**Action and progress plan – ICO audit recommendations**

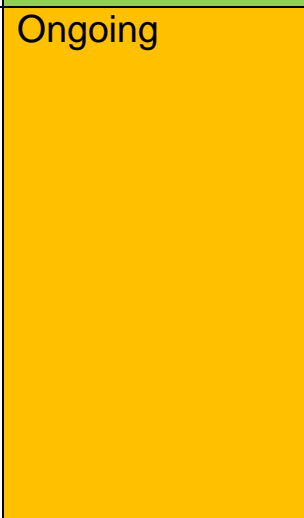| Recommendation | Agreed action, date and owner | Completed or Ongoing as of April 2016 | Progress at April 2016 |
|---|---|---|---|
| **a5.** Ensure that the job description for the Transparency and Feedback Team Manager accurately reflects the newly assigned responsibilities for information governance, 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. | **Management response:** Accepted CYC will review current job description to ensure clarity for strategic and operational responsibilities for records management.<br><br>**Owner:** Andy Docherty, Assistant Director<br><br>**Date for implementation:** 31st December 2015 | Completed | JD amends approved. Job evaluation panel scored amended JD. |
| **a9.** Assign local records management responsibilities in line with the requirements of the Records Management Policy. | **Management response:** Accepted CYC will identify and assign local records management responsibilities in line with the reviewed/updated Records Management Policy.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team | Ongoing | RM policy review and redraft underway. This will identify local RM responsibilities across the council. |

| | | | |
|---|---|---|---|
| | Manager<br><br>**Date for implementation:** 30<sup>th</sup> June 2016 | | |
| **a12.** Ensure that records management features regularly on the CIGG agenda to mandate and monitor records management improvements. | **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 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> December 2015 | Completed | Replaced CIGG with an Information Management Board (IMB) with new terms of reference and membership. |
| **a14.** Implement a records management programme of work and ensure that records management actions/ | **Management response:** Accepted CYC will develop a records management forward work | Ongoing | Included in IMB monitoring. The work on this action has been dependent on progress of RM policy |

| | | | |
|---|---|---|---|
| improvements and lessons learned are identified and implemented as necessary. This programme should be overseen by the CIGG. | programme. The IMB is to be responsible for records management monitoring and compliance as stated in the Terms of Reference<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31ˢᵗ March 2016 | | |
| **a15.** Ensure that the Records Management Policy outlines methods for monitoring policy compliance and that this is communicated to staff. | **Management response:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager | Ongoing | Included in IMB monitoring. The work on this action has been dependent on progress of RM policy |

| | 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:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31st March 2016 | Partial | Review and Ongoing redrafting of RM policy completed. This includes refreshing style and format to provide a "framework"/ toolkit approach to bring together understanding/awareness and use of the policy with guidance |
| **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. | **Management response:** Accepted 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 | Ongoing | Review and partial redrafting of RM policy completed. This includes refreshing style and format to provide a "framework"/ toolkit approach to bring together understanding/awareness and use of the policy with |

| | package(s) and publication on the intranet.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31$^{st}$ May 2016 | | guidance |
|---|---|---|---|
| **a23.** Ensure that records management is incorporated within a formal training programme that comprises mandatory induction and periodic refresher training for all staff with access to personal data. | **Management response:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30 April 2016 | Ongoing | This is dependent on the RM policy, framework and toolkit completion and also the provision of an elearning developer role within the council. Induction package for all staff has been updated and delivered in line with the council wide induction timetable |
| **a28.** Ensure that records management training needs are | **Management response:** Accepted CYC will link this with the | Ongoing | This is linked to a9 and also progress of RM policy, |

| | | | |
|---|---|---|---|
| assessed and addressed for key roles and staff groups. | 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> May 2016 | | framework and toolkit |
| **a30.** Review the Data Protection Policy to ensure that it is up to date and reflects best practice. | **Management response:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager | Ongoing | Due to the timing of the agreements reached on GDPR and also the ongoing Safe Harbor/Privacy Shield discussions, the completion of the review |

| | | | |
|---|---|---|---|
| | **Date for implementation:** 29<sup>th</sup> February 2016 | | |
| **a31.** Ensure all privacy notices are readily available and easily accessible from the council's homepage. | **Management response:** Accepted 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.

