

TELFORD & WREKIN COUNCIL

AUDIT COMMITTEE 29th May 2018

INTERNAL AUDIT, INFORMATION GOVERNANCE & CALDICOTT GUARDIAN ANNUAL REPORT 2017/18

JOINT REPORT OF THE AUDIT & GOVERNANCE TEAM LEADER AND CALDICOTT GUARDIAN

1 PURPOSE

- 1.1 To present the 2017/18 Internal Audit, Information Governance (IG) & Caldicott Guardian Annual Report to the members of the Audit Committee and to seek their agreement to the 2018/19 IG Work Programme.

2 RECOMMENDATIONS

- 2.1 That members of the Audit Committee note the Internal Audit, Information Governance & Caldicott Guardian Annual Report for 2017/18
- 2.2 That members of the Audit Committee agree the 2018/19 IG Work Programme.

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

Audit Committee 30th June 2016 – Annual Internal Audit, IG and Caldicott Guardian Annual Report 2015/16

Audit committee 27th June 2017 – Annual Internal Audit, IG & Caldicott Guardian Annual report 2016/17

5 2017/18 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 2017/18 were 990 days which included 48 days specialist ICT audit provision provided by the Staffordshire framework contract. The planned resources were affected by the Audit & Governance restructure, which came into effect in June 2017 and saw the departure of the Audit Services Delivery Manager and temporary part time Auditor. The team achieved 95% of the planned work but several items have been rescheduled into the 2018/19 plan due to delays in the introduction of new processes following restructures and the change in timetable for the implementation of various IT upgrades. Based on the work undertaken during the year (areas attached as **Appendix 1**) 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.

5.1.4 As in previous years Senior Management have provided information or updates to the Audit Committee where requested to provide explanations as to why progress on the implementation of recommendations was not as agreed.

5.1.5 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 2017/18 with comparisons with 2016/17 and 2015/16 shown in brackets.

Number of Recommendations made by Type 2017/18 (2016/17 & 2015/16)

No. of Audit Reports & Grading	Total number of recommendations	Financial Regulation	Legal	Policy and/or Procedure	Best Practice
52 (71,65) 13 (3,7) Green 29 (50, 34) Yellow 8 (17, 18) Amber 2 (1,2) Red	413 (682, 726)	82 (162, 147)	41 (40,48)	280 (445, 484)	10 (35,56)

Gradings - Green = good; Yellow = reasonable; Amber = limited; Red = poor

5.1.6 52 audit reports were issued during 2017/18, 19 less than 2016/17. Out of the 52 reports 25% (4% 11% were green (good), 56% (70% 56%) were yellow (reasonable), 15% (24% 30%) were amber (limited) and 3% (2% 3% were red (poor). The percentage for green reports has increased but yellow and amber have decreased. There has been very little change with the percentage of red reports issued from previous years.

5.1.7 30% of the recommendations were legal/financial regulation and this was the same in 2016/17 and 27% in 2015/16. 68% of the recommendations were policy and procedure compared to 65% in 2016/17 & 67% in 2015/16. This demonstrates very little change in the categories of recommendations being made.

5.1.8 There are a number of reasons why less audit reports were produced in 2017/18, these include:

- The scope of the individual audits reviewed during each audit year are more focused and complex to address the Council's changing risks and priorities.
- Increased number of days allocated to individual audits therefore reducing the actual number of audit reports issued.
- The audit restructure from June 2017 resulted in the Principal Auditor taking on more management responsibility

5.2 Public Sector Internal Audit Standards (PSIAS) and External Assessment

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 in January 2017 there was an external assessment undertaken against the standards. This is a requirement that must occur every 5 years.

5.2.2 The Quality Assurance & Improvement Programme (QA&IP) was followed during the year and any actions have been fed back to the team, individuals or been used to update the teams processes.

5.2.3 Improvements to audit processes and procedures are continually being reviewed and updated to ensure compliance with the standards.

5.3 Performance reviewed by External Audit

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 2017/18 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 Grant Thornton (UK) LLP are the appointed External Auditor for the council from 2018/19.

