WYFRA	FINANCE AND RESOURCES COMMITTEE	13 JULY 2012	ITEM NO 5

REPORT OF: CHIEF FINANCE OFFICER

PURPOSE OF REPORT: TO PRESENT A QUARTERLY OVERVIEW OF THE FINANCIAL POSITION OF THE AUTHORITY.

RECOMMENDATIONS:

(A) THAT MEMBERS NOTE THE CONTENT OF THE REPORT

(B) APPROVE THE REVISED REVENUE BUDGET

(C) APPROVE THE REVISED CAPITAL PLAN

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT DETAILS

EXEMPTION CATEGORY: NONE

ACCESS CONTACT OFFICER: G. MAREN
CHIEF FINANCE OFFICER
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BACKGROUND PAPERS OPEN TO INSPECTION:

SUMMARY

The purpose of this report is to present an overview of the financial performance of the authority of the first quarter of the current financial year. The report is split into four sections dealing with revenue expenditure, capital expenditure, treasury management and debtors and creditors.

1. BACKGROUND

The purpose of this report is to present an overview of the financial performance of the authority of the first quarter of the current financial year. The report is normally split into four sections dealing with revenue expenditure, capital expenditure, treasury management and debtors and creditors, however for the duration of the scheme a separate section will be included monitoring progress on the Joint Control Project.

In addition to the quarterly report to the Finance and Resources Committee reports on revenue and capital expenditure are also prepared for management board, senior managers and cost centre managers to enable them to manage their individual budgets.

SECTION 1 REVENUE EXPENDITURE MONITORING

1. INTRODUCTION

Expenditure is monitored throughout the year against the approved revenue budget with reports being considered by each meeting of the Management Board and each meeting of the Finance and Resources Committee. The purpose of the report is to monitor progress against the approved revenue budget; provide an early forecast outturn for the financial year; provide an explanation of any major variations, and to show the impact of any variations on the revenue balances of the Authority.

This is the first report of the financial year and is based on expenditure for the first three months of the year. Clearly this is very early in the financial year and forecasts are based on previous year's expenditure patterns; as the year progresses changes to the forecast will emerge.

2. REVENUE BUDGET REVISION

When the revenue budget is approved an amount is included in contingencies for future pay and price increases. During the course of the financial year the budget is revised to take account of allocations from this fund. In the first three months there have been two allocations from contingencies.

Insurance £42,000

The insurance renewals were concluded by 31 March 2012 and were reported to the previous meeting of this committee; when the budget is approved allocation is included within contingencies for any increase in premium. This allocation reflects the increase in the combined liability premium to reflect the two recent major claims as previously reported to committee.

3. EXPENDITURE MONITORING

Members will be aware that this year represents the second year of the spending review with the Authority suffering a significant loss in revenue support grant and is anticipating further significant reductions in the next three year. The main strategy for delivering the required savings is the control of salaries expenditure through non recruitment and the control of overtime which is reflected in the early expenditure forecast.

It is very early in the new financial year and consequently expenditure patterns have yet to develop and for that reason the revenue forecast concentrates on the main area of expenditure which is salaries. Future reports will provide more detail on other items of expenditure.

Based on the current trend on salary payments the early forecast is that expenditure will be in line with the approved revenue budget although there are some significant variations between the different salary headings.

	FORECAST £000	APPROVED BUDGET £000	VARIANCE £000
Wholetime firefighters	£56,500	£56,964	-£464
Retained firefighters	£2,000	£2,059	-£ 59
Brigade control	£1,760	£1,821	-£61
Support staff	£9,915	£9,436	+£479
Insurance	£743	£701	+£42

3.2 Wholetime Firefighters -£464,000

The early indications are that there will be an under spending of £0.46m on fire-fighters salaries principally on overtime payments. It is likely we will see further variances on fire fighters salaries if the actual retirements vary from the retirement profile.

3.3 Retained Firefighters -£59,000

The early indication is that there will be small under spending on retained fire-fighter salaries. As the majority of the expenditure is activity driven it is likely that this forecast will change as the year progresses.

3.4 Brigade control -£61,000

Once again there is a forecast of a small under spending on salaries. This is partly due to staff turnover and reductions in overtime payments.

3.5 Support staff +£479k

This a combination of the projected cost of voluntary severance of £1.4m which is partly offset by the resulting salary savings and current vacancies.

4. IMPACT ON REVENUE BALANCES

Description	General Reserve
Balance at 1 April 2012	£8.900 m
Impact of forecast	£0.000m
Forecast balance at 31/3/2013	£8.900m

SECTION 2 CAPITAL EXPENDITURE MONITORING

INTRODUCTION

At its meeting on 16 February 2012, the Authority approved a three year capital programme of £28.46m which included schemes to the value of £11.586m for the current financial year.

1 SCHEMES SLIPPED BETWEEN FINANCIAL YEARS AND CAPITAL VIREMENT

The nature of major capital schemes means that expenditure often straddles a number of financial years, particularly the case in major building schemes and the development of major information systems. As part of the expenditure monitoring process, schemes totalling £1.93m which were not completed in 2011/2012, have been added to the 2012/2013 capital plan increasing it to £13.495m.

