

TELFORD & WREKIN COUNCIL

AUDIT COMMITTEE 30th JUNE 2014

2013/14 INTERNAL AUDIT AND INFORMATION GOVERNANCE ANNUAL REPORT

REPORT OF THE AUDIT & INFORMATION GOVERNANCE MANAGER

1 PURPOSE

- 1.1 To present the 2013/14 Internal Audit and Information Governance Annual Report to the members of the Audit Committee.

2 RECOMMENDATIONS

- 2.1 That members of the Audit Committee note the 2013/14 Internal Audit and Information Governance Annual Report.

3 SUMMARY

- 3.1 To continue to demonstrate good governance and support the Annual Governance Statement (AGS) the Council produces an Annual Report on the Internal Audit and Information Governance activities of the Council.
- 3.2 The Public Sector Internal Audit Standards are deemed as proper internal control practice under the Accounts and Audit (England) Regulations 2011 for Local Government. The standards state:

2450 Overall Opinions

When an overall opinion is issued, it must take into account the expectations of senior management, the board and other stakeholders and must be supported by sufficient, reliable, relevant and useful information.

Public sector requirement

The chief audit executive must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement.

The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The annual report must incorporate:

- the opinion;
- a summary of the work that supports the opinion; and
- a statement on conformance with the Public Sector Internal Audit Standards and the results of the quality assurance and improvement programme.

This report meets these requirements.

- 3.3 The Councils Information Governance (IG) function forms part of the responsibilities of Audit & Information Governance within the Finance, Audit and Information Governance

service delivery unit. IG is a key component of good governance and consists of several aspects:

- Data Protection & Privacy
- Freedom of Information
- Information Security
- Information Sharing & Confidentiality
- Information & Records Management
- Information Quality & Assurance

During 2013/14 IG has continued to support senior managers and service delivery managers with the management of their information governance arrangements.

4 PREVIOUS MINUTES

- 4.1 Audit Committee 27th June 2011 – Annual report 2010/11
Audit Committee 26th June 2012 – Annual report 2011/12
Audit Committee 25th June 2013 – Internal Audit & Information Governance Annual Report 2012/13

5 2013/14 INTERNAL AUDIT ANNUAL REPORT

5.1 Assurance and Opinion

- 5.1.1 The Council's section 151 officer's statutory obligation under the Accounts and Audit (England) Regulations 2011 to provide assurance on the systems of internal control is provided by the work of Internal Audit. This assurance forms part of the Council's assurance framework.
- 5.1.2 The system of internal control helps the Council to manage and control the risks which could affect the achievement of its priorities and objectives rather than eliminate them completely. Internal Audit and the other assurance processes therefore provide reasonable and not absolute assurance of the adequacy and effectiveness of the Council's framework of governance, risk management and internal control which is included within the Annual Governance Statement.
- 5.1.3 The planned Internal Audit resources for 2013/14 were 976 days plus 47 days specialist ICT audit provided under contract (from an external provider). These resources were just over 6% less than for 2012/13 (1090 compared to 1023) due to reduction of the Audit & IG Managers hours from September 2013 to provide additional savings. These revised resources and the plan were agreed by the Audit Committee in March 2013 with agreement that the Committee would not like to see the Internal Audit resources reduced further. The actual resources available were slightly less than planned due to the secondment of an auditor to Finance (causing a gap during recruitment) and the departure of the Internal Audit Team Leader in early February 2014.
- 5.1.4 Based on the work undertaken during the year (areas attached as **Appendix A**) and the implementation by management of the agreed recommendations Internal Audit's annual opinion provides reasonable assurance in respect to the adequacy and effectiveness of the Council's framework of governance, risk management and internal control within the areas of the Council reviewed during the year. Where necessary the Audit Committee invited Senior Management to explain why progress on the implementation of recommendations were not as agreed and appropriate assurance was provided (or further information is to be provided to the Audit Committee).

5.1.5 The previous Internal Audit Annual Report included information in respect to the type and number of recommendations made during the year (as requested by the Committee). This information has continued to be collected for 2013/14 and is shown below with comparisons to 2012/13 shown in brackets.