**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager

**Date for implementation:** 30 April 2016 | Yes | Privacy statement on CYC website updated and under quarterly review as other IG work progresses eg services update their FPNs, transfer of services into CYC (Health Visitors/School Nurses); go live of new systems(Childrens); consent requirements, sharing agreements etc |
| **a32.** Ensure that privacy notices are made available for all services | **Management response:** Accepted As part of the new "information | Yes | This is ongoing as service areas update their FPNs, |

| | | | |
|---|---|---|---|
| to inform individuals about the use of their personal data. | 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30 April 2016 | | consents etc eg Family Focus, FEHA |
| **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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30 April | Ongoing | This will be included in both the DP and RM policies |

| | 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31 March 2016 | Ongoing | IMB discussed and approved roll out of this requirement. The fields on the IAR reflect those already seen by the ICO auditors and additional ones to support continuous improvement in this process. |
| **a42.** Include storage arrangements at Yorkcraft within the internal audit plan of security checks. | **Management response:** Accepted CYC will include Yorkcraft in the internal audit plan of security checks. Meeting arranged with internal auditors mid-November for this.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31 | Yes | Veritau amended forward plan to include this and shared this information at IMB |

| | December 2015 | | | |
|---|---|---|---|---|
| **a45.** Review the requirement for the retention of both scanned and manual client records by adult social care. | **Management response:** Accepted 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.<br><br>**Owner:** Director of Adult Social Care<br><br>**Date for implementation:** 31st March 2016 | Ongoing | | Previous current retention schedules located and this requirement is included in the project for ASC system replacement |
| **a46.**<br>a) Assign owners to the boxes of 'mystery social care' records stored at Yorkcraft.<br>b) Ensure that the adult social care records stored within the | **Management response:** Accepted CYC will identify and/or assign owners within the service area. The Transparency and Feedback Team Manager and Yorkcraft will work with the service area to | a) Completed<br><br>b) Ongoing | | b) Yorkcraft and Business Support teams are working through the cabinets |

| | | | |
|---|---|---|---|
| separate filing cabinets at Yorkcraft are logged and tracked in line with Yorkcraft's Archive Procedure. | ensure that arrangements are put in place for logging and tracking of the information held in the storage cabinets.<br><br>**Owner:** Director of Adult Social Care<br><br>**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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31st March 2016 | Yes | Updating "labelling" requirements and procedures for acceptance by Yorkcraft of boxes leaving office(s) and those being delivered |
| **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.<br><br>**Owner:** Steve Waddington, | Ongoing | Working with Emergency Planning Unit (most had not been updated to show "final" version) |

| | Assistant Director Housing and Public Protection | | |
|---|---|---|---|
| | **Date for implementation:** 30 June 2016 | | |
| **a59.** Ensure that a consistent approach is taken across all services for the storage of physical files in the office. | **Management response:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31st March 2016 | Ongoing | 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 |
| **a60.** Ensure that all services, and | **Management response:** Accepted | Ongoing | Options explored and |

| teams within them, have a procedure for the secure central storage of cabinet keys. | 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31$^{st}$ May 2016 | | discussed at IMB. Paper for approved option to go to SIRO for final decision/funding |
|---|---|---|---|
| **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 CYC is currently investigating options to ensure that appropriate restrictions are in place to meet this recommendation.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31$^{st}$ March 2016 | Ongoing | Investigations into alternative options and costs has been delayed due to reprioritisation of work for the owner of a65 |

| | | | |
|---|---|---|---|
| **a75.** Introduce periodic reviews of access permissions granted in Norwel. | **Management response:** Accepted CYC is underway with investigating the tasks required and the impacts of introducing periodic access permission reviews in Norwel.<br><br>**Owner:** Practice Manager<br><br>**Date for implementation:** 31<sup>st</sup> March 2016 | Ongoing | |
| **a79.** Clear and consistent guidance on taking records containing personal data offsite, should be produced and made available to staff. | **Management response:** Accepted CYC will include this in the current review of the DP policy and guidance and training package(s).<br><br>**Owner:** Director of Adults Social Care and Director of Children's Services<br><br>**Date for implementation**: 29 February 2016 | Ongoing | Included this in review of RM policy and guidance; Information security awareness communications (IComply) and as part of ECP refresh,(Icomply) |
| **a80.** Staff should be provided with or advised on appropriate methods and/or media for transporting client records offsite. | **Management response:** Accepted CYC will include this in the current review of the DP policy and guidance and training package(s).<br><br>**Owner:** Director of Adults Social | Ongoing | Included this in review of DP and RM policies etc however staff have had recent communications through the ECP refresh/Icomply |

