| No | ICO Report No. | Summary of ICO Recommendation | Priority (ICO) | Latest progress update | Last Update | Owner | Original Target | Closed? (when) | New Target |
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| **Data Protection Governance** | | | | | | | | | |
| **Overdue Recommendations** | | | | | | | | | |
| 1 | A12 | Ensure polices are signed off and disseminated to staff in good time prior to the GDPR. | MED | Policy refresh on a phased and planned basis diarised with GDPR priorities (privacy statement, data protection impact assessments, access to records) agreed and published on all appropriate channels (telephoney, third party supplied sites e.g. recruitment, survey, web, intranet).<br><br>Remaining policies are drafted. This will be finalised following return of the SIRO. | Aug-18 | Angharad Jackson | Apr-18 | | Nov-18 |
| 2 | A15 | Ensure that all new polices are easy for staff to locate and that an effective mechanism for monitoring that they have been read and understood by all staff (not just new starters) is implemented. | MED | Area on Ombudsnet developed and in place. Compliance monitoring being developed with A12 above. | Aug-18 | Angharad Jackson | May-18 | | Nov-18 |
| 3 | A31 | Produce a suite of relevant KPIs to monitor DP compliance across PHSO. | MED | We will review current data protection performance indicators and update to reflect GDPR and ICO advice and implement system for managing, reporting and monitoring KPIs. | Aug-18 | Angharad Jackson | Jun-18 | | Nov-18 |
| **Records Management** | | | | | | | | | |
| **Overdue Recommendations** | | | | | | | | | |
| 4 | B8 | Ensure the Records Management Policy is reviewed, signed off and distributed to staff without undue delay. | MED | Records Management Policy has been reviewed and is part of the suite of IG policies due for approval. | Aug-18 | Angharad Jackson | Apr-18 | | Nov-18 |
| 5 | B45 | Conduct annual reviews of the retention schedule as laid out within the document updating the version history details as appropriate. | LOW | Updated Retention Schedule to be agreed by SIRO in November 2018, annual review thereafter. | Jul-18 | | Jun-18 | | Nov-18 |
| 6 | B44 | Ensure the PHSO retention schedule is updated in a timely manner to reflect proposed amendments to the retention period of casework records. | LOW | As above. | Jul-18 | | Jun-18 | | Nov-18 |
| **Upcoming Recommendations** | | | | | | | | | |

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| 7 | B20 | Complete the data flow mapping exercise ensuring that details such as the direction of the information flow into, through and out of PHSO, the delivery method, and associated risk level are documented for each flow so that it can be used to inform the Information Asset Register (IAR). The document should be version controlled and reviewed on a regular basis to ensure it is up to date. | HIGH | PHSO has mapped 44 information assets using the template provided by the ICO which did not include the direction of flow, delivery method and risk level. We will expand this to include these items. We will conduct an options appraisal for information assets management. this is part of the project to deliver GDPR. To complete this action we needed a IAO network which is in line with national archive standard and other government bodies. The IAO is now running and the Framework is due to be published in September 2018. Due to resourcing pressures and the lack of an automated solution to map PHSO's complex information flows this will be completed by Q4. | Aug-18 | | Sep-18 | | Mar-19 |
| 8 | B22 | Risk assessments should be carried out on each information asset at least annually (more frequently for critical information assets). Details of the risk assessment along with any identified risks should be recorded within the IAR and relevant risk register. Assurance relating to all information assets should be communicated to the SIRO on an annual basis. | HIGH | Information Asset Owner (IAO) group created and session held to articulate roles and responsibilities. Data Mapping exercise completed across all business functions. (See B20). | Aug-18 | | Sep-18 | | Mar-19 |
| 9 | B50 | Review the contents of manual payroll records and securely destroy any duplicate documents that are not mandated by relevant legislation in a timely fashion. | MED | Migrate payroll from paper to electronic records | Mar-18 | | Oct-18 | | |
| 10 | B56 | Review the process relating to where confidential waste is destroyed assessing potential risk factors. Ensure details documented within the contract reflects what is happening in practice. | HIGH | Existing confidential waste management company will not be renewed. Existing supplier failed to agree to GDPR terms and conditions and did not return the supplier assurance questionnaire. New waste management contract being set up under ESPO by procurement. New contract to commence from 1 October 2018. | Aug-18 | | Sep-18 | | Oct-18 |
| **Closed Recommendations** | | | | | | | | | |
| 11 | B57 | Destruction of confidential waste should be observed by appropriate PHSO staff on a periodic basis to obtain assurance about the security of the process. A record of when observations take place should be recorded for audit purposes. | LOW | Waste management company perform onsite destruction of confidential and sensitive waste every two weeks and the destruction is monitored by the facilities department. A destruction certificate is given to facillities who scan the certificate and record for reference. A similar process will be arranged with the new contractor from 1 October 2018. | Aug-18 | | Jun-18 | Aug-18 | |