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. We have looked to make changes to improve our adherence to the Standards and we have investigated and implement new/alternative ways of service delivery. Following consultation with auditees and Senior Management we have produced revised formats for the audit scope and audit report which makes both documents easier to read and focuses on service risk. We share best practice with other local authorities and regularly attend local network groups.

5.4.2 The Audit & Governance Team Leader and Principal Auditor regularly attend the Local Authority Chief Auditors Network (LACAN). 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 average feedback is shown in the table below compared to the last 2 years.

POST AUDIT QUESTIONNAIRE FEEDBACK 2017/18 compared 2016/17

Question		2016/17 From top score of 5	2017/18 From top score of 5	Difference 16/17 to 17/18
Pre- Audit Arrangements		4.8	4.7	-0.1
Audit Visit		4.7	4.9	+0.2
Communication		4.3	4.6	+0.3
Report		4.7	4.6	-0.1
Is audit a positive support – Yes		100%	100%	No change

The team's customer performance has remained extremely high during 2017/18 with the average score being 4.7 or more. There has been a 0.1 overall increase between the average scores reported 2016/17 and 2017/18.

We have identified and addressed any improvements required to our processes throughout the year. Our customer feedback has been positive and any specific issues have been addressed at the time of the audit with the SDM involved. 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 2017/18 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 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: 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 (General Data Protection Regulations or UK equivalent post 25 May 2018)** – 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 The ICO has set a benchmark of 90% for responding to FOI requests within the 20 working day statutory deadline for responding to requests.
- 6.6 See table below for figures relating to FOI performance for the year 1 April 2017 to end of March 2018 compared with the same period for the previous year:

	17/18	16/17	% Increase / Decrease
Number of FOI requests received	1064	1226	-15%
Average number of FOI requests received per month	89	99	-11%
% of FOI requests responded to within statutory deadline	80	81	-1%
Average time taken (days) to respond to each request	14	11	+21%

As can be seen from the figures in the table above, the Council's performance in responding to FOI requests within statutory deadlines decreased marginally (down 1%) from 2016/17.

In addition to the above the Council received 29 requests (59 in 16/17) that were processed under the Environmental Information Regulations (EIR) 2004. The decrease in the number of EIR requests received is mainly due to Public Protection re-classifying how certain requests were dealt with, i.e. they were dealt with as business as usual requests rather than EIR requests. 86% (86% also in 16/17) of these requests were responded to within the 20 day deadline.

- 6.7 In this period IG have received and responded to 11 appeals from requestors who were not satisfied with the response they received to their FOI request. This compares to a total of 10 appeals in 2016/17.
- 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 parties.
- 6.9 Between 1 April 2017 and 31 March 2018 the Council received 32 Subject Access Requests (SAR's), this compares to 62 requests for the same period in 2016/17. 69% of SAR's received have been processed within the 40 calendar day deadline (89% of SAR's processed within deadline for 2016/17). There are a number of reasons why the volume of SAR's received has dropped and also the corresponding response rate including:
- More information requests received being treated as 'business as usual' requests
 - SAR requests received are more complex and larger in nature in respect to volume of paperwork per request
 - The restructure in Audit & Governance
 - The use of resources to support the introduction of GDPR
 - Long term absence of staff member

It should be noted that the size and complexity of subject access requests increases year on year. For the 32 requests responded to in 2017/18, the IG Team had to read and redact over 20,000 pages of mainly sensitive personal social care information. The largest individual request required 438 Documents to be read (17,000 pages) 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 purpose. However further reviews will take place to ensure processes improve where possible.

It should also be noted that the Council received 2 complaints/referrals from the ICO during 2017/18 in respect to its late processing of subject access requests.

6.10 The IG Team also supports schools (T&W schools and out of area schools/public organisations) with their information rights requirements. This has been expanded to encompass GDPR requirements in 17/18. This is a traded service to schools.

Data Security Incidents

6.11 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.