| | | | |
|---|---|---|---|
| | Care and Director of Children's Services<br><br>**Date for implementation:** 29 February 2016 | <td style="background:orange"></td> | |
| **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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> March 2016 | Ongoing | Included this in the RM and DP policies |
| **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 | **Management response:** Accepted CYC will include this in the current review of the DP policy and guidance and training package(s).<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team | Ongoing | This is included in the review DP policy. Further work was also undertaken regarding use of Doqex |

| | | | |
|---|---|---|---|
| means; and addresses should be checked. | Manager<br><br>**Date for implementation:** 31<sup>st</sup> March 2016 | | |
| **a85.** Consider an appropriate method to reduce the risk of unauthorised access to incoming and outgoing post. | **Management response:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> March 2016 | Ongoing | Work to understand options available was started however progress has been held up by owner due to unexpected absence. |
| **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<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager | Ongoing | Options identified and are being investigated to understand if they are achievable across all council sites |

| | | | |
|---|---|---|---|
| | **Date for implementation:** 31<sup>st</sup> March 2016 | | |
| **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. | **Management response:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30<sup>th</sup> June 2016 | Ongoing | Work is planned in for after completion of IAR |
| **a90.** Retention schedules should be regularly reviewed to ensure that they meet business needs and statutory requirements. | **Management response:** Accepted CYC has updated the terms of reference for the IMB (replacing CIGG) and it includes records | Ongoing | Work is planned in for after completion of IAR |

CYC Action Plan

| | | | |
|---|---|---|---|
| | 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30$^{th}$ June 2016 | | |
| **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 | Ongoing | Work is planned in for after completion of IAR |

| | | | |
|---|---|---|---|
| | retention schedules.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30<sup>th</sup> 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> March 2016 | Ongoing | Contract/SLA review periods to be set up and also linked to internal audit/information security check forward plan |
| **a104.** Identify records management performance measures that reflect organisational needs and risks identified in the corporate risk management framework. | **Management response:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31$^{st}$ March 2016 | Ongoing | Contract/SLA review periods to be set up and also linked to internal audit/information security check forward plan |
| **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. | yes | |

| | | | |
|---|---|---|---|
| | **Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**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. | Yes | |

| | | | |
|---|---|---|---|
| | **Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31$^{st}$ January 2016 | | |
| **a110.** Review the IG Risk Register in line with the new Risk Management Policy and Strategy to ensure that risk ratings are correct. | **Management response:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31$^{st}$ December 2015 | Yes | |

| a112. <br> a) Assigned responsibility for IAO roles across CYC should be clearly communicated. <br> b) IAOs should receive appropriate training to fulfil their roles. | **Management response:** Accepted 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. <br><br> **Owner:** Lorraine Lunt, Transparency & Feedback Team Manager <br><br> **Date for implementation:** (a) 31st March 2016 (b) 30 June 2016 | a) ongoing <br><br><br><br><br><br><br><br><br> b) ongoing | a) work is underway for the IAR which will identify all IAOs and IAAs <br><br> b) training requirements will follow from the update of IAR and also from work underway on elearning packages. |
| a113. Information Asset Administrators should be identified and nominated, as planned to support the IAO function, and should receive training as appropriate. | **Management response:** Accepted 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 | Ongoing | training requirements will follow from the update of IAR and also from work underway on elearning packages. |

| | | | |
|---|---|---|---|
| | and dedicated training for the IAOs and IAAs and a communications plan.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**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<br>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.<br><br>**Owner:** Andy Docherty, Assistant Director<br><br>**Date for implementation:** 29th February 2016 | Ongoing | Relevant reviews undertaken when contracts have been renewed |
| **b1.** Finalise and implement the new SAR process. | **Management response:** Accepted<br>CYC is currently underway with a review of the SAR process, Access to Records policy, training material | Ongoing | Review process in line with refresh/review of DP policy and transfer of management and |

