

TELFORD & WREKIN COUNCIL

AUDIT COMMITTEE 28th JUNE 2016

**INTERNAL AUDIT, INFORMATION GOVERNANCE & CALDICOTT GUARDIAN
ANNUAL REPORT 2015/16**

**JOINT REPORT OF THE AUDIT, INFORMATION GOVERNANCE & INSURANCE
MANAGER AND ASSISTANT DIRECTOR EARLY HELP & SUPPORT (DIRECTOR OF
ADULT SOCIAL SERVICES)**

1 PURPOSE

- 1.1 To present the 2015/16 Internal Audit, Information Governance & Caldicott Guardian Annual Report to the members of the Audit Committee.

2 RECOMMENDATIONS

- 2.1 That members of the Audit Committee note the Internal Audit, Information Governance & Caldicott Guardian Annual Report for 2015/16.

3 SUMMARY

- 3.1 The terms of reference of the Audit Committee include:

1. "The approval (but not direction) of and monitoring of progress against, the Internal Audit Charter and Plan".

9. Consider the effectiveness of the Council's governance processes and their compliance with legislation and best practice including:

- b) the Council's information security framework;
- c) receipt of the Caldicott Guardian's Annual report;

This report presents information to meet the requirements of these sections of the terms of reference and to continue to demonstrate good governance and support the Annual Governance Statement (AGS).

- 3.2 The Public Sector Internal Audit Standards are deemed as proper practice under the Accounts and Audit Regulations 2015 for Local Government in England. 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.

4 PREVIOUS MINUTES

Audit Committee 30th June 2014 – Internal Audit & Information Governance Annual Report 2013/14

Audit Committee 30th June 2015 – Internal Audit & Information Governance Annual Report and Quarter 4 Update report 2014/15

Audit Committee 15th September 2015 – Caldicott Guardian Annual Report 2014/15

5 2015/16 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 Regulations 2015 to review the effectiveness of the system of internal control is informed by the work of Internal Audit. The assurance derived from this work 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 2015/16 were 1072 days plus 75 days (1147) specialist ICT audit provided under contract (from external providers). These resources were over 12% more than in 2014/15 (963 plus 55 days specialist IT audit = 1018 days). The increase has been achieved by a full establishment for the whole year, utilisation part of the Compliance Officers time to undertake schools audits and an increase in the external IT budget through redistribution of underspends elsewhere in the budget and retained good prices through the framework contract.
- 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.

5.1.5 As in previous years Senior Management have attended the Audit Committee where requested to provide updates or explain why progress on the implementation of recommendations was not as agreed or to explain how risks are being managed.

5.1.6 As in previous years this Annual Report includes information in respect to the type and number of recommendations made during the year (as requested by the Committee). This information is shown below for 2015/16 with comparisons to 2014/15 shown in brackets.

Number of Recommendations made by Type 2015/16 (2014/15)

No. of Audit Reports & Grading	Total number of recommendations	Financial Regulation)	Legal	Policy and/or Procedure	Best Practice
65 (45) 7 (2) Green 34 (24) Yellow 18 (13) Amber 2 (4) Red 4 (2) no grading*	726 (541)	147 (68)	48 (20)	484 (430)	56 (23)

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

5.1.7 65 audit reports were issued during 2015/16, 20 more than 2014/15 (but there were 9 reports finalised in early April 2015 in respect to 2014/15 work). Out of the 61 reports (excluding the no grading reports) 11% (5%¹) were green (good), 56% (56%) were yellow (reasonable), 30% (30%) were amber (limited) and 3% (9%) were red (poor). The percentages for yellow and amber grading have remained the same as 2014/15 with a reduction in red reports and increase in green.

5.1.8 27% of the 15/16 recommendations were legal/financial regulation compared to 16% in 14/15 and 23% in 13/14. 67% of the 15/16 recommendations were policy and procedure compared to 79% in 14/15 and 70% in 13/14. These differences can be influenced by the areas reviewed during each audit year but this year there have been more schools graded amber than previously. There is also the continued impacts of organisational change and restructures which can result in limited training/handover and incomplete appreciation and understanding of staff in new/revised roles.

