

## ICO Audit Recommendations

### ICO Audit Summary – Amber / Red Status Recommendations

NOTE: To be read in conjunction with main report

Rec ID	Owner	Status	Expected date	Comment
A3 – corp policies r/out	IS	Amber	April 2012	Dep on policy hub rollout
A4 – master list of policies	IS	Amber	April 2012	Dep on Policy hub rollout
A20 – formalise Lead officer role	IS/ SDB	Amber	October 2011	Dep on IS champions - SDB
B2a – induction policy	HR	Amber	October 2011	Draft circulating
C4 – deletion dup records	SC	Amber	December 2011 (Revised)	Resource
C16 – records in IAR	SC	Amber	Decemer 2011	Depends on C28
C24 – access to system audit	SC	Amber	November 2011	Performance of system to be tested
C29 – Retention periods	SC	Amber	November 2011	To finalise
C26 - storage	CIGP/SIRO/CIGO	Amber	September 2011	PCC believes this complete NFA
D17 – Info sharing Protocols	CIGO	Amber	December 2011	Several developed – PCC Intra
D18 – approval of Info sharing	CIGP	Amber	November 2011	The Panel?
C28 - IAR	SIRO	RED	December 2012	KM Transformation
D21 – Data Flow	SIRO	RED	December 2011	KM Transformation

## ICO Audit Recommendations

Subject		Recommendation	Owner	Action	Actions to date	Completion Date
Data Protection Governance	<b>A3</b>	By ensuring policies are consistently dated, have version numbers, identify owners and have a specified review date PCC will be able to ensure staff are working from current requirements.	SIRO	<p>PCC has purchased software (Conform) which will ensure all corporate policies have owners, are dated, regularly reviewed and delivered to every relevant officer. Risk-based approach to be taken to decide order in which policies are loaded.</p> <p>4/8 – PH to meet with IAD to assess Progress</p> <p>17/8 Meeting LG – 14/9</p> <p>15/9 – Conform renamed – POLICYHUB all Corporate Policies to be loaded by April 2012.</p> <p>Service level policies to follow after this date</p> <p>26/10 –project manager confirmed progress all corporate policies to be rolled out during January 2012</p>	12/1/12 Conform now called PolicyHub will enforce consistent policy style and version control. Only latest version will be visible to user.	<p><b>April 2012</b></p> <p><b>Amber</b></p>
	<b>A4</b>	A control list of local and corporate policies is useful to highlight review dates that are due and provide a corporate overview of the policies that are available.	SIRO	<p>See above. Conform will compile this list</p> <p>4/8 – PH to meet with IAD to assess Progress</p> <p>17/8 Meeting LG – 14/9</p> <p>15/9 as A3 – POLICYHUB will provide this control</p> <p>26/10 – project manager confirmed progress all corporate policies to be</p>	12/1/12 PolicyHub will hold the master list	<p><b>April 2012</b></p> <p><b>Amber</b></p>

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				rolled out during January 2012		
	<b>A6</b>	By ensuring that the corporate IGOs are consulted where local policies are produced PCC will be able to increase their assurances that overall policy delivers compliance.	CIGO/Head of IS on behalf of SIRO	<p>All policies to be called – in and reviewed by CIGO's. LO's to ensure approval of any future policies in their area is sought from CIGOs. LG to see if Conform has this functionality</p> <p>4/8 – PH to meet with IAD to assess Progress            11/8 – SC Access to records policy reviewed            25/8 – to raise at next Lead Officer (LO) meeting on 25/9            26/10 – confirmed see minutes 28/9</p>	<p>12/1/12 All relevant IG polices have been reviewed and processes in place to ensure corporate IG involved</p> <p><i>Mainly affects Social Care</i></p> <p><i>LO Minutes 28/9/11</i></p>	<p><b>October 2011</b></p> <p><b>Complete Green</b></p>
	<b>A7</b>	The ICT IG Strategy and the DP Code of Practice are inconsistent on the responsibilities and titles of staff in departments that support the corporate information governance function. While neither is incorrect as regards the law the differences indicate the lack of a joined up approach to information governance, that one or both of the policies are not being implemented fully and that they	CIGO	<p>A7. Review the Data Protection Code of Practice and the ICT IG strategy to ensure they deliver a joined up approach and reflect the current strategy for compliance in PCC.</p> <p>17/8 – reviewed and written and to be presented to CIGP 5/9            15/9 CIGP advised minor amendments – to replace version on Intralink</p>	<p>12/1/12 <i>DP code of Practice and IG policy reviewed and rewritten.</i></p> <p><i>12/1/12 a/w</i></p>	<p><b>August 2011</b></p> <p><b>Complete - GREEN</b></p>