At the Authority AGM in 2010 the Management Board was given delegated power to approve individual virement between capital schemes of up to £100,000. Details of any approvals will be reported to committee throughout the year as part of this report.

In addition to the original approved capital plan the Authority has received a capital grant of £3.6m for the joint procurement of a replacement control system with South Yorkshire FRA. The executive Committee has given approval for inclusion of this scheme within the financial plan and reports on progress will be included within this report at all future meetings.

2 CAPITAL PAYMENTS 2012/2013

The actual capital payments to date total £0.566m most of which is on schemes which commenced in the previous financial year. Details of expenditure on individual schemes are included in Appendix 2.

3 APPROVALS UNDER FINANCIAL PROCEDURE 3.11

Under financial procedures 3.11 the Management Board can approve expenditure on schemes in the approved capital plan up to an amount of £100,000. This approval is subject to approvals being reported to the Finance and Resources Committee. Details of schemes approved by the Management Board are attached in Appendix 1.

SECTION 3 TREASURY MANAGEMENT

TREASURY MANAGEMENT

At its meeting on 16 February the Authority approved a treasury management strategy as part of the overall Revenue Budget and Capital Planning process. This strategy sets out how the Authority will deal with its cash flows arising from the capital investment plan and revenue budget. The strategy sets out both the Borrowing Strategy and Investment Strategy that the Authority will follow for the period. At subsequent meetings there will be a comparison of activity against the treasury management strategy, including a detailed half yearly report. Because of the proximity to the start of the financial year this report just provides details of the treasury management activity during the first three months of the year.

3.1 OVERALL ECONOMIC POSITION

Outlook for the economy and interest rates

The Bank of England's Monetary Policy Committee has continued to maintain base rate at 0.5% and also to use quantitative easing to try and stimulate the economy into growth. UK economic data has been better over past weeks with retail sales rising, inflation falling and the results of the CBI's manufacturing survey being better than expected. As the year progresses there may be more underspending on capital financing charges as a result of the continuing low rates of interest available on both existing variable rate loans and any new fixed rate borrowing the authority takes.

3.2 BORROWING

The Authority has not taken on any new long term borrowing in the current financial year and has again taken advantage of the low rates offered through short term variable rate loans. Over the period the Authority has borrowed £9.4m of which £3.6m remains outstanding at 30 June 2012. The average interest rate paid on the temporary borrowing is 0.61%.

The Authority's treasury advisors will continue to monitor rates and may take out further long term loans later in the year however, the Authority will receive a big cash injection in the form of pension grant at the beginning of July which will offset the need for any new borrowing in the short term.

LOBO (Lender Option Borrower Option)

In May 2006 the Authority took a LOBO (lender option borrower option) loan of £2.0m for a fixed period of 60 years at a rate of 3.58% fixed for the first 5 years of the loan. After this period the lender can review the interest rate at 5 yearly intervals and the Authority has the option to either repay the loan or accept the new rate. At the first interest rate review in May 2011 the lender did increase the rate; the next interest rate review will be in 2016.

New Borrowing

There has been no new long term borrowing in the first three months of the financial year leaving a balance of long term debt outstanding at £56.272m at 30 June 2012.

3.3 INVESTMENTS

The final part of this section of the report deals with the Authority's investment strategy. In general the Authority will only invest funds for the following reasons:-

1. to facilitate day to day cash flow variations
2. to temporarily invest funds which have been borrowed from capital purposes in advance of interest rate increases
3. to invest internal funds (e.g. revenue balances) when it is deemed more prudent to do so rather than using them to reduce borrowing.

However, in the current economic climate, the Authority is limiting investment and using internal balances to reduce borrowing wherever possible.

Investments as at 28 June 2011

Counterparty	Interest Rate	Maturity Date	Amount £000s
Bank of Scotland	0.75%	Deposit account	1,477
Government DMO	0.25%	09 July 2012	3,600
Aviva Sterling Liquidity Fund	0.45%	Money market fund	10
Gouldmann Sachs Liquidity fund	0.55%	Money market fund	243
Total			5,330

The £3.6m invested in DMO is the grant for the provision of the joint control project. It was agreed between the treasurers of the two authorities that the grant would be invested in the DMO as it is the most secure investment and meets the treasury management policy of both Fire and Rescue Authorities.

The Bank of Scotland account is held primarily for liquidity purposes – the account offers instant access and is useful for the withdrawal of funds when the Authority is unable to find monies to borrow on a particular day, but also offers a good level of security. The Authority's deposit in the money market fund forms part of a £7 billion fund that invests mainly in AA and AAA rated financial institutions and companies. Aviva have stressed that their current policy is to maximise income whilst protecting principal and liquidity.

4 Joint Control Project.

The Authority has received a grant of £3.6m to fund the procurement of a replacement control centre for South and West Yorkshire Fire Authorities. Whilst separate governance arrangements for the joint control of the project have been agreed, it is appropriate to report on progress to each meeting of the Finance and Resources Committee. Future reports will provide details of progress on the scheme along with detailed monitoring of capital expenditure. The Authority's Executive Committee provided scheme approval on 30 May 2012, however as there has not yet been any expenditure incurred. I have therefore detailed below the progress on the key areas of the scheme:-

Contractual Agreement

A contract setting out the terms of the agreement has been signed by both Authorities.