5.2 Public Sector Internal Audit Standards (PSIAS)

5.2.1 The Public Sector Internal Audit Standards (defined proper practice under the Accounts and Audit Regulations 2015) were effective from 1st April 2013 and Internal Audit reviewed their compliance during 2013/14 and annually since then

¹ Figures in brackets are for 2014/15

implementing actions identified as requiring attention. The Quality Assurance & Improvement Programme (QA&IP) was developed during 2014/15 and operational during 2015/16 with the output being reviewed by the External Auditors as part of their review of Internal Audit. A report re the External assessment which needs to be undertaken once every 5 years was presented to the Audit Committee in January 2015 outlining the approach to appointment and completion by March 2017 (well within the deadline of 31/03/18). Further actions in respect to the review of the management of fraud and ethics related activities will continue in 2016/17.

5.2.2 As part of the standards it is a requirement to outline in the annual report where there is any non-compliance. Paragraph 5.2.1 above sets out the two areas (fraud and ethics) where further work is still required out of over 120 areas within the checklist from the CIPFA Local Government Advisory Note to the Standards where we are not fully compliant but the CFO is satisfied with the mitigation and actions being taken.

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 2015/16 required by the External Audit and they have 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. They undertook their first review of Internal Audit against these standards in 2013/14 and this year they have again reviewed our updated evidence and information provided to demonstrate compliance. No issues have been raised.

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. In addition we implemented the results of a team review session held with a specialist Internal Audit consultant. We had reviewed our approach and processes to ensure that we were focussing on the right things, adding value and being as effective as possible.

5.4.2 The Audit, IG and Insurance SDM is one of the Unitary and District representatives 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 us to contribute to and influence relevant guidance. Other members of the team also attend regional Fraud, Contract and Unitary/Met Authority groups (when relevant)

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. The exceptionally high ratings of recent years have continued to improve further.

POST AUDIT QUESTIONNAIRE FEEDBACK 2015/16 compared to last 2 years

Question	2013/14 From top score 5	2014/15 From top score 5	2015/16 From top score 5	Difference 14/15 to 15/16
Pre- Audit Arrangements	4.6	4.9	4.8	-0.1
Audit Visit	4.7	4.9	4.9	No change
Communication	4.4	4.8	4.8	No change
Report	4.5	4.8	4.8	No change
Is audit a positive support – Yes	100%	100%	100%	No change

The team's customer performance has remained extremely high during 2015/16 with the average score being 4.8 or more. There is a marginal reduction in respect to pre-audit arrangements and we will ensure that our processes in this area will be further reviewed. The maintenance of these scores is a credit to the team and how they have approached their work and the audit of many services during or just after a restructure.

6 2015/16 INFORMATION GOVERNANCE ANNUAL REPORT

- 6.1 There are a number of pieces of legislation and good practice standards that govern the IG arrangements of the Council and these are listed in the background information at the end of this report. The Information Commissioners Office (ICO) is the regulatory body responsible for ensuring Council's meet the information legislative requirements.
- 6.2 The Local Authority Data Handling Guidelines 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 and Human Resources with the Audit, IG & Insurance Service Delivery Manager designated as the Deputy SIRO. From the 1st April 2016 the SIRO responsibility transferred to the Assistant Director Governance, Procurement & Commissioning.

Information Rights

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

- **Freedom of Information Act 2000** – encompasses any information held by the Council
- **Environmental Information Regulations 2004** – information with an environmental impact
- **Data Protection Act 1998** – looks at personal information relating to individuals

6.4 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.

It also co-ordinates and guides service areas 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.

6.5 Before the financial constraints and public sector budget reductions the ICO set a benchmark of 80% for responding to FOI requests within the 20 working day statutory deadline.