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		do not properly reflect the current situation in PCC.			<i>publication on Intranlink</i>	
	<b>A13</b>	Where there is a centralised oversight of data protection governance PCC will be able to ensure that there is suitable authority to mitigate any identified relevant risks. For example, this could be a function of the IG group under the leadership of the SIRO	SIRO	Terms of Reference to be written for CIGP. Quarterly meetings (and in the event of a data Security breach)  3/8 ToR Written and agreed at CIGP 2 <sup>nd</sup> August 2011	12/1/12 <i>TOR written</i>  <i>Held in file</i>	<b>July 2011</b>  <b>Complete – Green</b>
	<b>A17</b>	By formalising the ToR of the IG group to include reporting lines to the GAC and a work programme, PCC will be able to increase the group's ability to identify and mitigate risks.	SIRO	Formalise ToR to include reporting lines. Initial work programme to mirror actions within this plan 3/8 ToR Written and agreed at CIGP 2 <sup>nd</sup> August 2011	12/1/12  <i>Held in file</i>	<b>July 2011</b>  <b>Complete - green</b>
	<b>A20</b>	By jointly reviewing the role of the data protection coordinators and IG liaison officers PCC can reinforce the responsibilities of staff in those roles. If PCC add the consolidated and revised role to staff objectives and training they will be further able to ensure compliance and sharing good practice.	SIRO/CIG O/IS	Role of Lead Officers to be formalised – report to go to Strategic Directors Board for approval. Training to be delivered to Lead Officers as necessary 4/8 PH to propose paper at LO mtg 25/9 26/10 – proposed but requires SDB approval 11/1/12 – dependent of rollout of IS officers	12/1/12 <i>IS are promoting Info Sec champions and there is opportunity to amalgamate roles. Will require SDB approval</i>	<b>October 2011</b>  <b>Amber</b>
	<b>A24</b>	Where the corporate IGOs are required to collate statistics on data protection compliance they will increase their overview and identification of problems early in the process.	CIGO	CIGO's to collate corporate statistics quarterly and report to Governance & Audit.  4/8 Develop process with SC to collect stats	12/1/12 <i>Statistics are compiled on qtrly basis and presented to CIGP</i>	<b>October 2011</b>  <b>Complete Green</b>

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				24/8 – discussed with SC IGO and CIGO to propose excel format meet 15/9 CIGO to develop capture process 26/10 to complete		
	<b>A29</b>	Further to the work commissioned by the SIRO, where PCC ensure that information risks identified are reflected in the corporate and departmental risk registers they will be able to develop a process to highlight and mitigate these risks.		TBC – LG to speak to Dominic Kirby  4/8 meet with DK to understand Risk register  Meeting arranged 8/9 15/9 New Risk control data base demonstrated SIRO to “own” information risks 26/10 as before	12/1/12 <i>Information risks are part of Corporate Risk register</i>	<b>October 2011</b>  <b>Amber</b>
	<b>A30</b>	Require Director’s returns that feature information risks or data protection compliance problems to be flagged to the corporate IG panel.	n/a	No action deemed necessary. PCC feels this is adequately covered by measures already in place	12/1/12 <i>Breaches/DP matters dealt at CIGP</i>	<b>October 2011</b>  <b>Complete Green</b>
	<b>A37</b>	The use of PIAs can identify risks to compliance which can then be mitigated. By producing guidance for conducting PIAs and requiring departments undertaking projects involving personal data to conduct these assessments PCC can further identify and reduce risk.	n/a	No further action deemed necessary. PIA’s already in existence as part of corporate project management process  3/8/11 – PH to follow up with Paul Summers 25/8 Meet with Paul Summers 15/9 – PIA to be used in Oracle database Revision 26/10 – New PIA process implemented	<i>Mtgs with IS to develop new PIA process. 12/1/12 New PIA process underway for IS managed projects/systems</i>	<b>September 2011</b>  <b>Complete Green</b>