Number of Recommendations made by Type 2013/14 (2012/13)

No. of Audit Reports & Grading	Total number of recommendations	Financial Regulation or DCSF Requirement (schools only)	Legal	Policy and/or Procedure	Best Practice
65 (60) 8 (9) Green 37 (32) Yellow 15 (14) Amber 3 (2) Red 2 no grading*	808 (693)	126 (157)	56 (41)	568 (416)	58 (79)

Gradings - Green = good; Yellow = reasonable; Amber = limited; Red = poor
 No grading* = health checks but recommendations made

5.1.6 65 reports were issued during 2013/14, 5 more than in 2012/13. This is probably due to reduced scopes based on risk and improved processes/efficiency within the team.

5.1.7 Out of the 63 reports (excluding the no grading reports) 13% were green (good), 59% were yellow (reasonable), 24% were amber (limited) and 4% were red (poor). Summary amber and red reports and explanations have been reported to the Committee with detailed reports being circulated to members of the Committee prior to the meeting.

5.1.8 23% of the 13/14 recommendations were legal/financial regulation compared to 29% in 12/13. 70% of the 13/14 recommendations were policy and procedure compared to 60% in 12/13. This again outlines the impacts of organisational change, restructures and the reduced familiarity of staff in new/revised roles.

5.2 Public Sector Internal Audit Standards (PSIAS)

5.2.1 The Public Sector Internal Audit Standards were effective from 1st April 2013 and Internal Audit have reviewed their compliance with the standards and an action plan of further work to ensure full compliance was presented to the January 2014 Audit Committee.

5.2.2 The key action areas still outstanding are:

No.	Standard	Comment
1.	Quality Assurance & Improvement Programme (QA&IP)	Not yet fully documented. Continue to use existing quality review process and annual performance management processes. No issues to report and improvements are identified and implemented as soon as practical. Also actions for improving audit processes and service are included in the actions for the Audit & IG team and changes have been made to the follow up procedure, risk rating reports and revised report template. QA&IP due to be formalised by end August 2014.

2.	External Assessment	Not due until 2017/18 but will assess options during 2015/16 for presentation and agreement by the Audit Committee.
3.	Review of: <ul style="list-style-type: none"> • ethics related activities • risk management framework 	Not formalised but discussions continue with the Managing Director and CFO. Target date is September 2014.
4.	Review how the Council manages fraud risks	Fraud risk register informs the proactive audit work but need to update the review of how the Council manages risk against the Audit Commission Red Book. Target date September 2014

5.3 Performance against External Review

5.3.1 KPMG has been the Council's External Auditors since 1st April 2007. There is continuous liaison between Internal and External Audit to ensure that Internal Audit is undertaking appropriate work upon which the External Auditor can rely and reduce the External Audit fee. Internal Audit has delivered all the work for 2013/14 as planned except for the Purchase ledger audit which will be provided when finalised (delayed due to staff absences in service area). External Audit has indicated that the work is of a good standard and that they can place reliance on it.

5.3.2 In order to place reliance on the work of Internal Audit the External Auditor assesses the performance of Internal Audit each year against the appropriate professional standards – the Public Sector Internal Audit Standards. This has been their first review of us against these standards and they were satisfied with our assessment, the supporting evidence provided and action plan. This external review has also been used to meet the requirement of the Accounts and Audit (England) Regulations 2011 for an annual review of internal audit.

5.4 Improvement Activity

5.4.1 During the year to improve the team's efficiency, effectiveness and productivity we have held team meetings and development sessions. At these sessions and continually during the year we investigate and implement new/alternative ways of service delivery (practices, use of technology, procedures and standard documentation) based on our analysis, customer feedback (see 5.5), sharing best practice with other local authorities and service providers.

5.4.2 The Audit & Information Governance Manager is the Unitary and District representative on the CIPFA Audit Panel. This helps the team to continue to develop and have early awareness of developments in public sector Internal Audit and Governance enabling them to contribute to and influence relevant guidance. Other members of the team also attend, when relevant, regional Fraud, Contract and Unitary/Met Authority groups which assist in identifying best practice and different approaches to audit work and information exchange.