6.12 IG (with the assistance of service areas) investigated all reported incidents of possible data and has confirmed 33 data breaches had occurred (34 data breaches were identified in 2015/16). 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	33 (31 in 16/17)	33
Accidental release of personal information verbally	0 0 in 16/17)	0
Documents containing sensitive information left in an insecure location	0 (1 in 16/17)	0
Information lost or stolen	0 (2 in 16/17)	0
TOTAL	33 (34 in 16/17)	33

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

There has been a small decrease in the number of confirmed data breaches in 17/18 (following increase of 36% in 16/17 on the previous year). The IG Team continues to work with service areas to improve personal data handling/processing.

6.13 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.

6.14 Any lessons learnt from data security incidents/breaches are shared locally with appropriate employees. In addition to this the IG Team communicates lessons learnt highlighted by data breach investigations to all services across the Council.

6.15 The council have self-reported 1 data breach to the ICO in February 2018, this investigation is ongoing.

6.16 Out of the 33 confirmed data breaches investigated, appropriate formal disciplinary action has/or will be taken in 1 case. Disciplinary action will range from written warning to possible dismissal.

6.17 The IG Team has used considerable resource in 2017/18 to support Council Services in implementing actions to ensure they comply with the introduction of GDPR on 25 May 2018. This support has included:

- IG have published 6 GDPR related articles for staff news / managers briefing (from 21/3/17 to date)
- IG/ODD have created 9 GDPR Ollie training modules
- IG have created 7 sets of guidance notes available on Ollie/intranet
- 1896 Ollie GDPR modules have been completed to date
- 110 individual staff members attended face to face training
- A member training session has been delivered
- 6 meetings of GDPR Sponsor groups have taken place
- IG/Procurement created new terms and conditions for contracts
- IG have created a new income stream which has far exceeded set income targets

To help and support organisations that contribute/support Council services the following work/actions have been undertaken:

- 1 free training session provided to CVS and other voluntary bodies – over 50 attendees
- 2 free training sessions provided to Shropshire Partners in Care (SPIC) – over 100 attendees
- 1 free training session to Telford Food Bank
- 2 training/awareness sessions provided to parish councils/voluntary sector with over 150 attendees.
- Provided a commercial offer to schools/parishes in relation to GDPR services

Information Governance Work Programme

6.18 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 2017/18 IG work programme was agreed at the June 2017 Audit Committee. Progress to date in respect to this programme is shown attached as Appendix 2.

6.19 Appendix 3 details the proposed IG work programme for 2018/19 for approval.

7 2016/17 CALDICOTT GUARDIAN ANNUAL REPORT

Caldicott Guardian (CG) Function – Key Responsibilities

- 7.1 A requirement for the Audit Committee to consider the Caldicott Guardians (CG) annual report / action plan. An update on the progress made in completing the CG action plan was provided to the Audit Committee in June 2017.
- 7.2 In 2017/18 Sarah Dillon, AD Adult Social Care, became the Council's registered Caldicott Guardian (CG). As part of Sarah's role she has created an amended CG action plan which encompasses any actions outstanding from the previous CG and includes some new areas. A report will be provided to the Audit Committee in January 2019 outlining the current position of the action plan. A copy of this action plan can be found on Appendix 4.

7.2 The Caldicott Guardian has undertaken a number of additional activities/actions during 2017/18. A summary of actions is detailed below:

- Completion of Caldicott Guardian training and enrolment on the national register
- Assurance on the completion of the N3 toolkit completion and submission
- Ensuring appropriate actions are undertaken to ensure compliance with GDPR in Adult Social Care including staff training
- Sign off of data sharing agreements with Shropshire and Telford Hospitals (SaTH) and the South Staffordshire and Shropshire Foundation Trust (SSSFT)
- Ensuring the project to replacement the adult and children social care systems is progressing satisfactorily
- Reviewing issues with the Council's Secure Communication System and ensuring follow up action is undertaken including system changes and additional guidance being given to staff