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Data Protection IG Training	<b>B2a</b>	By regularly reviewing the Induction Process Policy Statement PCC will be able to bring this up to date with current good practice and incorporate any changes in guidance.	HR	<p>Review the policy and update as necessary</p> <p>4/8 – PH to revise policy 17/8 Meet HR arranged 8/9 15/9 HR agreed PH to review Induction Policy 21/9 – updates to HR 15/12 Chased progress JAN 12 New process draft issued</p>	12/1/12 HR have issued new induction policy for approval. To be issued Jan/Feb	<p>October 2011</p> <p><b>Amber</b></p>
	<b>B2b</b>	Where staff are made aware of the requirements for handling personal data PCC increase their assurance of complying with the requirements of data protection.	HR/CIGO	<p>Healthcheck to be mandatory across the authority and certificate renewed every 2 years. Content to be Managers to have responsibility for ensuring their team complete the Healthcheck and enrol on any further training as a result. Content of Healthcheck to be reviewed/refreshed as necessary before each roll-out. Continue to use existing induction training options</p> <p>4/8 –PH to revisit health check and rec to CIGP for roll out 17/8 Meet HR arranged 8/9 15/9 Directors blog 23/9 to include a reference to and requirement for corporate training. PH to provide words 26/10 – ML blog delayed but due November 2011 – Healthcheck to commence during December – 50% target 15/12 –Posters in place and mandatory training underway</p>	<p>12/1/12 IG Healthcheck rolled out across PCC during Dec &amp; Jan. Supplemented by poster and Intranet campaign</p>	<p>December 2011</p> <p><b>Complete Green*</b> ongoing</p>

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				11/1/12 -major programme under way		
	<b>B4</b>	As each department carries out its own IG training it is imperative that corporate IG ensure that a consistent message is being communicated to staff in each department.	HR/IGO for SC	<p>This is only correct of Social Care – all other services use the corporate training packages. HR already working with Social Care to ensure consistency. The Healthcheck can be adapted and used on an ongoing basis.</p> <p>4/8 PH to meet with HR 17/8 Meet HR arranged 8/9 15/9 Corporate training via induction and IG e- learning is consistent 26/10 – SC to use Healthcheck as rest of PCC</p>	12/1/12 SC confirm they will follow Corporate IG Health Check and supplement with bespoke training	<p><b>October 2011</b></p> <p><b>Complete Green * on going</b></p>
	<b>B5</b>	A review of training methodology for IG in departments would enable good practice to be established and a consistent approach developed across PCC. This would enable a consistent level of knowledge on handling personal data to be embedded.	HR/CIGO	<p>As for B3</p> <p>4/8 Publicise e – learning IG toolkit 4/8 PH to meet With HR 17/8 Meet HR arranged 8/9 15/9 Directors blog 23/9 to include a reference to and requirement for corporate training. PH to provide words 26/10 ML blog delayed – IG publicity due out December 2011 15/12 – IG e – learning training rolled out across PCC Complete</p>	As above	<p><b>December 2011</b></p> <p><b>Complete Green</b></p>
	<b>B7</b>	PCC require a method of refresher	HR/CIGO	The CIGO will continue to have input		<b>December 2011</b>