5.5 Customer Feedback

5.5.1 Internal Audit receives customer feedback in several ways:-

- a) Informal feedback from auditees during the audit
- b) Seeking feedback from auditees at draft report discussion meetings
- c) Completion of a post audit questionnaire

5.5.2 The analysis of post audit questionnaire feedback is shown in the table below compared to the last 2 years.

POST AUDIT QUESTIONNAIRE FEEDBACK 2012/13 compared to last 2 years

Question	2011/12 from top score 5	2012/13 From top score 5	2013/14 From top score 5	Difference 12/13 to 13/14
Pre- Audit Arrangements	4.8	4.6	4.6	No change
Audit Visit	4.6	4.7	4.7	No change
Communication	4.8	4.5	4.4	-0.1
Report	4.7	4.5	4.5	No change
Is audit a positive support – Yes	100%	100%	100%	No change

5.5.3 The team continues to perform well with average scores of 88% or more. However the communication score has reduced by 2%. Although we have no specific information on this the team have reviewed this and changes will be made as appropriate. Where additional feedback has been provided this has also been reviewed and action taken as appropriate.

6 2013/14 INFORMATION GOVERNANCE ANNUAL REPORT

6.1 Background

6.1.1 There are a number of pieces of legislation and good practice standards that govern the IG arrangements of the Council. The work of IG is primarily based on the requirements of the Local Authority Data Handling guidelines, ISO27001 (standard for information security), Data Protection Act 1998, Freedom of Information Act 2000¹ and Environmental Information Regulations 2004.

6.1.2 The Local Authority Data Handling Guidelines (stated above) recommend that each local authority should appoint a Senior Information Risk Owner (SIRO). The SIRO should be a representative at senior management level and has responsibility for ensuring that management of information risks are weighed alongside the management of other risks facing the Council such as financial, legal and operational risk. At Telford & Wrekin the nominated SIRO for the period covered by this report was the Assistant Director: Finance, Audit & Information Governance with the Audit & Information Governance Service Delivery Manager designated as the Deputy SIRO.

6.2 Information Rights

6.2.1 Information rights is a collective name for 3 main pieces of legislation in respect to public sector information, these are:

- **Data Protection Act 1998** – looks at personal information relating to individuals

¹ Full provision of FOI Act 2000 powers were not fully introduced until 1 January 2005

- **Freedom of Information Act 2000** – encompasses any information held by the Council
- **Environmental Information Regulations 2004** – information with an environmental impact

6.2.2 The IG Team has continued to play a key role in providing assurance that the Council complies with information rights legislation during the year. The IG Team has responsibility for the administration of all information rights requests on behalf of the Council including the application of relevant exemptions in respect to requests received.

6.2.3 IG also plays a prominent part when the Council receives a subject access request (someone requesting their personal information) or a request to access social care records, e.g. a parent asking to view the contents of their child's records. The Council's Data Protection Officer (part of IG Team) gives guidance on what records should or should not be released under the Data Protection Act 1998.

6.2.4 See table below for figures relating to FOI performance for the year 1 April 2013 to end of March 2014 compared with the same period for the previous year:

	13/14	12/13	% Increase / Decrease
Number of FOI requests received	1076	862	+25
Average number of FOI requests received per month	90	72	+25
% of FOI requests responded to within statutory deadline	95	90	+5
Average time taken (days) to respond to each request	10	10	-

As can be seen from the figures in the table above, the Council's performance in responding to FOI requests within statutory deadlines had risen to 95% (up 5%) from 2012/13 even with 25% more requests being received in the year. This compares favourably with the ICO benchmark of responding to 80% of FOI requests received within 20 working days.

6.2.5 In this period IG have received and responded to 16 appeals from requestors who were not satisfied with the response they received to their FOI request. This compares to a total of 11 appeals in 2012/13.

6.2.6 Also in this period IG received 2 referrals from the Information Commissioner (ICO) in respect to complaints made to them by FOI requestors. Both referrals were due to requestors not being satisfied with the Council's response to their requests in that the Council did not hold the information being requested. IG provided a response to the ICO on both these matters who were satisfied with the explanations provided and therefore no further action was taken.