| | | | |
|---|---|---|---|
| | 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.<br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> January 2016 | | 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 |
| **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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team | Ongoing | transfer of management and monitoring of all SAR requests from Veritau to CYC was not completed until early 2016. Also waiting for finalised version of the rights of individuals in the recent GDPR |

| | | | |
|---|---|---|---|
| | Manager<br><br>**Date for implementation:** 31<sup>st</sup> January 2016 | | |
| **b3.**<br>a) Update website guidance to reflect the new SAR process, as planned.<br>b) Make the SAR guidance on the website easier to locate. | **Management response:** Accepted 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.<br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation**: 31st March 2016 | Ongoing | As b1 and b2 |

| b4.<br>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.<br>b) Integrate third party SARs into the new SAR process to ensure adequate oversight. | **Management response:** Partially accepted<br>(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.<br><br>**Owner:** (a) Andy Docherty, Assistant Director<br>(b) Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** (a) to be determined by renewal timescales<br>(b) 31st March 2016 | a) Ongoing<br><br><br><br><br>b)Ongoing | Link to a114. Relevant reviews undertaken when contracts have been renewed |
| --- | --- | --- | --- |
| **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 | Ongoing | Following on from completion of b1, b2, b3 |

| | | | |
|---|---|---|---|
| | team will quality assure/check SAR responses and how this will be reported. The new IMB will be responsible for monitoring and compliance.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30th November 2015 | Completed | |
| **b9.** As proposed, develop council wide training for staff so staff can recognise a SAR. Conduct training needs analysis of staff involved in | **Management response:** Accepted CYC will include this training needs analysis in with that being done for records management, IAOs, IAAs | Ongoing | Ongoing awareness raising by poster campaign on staff noticeboards, staff display screens. |

| | | | |
|---|---|---|---|
| the SAR process and provide role specific training where appropriate. | 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. Icomply, elearning or classroom.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30 April 2016 | | Included in induction package and elearning packages in development. |
| **b10.**  Update guidance available on staff intranet to reflect new SAR process. | **Management response:** Accepted CYC will update intranet guidance when SAR process and Access to Records policy reviews are completed.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30 April 2016 | Ongoing | Linked to b1, b2, b3 |

| | | | |
|---|---|---|---|
| **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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30 April 2016 | Ongoing | Linked to b1, b2 and b3 and will be covered in training. Team continues to offer advice and support where required |
| **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. | Ongoing | Whilst policy, guidance and training is being developed, the council team continues to provide this advice and support |

| | | | |
|---|---|---|---|
| | **Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> January 2016 | Ongoing | 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. |
| **b21.** Record the formal process for chasing departments for SAR responses and escalating to Heads | **Management response:** Accepted CYC will include this is the SAR process and monitoring reports will | Ongoing | This will be included in the policy, guidance and training is being developed, |

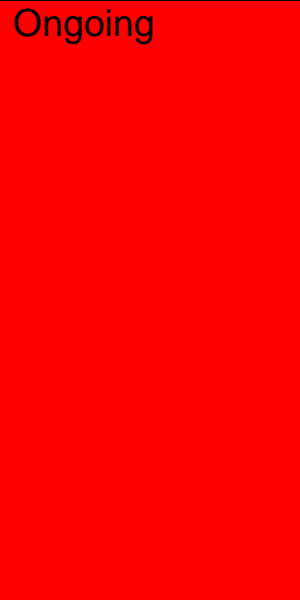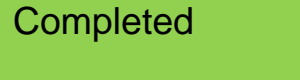| | | | |
|---|---|---|---|
| of Services when overdue. This process should look to identify why the SAR is overdue, current progress, and when it is likely to be finished. | go the IMB to monitor compliance.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> January 2016 | | the council team continues to provide this advice and support for SAR requests. |
| **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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30 June 2016 | Ongoing | |
| **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 | Ongoing | This will be included in the policy, guidance and training is being developed, |