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		training to be implemented that would ensure all staff receive up-to-date information on handling personal data. IG should have extensive input to the training detail and receive information regarding the extent to which all appropriate staff have been trained.		into all IG training developed by HR. As for B3  4/8 PH to meet with HR 17/8 Meet HR arranged 8/9 15/9 IG Healthcheck will meet this need. L&D have statistics. 26/10 L&D publicity and managers emails in January 2012 rollout 15/12 – statistics being gathered as part of corporate	12/1/12 HR are providing statistics o take p success/ failure and follow up action.	<b>Complete Green</b>
	<b>B8</b>	Roll-out of the refresher training test and course should be completed as soon as possible and made mandatory for all those who process personal data.	HR/CIGO	As for B3  4/8 PH to meet with HR – IG health check 17/8 Meet HR arranged 8/9 15/9 IG Healthcheck will meet this need. 26/10 – target of 50% staff by end of December – manager follow up Jan 2012 11/1/12 – Target met	12/1/12 See response for B3	<b>December 2011</b>  <b>Complete Green</b>
	<b>B10</b>	By ensuring that Corporate IG obtains figures on completion of IG training they will be able to target training needs.	HR/CIGO	HR to provide report to CIGO showing officers who have completed/not completed training. CIGO to pursue through managers.  4/8 PH to meet with HR 15/9 Statistics to date provided 26/10 – Manager follow up Jan 2012	12/1/12 See response for B7	<b>December 2011</b>  <b>Complete Green</b>
Records Management	<b>C4</b>	Scanned documents containing personal data that might be retained	Angela Dryer –	To develop and review current processes for deletion of duplicate	16/1/2012 –	<b>September 2011</b>

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		<p>on user's drives are still subject to data protection requirements. There is a risk that documents left on user's drives will not be processed in line with data protection. By producing and reviewing reports of documents that are not deleted by the system PCC will be able to take action to mitigate any risks by making individuals aware of the need to delete documents once they have been added to ESCR.</p>	<p>Caldicott Guardian and Social Care IG Panel Chair</p>	<p>information. Produce procedures for staff on compliance with process. Raise staff awareness of the requirement to delete duplicate records that are no longer necessary and especially not on their own drives.</p> <p>4/8 PH to meet SC/ IGO 24/8 – met SC/IGO –process being developed <b>15-09-11 SC update</b> <i>JB needs to set up a meeting to take this forward. Jim Lines (JL) (SC MIO) and JB have met and discussed. JL has some really useful comment. Please advise who would be part of this small working group and JB will set up meeting (Childrens Social Care would need to be included)</i> <i>Change settings on the Electronic Social Care Record document documents are automatically deleted after indexing.</i></p> <p><i>This will not prevent copies being taken before the indexing although this should be governed by policy.</i></p> <p>To be agreed with Children's Services 12/10 – meeting in ASC arranged 31/10/11 – update provided</p>	<p>Changes implemented in Adult social care; still to be implemented in Children's</p>	<p><b>Revised to December 2011</b> <b>Amber</b></p>

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	<b>C16</b>	The inclusion of these records in any Information Asset Register that is created will help to ensure that they are subject to the requirements to process them inline with data protection and PCC policy.	Initially Angela Dryer – Caldicott Guardian Chair of the IG Panel then Caldicott Guardian for Children's when known.	<p>Ascertain how much data is stored on the 'W' Drive and link into C4 to develop and review process for staff, raise awareness of not saving to personal drives. Also links into work on corporate Information Asset Register.</p> <p>Part 1 – How much data is stored on 'W' Drive and develop and review process.                      Part 2 - Link in to Corporate Information Asset Register                      Part 3 - Recommendations to be made by Caldicott Guardian for Children's Services</p> <p>4/8 PH to meet with SC/IGO                      4/8 PH to develop IAR approach                      24/8 met SC/IGO – will get IS to determine W drive storage - rest being progressed DEC 11  <b>15-09-11</b>  <i>Although dependent on the IAR, JB will liaise with Mary Brimson to see how we can carry out an audit of what is being kept on the 'W' drive.</i>                      12/10 – ASC meeting arranged</p>	16/01/12 – links in with Corporate recommendation relating to Information Asset Register.	<p><b>Dec 2011</b></p> <p><b>AMBER</b></p> <p><b>TBC – unable to determine until corporate IAR is in place</b></p>
	<b>C19</b>	By implementing a retention schedule for these records PCC will ensure they are processed inline with their	IGO for SC	Clarify with other LA's retention period for safeguarding files where there has been a safeguarding investigation.		<p><b>Sept 11</b></p> <p><b>Complete –</b></p>