6.2.7 Between 1 April 2013 and 31 March 2014 the Council received 65 Subject Access Requests² (SAR's), exactly the same number of requests for the same period in 2012/13. 95% of SAR's received have been processed within the 40 calendar day deadline (82% of SAR's processed within deadline for 2012/13). This is a significant improvement in performance and compares favourably with the Information Commissioner's benchmark of responding to 80% of SAR's within 40 calendar days.

² A request by an individual for personal information that relates to them or their children

6.3 Data Security Incidents

6.3.1 IG investigates (with the assistance of service areas) all instances of alleged data breaches that are identified and referred to them. A data breach can cover a number of different incidents from a member/employee reporting a lost Blackberry to confidential/sensitive information being communicated to an unauthorised and/or incorrect recipient.

6.3.2 Between the 1 April 2013 and 31 March 2014 there were 163 reported instances of possible data breaches (97 reported instances in 2012/13). IG (with the assistance of service areas) investigated all of these and has confirmed that 83 data breaches had occurred (51 confirmed data breaches were identified in 2012/13). These are shown below categorised by type of breach:

	Number of Cases	Number of Complaints/Referrals from Data Subjects
Information accidentally sent/made available to the incorrect recipient	75 (44 in 12/13)	55*
Accidental release of personal information verbally	2 (3 in 12/13)	1
Documents containing sensitive information left in an insecure location	2 (1 in 12/13)	1
Information lost or stolen	4 (3 in 12/13)	0
TOTAL	83 (51 in 12/13)	

**It should be noted that the majority of these were referrals and not corporate complaints*

Although there has been an increase in the number of possible/actual security breaches reported compared to last year there has been a 2% reduction in the number of confirmed data breaches from 2012/13. It is envisaged that the increased reporting is due to increased awareness among staff due to the use of Ollie (e-learning tool), attendance at service management teams and regular reminders in staff news and managers briefings. IG constantly reviews the number of data breaches being reported and works in partnership with areas of the Council that are experiencing the most data breaches to improve processes and minimise the possibility of future breaches occurring in these areas.

6.3.3 None of the data breaches detailed above were serious enough to meet the Information Commissioner's rationale for reporting serious breaches to them.

6.3.4 For each of the confirmed breaches IG agreed actions with the relevant management team to minimise the impact of the breach on the customer. The Council has also changed procedures and provided training to reduce the possibility of similar data breaches occurring in the future. Formal action has been taken in 2 cases.

6.3.5 Any lessons learnt from data security incidents are shared locally with appropriate employees. In addition to this the IG Team communicates half yearly lessons learnt

highlighted by data breach investigations to all services across the Council – the lessons learnt from October 2013 – March 2014 are attached as Appendix B for information.

6.4 Information Governance Work Programme

6.4.1 The IG Team, in addition to the administration of information rights legislation and the investigation of data security breaches, set down a work programme to further improve the information governance framework of the Council. The 2013/14 IG work programme was agreed at the March 2013 Audit Committee. Progress to date in respect to this programme is shown attached as Appendix C.

6.4.2 The next update to the Audit Committee on Information Governance will be the 2014/15 update report, incorporating activity during April – mid August 2014 which will be presented to the September Audit Committee.

7 CONCLUSIONS FOR 2013/14

7.1 Despite limited resources the Internal Audit & IG Team has achieved good results and contributed to the governance arrangements within the Council.

7.2 The statutory responsibilities of the Council’s Chief Financial Officer (section 151 officer) to provide an adequate internal audit service have been met and Internal Audit has provided reasonable assurance to the Council on the Council’s governance, risk management and internal processes for the areas reviewed in 2013/14.

7.3 Internal Audit and Information Governance Team has also continued to provide advice and guidance on procedures, controls, information security and risk management.

7.4 However, there are numerous major changes occurring both within and outside the Council during 2014/15 which could affect the team’s activities, for example :-

- a) The pressure on the Council’s budget strategy for 2014/15 and beyond has resulted in a further restructuring of the Audit & IG Team but ensuring that the Internal Audit resources have not reduced;
- b) Further service restructures and re-engineering across the Council, revised governance arrangements and reduced supervisory levels;
- c) The continued development of relationships with revised service delivery areas to ensure the team continues to support the authority in achieving its objectives.
- d) Changes to legislation and the Government’s expectations of local government and it’s policies;
- e) Consideration of the future changes to the external audit and inspection regime;
- f) The Council’s key projects including Adult Social Services and Adult Care Bill, Commercial Projects (including the Housing Investment programme) and Single Status.