Financial Control Arrangements

The contract includes a schedule dealing with the detailed financial arrangements covering the following areas:-

- Treatment of CLG Grant
- Project expenditure
- Investment of grant
- Cost sharing
- Scheme underspend
- Scheme overspend
- Termination of agreement
- On-going revenue expenditure
- Treatment of assets
- Cost of project teams
-

A copy of the agreement is attached to this report.

Procurement Process

A procurement group has been established, the Pre-qualification Questionnaire has been published requesting expressions of interest with a return date of 10th July.

Following a joint shortlisting process the technical specification tender will be sent out by 6th August with a return date of 1st October with a view to awarding the contract in December.

Audit Arrangements

The project is being implemented through the WYFRS internal project framework which allows for accurate internal audit of the programme management process. In addition a representative of Kirklees internal Audit is a member of the Joint Procurement Board and attends all Board Meetings.

SECTION 5 DEBTORS AND CREDITORS

The final section of the report deals with the payment of creditors and collection of income from debtors.

1. Payment of Invoices

The prompt payment of invoices is set down in Best Value legislation and as such the Authority is measured on the payment of invoices by a performance indicator. The Authority is required to pay all undisputed invoices within 30 days of receipt, if not suppliers are within their rights to charge the Authority interest on outstanding bills.

The target for the prompt payment of invoices set by central government for 2012/13 is 100%. In the first three months 99.01% of invoices have been paid within 30days.

2. Outstanding Debt

The Authority receives income for services provided, these include special services, training courses, fire safety certificates, licences for telecom masts on premises. In most cases because of the type of service provided it is not possible to raise a charge in advance of the service and as a consequence debtor accounts are raised.

The level of outstanding debt owed to the Authority to the 30 May 2012 is £166,477 this can be profiled as follows:

Less than 60 days - £ 125,184
Greater than 60 days - £ 41,293

The procedure for issuing accounts and debt collection is provided by Kirklees Council under a Service Level Agreement. A summary of the procedure for collecting outstanding debt is detailed below:

21 days first reminder letter
28 days second reminder letter
35 days instigation of debt recovery system

As detailed above, there is currently £41,293 of debt which is at the recovery stage.

APPENDIX 1

Management Board Approvals under financial procedures 3.11
April to June 2012

Description	Amount
April 2012	
Sap development	£40,000
Strategic refurbishment	
Oakroyd hall	£50,000
Training centre main block	£80,000
Training Centre MPTC	£80,000
Training Centre old block	£60,000
Moortown fire station environmental improvements	£30,000
Slaithwaite fire station roofing	£25,000
Fairweather Green Fire station heating	£85,000
Refurbishment of vehicle pits	£15,000
Health and safety improvements	£40,000
Electrical heating improvements	£50,000
Lightening and power surge protection	£30,000
Asbestos management and removal	£20,000
DDA access improvements	£10,000
Internal fabric refurbishment	£30,000
Upgrading appliance bay doors	£10,000
External fabric repai8rs	£20,000
Replacement of dilapidated tarmac	£30,000
Refurbishment of fire station kitchens	£10,000
Control and security improvements	£40,000
May 2012	
Air mats	£70,000
Rope rescue equipment	£25,000
Water rescue equipment	£15,000
PPV fans	£26,000
Ultra-light weight pumps	£12,000

APPENDIX 2

CAPITAL BUDGET MONITORING 2012/13

SUMMARY

Details of Scheme	Original Capital Plan	Virement/ Slippage	Revised Capital Plan	Expenditure 2012/13	Balance Uncommitted
Property services	£685,000	£242,000	£927,000	£110,324	£816,676
IRMP	£5,085,000	£1,578,030	£6,663,030	£204,512	£6,458,518
Information technology	£725,000	£0	£725,000	£72,999	£652,001
Transport	£958,000	£10,479	£947,521	£0	£0
Operations	£3,433,000	£100,200	£3,533,200	£48,245	£3,484,955
Fire Safety & Community Relations	£700,000	£0	£700,000	£120,313	£579,687
	£11,586,000	£1,930,709	£13,495,751	£556,392	£11,991,838