9 CONCLUSIONS FOR 2017/18

- 9.1 Despite limited resources and changes to services during the year and therefore the rescheduling and re- defining of scopes the Internal Audit and Information Governance Teams have performed well and made a positive contribution to the governance arrangements within the Council.
- 9.2 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 2017/18.
- 9.3 The Internal Audit and Information Governance Teams have also continued to provide advice and guidance on governance, procedures, controls, information security and risk management.
- 9.4 However, there are numerous major changes occurring both within and outside the Council during 2018/19 and beyond which could affect the team's activities e.g. :-
- a) The continued pressure on the Council's budget strategy for 2018/19 and beyond;
 - b) Changes in any information rights legislation and guidance particularly the General Data Protection Regulations (GDPR) which come fully into force in May 2018 (replacing the 1998 Data Protection Act);
 - c) Further service restructures and re-engineering across the Council, revised governance arrangements and reduced supervisory levels;
 - d) The continued development of relationships with revised service delivery areas to ensure the team continues to support the authority in achieving its objectives.
 - e) The Council has new External Auditors (Grant Thornton) for the audit of the 2018/19 accounts. (KPMG will complete the 2017/18 under the existing contract);
 - f) The Council's key projects including Adult Social Services, Children's Safeguarding, the commencement of the implementation of one IT system for adults and children's services, transferring services to other providers, introduction of a new HR/Payroll system during 2018/19 and developing further commercial activities.

10 OTHER CONSIDERATIONS

AREA	COMMENTS
Equal Opportunities	All members of the Internal Audit and Information Governance Teams 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 and Information Governance Teams 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 sets out the detailed requirements for local authorities in relation to keeping adequate accounting records and control systems, preparing, approving and publishing a statement of accounts, and making various documents available for public inspection (note The Local Audit (Public Access to Documents) Act 2017 extends public inspection rights to journalists) and objection and questioning by local electors. The authority “must ensure” that it has (and reviews) a “sound system of internal control”: Regulation 3. It “must undertake an effective internal audit”: Regulation 5. There is a new requirement to prepare and publish a “narrative statement”, commenting on the authority’s financial performance and economy, efficiency and effectiveness in the use of resources over the year.</p> <p>The information set out in this report illustrates the work that has been undertaken to meet the appropriate statutory requirements.</p> <p>The Public Sector Internal Audit Standards (PSIAS) is mandatory across the whole of the public sector. The purpose of the PSIAS is defined as follows:</p> <ul style="list-style-type: none"> • define the nature of internal auditing within the UK Public Sector; • set basic principles for carrying out Internal Audit in the UK Public Sector; • establish a framework for providing internal audit services in respect of organisational processes and operations; • facilitate the development of an effective Quality Assurance and Improvement Programme and; • define a mandatory Code of Ethics. <p>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. 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 at paragraph 6.3 is mandatory. When assessing compliance, the ICO will consider approved policies and procedures of the authority.</p> <p>Caldicott Guardians were introduced into social care with effect from 1 April 2002, under Local Authority Circular LAC (2002)2 dated 31 January 2002. A</p>

	<p>Caldicott Guardian is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.</p> <p>All NHS organisations and local authorities which provide social services must have a Caldicott Guardian.</p> <p>Caldicott Guardians are required to be registered on the publicly available National Register of Caldicott Guardians. SD 11.05.18</p>
Links with Corporate Priorities	All aspects of the Audit and Information Governance teams work support good governance which underpins the achievement of the Council's objectives and priorities.
Risks and Opportunities	<p>All aspects of the Audit and Information Governance 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>The service areas within the Internal Audit, Information Governance, Fraud Investigation and Caldicott Guardian teams/roles operated within their expenditure budget allocation of £470k for 2017/18. The budget for 2018/19 has been reduced across all the teams by around £60k. The teams were restructured early in 2017/18 financial year and have delivered savings in 2017/18 ahead of 2018/19 financial year and are expected to be operating within budget in that year.</p> <p>The implications for a data breach could result in fines of £500,000 under current rules, however under GDPR fines can be levied up to a maximum of 20 million euros. No fines for data breaches have been levied in the period under review and the Council budget does not anticipate any such fines being levied.</p> <p>There are no direct financial implications anticipated from adopting the recommendation of this report.</p>
Ward Implications	The work of the Audit & Information Governance teams encompasses all the Council's activities across the Borough and therefore it operates within all Council Wards.