6.6 See table below for figures relating to FOI performance for the year 1 April 2015 to end of March 2016 compared with the same period for the previous year:

	15/16	14/15	% Increase / Decrease
Number of FOI requests received	1090	1132	-4
Average number of FOI requests received per month	90	94	-4
% of FOI requests responded to within statutory deadline	81	93	-13
Average time taken (days) to respond to each request	14	10	+40

As can be seen from the figures in the table above, the Council's performance in responding to FOI requests within statutory deadlines reduced (down by 13%) from 2014/15. The main reasons for a reduction in performance are:

- Lack of success in recruiting an Apprentice during all of 2015/16 (however we have now successfully recruited an Apprentice who will be in post from 11/4/16)
- Requests received being more complex in nature
- The implementation of a major system upgrade (from version 3 to version 6) of the request logging system (Respond). This is the system used to log and process FOI, EIR and DPA requests. The upgrade meant FOI/EIR/DPA resources were used for system testing and for resolving upgrade issues. Time was also taken for established staff to get acclimatised to working with a very different system
- Change in role for the Compliance Officer who previously provided some support with the processing of requests.

Even given the issues bulleted above actual performance still exceeded the ICO benchmark of responding to 80% of FOI/EIR requests received with 20 working days.

In addition to the above the Council received 148 requests (48 in 14/15) that were processed under the Environmental Information Regulations (EIR) 2004. The increase in the number of EIR requests received is due to the IG Team categorising requests more accurately. 93% of these requests were responded to within the 20 working day deadline.

- 6.7 In this period IG have received and responded to 14 appeals (1 upheld) from requestors who were not satisfied with the response they received to their FOI request. This compares to a total of 21 appeals in (4 upheld) 2014/15.
- 6.8 During this period IG did not receive any complaints/referrals from the Information Commissioner (ICO) in respect to complaints made to them by FOI/EIR requestors. This compares to 4 in 2014/15 from two individuals.

The IG update report presented at the September 2015 Audit Committee detailed a complaint that the ICO were dealing with (which dated back to 2014/15). This complaint has now been heard at the First Tier Tribunal and was found to be in favour of the Council.

- 6.9 Between 1 April 2015 and 31 March 2016 the Council received 55 Subject Access Requests² (SAR's), this compares to 57 requests for the same period in 2014/15. 70% of SAR's received have been processed within the 40 calendar day deadline (94% of SAR's processed within deadline for 2014/15). This is a reduction in performance due to reasons bulleted in 6.6 above.

It should be noted that the size and complexity of subject access requests increases year on year. For the 55 requests responded to in 2015/16, the IG team has had to read and redact over 11,000 pages of mainly sensitive personal social care information. The largest individual request required 3,574 pages to be read and redacted as appropriate by IG officers. IG continually review its procedures for processing subject access requests and feel that these are streamlined and fit for

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

purpose. However further reviews will take place to ensure processes improve where possible.

It should also be noted that the council did not receive any complaints/referrals from the ICO during 2015/16 in respect to its processing of subject access requests (the same as 2014/15).

Data Security Incidents

6.10 IG supports the investigation (with service areas) of 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 mobile phone to confidential/sensitive information being communicated to an unauthorised and/or incorrect recipient.

6.11 Between the 1 April 2015 and 31 March 2016 there were 56 reported instances of possible data breaches (86 reported instances in 2014/15). IG (with the assistance of service areas) investigated all of these and has confirmed that 25 data breaches had occurred (44 data breaches were identified in 2014/15). 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	22 (37 in 14/15)	19
Accidental release of personal information verbally	2 (4 in 14/15)	2
Documents containing sensitive information left in an insecure location	1 (1 in 14/15)	1
Information lost or stolen	0 (2 in 14/15)	0
TOTAL	25 (44 in 14/15)	22

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

It is pleasing to note that there has been a considerable drop (43%) in the number of confirmed data breaches in 15/16 (following an approximate drop of 50% in 14/15 compared to the previous year).