CORPORATE RESOURCES
PROPERTY

Details of Scheme	Original Capital Plan	Virement/ Slippage	Revised Capital Plan	TOTAL EXPT	Balance Uncommitted
Oakroyd Hall					
Phased major refurbishment - conference room	£50,000		£50,000	£0	£50,000
			£0	£0	£0
				£0	
Training Centre					
Asbestos removal and major environmental improvements	£50,000		£50,000	£0	£50,000
MPTC - replacement of electrical and emergency back up safety systems and fabric repairs	£80,000		£80,000	£1,285	£78,716
Replacement of roof to old gym building	£60,000		£60,000	£0	£60,000
Training Centre and main block - external refurbishment	£0	£27,000	£27,000	£0	£27,000
Fire Stations					
Moortown - installation of a diesel tank drainage interceptor and refuelling pad	£30,000		£30,000	£0	£30,000
Slaithwaite - replacement roof & internal refurbishment	£25,000		£25,000	£0	£25,000
Fairweather Green - replacement of heating system & internal fabric upgrade	£85,000		£85,000	£0	£85,000
General Strategic Refurbishments					
Phased strategic refurbishment of vehicle pits	£15,000		£15,000	£0	£15,000
Health & Safety improvemments	£40,000		£40,000	£0	£40,000
Electrical, heating and other services equipement replacement	£50,000		£50,000	£0	£50,000
Lightening and power surge protection	£30,000		£30,000	£0	£30,000
Asbestos management & removal	£20,000		£20,000	£0	£20,000
DDA access improvements	£10,000		£10,000	£0	£10,000
Internal fabric refurbishment	£30,000		£30,000	£574	£29,426
Upgrading of appliance bay doors	£10,000		£10,000	£0	£10,000
External fabric refurbishments	£20,000		£20,000	£0	£20,000
Tarmac and surface to drill ground replacement	£30,000		£30,000	£0	£30,000
Kitchen refurbishments	£10,000		£10,000	£0	£10,000
Access control & security improvements	£40,000		£40,000	£0	£40,000
TOTAL CAPITAL PLAN 2012/13	£685,000	£27,000	£712,000	£1,858	£710,142
Refurbishment Programme					
FSHQ Whitehall Road Access		£4,000	£4,000	£1,500	£2,500
Breathing Apparatus building extension for kit storage, change & shower facilities		£41,000	£41,000	£35,762	£5,238
Strategic Corporate development		£9,000	£9,000	£9,000	£0
Strategic Major Refurb Rothwell & Brighouse Fire Stations		£8,000	£8,000	£6,520	£1,480
Phased programme Ablution Refurb inc FWG		£4,000	£4,000	£2,880	£1,120
Hunslet Refurbishment		£40,000	£40,000	£671	£39,329
Oakroyd Hall Major refurbishment		£12,000	£12,000	£0	£12,000
Emergency electrical back up power supply systems		£14,000	£14,000	£3,770	£10,230
Illingworth Environmental improvement & DDA		£2,000	£2,000	£0	£2,000
Phased programme of washing & welfare refurbishments - Odsal & Cleckheaton		£9,000	£9,000	£0	£9,000
Upgrading of defective heating systems - Moortown, FWG, Bingley & Odsal		£5,000	£5,000	£0	£5,000
Replacement of tarmac & surfaces		£2,000	£2,000	£1,560	£440
Health & Safety Improvements		£14,000	£14,000	£8,760	£5,240
Improvements to electrical, heating, legionella prevention, appliance bay battery chargers		£23,000	£23,000	£22,444	£556
Training facility & training tower refurbishments		£14,000	£14,000	£14,000	£0
DDA access improvements		£4,000	£4,000	£0	£4,000
Security System Installations		£10,000	£10,000	£1,598	£8,402
TOTAL SLIPPAGE		£211,000	£211,000	£106,965	£104,035
TOTAL CAPITAL INCLUDING SLIPPED SCHEMES	**£685,000**	**£242,000**	**£927,000**	**£110,324**	**£816,676**

CAPITAL BUDGET MONITORING 2012/13

IRMP

Details of Scheme	Original Capital Plan	Virement/ Slippage	Revised Capital Plan	TOTAL EXPT	Budget Remaining
LAND PURCHASE					
South Kirkby	£200,000	£5,000	£205,000	£0	£205,000
Rastrick	£500,000	£4,000	£504,000	£0	£504,000
Menston	£600,000	£5,000	£605,000	£0	£605,000
Killingbeck	£800,000	£5,000	£805,000	£0	£805,000
Batley Carr	£800,000	£5,000	£805,000	£0	£805,000
CLOSE CALL					
Rothwell close call land	£80,000		£80,000	£0	£80,000
Rothwell close call block	£350,000	£12,500	£362,500	£1,340	£361,160
Rothwell diesel tank replacement		£10,000	£10,000	£0	£10,000
Castleford close call block	£350,000	£307,000	£657,000	£1,990	£655,010
Castleford close call refurbishment	£600,000	£31,000	£631,000	£900	£630,100
VEHICLES					
IRMP vehicles	£695,000		£695,000	£0	£695,000
Bradford CARP		£484,530	£484,530	£9,545	£474,985
Huddersfield CARP	£110,000	£110,000	£220,000	£0	£220,000
SLIPPED SCHEMES					
Pontefract Firestation New Build		£260,000	£260,000	£95,279	£164,721
Normanton Fire Station New Build		£129,000	£129,000	£89,029	£39,971
Normanton close call house		£210,000	£210,000	£6,429	£203,571
Rothwell close call					
TOTAL CAPITAL PLAN 2011/12	£5,085,000	£1,578,030	£6,663,030	£204,512	£6,458,518