8 OTHER CONSIDERATIONS

AREA	COMMENTS
Equal Opportunities	All members of the Audit & IG Team have attended equal opportunities/ diversity training. If any such issues arose during any work the appropriate manager would be notified.
Environmental Impact	All members of the Audit & IG Team are environmentally aware and if any issues were identified they would be notified to the appropriate manager.

Legal Implications	<p>The Accounts and Audit (England) Regulations 2011 state that the Council must undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control. There is also a requirement to comply with the Public Sector Internal Audit Standards. Undertaking the audits as set out in the report, and providing updates and an Annual Report to this Committee contributes towards meeting these requirements.</p> <p>Further reference to legal requirements and the implementation of those legal requirements in accordance with CIPFA guidance are contained within the main body of the report at paragraphs 3.2, 5.1.1 and 5.2.2 respectively.</p> <p>In the event that an audit reveals an issue which requires a recommendation concerning a legal matter this can also be referred to the Council's Legal Services Team for further advice and assistance.</p> <p>Compliance with the Information Rights legislation mentioned in this report is mandatory. When assessing compliance, the ICO will consider approved policies and procedures of the authority.</p>
Links with Corporate Priorities	<p>All aspects of the Audit & IG teams work support good governance which underpins the achievement of the Council's objectives and priorities.</p>
Risks and Opportunities	<p>All aspects of the Audit & IG teams work supports managers and the Council to identify and manage their risks and opportunities.</p> <p>The role of IG includes reviewing information security arrangements in place to manage IG risks within service areas. IG reports produced assist the Council in improving systems and controls (reducing IG risks) and therefore the delivery of services and achievement of objectives.</p> <p>If the Council does not comply with the information rights legal requirements there is the risk of the Council being issued with a fine by the ICO of up to £500,000. Service areas supported by the IG Team have and are continuing to implement mitigation to avoid this but there is still risk associated with this.</p>
Financial Implications	<p>Audit & IG operated within budget for 2013/14 with an under spend at the end of the year. Where recommendations are made by team members following reviews, if possible, cost implications are identified.</p> <p>The budget for external audit of £166k was under spent for 2013/14 by £17k due to a refund received in year from the Audit Commission in respect of the 2012/13 main audit fee. The under spend was after meeting additional costs of £9k incurred with KPMG due to additional work required as a result of Elector queries around the 2012/13 statement of accounts.</p> <p>It should be noted that if the ICO found that the Council was not complying with the information rights legal requirements and a fine was imposed there is no budget allocation identified to meet this.</p> <p>MLB 09.05.14</p>
Ward Implications	<p>The work of the Audit & IG team encompasses all the Council's activities across the Borough and therefore it operates within all Council Wards.</p>

9 **BACKGROUND PAPERS**

Annual Audit Plan 2013/14 and Charter
Internal Audit Action Plan 2013/14
Public Sector Internal Audit Standards (PSIAS)
PSIAS Application Note for Local Government
Corporate Information Security Policy
Corporate Information Security Breach Procedure

Report by Jenny Marriott, Audit & Information Governance Manager. Telephone: 383101

MAIN AREAS OF INTERNAL AUDIT WORK UNDERTAKEN 2013/14

Audit Area	Days
Abacus Review	7
Advice & Consultancy	70
Annual Governance Statement assurance & certification	8
Asset Register Review	9
Building Schools for the Future project assurance	1
Burton Borough - Catering Process Review	1
CAMHS - Needs of children outside the area	1
Cash Collection	16
Catering including Cafe Go	21
Children's assessment framework	1
Children's Commissioning	6
Children's Placements	3
Coalbrookdale & Ironbridge Primary School	6
Constitution and School Financial Regulations review	4
Continuing Health Care	1
Contracts Life Cycle	17
Corporate Leisure	1
Council tax	16
Crudgington Primary School	6
Dawley C of E Primary School	11
Disabled facilities grant	8
DOLS mental health	3
Dothill Primary School	7
Downing House Clients Finances and Imprest	3
Electronic Client Records	1
Emergency Planning - Public Health Resilience	4
External Audit Work	8
Family Connect workflow process	10
Fleet Management process	4
Flex/Clarity System review	5
Follow ups	26
Foster Home Review Reports	4
Fraud & Compliance Checks	1
Governance	3
High Ercall Primary School	7
Hollinswood Primary School	4
Holmer Lake Primary School	5
Homelessness Thresholds	3
Housing Benefits (Inc Welfare Reforms)	23
HR/Payroll	20
ICT Contract monitoring	7
Impulse - children's admissions system	3
Integrated Benefits System	2
Iworld Review	8
John Fletcher of Madeley Primary School	1
John Randall School	6