| | | | |
|---|---|---|---|
| | 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> January 2016 | | the council team continues to provide this advice and support for SAR requests. |
| **b25.**  Ensure that adult social care retains an unredacted copy of the SAR 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 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. | Completed | |

| | | | |
|---|---|---|---|
| | **Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31st 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31st January 2016 | Ongoing | 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. |
| **b28.** Ensure Yorkcraft securely destroy SAR responses in line with retention periods. | **Management response:** Accepted 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 | Completed | In line with the amended destruction process |

| | | | |
|---|---|---|---|
| | other stored records.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> 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, Icomply, elearning and classroom based. However if advice sought verbally whilst this work is underway, the CYC team will give this.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team | Ongoing | 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 |

| | | | |
|---|---|---|---|
| | Manager<br><br>**Date for implementation:** 30<sup>th</sup> June 2016 | | |
| **b31.** Amend practice guidance to advise staff to contact either Veritau or the council team for SAR advice when required. | **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, 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30<sup>th</sup> April 2016 | Completed | |
| **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 | **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.  This will include a suite of template | Ongoing | Council team continues to provide advice and support on exemptions and redactions.  This will  be included in the policy, guidance and training being |

| | | | |
|---|---|---|---|
| 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. | responses for SARs. However if advice sought verbally whilst this work is underway, the CYC team will give this.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30<sup>th</sup> April 2016 | | developed |
| **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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> January 2016 | Ongoing | This will be included as part of the updated policy, process, guidance and training |
| **b36.** Introduce regular reporting of SAR performance and complaints | **Management response:** Accepted CYC has completed the review of | Completed | SARs performance reported through York |

| | | | |
|---|---|---|---|
| to the CIGG or other relevant groups as proposed. Ensure that issues are acted upon accordingly. | 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31$^{st}$ December 2015 | | Open Data platform.  Also issues etc taken to IMB when required |
| **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%. Reporting of KPIs will be through the new IMB and will include SAR compliance. The first meeting is planned for mid-November. | Completed | SARs performance reported through York Open Data platform.  Also issues etc taken to IMB when required. |

| | | | |
|---|---|---|---|
| | **Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> 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.<br><br>**Owner:** Lorraine Lunt Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> December 2015 | Ongoing | Following on from transfer from Veritau, now capturing all SARs received across the council and implemented a reporting process for directorate/council. Further work underway to establish further drill down reporting |
| **b39.** Raise awareness amongst staff that the new process requires | **Management response:** Accepted CYC has conducted an awareness | Completed | |

| | | | |
|---|---|---|---|
| all SAR requests go to the council team in the first instance. | 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.<br>The current review of the SAR process and Access to Records policy will include opportunities for further ongoing awareness.<br><br>**Owner:** Lorraine Lunt Transparency & Feedback Team Manager<br><br>**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 | Ongoing | All new DSAs and those being reviewed are using the same template approach as in the MAISP template.<br>Further reviews of existing DSAs is linked to IAR |

| | | | |
|---|---|---|---|
| | review of ISAs which will include alignment with MAISP for relevant ISAs.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**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.<br>**Owner:** Lorraine Lunt, Transparency & Feedback Team | Completed | |

| | Manager<br><br>**Date for implementation:** 31<sup>st</sup> March 2016 | | |
|---|---|---|---|
| **c5.** Embed requirement to record the reason for all data sharing decisions at CYC. | **Management response:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> March 2016 | Ongoing | This is linked to IAR |
| **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/ | Ongoing | Work is planned in to develop and deliver with assistance from elearning where possible |

| | 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30$^{th}$ June 2016 | Completed | |
|---|---|---|---|
| **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 | Completed | |

| | | | |
|---|---|---|---|
| | audit.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**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.<br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 29$^{th}$ February 2016 | Ongoing | Linked to progress of review of DP policy |
| **c13.** Develop a comprehensive up-to-date suite of policies, procedures and guidance for data sharing. | **Management response:** Accepted 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. | Ongoing | |

| | | | |
|---|---|---|---|
| | **Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 30<sup>th</sup> 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> December 2015 | Ongoing | Recent senior management approval for "All about projects" and PIAs are included |
| **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 | Ongoing | 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 |