CAPITAL BUDGET MONITORING 2012/13

CORPORATE RESOURCES

IT

Details of Scheme	Original Capital Plan	Virement/ Slippage	Revised Capital Plan	TOTAL EXPT	Balance Uncommitted
Computer hardware	£80,000		£80,000	£1,817	£78,183
Human resources data base upgrade	£50,000		£50,000	£2,791	£47,209
Software licences	£250,000		£250,000	£17,736	£232,264
Wireless networks	£20,000		£20,000	£0	£20,000
Replacement servers	£90,000		£90,000	£4,832	£85,168
Networking hardware	£50,000		£50,000	£36,875	£13,125
Business continuity	£50,000		£50,000	£0	£50,000
Mobile computing	£40,000		£40,000	£8,948	£31,052
Technicians tools	£15,000		£15,000	£0	£15,000
Computer hardware - secure internet	£80,000		£80,000	£0	£80,000
TOTAL CAPITAL PLAN 2011/12	£725,000	£0	£725,000	£72,999	£652,001

CORPORATE RESOURCES

TRANSPORT

Details of Scheme	Original Capital Plan	Virement/ Slippage	Revised Capital Plan	TOTAL EXPT	Balance Uncommitted
Vehicle replacement	£938,000		£938,000	£3,885	£934,115
Traffic management system	£20,000		£20,000	£6,594	£13,406
TOTAL CAPITAL PLAN 2011/12	£958,000	£0	£958,000	£10,479	£947,521

OPERATIONS

Details of Scheme	Original Capital Plan	Virement/ Slippage	Revised Capital Plan	TOTAL EXPT	Balance Uncommitted
High pressure air mats	£70,000		£70,000		£70,000
BA Equipment	£940,000		£940,000	£0	£940,000
Lay flat hose	£100,000		£100,000	£0	£100,000
PPV fans	£26,000		£26,000	£0	£26,000
Line rescue equipment	£25,000		£25,000	£0	£25,000
Ultra lightweight portable pumps	£12,000		£12,000	£0	£12,000
Water rescue equipment	£15,000	£8,700	£23,700	£4,148	£19,552
PPE	£900,000		£900,000	£0	£900,000
Hydrants	£450,000		£450,000	£0	£450,000
Ladder replacements	£45,000		£45,000	£29,147	£15,853
			£0	£0	£0
Replacement control project	£850,000		£850,000	£0	£850,000
				£0	
Command Units ICT Provision and Upgrade	£0	£91,500	£91,500	£14,950	£76,550
TOTAL CAPITAL PLAN 2012/13	£3,433,000	£100,200	£3,533,200	£48,245	£3,484,955

FIRE SAFETY

Details of Scheme	Original Capital Plan	Virement/ Slippage	Revised Capital Plan	TOTAL EXPT	Balance Uncommitted
Home Fire Safety Checks	£700,000	£0	£700,000	£120,313	£579,687
TOTAL CAPITAL INCLUDING SLIPPED SCHEMES	**£700,000**	**£0**	**£700,000**	**£120,313**	**£579,687**

West Yorkshire & South Yorkshire FRA Joint Control Project

Financial Agreement

CLG Grant

Grant of £3.6m has been received from CLG to fund the joint project for replacement of West Yorkshire and South Yorkshire Fire and Rescue Authority. The grant will be held by West Yorkshire Fire and Rescue Authority and will be used solely for the purpose of control replacement.

Project Expenditure

West Yorkshire will use the grant to pay for expenditure as approved by the Collaboration Board, including reimbursement of any expenditure directly incurred by South Yorkshire on presentation of an invoice. West Yorkshire will monitor the expenditure incurred and provide monthly monitoring reports to the Project Board. Copies of these reports will be made available to the respective Treasurers of the two Authorities. These reports will form part of the formal financial monitoring reports required as part of the agreed governance structure.

Investment of Grant

West Yorkshire will invest the grant separately in an institution which meets the treasury management strategy of both Fire Authorities. West Yorkshire will provide a statement of interest generated quarterly and any investment income will be used in the first instance to fund the overall project. Any penalty caused by early withdrawal of funds from the investment will be charged to the scheme. In the event that interest income is not fully utilised to fund the project, the investment income will be shared equally on an annual basis.

Cost Sharing

Provided that the joint project does not exceed £3.6m it will be funded from the total grant of £3.6m without reference to the split of expenditure between the two fire and rescue authorities.

Scheme underspend

In the event of the total project cost being less than £3.6m additional enhancements to the value of the shortfall will be added to the scheme subject to the agreement of the project board. This is subject to the first call on any underspend funding the additional cost of providing MDT's for West Yorkshire FRA.

Scheme overspend

In the event that the overall cost exceeds the total grant approval then the additional expenditure will be allocated as follows :-

Based on the breakdown of expenditure, if the total value of spend to either Authority is less than £1.8m the other Authority will meet the additional cost up to the gap between that expenditure and £1.8m. Any additional expenditure over and above this limit will be shared equally by the two Authorities.

Termination of Agreement

In the event of the scheme being terminated prior to completion any remaining grant will be shared equally between the two Authorities subject to the settlement of any outstanding contractual obligations for the project or any requirement to repay grant to central government.

