

CGACICOAuditActonPlanAppendix
September 2024

ICO Ref	Theme	ICO Recommendation	Recommendation description	ICO Priority	Start	End	Current Status	Expected to be completed for ICO follow up
A.01	Job descriptions / Governance	Governance of reporting lines	Ensure reporting lines and flow of information between board and key individuals is documented, and that senior management job descriptions and relevant ToRs and policies outline IG responsibilities and accountabilities, including within the overarching framework.	High	01-Jul	30-Sep	Completed	Yes
A.02	Job descriptions / Governance	Review IG job descriptions	Review job descriptions of IG staff, update where necessary and share appropriately.	Medium	01-Aug	31-Oct	In Progress	Yes
C.01	Job descriptions / Governance	The organisation has allocated responsibility for assessing, recording and reporting data breaches in a structured hierarchy.	Consumed within A.01 and A.02 (see above)	Low	01-Jul	31-Oct	In Progress	Yes
A.04	Job descriptions / Governance	Implement Information Management Group and establish governance	Continue to implement the information management group, acknowledging that we also report to the People and Culture Board which is a higher level board, and that we will aim to reduce duplication where appropriate.	Medium	01-Apr	28-Jun	Completed	Yes

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A.03	Information Asset Register / IAOs	IAO awareness of responsibilities and link to information risk management	Ensure that all IAOs are made aware of their responsibilities, and develop their risk information linked to the IG risk policy and procedure, which will be periodically reviewed and signed off by senior management then effectively communicated to staff.	Medium	01-Jul	30-Sep	Completed	Yes
A.16	Information Asset Register / IAOs	Information audit	Complete an information audit to gain a complete picture of processing activities, ensuring that we undertake this on a risk based approach with a review process built in.	Urgent	01-Apr	31-Oct	In Progress	No
B.05	Information Asset Register / IAOs	There has been an information audit carried out across the organisation to identify the data processed, and how it flows into, through, and out of the organisation	Consumed within A.16 (see above)	High	01-Apr	31-Oct	In Progress	No
A.17	Information Asset Register / IAOs	Central log of processing activities	Continue with our plans to have an electronic centralised log of all processing activities with a centralised ROPA document which will include all information that is required and that this is refreshed at appropriate timescales.	Urgent	01-Apr	31-Oct	In Progress	No
B.06	Information Asset Register / IAOs	IAR template reviewed and updated	Ensure the IAR template and content is appropriate and reviewed and updated periodically based on risk.	High	01-Apr	31-Oct	In Progress	Yes

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A.05	Policies and processes	Gap analysis of IG policies	Undertake a gap analysis and review the IG policies and procedure framework, ensuring any gaps are filled and that we put in place an appropriate schedule for review and appropriate document control measures.	Urgent	01-Apr	30-Sep	In Progress	Yes
A.06	Policies and processes	Approving IG Policy	A documented process will be put in place or an existing one will be adopted/ applied to document the approval of IG policies and procedures, including approval by Council committees.	Urgent	01-Apr	28-Jun	Completed	Yes
A.07	Policies and processes	All staff compliance with IG policies.	Ensure new and updated policies are read and understood by all staff, including non-digital staff, and assurances that this occurs. In addition, ensure this is done on a periodic basis and that it reaches non-computer staff.	High	01-Jul	30-Sep	In Progress	Yes
A.24	Policies and processes	DPIA requirements	Review and update DPIA requirements set out in the DP policy, and ensure all main project and change management policies include DPIA requirements.	High	01-Jul	30-Sep	In Progress	Yes
B.01	Policies and processes	Review and implement records management policy	Review and implement an appropriate records management policy that will set out the appropriate requirements. It will be subject to senior management approval and periodic reviews	High	01-Apr	31-Jul	Completed	Yes
A.08	Training and awareness	Online IG Training TNA's	Continue to provide, review and refresh and record the online IG training and undertake TNAs on those areas where the online training is not	High	01-Apr	30-Sep	In Progress	Yes

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			available. Review the pass mark and increase appropriately.					
B.02	Training and awareness	RM is incorporated within a formal training programme and good records management practices are promoted across the organisation	Consumed within A.08 (see above)	Medium	01-Apr	30-Sep	In Progress	Yes
A.09	Training and awareness	Data Protection training for key roles	Ensure specific mandatory DP training is developed and delivered to all staff in specialised key roles in line with the overarching training programme as per A.08.	High	01-Jul	30-Sep	In Progress	Yes
A.22	Training and awareness	Fair processing and privacy information training for all staff	Ensure all front line staff complete specialised training on a periodic basis in relation to fair processing and privacy information.	Medium	01-Jul	30-Sep	In Progress	Yes
C.03	Training and awareness	Evidence of completion of IG Training for non-digital staff	Ensure assurances that non digital staff have undertaken adequate IG training appropriate to their level and this will include recognising and escalating PDBs.	Low	01-Jul	30-Sep	In Progress	Yes
C.04	Training and awareness	Specialist PDB training for all decision makers (IG officers)	Ensure all decision makers (IG officers) receive specialised PDB training.	Medium	01-Apr	30-Sep	In Progress	Yes