At the start of 2015/16 the Information Governance Team, with support from Internal Communications, kicked off a 'Mistakes Have Consequences' poster campaign which highlighted the negative human consequences of data breaches both for employees and customers. It is hoped that this has built on previous awareness initiatives and has, to some extent, contributed to the reduction in data breaches occurring.

- 6.12 For each of the confirmed breaches IG agrees actions with the relevant management team to minimise the impact of the breach on the customer. The Council also reviews and changes procedures and provides targeted training to reduce the possibility of similar data breaches occurring in the future.
- 6.13 Any lessons learnt from data security incidents/breaches 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 April 2015 – September 2015 are attached as Appendix B for information.
- 6.14 None of the data breaches detailed above were serious enough to meet the Information Commissioner’s rationale for reporting serious breaches to them.
- 6.15 Out of the 25 confirmed data breaches investigated, appropriate disciplinary action has/or will be taken in 4 cases. Disciplinary action will range from written warning to possible dismissal.

Information Governance Work Programme

- 6.16 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 2015/16 IG work programme was agreed at the June 2015 Audit Committee. Progress to date in respect to this programme is shown attached as Appendix C.
- 6.17 The next update to the Audit Committee on Information Governance will be the 2015/16 update report, incorporating activity during April – mid August 2015 which will be presented to the September Audit Committee.

Information Governance Related Audits

- 6.18 In 2015/16 Internal Audit undertook a number of IG related audit assignments. See below for the status of each of these reviews:

Assignment	Status	Grading
Information Governance Framework	Final	Yellow - Reasonable
Payment Card Industry Standards	Draft	Yellow – Reasonable
Information Sharing	Draft	Yellow – Reasonable
Information Security	In Progress	N/A

IG has agreed actions for the recommendations arising from the first three audits and these have been included in the 16/17 IG work programme.

7 2015/16 CALDICOTT GUARDIAN ANNUAL REPORT

Caldicott Guardian (CG) Function – Key Responsibilities

- 7.1 The CG is responsible for safeguarding and governing the uses of personal care information within the Council, acting as the ‘conscience’ of the organisation. The CG

actively supports work to facilitate and enable care information sharing and provides advice on options for lawful and ethical processing of information as required. Caldicott Guardianship is a key component of broader information governance responsibilities. The key responsibilities of the role are defined in the CG Manual (2006)

- 7.2 In line with a key recommendation of the 1997 Caldicott Report, the Council has since then appointed a CG. The CG is currently the designated Director of Social Services (DASS).
- 7.3 As we move towards greater integration between health and social care to respond to the 5 year forward plan, information sharing becomes to the forefront of partnership arrangements. Social Care staff are making decisions in relation to when and how to share information to provide a seamless service to vulnerable adults and children. As the Mental Capacity Act becomes imbedded into practice, professionals are making decisions on day to day bases in relation to sharing information. This is reflected in the issues captured in the CG log -
- Completion of training & enrolment on national register
 - Sign off of data sharing agreement with Shropshire Community NHS Trust
 - Information Tool Kit completion and submission
 - Completed the implementation of the NHS number as client record identifier
 - Discussion and advice with regard to information sharing with external organisations in respect of a number of individual service users
 - Sign off the data sharing agreement for the Adult Safe Guarding Board
 - Completion of phase one of the community fit project sharing data across the health economy to inform the development of community based health services.
- 7.4 Appendix D gives an update on progress made in achieving the CG action plan which was presented at the September 2015 Audit Committee.