| 12 | B51 | Ensure HR staff are aware and ahdere to the retention schedule for hand written notes created during HR meetings | MED | Management instruction sent by Director of HR to all HR staff outlining the retention schedule. | Aug-18 | | Apr-18 | Apr-18 | |
| 13 | B47 | Consider whether manual records that have reached their scheduled destruction date can be destroyed before Visualfiles is decommissioned. If this is not possible ensure the records ar destroyed in a timely manner once assocaited electronic data has been destroyed. | HIGH | Completed. A review has been undertaken of the manual records and a record taken of when they can be destroyed. | Jul-18 | | | Mar-18 | |
| 14 | B27 | Obtain a copy of MOD quarterly audit reports to gain asurance relating tot eh security, indexing and tracking mechanisms in palce at the TNT document archive in Swadlincote. | MED | Completed. A copy obtained. | Jul-18 | | | Mar-18 | |
| 15 | B12 | Complete amendments to PHSO Privacy Statements by 25 May 2018 ensuring they each contain the requirements set out in the GDPR. | HIGH | The PHSO Privacy statemetns for both the public and employees have been updated. Tehre is a link to the public poicy on the internet. | Jul-18 | | May-18 | May-18 | |

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| 16 | B7 | Consider organisging regular meetings for the proposed Information Champtions to discuss records management concerns and highlight areas of good practice. | LOW | These meetings are now diarised until 2019. | Aug-18 | Angharad Jackson | | Apr-18 | |
| 17 | B6 | Include records management as a standing agenda item at the SIRG or other relevant group who meet on a regular basis. | MED | The terms of reference for SIRG have been updated with records management included as a standing item. | Aug-18 | Angharad Jackson | | Apr-18 | |
| 18 | A37 | Ensure that Data Privacy Impact Assessments are built into procurement, IT system development and data sharing procedures. Escalate the results to the relevant forum and add any risks identified to risk registers as appropriate. | MED | DPIAs have been built into projects from 1 August 2018 and the board paper templates now include a Data Protection Impact Assessment. In addition monthly Data Protection Impact Forums are in place. | Aug-18 | | May-18 | Aug-18 | |
| 19 | A30 | In order to minotor compliance effectively ensure all SARs received by PHSO are included in monitored figures and that they are escalated regularly to the relevant forum. | HIGH | HR subject access requests have been dealt with by the HR team. These are now logged and monitored by the Information Assurance Team who also quality assure the reponse. This is to ensure that the level of service employees and job applicants receive is consistent with that of the public. | Aug-18 | Angharad Jackson | Mar-18 | Mar-18 | |
| 20 | A25 and A26 | Risk assess contracts based on level of special category data processed on behalf of PHSO and assign a suitable mechanism to seek assurances that they are meeting their data protection obligations. | URG | This work started in December 2017 and all special category data contracts have been risk assessed. Special category data processing by 3rd party clinical advisors - contract amendment changes to incorproate GDPR contractual terms along with a Data Protection Impact Assessment (DPIA) questionnaire created and sent out to 900 clinical advisors. After review caseworkers now have 413 approved clinical advisors who replied to the questionnaire. If a caseworker requires a skill set from a clinical advisor who has not returned the signed contract amendment and questionnaire then they will be required to complete both before their services can be used. | Aug-18 | | Aug-18 | Aug-18 | |
| 21 | A10 | Develop the new Information Champion roles and assign appropriately ensuring areas such as casework are adequately covered. Their responsibilities should be fully documented in a job description (or addendum) and they should receive adequate training and guidance to enable them to perform their duties. | MED | Information Champions have been identified, their roles defined and a schedule of training and support established. Information Champions have been trained on electronic document management and DP and GDPR. Terms of Reference have been agreed with quarterly meetings set up and teh IC has been defined in the IAO Framework. | Jul-18 | | Apr-18 | May-18 | |
| 22 | B48 | Raise awareness amongst staff that manual files consisting of electronic casework documentation printouts are a duplicate record and must be destroyed once the case is closed. | MED | Staff communications circulated advising of the issue and that monthly spot checks are now taking place to assess compliance. | Jul-18 | | Jun-18 | Aug-18 | |
| 23 | B24 | Ensure codes are changed on a periodic basis. | LOW | Regular audited changes are now scheduled as part of the compliance calendar. | Jul-18 | | Jul-18 | May-18 | |