Ongoing Revenue Expenditure

Any ongoing revenue costs following the completion of the scheme will be met by the Authority to which the expenditure relates, in accordance with the ownership of assets. Any split of individual items will be agreed on the basis of relative use by each Fire Authority by the project board in consultation with the Treasurers of the individual FRAs

Treatment of Assets

Ownership of assets will be established as part of the procurement process and each Fire Authority will be required to account for the assets in accordance with this and proper accounting practice as set out in the CIPFA Code of Practice. The methodology to achieve this will be agreed on an annual basis during the duration of the project and finalised on completion of the project.

Cost of Project Teams

The cost of the project teams will not be charged against the grant and will be met by the respective authority.

WYFRA	FINANCE AND RESOURCES COMMITTEE	13 JULY 2012	ITEM NO 6

REPORT OF: DIRECTOR OF CORPORATE RESOURCES

PURPOSE OF REPORT: TO PRESENT THE OUTCOME OF AN ACCESSIBILITY AUDIT ON THE CORPORATE WEBSITE

RECOMMENDATIONS: THAT THE REPORT BE NOTED

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT DETAILS

EXEMPTION CATEGORY: None

CONTACT OFFICER: Jon Kershaw, Media and Publications Officer (01274) 655745

BACKGROUND PAPERS: None

SUMMARY:

To report Shaw Trust accreditation of the corporate website, and to continue to apply the principles learnt from the accreditation.

1 BACKGROUND

1.1 The internet and intranet are a vital source of information and communication for both WYFRA employees and the community. Although WYFRA has had a web presence since the 1990s, when fewer organisations were 'on-line', many people now use the internet as their preferred option for finding information and this needs to be used to our best advantage.

1.2 In order to improve and increase the effectiveness of these now critical communication channels, the Finance and Resources Committee approved a project to replace the corporate website.

2 INFORMATION

2.1 The website was launched in February 2011 following extensive research of the private and public sectors and the results of testing and consultation with staff and external focus groups.

2.2 The new site provides:

- information in a clear, informative and easily accessible way;
- designated employees with an easy to use way of updating and maintaining content;
- an effective way for the authority to promote itself and its initiatives in making West Yorkshire safer both internally and externally;
- improves interaction with our communities.

2.3 On launch, statistics indicated that we had increased visitors threefold. This level is being sustained. We average around 500 visits per day.

3 ACCESSIBILITY

3.1 WYFRA's commitment to website accessibility has been strong for many years with 'Compliance Plus' being achieved in Customer Service Excellence assessments on several occasions. In 2010, as the WYFRA website was being redeveloped, it was decided to take this a step further by seeking Shaw Trust accreditation.

3.2 The Shaw Trust is a national charity which supports disabled and disadvantaged people to prepare for work, find jobs and live more independently. Its website accreditation process is rigorous and involves 60 hours of testing by disabled web users examining requirements for people with little or no vision, colour blindness, deafness, dyslexia and cognitive or learning difficulties. This is in addition to a stringent technical assessment.

3.3 WYFRA received notification that it has been granted Shaw Trust

accreditation. Websites are subject to constant change and the certificate is valid for 12 months.

3.4 The Shaw Trust accreditation was deemed necessary at the outset of website development and has enabled WYFRA to better understand the requirements of communities online. Due to the renewal cost of accreditation, and following an appraisal to the likely changes required on our website over the next 12 months it has been decided that official validation will not be sought in Nov 2012 thus saving the Authority £3,500. However, the good practice learnt from this process will continue to be considered in future website developments to encourage increased use of WYFRA online.

4 FINANCIAL IMPLICATIONS

4.1 The cost of the original web development was £5,580 which was met from within the approved capital plan. If the Authority choose to renew the accreditation there will be an additional change of £3,500 due in November of this year.

5 EQUALITIES AND DIVERSITY IMPLICATIONS

5.1 The website was highlighted as best practice in the 2010 Diversity Peer Challenge. The Shaw Trust accreditation has sent a clear message to the community of West Yorkshire about our commitment to inclusivity for all members of the community.

6 SERVICE PLAN LINKS

6.1 We perform at the Excellent Level of the Fire and Rescue Service Equality Framework and were the first fire and rescue service to achieve this. We are committed to maintain our performance to ensure compliance with our Public Sector Equality Duty.

7 CONCLUSION

7.1 Websites are often built from a technical perspective but this does not always provide the best solution for real people in real environments. Accreditation by the Shaw Trust gives the highest level of assurance that a website is accessible to all end users regardless of ability.

7.2 WYFRA will follow the good practice learnt from The Shaw Trust process and continue to use its corporate website and available digital media/channels to engage local and online communities as part of its integrated communication strategy.

WYFRA	FINANCE & RESOURCES COMMITTEE	13 JULY 2012	Item No 7

REPORT OF: Director of Corporate Resources

PURPOSE OF REPORT: To provide an annual update on the implementation of Information Governance arrangements within WYFRS and to report on progress made towards the introduction of an Information Security Management System (ISMS).

RECOMMENDATION: That the contents of the report are noted.