| | will be monitored via the IAR and the IMB.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> December 2015 | | designed for elearning. |
|---|---|---|---|
| **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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager Transparency & Feedback Team Manager.<br><br>**Date for implementation:** 31<sup>st</sup> December 2015 | Completed | |
| **c24.** Establish governance arrangements at CYC to systematically review ISAs. | **Management response:** Accepted CYC will include this in the IAR monitoring process and has included the monitoring/compliance in the new terms of reference for the IMB. | Completed | |

| | | | |
|---|---|---|---|
| | **Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> 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 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> January 2016 | Completed | |
| **c27.** Develop service level and a central, register of all ISAs, which detail the nature of the sharing, authorisation, and the partners. | **Management response:** Accepted CYC is underway with implementing a register of all ISAs using the IAR process and the | Ongoing | Linked to IAR |

| | | | |
|---|---|---|---|
| This should include information about the legal basis for data sharing. | development of data sharing request and decision templates.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 29<sup>th</sup> February 2016 | Ongoing | Underway as part of the DSA being written and approved |

| | | | |
|---|---|---|---|
| **c29.**<br>a) Update MAISP to explicitly discuss the requirement that shared data is minimised to agreed data sets or redacted.<br>b) Ensure ISAs, relevant policies and guidance include the requirement that shared data is minimised to agreed data sets or redacted. | **Management response:** Accepted<br>(a) This recommendation will be shared at the next relevant MAISP group meeting<br>(b) CYC will include this requirement within the review of the relevant policies and processes.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 29th February 2016 | a) completed<br><br>b) ongoing | |
| **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.<br><br>**Owner:** Lorraine Lunt | Ongoing | To be included in elearning training development |

| | | | |
|---|---|---|---|
| | Transparency & Feedback Team Manager<br><br>**Date for implementation:** 29<sup>th</sup> February 2016 | | |
| **c31.** Ensure that where appropriate, the sender informs recipients when shared data has been amended or updated. | **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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 29<sup>th</sup> February 2016 | Ongoing | Work will restart following unexpected absence by owner, to include this in the relevant policy reviews |
| **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. | Ongoing | Ensuring this by use of MAISP DSA template for those areas where possible.  Amended version of this template is in use in other areas |

| | Owner: Lorraine Lunt, Transparency & Feedback Team Manager<br><br>Date for implementation: 30th June 2016 | | |
|---|---|---|---|
| c36. Ensure that all ISA and supporting procedures set out specifically how personal data will be shared securely. | Management response: Accepted 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.<br><br>Owner: Lorraine Lunt, Transparency & Feedback Team Manager<br><br>Date for implementation: 29th February 2016 | Completed | |
| c38. ISAs should ensure that access to shared personal data is restricted to authorised personnel | Management response: Accepted CYC will include this requirement in the review of the data protection | Completed | |

| within each organisation where possible, on the basis of business need, e.g. a nominated point-of-contact. | policy and processes, training material etc. and in the data sharing request and decision templates.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 29th February 2016 | | |
|---|---|---|---|
| **c41.** Include a clause in data processor contracts requiring them to notify CYC of any data security breaches. | **Management response:** Accepted 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.<br><br>**Owner:** Andy Docherty, Assistant Director<br><br>**Date for implementation:** 29th February 2016 | Ongoing | Linked to contract reviews. |
| **c42.** Develop a policy for disclosing personal data to third parties. This should be communicated to staff and updated regularly. | **Management response:** Accepted CYC is underway with a review of the data protection policy and processes (and Access to Records policy) which will include provision | Ongoing | Linked to the DP policy update and review |

CYC Action Plan

| | for disclosing to 3<sup>rd</sup> parties.  This will be reflected in training packages and guidance.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 29<sup>th</sup> February 2016 | | |
|---|---|---|---|
| **c45.**  Establish a central register for information 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. | **Management response:** Accepted 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 31<sup>st</sup> December 2015 | Completed | |
| **c46.**  Ensure third party disclosure | **Management response:** Accepted | Completed | |

| decisions are quality assured and/or approved by appropriate staff. | 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.<br><br>**Owner:** Lorraine Lunt, Transparency & Feedback Team Manager<br><br>**Date for implementation:** 29th February 2016 | | |
|---|---|---|---|