| 24 | B25 | Conduct a review of casework lockers, ensuring that all staff are aware who they share a locker with and their responsibilities in relation to locking | MED | Scheduled reviews agreed as part of compliance calendar. Work is underway to both remind staff of their responsibilities and to ensure that sharing of cabinets is appropriate. We have liaised with Facilities who have completed a full asset list of cupboards. All cupboards have been grouped together for each team and the ISM has logged this. | Jul-18 | | Jul-18 | Jun-18 | |
| 25 | B29 | Raise awareness amongst staff regarding the importance of updating tracker sheets and casework systems with each time casework files are moved around the organisation. | MED | Regular audited changes are now scheduled as part of the compliance calendar. | Jul-18 | | May-18 | Aug-18 | |

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| 26 | B18 | Raise awareness amongst staff of the difference between primary manual files containing information not contained electronically and files which are a duplicate copy of information held electronically. Where a duplicate record is created by printing a copy of documents from an electronic case a log should be made on the relevant casework system to indicate this has happened. The copy should be physically marked to easily distinguish it as a duplicate. | HIGH | Boxes for archive were audited to determine how many were duplicates. This was to inform the development of an information campaign which launched in Summer 2018 to ensure proper handling and destruction of duplicates. New file cover in action which clearly defines if the information is a copy or an original. Two communications to staff have also been circulaetd to explain this change and its importance. | Jul-18 | | Sep-18 | Aug-18 | |
| 27 | B19 | Ensure printed duplicate records are not created unless there is a valid business reason to do so. Those deemed necessary should be clearly marked as a duplicate. | HIGH | As for B18 an information campaign to reinforce policy compliance has been launched. Also explained in the communications to staff was that monthly spot checks will take place and if a file is a duplicate the file will be sent back for destruction and line management informed. Reduction in duplicate creation and/or increase in duplicate destruction is monitored as part of the compliance schedule. | Jul-18 | | Sep-18 | Aug-18 | |
| 28 | B30 | Introduce periodic audits of the manual records tracking systems to obtain assurance in relation to its effectiveness. | MED | Monthly checks now completed and logged with archiving. This is ongoing and as out systems evolved will be updated as required. . | Jul-18 | | Sep-18 | Jul-18 | |
| 29 | B52 | Review data stored within the WCN portal. Appropriate retention dates should be applied to both successful and non-successful candidates to ensure excessive volumes of personal data are not processed for longer than is necessary for the purpose. | HIGH | Secure destruction is completed monthly and overseen by the recruitment manager. | Aug-18 | | Jun-18 | Jun-18 | |
| 30 | B13 | Amend the Privacy information provided to PHSO job applicants to include information about how long their information is retained by PHSO. | MED | This was identified within the PHSO's GDPR project and HR staff attended an workshop to discuss privacy in December 2017. As an outcome of this workshop the recruitment manager was assigned to lead on this work and is confirming the new wording and timescales with the third party recruitment provider. This has been in place since 25 May 2018. | Aug-18 | | May-18 | May-18 | |
| 3` | B14 | Ensure the recorded message states calls made to the helpline are recorded and retained for 30 days in order to comply with the DPA 98. | URG | Completed. | Aug-18 | | Apr-18 | 14-May-18 | |
| 32 | B34 | A contract containing relevant data protection clauses must be in place between PHSO and any third party processors used to courier documents containing sensitive personal data. Failure to do this is a breach of the DPA 98. | URG | All contracts, including the new courier contract, are GDPR compliant and contains data protection clauses. | Aug-18 | | Aug-18 | | |

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| 33 | A4 | The GDPR requires the DPO to have operational independence, PHSO must document how this is to be achieved effectively. | HIGH | The DPO has operational independence within PHSO. This is evidenced by:<br>- clear segregation of duties between the DPO and the SIRO function. The DPO withdrew as deputy SIRO and the Director of Resources has been appointed to this position.<br>- revised job description for the DPO defining areas of accountability.<br>- scheduled quarterly briefings with the Ombudsman and the Chief Executive which have been diarised with the first briefing taking place on 1 August 2018 with the Chief Executive who shared some of the discussion in her all staff briefing the following week.<br>- amended governance and scheme of delegation that recognises the independence of the DPO. A paper to the Executive Team detailing this independence was approved in July 2018. | Aug-18 | Angharad Jackson | May-18 | Jul-18 | |
| 34 | A5 | Operational responsibility for the sharing of personal data should be clearly defined in the appropriate staff members' job description. | MED | As part of the senior structure review the appropriate staff members job descriptions were amended to ensure the sharing of personal data responsibility was overtly stated. | Aug-18 | Angharad Jackson | May-18 | Jul-18 | |