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		requirements under data protection.		4/8 PH to meet with SC IGO 24/8 – SC/IGO has obtained info from Kent CC <b>15-09-11</b> <i>This is complete? Needs a management decision on whether to adopt this retention period.</i> 2/11/11 -Safeguarding to agree then can be implemented 12/10 – to go to SC SMT		<b>GREEN</b>
	<b>C24</b>	C24. Where access to systems is monitored PCC reduce the risk that personal data will be obtained unlawfully. Introducing audits once the Business Objects software licences are introduced will aid with this monitoring.	Angela Dryer – Caldicott Guardian and Chair of the Social Care IG Panel	This issue is in hand and will be ongoing. We will need to wait for change in hosting arrangements for SWIFT to be fully implemented before routine audits can be introduced.  4/8 PH to meet with SC IGO 24/8 SC/IGO confirmed position remains same – depends on date for hosting see C29 <b>15-09-11</b> <i>As discussed on 14-09-11 this has now been agreed as a work-stream and needs to be taken forward.</i> 2/11/11 – business case agreed; IS project manager assigned 12/10 – ASC workstream IS project agreed (scoped with Paul Mitchell IS Project Mgr )	16/01/2012 – currently in test phase – however implementation will be determined by any performance and Archive issues.	<b>November 2011</b>  <b>Amber</b>

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	<b>C26</b>	Data surrounding records management, in relation to the destruction and archiving of records, reported into the IG structure (for example, the Corporate IG Panel), can be used to help PCC maintain an oversight of their information requirements.	IGO for SC/IS (Records Management)	<p>JB to speak with Jim Lines and the MIO's to see current reports generated and how we can use them in respect of Records Management. Aim would be to routinely use these reports to ensure figures are reported into the IG Structure both within Social Care and corporately. (Corporately) John Shurvinton to be invited to join the CIGP.</p> <p>4/8 PH to meet JS and SC IGO 24/8 – SC/IGO had spoken with Jim Lines but both not sure of “system” referred. PH to contact ICO audit team for background info. 15/9 – response received but need further clarification <b>15-09-11</b> <i>This one is still very unclear despite clarification from the ICO. JB to discuss with MB about this – if you understand please let JB know?</i> 12/10 PH to review</p>	16/01/2012 – PCC is still unable to ascertain what the ICO was trying to achieve through this recommendation. If records are to be retained than arrangements are made ( on- site, off- site records or by increasing filestore. Storage is not governed by finance records but by information retention requirements. NFA.	<p><b>September 2011</b></p> <p style="text-align: center;"><b>Green</b></p>
	<b>C28</b>	C28. An IAR allows IG an overview of the personal data that they process and provides an assurance that the processing is done in line with the DPA.	SIRO (but owner for each area will be asset owner)	<p>IAR's are a requirement of the Information Governance Toolkit for Social Care but a more comprehensive Corporate IAR is required. IAR to be compiled authority-wide using template provided by IS</p> <p>4/8 PH to propose IAR approach and develop process for CIGP</p>	12/1/12 <i>The Transformation Programme workstream knowledge management may meet this requirement <b>but</b> not within the ICO</i>	<p><b>December 2012</b></p> <p style="text-align: center;"><b>RED</b></p>

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				<p>consideration            18/8 – PH approached H/IS for Service BDMs and will speak with Mike Greenslade for best approach            18/8 – meeting set MG 22/9 to determine corporate appetite  <b>15-09-11</b>  <i>This is being corporately driven but will affect us – we have tried to help corporate by providing various documents and ideas but basically it should be their project.</i></p> <p>12/10 – Corporate IAR to be established – PH            26/10 PH to develop a link to corporate risk register</p>	<p><i>timeframe.</i></p>	
	<p><b>C29</b></p>	<p>As the SWIFT system is phased out there is an opportunity to ensure that the new system adheres to PCC's retention policies.</p>	<p>Angela Dryer – Caldicott Guardian and Chair of the Social Care IG Panel</p>	<p>It was agreed that this should be dealt with within the service rather than through Ian Millers (SC Business Partner) Team.</p> <p>Retention of records needs to be clarified, particularly where there are still orders on the system, Tricia Disney( SC Finance)to be involved with this. It was thought that the system for deletion was single record only. Angela and Jan to meet to agree and set parameters for the retention of adult social care records ie date of death 3 years, closed cases 6 years. Marjan will look into producing a monthly report to identify backlog of</p>	<p>16/1/2012</p> <p>SC to determine retention periods to be automatically enforced by SWIFT.</p>	<p><b>Oct/Nov 2011</b></p> <p><b>Amber</b></p>