Lawley Primary School	8
Licensing	1
Lightmoor /Reflexions Overpayments	1
Local Council Tax Support Scheme	14
Local Transport Grant	1
Madeley Nursery	6
Main Accounting	22
Meadows Primary	4
Minimising Empty Homes	6
Moorfield Primary School	22
NNDR	9
Oakengates Children's Centre	10
Old Park Primary School	5
Out of Area Children's Placements	9
P2P (Purchase Ledger)	24
Park & Ride - Contract / Cash collection	8
Personal Budgets Support Team	1
Performance Information Health Check	2
Postal Systems	6
Protocol system - review	4
Public Health Transfer	4
Revs & Bens Contract monitoring	6
Sales Ledger	24
School Funds	1
School Improvement Team Process	8
Service User Journey	19
Shared Lives	4
Short break statements - Disabled / respite & short Breaks	6
Sir Alexander Fleming Primary School	4
Ski Centre	10
Social Fund - Local Crisis assistance	10
Special Guardianship	3
Specialist IT Audit work	47
St Lukes RC Primary School	5
St Marys Primary School	6
St Patricks RC Primary School	5
Stirchley Leisure Centre	9
Trading standards	4
Transparency Agenda	1
Transport Post Implementation Review	7
Treasury Management	6
Troubled Families Grant	6
Uniform	4
Voluntary Redundancy Checks	1
Voluntary Sector Contracts /Agreements	1
Wellington Civic Leisure Centre	12
West Mercia Audit Committee	3
William Reynolds Primary School	6
Wrockwardine Wood Infants School	7

Information Security Incidents: Lessons Learnt – 2013/14

Information Governance (IG) 2nd Half Yearly Update – 1 October to 31 March 2014

Information on lessons learnt in respect to data breaches investigated for the first half year were included in the relevant Briefing Notes (half yearly) for Managers and Staff News in 2013/14 (this can still be found on the Information Governance intranet page).

Unfortunately despite further training/publicity the Council has continued to experience data breaches for the second half of the year although occurrences are down on last year. These breaches have been investigated by the IG team/service areas and changes to processes have been agreed. However there are lessons to be learnt by us all from these breaches and this note aims to share them with you.



Top 5 reasons for data breaches at Telford & Wrekin

1

Emails sent to incorrect recipients

2

Officers not completely following agreed processes/procedure

3

Officers recording/using incorrect postal address

4

Loss and/or inappropriate use of equipment/documentation

5

Inappropriate systems access/sharing network login details.

Reminder - What exactly is a data breach?

A data breach is a security incident where personal, sensitive, protected or confidential information is copied, transmitted, viewed, stolen or used by an individual unauthorised to do so. Examples of what constitutes a data breach are detailed below:

- An email containing personal information is sent to an incorrect external recipient
- A person is given and uses another officers network log on details
- A letter containing personal and sensitive information sent to house number 58 in error instead of 85


If you suspect a data breach has occurred you should follow the [Information Security Breach Procedure](#)





What you should already be doing!!!