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT DETAILS

Exemption Category:

Contact Officers:

Alison Davey 01274 655801
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Background Papers: None

SUMMARY

This report provides an annual update on the implementation of Information Governance arrangements throughout the Authority including the introduction of an Information Governance Framework as approved by Management Board in December 2008. The report highlights the progress made towards compliance with the 6 strands and 76 standards of the framework. An Improvement Plan has been implemented and priorities assigned to all standards.

Also included in this report are details of the progress made towards the introduction of an Information Security Management System (ISMS) aligned to the international standard ISO 27001. A series of control measures are required to comply with this standard and to ensure that our information is managed and secured effectively. This position has been further reinforced by the emergence of the HMG Security Policy Framework and the FRS Protective Security Strategy that WYFRS will need to comply with. A significant amount of work is being progressed to ensure that the information security risks are managed.

1 BACKGROUND

1.1 At the Management Board meeting of December 2008 it was acknowledged that the area of Information Governance (IG) needed to be addressed following high profile cases regarding data losses and poor information sharing practices. As such, approval was given to the introduction of an Information Governance Framework and the creation of the Information Governance Group (IGG) in order to implement and maintain information governance effectively and consistently across the Authority.

1.2 Management Board also realised the need to introduce a structured approach towards Information Security (IS) based on international best practice. The implementation of an Information Security Management System (ISMS) aligned to the international standard ISO 27001 was also approved at the Management Board meeting of December 2008.

1.3 The DCFO's regional and national involvement with the HMG Security Policy Framework and the FRS Protective Security Strategy has further highlighted the need to introduce a more structured approach to the areas of information governance and information security.

1.4 Despite the fact that the FRS Protective Security Framework is yet to be issued WYFRS has taken the pragmatic decision to implement sensible and proportionate security measures commensurate with the risks presented.

2 INFORMATION

2.1 This report provides an update on the key areas of development during 2011/12 to ensure the effective implementation of both Information Governance (IG) and Information Security (IS) arrangements across the Authority.

2.2 The strategic IGG and the operational Corporate Information Management group (CIMG) continue to develop, implement and promote information governance across all departments. Most recently the representative bodies have been invited to sit on the IGG to ensure their views are incorporated into any developments.

2.3 The approved Information Governance Strategy and Policy including the IGG's Terms of Reference and the overarching Information Security Policy were reviewed by the IGG in January as part of the formal Annual Review process and remain fit for purpose.

2.4 The Authority's performance in relation to Information Governance has been measured through self-assessments against the Information Governance Framework as developed by the West Yorkshire Information Management Forum. To date four assessments have been conducted and the progress towards compliance with the framework is as follows:

November 2008	51%
March 2009	57%
March 2010	64%
March 2011	77%
March 2012	83%

2.5 The IG Framework Improvement Plan for 2012/13 (copy attached) was approved by the IGG on 19 April 2012 and consequently published. The Improvement Plan identifies the level of progress with key actions and priorities identified to progress each of the 6 strands and 76 standards of the framework towards full compliance.

2.6 To support and encourage collaboration across the region WYFRS has shared the IG Framework and monitoring tools nationally through the CFOA Protective Security Working Group.

2.7 It is planned to replace the current IG Framework with one aligned to the NHS IG Toolkit in readiness for 2013/14. The purpose of this toolkit is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. The attainment levels are more stringent, cumulative and clearly defined and will allow the Authority to benchmark against local and national organisations more clearly and provide a greater level of assurance. The ultimate aim is to demonstrate that the Authority can be trusted to maintain the confidentiality and security of personal and sensitive business information. This in-turn increases public confidence that the Authority and its partners can be trusted with this data.

2.8 A new Information Governance and Security intranet site was launched in July 2011. The site was created to help raise awareness of issues relating to IG and IS and includes all of the formal documentation together with many useful learning aids and reference material that users can utilise both whilst at work and also in a social setting.

2.9 Further to the publication of the Information Governance Statement in February 2010 the Chief Fire Officer has reaffirmed his commitment to this area of work by recording a video message that can be found on the home page of the Information Governance and Security intranet site.

2.10 Following on from the successful roll-out of the Protecting Information e-learning modules at levels 1 and 2 to all appropriate staff in 2010/11 with a completion rate in excess of 99.5% the level 3 module was released in June 2011. This was targeted at middle and senior managers and by January 2012 a 100% successful completion rate had been achieved.

2.11 The self-assessed compliance against the international information security standard ISO 27001 continues to be closely monitored and currently stands at 88%. The approval and implementation of a number of information security related documents and controls has taken place over the preceding twelve months and these include:

- Acceptable Use Policy
- Rules for Email Usage
- Clear Desk and Clear Screen Policy
- Malicious Code Policy and Procedure
- Information Asset Management Policy
- Use of Encryption Policy

2.12 In June 2011 WYFRS began the process of compiling an Information Asset Register (IAR) to achieve a better understanding, control and protection of the key information assets it holds. The initial population of the register was completed in March 2012. The register will now be used to inform decisions regarding the required physical and electronic control measures.