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A.10	Auditing	External auditing	Acknowledge the recommendation to consider external auditing in the future, and will explore this with internal audit and Grant Thornton, as well as other options that may be available to us.	Medium	04-Nov	22-Nov	Completed	Yes
A.11	Auditing	Develop internal audit programme	Develop an internal audit programme specific to DP with oversight and input from the DPO that is regular and sufficient for LCC, ensuring reports are produced with findings to inform the IG work programme of improvements.	High	01-Jul	30-Sep	In Progress	Yes
A.12	Auditing	Compliance programme	Conduct regular routine and documented checks to test staff compliance with DP policies and procedures and ensure that how these will be undertaken will be included in the policies and procedures.	High	01-Aug	31-Oct	In Progress	Yes
A.13	Auditing	Data Protection reporting	Continue to develop DP KPIs and high level summary dashboards, which are reported and reviewed at the appropriate meetings to the right audience.	Medium	01-Apr	28-Jun	Completed	Yes
B.16	Auditing	Implement QA process	Implement a formal QA process.	High	01-Aug	31-Oct	In Progress	Yes
B.17	Auditing	All staff data quality awareness	Continue to raise staff awareness of DQ and good practice through the organisations communication channels.	Low	01-Aug	31-Oct	In Progress	Yes
A.14	Contracts / ISAs	Data processors audits and compliance checks	Develop a framework of periodic audits/compliance checks to ensure compliance of processors with their contracts that will include an appropriate log.	High	01-Jul	31-Oct	In Progress	Yes

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A.15	Contracts / ISAs	Contract checks and audits	Ensure that routine proportionate audits and/ or compliance checks are undertaken to ensure processors are complying with all contract terms and conditions.	Urgent	01-Jul	31-Oct	In Progress	Yes
B.15	Contracts / ISAs	Process for recording and identifying where personal data has been shared with a 3rd party.	Implement a formal process for recording and identifying where personal data has been shared with a 3rd party, and ensure individual rights compliance are sent out in ISAs	High	01-Jul	31-Oct	In Progress	Yes
B.20	Contracts / ISAs	Disposal provisions within 3rd party contracts	Ensure that there are suitable contracts in place with 3rd party, with the appropriate disposal provisions within the contracts.	High	01-Jul	31-Oct	In Progress	Yes
C.05	Contracts / ISAs	Establish coordinated approach towards PDBs for joint controllers	Ensure that breach communications between joint controllers is tested, and that we have an established and coordinated approach towards joint PDBs.	Low	01-Jul	31-Oct	In Progress	Yes
A.18	Privacy Notices	Process for reviewing and checking consents	Ensure that there are documented processes to review and check consents, which will include a documented process to refresh consent at appropriate intervals. Furthermore, we will undertake spot checks to gain assurance of compliance.	High	01-Jul	30-Sep	Completed	Yes

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A.19	Privacy Notices	Rights of individuals under legal obligation lawful basis	Ensure that where the lawful basis is legal obligation that individuals are informed of which data subject rights do not apply. We will also hold documented analysis of whether legal obligation is the appropriate lawful basis.	High	01-Jul	30-Sep	In Progress	Yes
A.20	Privacy Notices	Review all Privacy Notices	Continue with plans to review of all privacy notices so that they include all the information required under Art 13 and 14 of the UK GDPR	Urgent	01-Aug	30-Sep	In Progress	Yes
A.21	Privacy Notices	Review privacy information against ROPA	Ensure privacy information is reviewed against the ROPA once established, and maintain a log of historical privacy notices and ensure there is a process to update and communicate changes to individuals before starting any new processing. We will consider what user testing options are available.	Urgent	01-Aug	30-Sep	In Progress	Yes
B.14	Privacy Notices	Update LCC Privacy Notice	Acknowledge that whilst there is a link to individual rights on the webpage of the LCC privacy notice, that it does not include any detail as part of the main text. We will therefore add text to the main page. However, may still link through to another individual rights page as we understand this to be a common approach with regards to website accessibility. Please note that the implementation date relating to this action refers to making updates to the main privacy notice and creating a procedure as required. A.20 is linked	Urgent	01-Apr	30-Aug	Completed	Yes

			and requires wider work and has a later implementation date.					
A.23	Records Management	Data minimisation and pseudonymisation policies	Develop policies outlining our approach to data minimisation and pseudonymisation, and a timetable of review of retained data which is documented in the retention schedule	High	01-Aug	31-Oct	Not Started	Yes
B.03	Records Management	Documented procedure for creation of records	Ensure we have detailed procedures or information for effectively creating records, which is communicated to all staff and within an effective overarching document framework with appropriate document control.	High	01-Apr	28-Jun	Overdue	Yes
B.04	Records Management	Identification and classification of all records procedure	Ensure we have organisational procedures in place for the appropriate identification and classification for all records and information, ensuring checks are undertaken to confirm those procedures are followed.	High	01-Aug	31-Oct	In Progress	Yes
B.10	Records Management	Access and security of electronic records policy	Develop a policy which sets out the arrangements for the access to, and security of electronic records.	Medium	01-Aug	31-Oct	Not Started	Yes