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				records that require deletion. 16/1/12 – PCC now hosting SWIFT. A further meeting within SC to finalise retention periods.		
Requests for Personal Data	<b>D3</b>	If the corporate IG team formalise their procedures for dealing with requests for personal data they will have greater controls in maintaining complaint standards.	CIGO	Develop written procedures 4/8 PH to write procedures based on SC 11/8 – procedures out for review-complete 25/8 approved by H/CCDS (Louise Wilders)	<i>PH has confirmed this is complete – 12/1/12 social care procedures (seen as best practice) now embedded into corporate ones</i>	<b>July 2011</b> <b>Green Complete</b>
	<b>D5</b>	D5. By consulting with other departments in PCC that handle requests the corporate IGOs will be able to ensure consistency and share good practice when formalising its procedures.	CIGO	Social Care to share their newly revised process. To include as an agenda item on next Lead Officer meeting to discuss  4/8 PH to meet SC IGO 17/8 SC procedures used	<i>PH has confirmed this is complete – 12/1/12 social care procedures ( seen as best practice) now embedded into corporate ones</i>	<b>July 2011</b> <b>Green Complete</b>
	<b>D6</b>	By analysing feedback from requestors, Social Care will be able to identify their strengths and weakness and address any common problems that arise. If other areas of PCC also gather feedback on their own requests they will be able to further identify and deal with any common problems that arise.	CIGO	Roll out evaluation form currently used by Social Care  4/8 – PH to meet with SC IGO 24/8 – SC/IGO to provide feedback form 15/9 Feedback form reviewed by CIG team and not considered appropriate. Similar feed back for FOI requests was not successful.	12/1/12 <i>Evaluation form for CIGO SARS considered but not to be implemented. Previous</i>	<b>August 2011</b> <b>Green Complete</b>

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				12/10 ASC advise building into SC IG panel	<i>experience dictates response rate is low to poor</i>	
	<b>D9</b>	Where multiple logs are used to manage and record requests the use of an accurate due date in all logs will offer assurance that requests are dealt with in line with the DPA.	n/a	No action deemed necessary. Manual logs only used temporarily as an workflow aide – RESPOND to be used to monitor due dates.		n/a <b>Green Complete</b>
	<b>D10a</b>	A single system to log and manage requests across departments would offer PCC an aggregated view of their compliance rates and identify any non compliance while improving consistent handling of requests.	n/a	NO action deemed necessary. CIGO to collate all statistics for authority and escalate any issues to SIRO/Governance& Audit. Not feasible to also log and manage all requests.		n/a <b>Green Complete</b>
	<b>D10b</b>	D10b. Where request handlers compile and report compliance statistics to a central person or body (see recommendation A6) there will be a better oversight of the level of PCC's compliance. (see recommendation A8). Any causes of overdue requests can then be addressed.	CIGO	CIGO to collate statistics for authority quarterly and report to SIRO/Governance & Audit  4/8 PH to meet with SC IGO and provide qtrly report to CIGP 24/8 – CIGO to produce report template 15/9 CIG team to develop simple spreadsheet for collation off stats from SC, housing and corporate 12/10 PH still to action 26/10 PH still to action 15/12 – process complete –validation of SC stats	12/1/12  <i>Statistics are provided to Corporate IG qtrly and onward reported to CIGP</i>	<b>September 2011</b>  <b>Green Complete</b>