8 CONCLUSIONS FOR 2015/16

- 8.1 Despite limited resources and adhoc requests for work the Internal Audit & IG Team has performed well and made a positive contribution to the governance arrangements within the Council.
- 8.2 The statutory responsibilities of the Council's Chief Financial Officer (section 151 officer) in respect to internal audit and internal control have been met and Internal Audit has provided reasonable assurance to the Council on the Council's internal controls, governance and risk management processes for the areas reviewed in 2015/16.
- 8.3 The Internal Audit & IG Team has also continued to provide advice and guidance on governance, procedures, controls, information security and risk management.
- 8.4 However, there are numerous major changes occurring both within and outside the Council during 2016/17 which could affect the team's activities, for example :-

- a) The continued pressure on the Council's budget strategy for 2016/17 and beyond may result in further changes to the service and resources but endeavouring to ensure that Internal Audit resources are 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) Consideration of the future changes to the external audit and inspection regime;
- e) Changes in any information rights legislation and guidance particularly the preparations for the General Data Protection Regulations (GDPR) which come fully into force in 2018 (replacing the 1998 Data protection Act);
- f) The new Caldicott Guardian may require additional support until they are more familiar with their role;
- g) The Council's key projects including Adult Social Services, Children's Safeguarding, transferring services to other providers, introduction of a new HR/Payroll system from 1st April 2017 and developing further commercial activities.

9 OTHER CONSIDERATIONS

AREA	COMMENTS
Equal Opportunities	All members of the Audit, IG & Insurance 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 & Insurance 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 Regulations 2015 (Part 2, paragraph 5) state that the Council must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance. The information set out in this report illustrates the work that has been undertaken to meet the appropriate statutory requirements.</p> <p>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 5.1.1, 6.1 and 6.3 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> <p>Each NHS organisation is required to have a Caldicott Guardian under Health Service Circular HSC 1999/012 dated 22 January 1999. The Circular applies to all organisations which have access to patient records, including acute trusts, ambulance trusts, mental health trusts, primary care trusts, strategic health authorities, and special health authorities such as NHS Direct.</p> <p>Caldicott Guardians were subsequently introduced into social care with effect from 1 April 2002, under Local Authority Circular LAC (2002)2 dated 31 January 2002.</p> <p>Caldicott Guardians play a key role in ensuring that the NHS, Councils with Social Services Responsibilities and partner organisations satisfy the highest practical standards for handling patient identifiable information under a framework which complies with the requirements of the Data Protection Act 1998; they actively support work to enable information sharing where it is appropriate to share; and advise on options for lawful and ethical processing of information.</p> <p>NHS and Social Care Caldicott Guardians are required to be registered on the publicly available National Register of Caldicott Guardians.</p> <p>The UK Council of Caldicott Guardians, an elected body made up of Caldicott Guardians from health and social care, meets four times per year and has a published strategy, currently for 2011-2016.</p> <p>The Health & Social Care Information Centre [HSCIC] publishes guidance and resources for Caldicott Guardians.</p> <p>KF 19.05.2016</p>
Links with Corporate Priorities	<p>All aspects of the Audit, IG & Insurance 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 & Insurance 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 and Information Governance operated within its budget of £402k for 2015/16 with an under spend of £15k at the end of the year due to vacant posts. Team members will identify cost implications arising from reviews wherever possible.</p> <p>The 2015/16 budget for external audit of £166k was under spent by £37k mainly as a result of the reduced audit fee from KPMG.</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>The work in respect to the Council's fulfilment of their Caldicott Guardian responsibilities are met from within existing budgets.</p> <p>MLB 05.05.16</p>
Ward Implications	The work of the Audit & IG team encompasses all the Council's activities across the Borough and therefore it operates within all Council Wards.