Always check you are emailing who you think you are emailing. Type the recipients name in the 'To' field, write out your email and double check the 'To' entry before pressing send. Also If you are sending an


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email to a group email address check all the officers in that group are authorised to receive it.
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Always use GCSX or the Council's Secure Communication System (SCS – look under 'S' on intranet) to electronically send personal and/or sensitive information externally
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Ensure you are fully aware of, and abide by, your local procedures and applicable corporate policies such as the Corporate Information Security Policy (CISP)
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When dealing with personal information NEVER assume. Think what the impact could be of your assumption. All your decisions need to be based on fact.
- 

Be careful when handling and/or using works equipment such as laptops and Blackberry's. Always keep this equipment secure and on your person if possible. Never let any other individual access these devices.
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When sending correspondence to individuals always double check the address stated on your letter with the source address on your records. Remember house number 82 can easily be quoted as 28 by mistake. But this mistake can be picked up by checking

£££'s - Top 3 latest fines for local authorities nationally

<p>North East Lincs - £80,000 <i>October 2013</i></p> <p>Loss of an unencrypted memory device containing sensitive personal data relating to 286 children.</p>	<p>Aberdeen - £100,000 <i>August 2013</i></p> <p>Inadequate home working arrangements led to 39 pages of personal data being uploaded onto the internet by a Council employee.</p>	<p>Halton - £70,000 <i>June 2013</i></p> <p>The home address of adoptive parents was wrongly disclosed to the birth family.</p>
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Remember: Protecting personal information is everybody's responsibility

**INFORMATION GOVERNANCE WORK PROGRAMME 2013/14
PROGRESS AS AT 31ST MAY 2014**

No	Task	Completion date & comments	Progress as at end May 2014
1	Administer FOI/EIR/DPA requests, appeals, complaints and associated correspondence from the ICO	Ongoing	Work on going – no issues to date.
2	Agree and deliver an IG training and awareness programme and ensure the content of the induction programme is appropriate.	Ongoing	<p>Training and awareness programme agreed by AD: Finance, Audit & IG (nominated Senior Information Risk Owner – SIRO).</p> <p>IG module available on Ollie since April 13.</p>
3	<p>Keep the IG and security framework up to date including the Corporate Information Security Policy (CISP) and associated procedures.</p> <p>Disseminate changes across the Council</p>	<p>Agree framework and IG strategy with Audit Committee/SMT</p> <p>Review CISP by end of April 13.</p>	<p>IG strategy agreed by Council and SMT and now in place.</p> <p>IG framework updated and due to be approved by SIRO and Audit Committee.</p> <p>CISP review complete and arrangements being put in place to publicise this and also to get all officers to sign up to it.</p> <p>A number of other associated policies and guidance notes have been completed and communicated to staff.</p>
4	Introduce compliance work programme and undertake activities including records management	<p>Agree compliance programme by end of April 13.</p> <p>Ongoing for compliance activities.</p>	Agreed compliance programme in place and work currently ongoing.
5	Complete and keep under review the Corporate Retention & Disposal Schedule	<p>Complete by end of April 13.</p> <p>Ongoing for updating and review of schedule.</p>	Schedule is reviewed on an ongoing basis.

No	Task	Completion date & comments	Progress as at end May 2014
6	Review use of new secure communications system	End of May 13	Review taken place via a small user group. Some issues highlighted which ICT immediately resolved.
7	Investigate instances of possible data breaches and ensure appropriate improvements within services and processes are made.	Ongoing	This is an ongoing task. 6 monthly lessons learnt report included in staff briefing and IG intranet page.
8	Support service areas to address any information security risks that arise	Ongoing	IG continues to support all areas of the Council in respect to information security risks.
9	Support information sharing and the production of information sharing agreements	Ongoing	<p>IG produced an Information Sharing Policy which has been publicised to officers.</p> <p>IG also provides ad hoc advice on information sharing as and when required.</p>
10	Review of the publication scheme and ensure service areas are keeping it up to date	End of May 13	Complete.
11	Review and update intranet and internet pages for FOI and DPA	<p>Intranet review ongoing.</p> <p>Internet review by end June 2013</p>	<p>Complete</p> <p>Both intranet and internet pages reviewed and updated.</p>
12	Complete N3 connection assessment for central government	March 14	Complete.
13	Support service areas in the completion of Privacy Impact Assessments for new systems/applications and those for priority existing applications	Ongoing	<p>Introduced a simpler PIA template which has been adopted.</p> <p>IG has agreed a number of PIA's in 13/14.</p>
14	Report to the Audit Committee on progress against the work programme and any issues arising	<p>June 2013</p> <p>September 2013</p> <p>June 2014</p>	Annual report 2012/13 submitted and update provided to September 13 meeting.