclosing to 3 rd parties. This will be reflected in training packages and guidance.	Link to scope area a and b recommendations and outcomes for DP and RM including SAR, policy reviews	Link to scope area a and b recommendations and outcomes for DP and RM including SAR, policy reviews	Partially completed - time linked to other recommendations - 31st July 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 29 th February 2016			
	Management response: Accepted			
c45. Establish a central register for information	Management response: Accepted			

requests from third parties. This should record the steps taken to identify the nature of the disclosure, the requester and the reason for any disclosure.	CYC will create a central register for third party information requests as part of the review of the data protection policy and processes. This will be created and managed using the case management system currently used for FOI, EIR, SAR etc. enquiries.	Following transfer of all IG tasks, activities and responsibilities from Veritau to the council team, and IMB approval, the council team instructs and advises on the requirement for a central record of all data sharing decisions made at the council. This includes a register for ISAs and section 29 requests. This means that reporting on volumes and decisions can be done.	Continuing to embed this requirement across the council.	Completed
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			
	Date for implementation: 31 st December 2015			
c46. Ensure third party disclosure decisions are quality assured and/or approved by appropriate staff.	Management response: Accepted			
	CYC is underway with a review of the data protection policy and processes which will include provision for quality assurance monitoring. Quality assurance monitoring will include the checking of appropriate approvals for disclosure decisions to third parties.	Following transfer of all IG tasks, activities and responsibilities from Veritau to the council team, and IMB approval, the council team instructs and advises on the requirement for a central record of all data sharing decisions made at the council. This includes a register for ISAs and section 29 requests. This means that reporting on volumes and decisions can be done.	work underway to identify a quality assurance methodology which will be approved by IMB and reports will be fed back to them, and where relevant to Audit and Governance Committee	Partially completed - amended timescale 30th June 2016
	Owner: Lorraine Lunt, Transparency & Feedback Team Manager			

Date for implementation: 29 th February 2016			
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