| 35 | A7 | Ensure there is adequate oversight of data protection compliance either through the SIRG or another forum. | MED | Expanded data protection compliance is a standing item on the SIRG agenda. We are already reporting on information rights requests and information at risk incidents. Additional evidence of oversight will include an end of year report and information on capacity data. | Aug-18 | Angharad Jackson | Jun-18 | Jul-18 | |
| 36 | A9 | Develop an information risk policy defining information risk. Use results of information asset risk assessments to inform an information assurance risk register and escalate to the corporate risk register where appropriate. | MED | Information risks are included in the corporate risk process and an information risk log that tracks escalation to the DPO and SIRO is in place. Information risk register is now established and part of the Risk Management Framework. | Aug-18 | Angharad Jackson | May-18 | Jun-18 | |
| 37 | A33 | Ensure that the PHSO have a documented stance on the use of consent prior to the GDPR being implemented and disseminate this to staff effectively. | MED | Consent paper agreed at SIRG 25 April 2018. This was a planned action of the GDPR project. | Aug-18 | Angharad Jackson | Apr-18 | Apr-18 | |

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| 38 | A29 | Produce relevant compliance checks then log the results and schedule visits to ensure all areas of the business are covered and escalate results to the SIRG or other relevant forum. | HIGH | Clear desk and unsecured cabinet checks are scheduled. Violations are investigated and recorded in the information at risk incident log. In the last six months sweeps have taken place twice in King Street and the Exchange in Manchester, once in CityGate and in Millbank. An increased frequency of scheduled and robust compliance checks including record tracking, destruction and staff questionnaires have been implemented from April 2018. These checks are scheduled and led by the Facilitites Team and the results will be included in the annual DPO report. | Aug-18 | Angharad Jackson | Sep-18 | Aug-18 | |
| 39 | B42 | Procedures should be created outlining PHSO's approach to periodic weeding of contracts to avoid processing personal data for longer than is necessary for the purpose, excessive amounts of personal data and /or inaccurate data. The procedure should be documented, and monitored to ensure compliance. | HIGH | We have implemented a considered and appropriate data quality framework that ensures not only the accuracy and currency of our data but also addresses principles of minimisation and privacy by design. The compliance of information asset owners to apply these principles to their information is now being audited and monitored as part of the compliance schedule. We have focussed our efforts on high risk areas of the information supply chain such as the recruitment portal, the pbulic enquiry form (FirstStep) and our customer survey. This is an ongoing process that is now in place and includes an annual refresh of privacy impact assessments. In addition when conducting supplier assurance we have also reviewed retention and collection as part of our active challenge of a supplier base this is also grappling with the new laws. This has involved getting into the detail of teh supplier/processor relationship and if ncessary issuring robust challenge. | Aug-18 | Angharad Jackson | Jun-18 | Jun-18 | |
| 40 | B21 | Complete work on updating the IAR and then conduct regular (at least annual) reviews of the IAR ensuring the document is up to date, and fit for purpose. | HIGH | This was imitated and resourced as part of the GDPR project. Annual review is scheduled with the SIRG and IAOs. | Aug-18 | Angharad Jackson | Sep-18 | Aug-18 | |
| 41 | B5 | Assign Information Asset Owners for all information assets across the organisation and ensure they receive adequate training relating to the requirements of the role within a timely manner. | HIGH | New IAOs are in place and the first IAO Forum took place on 7 June 2018. Since then the Records Manager has met with each IAO to deliver one to one support and training and a structured programme is now being put in place. First session to be delivered will be a cyber security round table with the Cyber Protect Officer from the North West Organised Crime Unit. | Aug-18 | Angharad Jackson | Sep-18 | Jun-18 | |
| 42 | B32 | Review homeworking procedures, in particular the authorisation, tracking and chasing process for taking manual records out of the building. Consideration should be given to whether the current procedure affords adequate central oversight and assurance. | MED | All casework managers and senior leaders have been contacted to assess current practice. The process will be reviewed later in the year but good practice and appropriate procedure will be reinforced through the wider information campaign. Logs are now in place and subject o period review by the Records Manager. | Aug-18 | | Sep-18 | Jul-18 | |

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| 43 | B53 | Ensure a record is made detailing when disclosure certificates and interviews are destroyed in line with the retention schedule. | LOW | Instruction to comply to be sent from Director of HR re: disclosure certificates. There is now appropriate retention and destruction as per the retention schedule and interview notes are now scanned and the hard copy securely destroyed. | Aug-18 | | Sep-18 | Jun-18 | |