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	<b>D12</b>	By ensuring that there is a record of what information has been withheld from the client and any exemptions PCC will be able to refer to these reasons in the event of a complaint either directly or to the ICO.	n/a	No action deemed necessary. CIGO's/IGO/Request Handlers in Social Care already have tool. Not deemed necessary for Housing/Education as typically entire file is available for inspection with very little redaction required. 26/10 Where redaction is required CIGO involved	<i>This practice was already in operation.</i>	n/a <b>Green Complete</b>
	<b>D17</b>	Ensure that there are up to date data sharing protocols in place for all routine sharing of personal data outside of PCC and that they identify the owner, the data to be shared and a date for review.	CIGO/Relevant Service	All protocols to be called-in/reviewed/adapted as necessary to provide a uniform approach across the authority.  4/8 PH to review existing ISPs and develop as appropriate 24/8 – SC/IGO to provide copies of generic and SC/ Health specific ISPs used in CAF project. 15/9 Continue to gather Data sharing and develop PCC standard. 12/10 Intra ISP being developed external ISP based on Partnership one 15/12 Development of Safer working partnership and Public health ISP.	12/1/12 <i>Several stream of work underway: Pan Hampshire ISP; Portsmouth Joint Agency Protocol; PCC Intra Service Protocol</i>	<b>December 2011</b> <b>Amber</b>
	<b>D18</b>	Assign high level responsibility for the oversight of information sharing to a single person or body to keep the list under review and ensure that protocols are in place and up to date.	To be reviewed routinely by CIGP, overseen by SIRO.	To be reviewed routinely by CIGP, overseen by SIRO. LG to investigate whether CONFORM would have functionality to assist in this task  4/8 PH to develop recording and reporting process 15/9 still to progress relies on output	12/1/12 <i>Policy Hub does not have functionality. CIGP to be authorising body or SIRO as a singleton signatory.</i>	<b>November 2011</b> <b>Amber</b>

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				for D17 26/10 – Pan Hampshire ISP signed by SIRO		
	<b>D21</b>	The experience of the Social Care Department presents an opportunity to feed into a dataflow mapping exercise to compile a list of all data flows out of PCC. This will allow greater awareness and control of personal data that is shared with other organisations.	CIGO/ISc a be better utilise.	Data Flow Mapping Exercise to be carried out as part of review of Protocols/Information Asset Register. Social Care to share knowledge.  4/8 PH to meet with IS Business development managers 24/8 Meet with Mike Greenslade and to set up meeting with Colin Toovey/Derek Kane and Jo Atkinson. 15/9 received Demonstration of IG data mapping tool. Enquiring if it could be used for PCC organisation wide as at present only for Social care. Meeting with transformation project to discuss progress. 12/10 PH meeting arranged 25/10 26/10 Transformation project not addressing Data Flow more how the information we have	12/1/12 <i>The Transformation Programme workstream knowledge management may meet this requirement but not in these timeframes</i>	<b>December 2011</b> <b>RED</b>

### Version Control:

Version number	Change	Author	Date
0.1	Actions determined/ required	PH	4/8/2011
0.2	Updated 25 <sup>th</sup> August 2011	PH	25/08/2011

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0.2 150911	Updated 15 <sup>th</sup> September 2011	PH	15/09/2011
0.3	Updated 19 September 2011 by Frances McHenry adding Jan Boucher's updated actions.	FMCM	19/09/11
0.3	Update 13 <sup>th</sup> October 2011	PH	13/10/11
0.4	Update 26 <sup>th</sup> October 2011	PH	26/10/11
0.4	Update 2 <sup>nd</sup> November c4 and c29 recs	PH	02/11/11
0.5	Updated 15 <sup>th</sup> December	PH	15/12/11
0.6	Update 16 <sup>th</sup> January 2012	PH	12/1/2012

## ICO Audit Recommendations

### Glossary

Acronym	Explanation
ICO	Information Commissioner's Office
SIRO	Senior Information Risk Owner
CIGO	Corporate Information Governance Officer
IG (O)	Information Governance (Officers)
IS	Information Services
GAC	Governance & Audit Committee
PIA	Privacy Impact Assessments
HR	Human Resources
SC	Social Care ( Adult and Children)
ESCR	Electronic Social Care Record
MIO	Management Information Officers
IAR	Information Asset Register
DPA	Data Protection Act 1998

# ICO Audit Recommendations

## Staff Glossary

Initial	Name /job role
PH	Peter Harding – Corporate Information Governance Officer
LG	Lyn Graham - Chief Internal Audit
JB	Jan Boucher - Social Care Information Governance Officer
AD	Angela Dryer – Adult Social Care Caldicott Guardian
MB	Mary Brimson – Children Social Care Caldicott Guardian
ML	Michael Lawther – City Solicitor & Senior Information Risk Owner
JS	John Shurvinton – GIS & Records Manager
DK	Dominic Kirby – Risk Manager
PS	Paul Summers – Corporate Programme Manager