10 **BACKGROUND PAPERS**

Annual Audit Plan 2015/16 and Charter
 Internal Audit PSIAS Action Plan
 Public Sector Internal Audit Standards – Applying the IIA International Standards to the UK Public Sector 2013
 CIPFA Local Government Application Note - April 2013
 Accounts and Audit Regulations 2015
 Corporate Information Security Policy
 Corporate Information Security Breach Procedure
 Local Authority Data Handling guidelines
 ISO27001 (standard for information security)
 Data Protection Act 1998
 Freedom of Information Act 2000 (fully introduced 2005)
 Environmental Information Regulations 2004.
 Caldicott Review - <https://www.gov.uk/government/publications/the-information-governance-review>
 Information: To Share or not to Share – Government Response to the Caldicott Review.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf

Report by Jenny Marriott, Audit, IG & Insurance Services SDM. Telephone: 383101
 Rob Montgomery Information Governance Team Leader. Telephone 383103
 Richard Smith AD Early Help & Support (DASS)

APPENDIX A

Work undertaken during 2015/16 to provide assurance and the Internal Audit Opinion

Audit Area	Days
Adult Safeguarding Follow Up	2
Adult Social Care Payments	25
Advice & Guidance	126
AGS assurance review (2014-2015)	11
ASS - Review of Prototype	3
Audit of Information Governance	1
Bank contract review	5
Bank Project Team	2
BRJ Follow Up	3
Business Continuity (Review of Plans)	6
Captain Webb Primary School	7
Care & Enablement provider services	3
Care Leavers Grant & Process	3
Cash Collection (2015-2016)	23
Charlton - Directed Salaried Grant 2015-16	1
Charlton Follow up	2
Charlton Secondary School	4
Children's Brokerage (Link to Foster Care)	12
Children's Arrangement Orders	2
Community Fit Programme	1
Contract Waivers	7
Council Tax & NNDR (2015-2016)	48
Deferred Payments	8
Direct Payments	9
Discharge to Care - Mental Health Home from Hospital	3
Donnington Wood Junior School	9
Downing House Clients Records & Finances	8
Early Intervention (Common Assessment Framework)	10
Email & Internet Filtering	3
Employment Code of Practice Compliance	6
IT Audit Management & Quality review	12
Facilities Management - Help Desk Review	14
Financial Assessment Process Review	15
Flood Damage Grant	4
Follow ups	11
Food Hygiene Rating System	1
Foster Carers Web Site	1
Fraud & Compliance framework and checks	6
General Ledger (2015-16)	33
Grange Park Primary School	10
Halcrow Contract	3

Appendix A (continued)

Audit Area	Days
Haughton School	8
Home Education Process Review	3
Horsehay Golf Course	10
Benefits & CTAX Support Scheme (2015-16)	20
Leaver Checklist Review	3
Leaving Care Process	12
Leisure Budget review	3
Lightmoor Primary School	8
Local transport grant	5
Making Safeguarding Personal (Adults)	4
Millbrook Primary School	7
Moorfield Follow Up	3
Mount Gilbert Follow Up	3
Multi storey car park	11
National Fraud Initiative	7
Newdale Primary School	14
Newport Junior School	6
Newport Pool	14
Oakengates Children's centre Follow Up	5
Other Car Park Contracts	10
P2P - Purchase Ledger (2015 - 2016)	30
Payment of Employee Allowances	4
Payroll / HR (2015-16)	46
PCI Compliance review	4
Pot Hole Grant	6
Procurement including Government Procurement Card	32
Property Investment Portfolio (Review of bad debts)	12
PSE Upgrade	1
Review of Public Health SLAs & MOUs	5
Sales Ledger (2015-2016)	31
Scott & Linden Centre	9
Section 17 payments	3
Social Care Payments support	2
Social Letting Agency	8
Social Media Compliance Work	1
St Georges Primary School	10
St Matthews Primary School	12
St Peters Bratton	9
Supervision Policy Review (Children's & Adults)	7
Supplier complaint review	11
Temporary Accommodation	1
The Place	19
Town Park & Visitors Centre	20

Transport Processes Review - Adults	13
Transport to Schools - pre & post 16	14
Treasury Management (2015-2016)	13
Troubled Families Grant	2
Waste Quality Performance Monitoring	8
Windmill Primary School	9
Wombridge Primary School	8
Woodlands Primary School	8
Wrockwardine Wood Junior School	11

Information Security Incidents: Lessons Learnt – 2015/16

Information Governance (IG) 1st Half Yearly Update – 1 April to 30 September 2015

Information on lessons learnt in respect to data breaches investigated for 2014/15 were included in the relevant Briefing Notes (half yearly) for Managers and Staff News in 2014/15.