11 **BACKGROUND PAPERS**

Annual Audit Plan 2016/17 and Charter
Public Sector Internal Audit Standards – Applying the IIA International Standards to the UK Public Sector 2013 and External Assessment January 2017
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
Rob Montgomery, Audit & Governance Team Leader, 383103
Tracey Drummond, Principal Auditor, 383105
Sarah Dillon – AD Adult Social Care (Caldicott Guardian), 380038

Work undertaken during 2017/18 to provide assurance

Audited areas	Days
A2A	2
Advice & Consultancy including org change	33
Benefits 2017/18	22
Bus Subsidy Grant	3
C & A Programme Board	1
Cash Collection (2017-2018)	18
Coalbrookdale & Ironbridge Primary School	8
Core Group	13
Corporate Governance (AGS)	13
Council tax / NNDR (2017 - 2018)	53
Crudgington Primary School	8
Deprivation of Liberties Safeguards	19
Direct Payments	2
Discharge from Hospital	13
Dothill Primary School	7
E-Payments / BACS / PCI	1
ESF Funding Agreement	2
Follow up - Supervision Policy review (16/17)	6
Follow ups - general	28
General Ledger - Fixed Asset Module	6
General Ledger 2017/18	32
HCA Land Deal - Profit Share / Review Processes	3
HR & Payroll 2017/18	22
Headway replacement system (Arcus)	3
High Ercall Primary School	8
Hollinswood Primary School	8
Holmer Lake Primary School	8
Housing Investment Project - Governance / Assurance review	1
Insurance	1
Intermediaries / Agency Workers (HMRC Toolkit requirements)	6
Lakewood Centre Imprest	1
Lawley Primary School	7
Leisure - Central Admin	1
Leisure Working Papers	4
Madeley Nursery	7
Madeley Parish Council	2
Meadows Primary	8
Millbrook School Fund (Advice)	1
Moorfield Primary	1
My Choices	1
My Options	4
My Options - Comforts fund	9
National Fraud Initiative	3
Newport Infants	1

Nuplace	3
Oakengates Town Council	1
Off Contract Agency Workers	8
Old Park Primary School	7
PSE Upgrade	1
PSIAS External Assessment	1
Permit scheme - Utilites working on the Highways	1
Personal Transport Budget	6
Planning / Governance Arrangements	10
Pride in the High Street & Monitoring	2
Procedures for trading Co / Commercial Projects	6
Procurement inc GPC	2
Property Services/Facilities Management/BIT Op's review	1
Purchase Ledger 2017/18	33
Review of Contracts	5
Review ICT application audit programme	2
Risk Management 2017/18	3
Sales Ledger 2017/18	24
School Catering	7
School Funds	3
Setting up Home Grant	2
Ski Centre	5
Ski Centre Follow Up	2
Sports Development (Active & Creative Communities)	1
St Lukes RC Primary School	7
St Marys Primary School	8
St Patricks RC Primary School	9
Stengthing Families Grant	3
Stirchley Rec	6
Telford 50 advice & Consultancy	1
Telford Bike Hub	1
Tell us Once	4
Tibberton	1
Transfer of Facilities (Markets,Community C. & Libraries)	6
Transport Grant Certification	2
Transport Policy	1
Treasury Management (2017 - 2018)	10
Wellington Civic Leisure Centre	13
West Rd / Granville House Follow Up	1
William Reynolds Primary School	8
Wrockwardine Wood Infants School	7