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B.11	Records Management	Review access to electronic records containing personal data	Ensure access to electronic records containing personal data is regularly reviewed and monitored in a standardised and controlled way.	Medium	01-Aug	31-Oct	Not Started	Yes
B.18	Records Management	Weed electronic and physical records	Periodically weed all electronic information, and physical records containing personal information, and ensure that this is documented within the policy and procedure.	High	01-Aug	31-Oct	Not Started	Yes
B.19	Records Management	Review retention schedule	Ensure the review of the retention schedule is completed and that records are identified.	Urgent	01-Aug	31-Oct	In Progress	No
A.25	DPIA Project	Review existing DPIA screening checklist	Review the existing DPIA screening checklist in line with ICO guidance and embed into new procedure.	High	01-Apr	28-Jun	Completed	Yes
A.26	DPIA Project	Documented DPIA process	Continue to develop a documented DPIA process with DPIA flowchart, including the appropriate document controls and reviews. This will include an objective assessment of the likelihood and severity of any risk to individuals.	High	01-Apr	31-Jul	Completed	Yes
A.27	DPIA Project	Implement DPIA powerapp	Continue with plans to implement the DPIA power app which will include a central log of all DPIAs and ensure that a DPIA is carried out before carrying out types of processing likely to result in a high risk to individuals.	High	01-Apr	28-Jun	Completed	Yes
B.07	CRMF	Access controls to CRMF	Ensure where records are stored in-house (CRMF) that appropriate access controls are in place.	High	01-Apr	30-Sep	In Progress	Yes

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B.08	CRMF	Periodic checks on security of CRMF	Ensure appropriate resource designation to carry out periodic checks on the security of in-house (CRMF) records storage across the Council.	High	01-Apr	30-Sep	In Progress	Yes
B.09	CRMF	Restore audits	CRMF undertake planned audits of Restore to ensure that the records facility is appropriately secure.	Medium	01-Apr	30-Sep	In Progress	Yes
B.12	CRMF	Identify inaccurate physical records and update logs	Continue the process of identifying inaccurate physical records, ensuring that record logs are amended accordingly. We will also take measures to ensure that future physical record logs are accurate.	Medium	01-Aug	31-Oct	In Progress	Yes
B.13	CRMF	Review of DP guidance documents	Undertake periodic reviews of guidance documents to ensure they meet DP requirements. Additionally, we will ensure personal data is transferred securely using the appropriate technical measures.	High	01-Aug	31-Oct	In Progress	Yes
C.02	Incident Management	Guidance for staff on how to report PDB	Create basic guidance for all staff, linked to the incident management protocol which will include how to report a data breach with a structured approach to reporting.	Medium	01-Jul	30-Sep	Completed	Yes
C.06	Incident Management	Nominated contact in the event of PDB	Include a nominated contact to ensure that data controllers know who to contact in the event of a PDB.	Low	01-Jul	31-Oct	Not started	Yes

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C.07	Incident Management	Document criteria to assess breach severity	Create a complete record of categories of personal data, and a documented set of criteria to assess breach severity and effect on individual rights. Additionally, we will ensure that staff responsible for risk assessment aware of the LCC risk register. This will be linked to the IAR/ ROPA and risk assessments.	Medium	01-Jul	31-Oct	In Progress	Yes
C.08	Incident Management	PDB retention	Update the retention document to include retention periods, procedures and data minimisation for PDB, and delete the data breach logs of any personal data no longer required.	High	01-Jul	31-Oct	In Progress	Yes
C.09	Incident Management	Out of hours breach reporting	Implement a documented out of hours notification route for PDB, that includes how we report to the ICO.	Medium	01-Jul	31-Oct	In Progress	Yes
C.10	Incident Management	Notification of a PDB template for individuals	Develop templates to notify individuals of a PDB and build this into our process and documentation.	Low	01-Jul	31-Oct	In Progress	Yes
C.11	Incident Management	Risk register to include serious PDB findings and review	Ensure that findings of serious PDBs are recorded onto the risk register, and reported to the senior management team and will ensure risks are re-evaluated periodically in line with changes to technology and legislation.	Low	01-Aug	31-Oct	In Progress	Yes