Despite further training/publicity the Council has continued to experience data security incidents including some minor breaches during the first half of the year. These have been investigated by the IG team/service areas and changes to processes have been agreed. However there are lessons to be learnt or reminders for us all from these incidents and this note aims to share them with you.



Top 3 reasons for incidents at Telford & Wrekin

1

Emails sent to incorrect recipients

2







Officers not completely following agreed processes/procedure

3

Human error – typing errors, lack of checking contact details, etc.



Reminders/Lessons learnt from these incidents

-  Always check who you are sending an email to against who you think you are emailing particularly when the email address auto-populates in Outlook. Also If you are sending an email to a group email address check all the officers in that group are authorised to receive it
-  You can select to not use the Auto-Complete function in Outlook, or clear the current entries in the Auto-Complete function by (in Outlook); 1) Click File tab 2) Click Options 3) Click Mail 4) Under Send messages, select or clear the Use Auto-Complete to suggest names when typing in the 'To' check box.
-  Always use the Council's Secure Communication System (SCS – look under 'S' on intranet) or GCSX to electronically send personal information **externally**
-  Ensure you are fully aware of, and abide by, your local procedures and applicable corporate policies such as the Corporate Information Security Policy (CISP)
-  When sharing and sending personal information NEVER assume. Think what the impact could be of your assumption(s). All your decisions need to be based on fact.
-  Be careful when using Social Media to not post personal information about your work, i.e. about your work colleagues or customers



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.



Action taken by the Information Commissioners Office (ICO)

Up to February 2015 the ICO had collected **£5,573,500** in fines. Of this **£2,100,000** related to local authorities

What is the maximum fine a Council can face for a data breach?

- a) £5,000
- b) £100,000
- c) £500,000

Answer the Council can be fined a maximum of **£500,000**.

Make sure your actions do not result in the Council being fined

Mistakes have consequences – protect personal information

Read stories about Ann, Dave, Jane and the Bridge family as part of the current Information Governance campaign....



we can help

- Contact the IG Team on 82537 or email IG@telford.gov.uk
- Visit the IG intranet page for advice and guidance

APPENDIX C

Information Governance (IG) Work Programme 2015/16 updated as at 31/03/16

No	Task	Deadline	Progress/Completion as at 31/3/16
1	Administer FOI/EIR/DPA requests, appeals and associated correspondence from the ICO.	On-going	On-going
2	Continue the provision of additional services to schools within and outside the area to generate agreed income. Market prospective customers as co-ordinated to do so by Delivery & Planning.	On-going	On-going
3	Keep TORCH site up to date to support the above.	On-going	On-going (now superseded by commercial site)
4	Investigate instances of possible data breaches and ensure appropriate improvements within services and processes are made.	On-going	On-going
5	Support service areas to address any information security risks that arise.	On-going	On-going
6	Support information sharing and the production of information sharing	On-going	On-going

	agreements.		
7	Support service areas in the completion of Privacy Impact Assessments for new systems/applications and those for priority existing applications.	On-going.	On-going
8	<p>Agree and deliver an IG training and awareness programme.</p> <p>Assess numbers completing the IG training module.</p>	<p>Agree programme (with SIRO) – End May 15.</p> <p>Deliver programme throughout 15-16.</p> <p>Review Ollie training take up by end of June 2015.</p>	<p>Programme agreed by SIRO</p> <p>Programme delivered</p> <p>Ollie training reviewed. New module due in April 16.</p>