Information Governance (IG) Work Programme 2017/18- Position as at 31/03/18

No	Task	Completion date	Position at 31/3/18
1	Administer FOI/EIR/DPA requests, appeals and associated correspondence from the ICO.	Ongoing	Ongoing
2	Continue the provision and promotion of additional services to schools within and outside the area to generate agreed income.	Ongoing	Ongoing
3	Keep the T&W commercial website up to date to support the above.	Ongoing	Ongoing
4	Investigate instances of possible data breaches and ensure appropriate improvements within services and processes are made.	Ongoing	Ongoing
5	Support service areas to address any information security risks that arise.	Ongoing	Ongoing
6	Support information sharing/production of sharing agreements.	Ongoing	Ongoing
7	Support service areas in the completion of Privacy Impact Assessments for new systems/applications and those for priority existing applications.	Ongoing	Ongoing
8	GDPR Action Plan – implement IG actions and refresh plan.	Ongoing	Ongoing
9	Review arrangements on Information Asset Owners including Information Asset Registers.	End of April 17	Complete
10	Agree and deliver an IG training and awareness programme.	Agree programme (with SIRO) – End May 17 Deliver programme throughout 17-18	Complete
11	Review compliance with ICO Privacy Notices Code of Practice (for GDPR).	End of June 17	Complete as part of GDPR work
12	Review compliance with Privacy Impact Assessments Code of Practice (for GDPR).	End of August 2017	Complete as part of GDPR work
13	Report to the Audit Committee on progress against the work programme and any issues arising.	September 2017	Complete
14	Review compliance with Subject Access Code of Practice (for GDPR)	End of November 2017	Complete as part of GDPR work
15	Implementation of classification scheme.	End of December 2017	Ongoing as part of ICT development

16	Review compliance with the Anonymisation Code of Practice (for GDPR)	End of January 2018	Complete as part of GDPR work
17	Review compliance with Data Sharing Code of Practice (for GDPR)	End of March 2018	Complete as part of GDPR work
18	Review and update the Corporate Information Security Policy (CISP)	End of March 2018	Complete as part of GDPR work
19	Create outstanding policies from the IG security framework and disseminate changes across the Council.	End of March 2018	Ongoing
20	Complete N3 connection assessment for central government.	End of March 2018	Complete
21	Implement findings of the IG related audits	As required in each audit report	Complete

Information Governance (IG) Work/Compliance Programme 2018/19

No	Task	Target Completion date
1	Administer FOI/EIR/DPA/GDPR requests, appeals and associated correspondence from the ICO.	On-going
2	Continue the provision and promotion of additional services to schools within and outside the area to generate agreed income.	On-going
3	Keep the T&W commercial website up to date to support the above.	On-going
4	Investigate instances of possible data breaches and ensure appropriate improvements within services and processes are made.	On-going
5	Support service areas to address any information security risks that arise.	On-going
6	Support information sharing/production of sharing agreements.	On-going
7	Support service areas in the completion of Data Protection Impact Assessments for new systems/applications and those for priority existing applications.	On-going
8	GDPR Action Plan – implement IG actions and refresh plan.	On-going
9	Review and update the Corporate Information Security Policy (CISP)	End of March 2019
10	Create outstanding policies from the IG security framework and disseminate changes across the Council.	End of March 2019
11	Complete N3 connection assessment for central government.	End of March 2019
12	Implement findings of the IG related audits	As required in each audit report

Caldicott Guardian Action Plan 2018/19

Recommendation	Target date
1. Examine our existing arrangements, and lead by example with our local partners to make it easier to share information (introduction)	Ongoing
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)	Ongoing
3. Explain and apologise for every personal data breach, with appropriate action agreed to prevent recurrence (5)	As required
4. 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)	Ongoing – part of GDPR work
5. Make clear what rights the individual has open to them, including any ability to actively dissent (7)	As per 4. above
6. Ensure that social care providers use the Information Governance Toolkit (12)	Ongoing
7. Strengthen leadership on information governance (15)	Regular meetings between CG and SIRO and supporting officers within the Council to monitor progress.
8. Ensure that the information provided to inform citizens about how their information is used does not exclude disadvantaged groups (19)	As per 4. above
9. Use the revised Caldicott principles in all relevant information governance material and communications (25)	As per 4. above
10. Investigate, manage, report and publish personal data breaches and ensure that commissioned bodies are investigated, managed, reported and published appropriately (6)	Ongoing
11. Share annual report with Audit Committee and an annual in year update	Ongoing
12. Address recommendations arising from Information Governance Toolkit submission.	Ahead of next submission
13. To review the use of the Secure Communication System and look at alternatives	Ongoing
14. As part of project board continue Liquid Logic system through to implementation	October 18