No	Task	Deadline	Progress/Completion as at 31/3/16
9	Update compliance work programme and undertake activities including records management.	Review and agree updated compliance programme by end of May 15. On-going for completing compliance activities.	Programme reviewed and agreed. Activities currently on-going.
10	File and folder accesses review and rationalisation.	End of May 2015 (for IG to agree future actions for ICT on this)	Complete.
11	Complete Ollie module for classification scheme and promote scheme and policy.	End of July 2015	Module completed – due for publicity in 16/17.
12	Keep the IG security framework up to date including the Corporate Information Security Policy (CISP). Disseminate changes across the Council. Review CISP	Review framework and agree this with Audit Committee –End September 15. Disseminate any changes as and when required. Review CISP by end of March 16	Framework reviewed (and audited). Changes disseminated where appropriate. Review currently on-going.
13	Report to the Audit Committee on progress against the work programme and any issues arising.	September 2015 June 2016	Complete for September Complete for June
14	Implement findings of the IG framework audit	End of November 2015	Complete
15	Review and update intranet and internet pages for FOI and DPA.	Internet content reviewed on an on-going basis but full review of content by end Dec 15.	Complete
16	Complete N3 connection assessment for central government.	March 16.	Complete

Updated Position of the Caldicott Guardian Action Plan

Action	Target date	Lead
Caldicott Review related actions - () = Recommendations from Caldicott Review		
1. Examine our existing arrangements, and lead by example with our local partners to make it easier to share information (introduction)	On-going	CG
2. Ensure that relevant personal confidential data is shared among the registered and regulated health and social care professionals who have a legitimate relationship with the individual (2)	On-going	CG
3. Seek advice from the ICO and refer to the HSCIC's Confidentiality Code of Practice for further advice on managing and reporting data breaches (5)	As required	CG
4. Explain and apologise for every personal data breach, with appropriate action agreed to prevent recurrence (5)	As required	CG
5. Clearly explain to patients and the public how the personal information we collect could be used in de-identified form for research, audit, public health and other purposes (7)	Review public information as part of the implementation of Accessible Information legislation December 17	CG
6. Make clear what rights the individual has open to them, including any ability to actively dissent (7)	As per 5. above	CG
7. Use the best practice contained in the HSCIC's Confidentiality Code of Practice when reviewing information governance practices to ensure that they adhere to the required standards (12)	June 2017	CG/SIRO
8. Ensure that social care providers use the Information Governance Toolkit (12)	Embed within Procurement conditions – March 2016 Monitor through Contract compliance March 2017	CG
9. Appoint a Caldicott Guardian or Caldicott lead with access to appropriate training and support (15)	Completed. CG appointed and registered with Social Services CG Register. CG attending accredited CG training on 3 rd May 2017	CG

10. Local authorities consider extending Caldicott Guardian arrangements to children's services (15)	Completed. Role across Adult & Children's services	CG
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Action	Target date	Lead
Caldicott Review related actions - () = Recommendations from Caldicott Review		
11. Strengthen leadership on information governance (15)	Completed. Council has now established regular meetings between CG and SIRO and supporting officers within the Council to monitor progress. CG has met separately with counterparts in Shropshire Community Trust and T&W CCG. Discussions underway with wider health and social care economy about establishing a pan-Shropshire group.	CG
12. Ensure that the information provided to inform citizens about how their information is used does not exclude disadvantaged groups (19)	As per 5. above	CG
13. Use the revised Caldicott principles in all relevant information governance material and communications (25)	As per 5. above	CG
14. Investigate, manage, report and publish personal data breaches and ensure that commissioned bodies are investigated, managed, reported and published appropriately (6)	On-going	CG
15. Implement appropriate arrangements in relation to information governance including the demonstration of strong leadership on information governance and adopt information governance procedures that are equivalent to those already established by healthcare providers (12)	March 2016	CG
Other actions		
16. CG report to form part of the annual audit report	Completed	CG

17. Identify deputy CG	July 17	CG
18. Complete register of Information Sharing Agreements and ensure reviews are held within agreed timescales.	July 17	CG
19. Ensure IG training has been undertaken by all relevant staff	September 17	CG