2.13 To ensure that data is adequately protected endpoint encryption has been applied to all Authority computers and mobile devices from March 2012. Encryption is the process of converting information using an algorithm to make information unreadable to anyone who does not possess the decryption key required. WYFRS will ensure its electronically held data is protected from loss and unauthorised access, whether accidental or malicious. This will include data held on desktop and laptop computers and portable storage devices, with the priority being on encryption of portable storage devices and laptops.

2.14 A new online reporting system is currently being developed to enable any WYFRS employee to report information security incidents as soon as possible so that appropriate and timely action can be taken.

2.15 Physical security assessments of all WYFRS estate are currently being carried out under the guidance of the Protective Security Working Group (PSWG) to identify any key areas of weakness or vulnerabilities that may need to be addressed to secure key resources including essential information.

2.16 As previously reported the Authority was awarded a “Substantial Assurance” rating in 2010 for its Information and ICT Governance arrangements as a result of an Internal Audit, the highest rating achievable. This was an improvement on the previously awarded “Limited Assurance” rating awarded in 2007. The items noted in this report have only enhanced this position as evidenced by the maintenance of the “Compliance Plus” award from the Customer Service Excellence Audit in 2011 highlighting once again that the Authority’s has a well structured approach to Information Governance that is over and above the required standard.

2.17 Although not all of the requirements and developments covered by this report are mandated there are clearly very good reasons to manage the risks to the Authority. Doing nothing will leave the Authority dangerously exposed to vulnerability with the potential consequences of:

- Disruption to service delivery
- Loss of life
- Loss of reputation
- Fines imposed by the Information Commissioner
- Human Resources issues
- Health and Safety liabilities
- Higher insurance premiums.

2.18 By remaining vigilant, being security minded and implementing proportionate protective security measures the Authority can protect itself and the community against crime and any potential terrorist threat.

3 FINANCIAL IMPLICATIONS

3.1 The Authority has made a significant investment both in terms of capital investment and staff resources. These costs have been met from within the approved revenue budget and capital programme.

4 EQUALITY AND DIVERSITY IMPLICATIONS

There are no direct equality and diversity implications associated with this report.

5 HEALTH AND SAFETY IMPLICATIONS

There are no health and safety implications associated with this report.

6 SERVICE PLAN LINKS

6.1 This report refers to the Service Plan priority “Provide effective and ethical governance and achieve value for money in managing resources”.

7 RECOMMENDATIONS

7.1 That members note the contents of this report.

West Yorkshire Fire & Rescue Service

Information Governance Framework

Improvement Plan 2012/13

Making West Yorkshire Safer
www.westyorksfire.gov.uk

WEST YORKSHIRE FIRE AND RESCUE AUTHORITY – INFORMATION GOVERNANCE FRAMEWORK – IMPROVEMENT PLAN 2012/13

Introduction

The Information Governance agenda for West Yorkshire Fire and Rescue Authority was established in January 2009. As part of this agenda the Information Governance Framework and Toolkit was introduced, which is a county-wide initiative jointly developed by members of the West Yorkshire Information Management Forum, based on best practice models of the NHS and the Local e-Government Standards Board (LeGSB). The Authority has scored itself against the attainment levels of the Toolkit. This plan sets out the improvement actions the Authority will be taking forward in respect of Information Governance in 2012/13. It is supported by the Authority's Information Governance Strategy & Policy and Information Governance Framework.

Background about the 2012/13 Information Governance Improvement Plan

1 During 2008 the Authority identified the need to provide a greater degree of documented assurances for both internal and external purposes with respect to Information Governance issues.
2 The Information Governance Group (IGG) was established in January 2009 with the responsibility of implementing and monitoring Information Governance issues across the Authority. The group introduced into the Authority the Information Governance Strategy & Policy and the Information Governance Framework and Toolkit.
3 In March 2009 the Authority completed its initial baseline assessment against the standards contained in the Information Governance Toolkit.
4 The IG Toolkit contained a series of some 76 standards which were scored on attainment levels 0-4. These controls supported 6 Information Governance initiative strands.
5 Following on from these results the Information Governance Improvement Plan sub-group, in conjunction with the IGG, has developed this Improvement Plan. The plan contains a series of action points arising from the self-assessment aimed at progressing the level of compliance within the Authority.
6 The 2012/13 Information Governance Improvement Plan is the third update to the plan first released in 2009/10.

Approach

Following analysis of the benchmark scores the IG Improvement Plan sub-group identified a series of actions that could improve the Authority's awareness and compliance with the requirements of the IG Toolkit. These include:

- Information Governance training and awareness should form part of the continued training approach of all staff.
- The development of policies, procedures and standards to support the delivery of Information Governance across the Authority.
- The management and co-ordination of the implementation of Information Governance initiatives across the Authority.
- Continuing assessment of the Authority's position against the Information Governance Framework and Toolkit.
- Attending local, regional and national Information Governance related events on behalf of the Authority and giving feedback to the IGG and the Corporate Information Management Group where appropriate.

Outline of the 2012/13 Information Governance Improvement Plan

Ref: column identifies the specific standard of the Authority's Information Governance Framework that the improvement issue relates to.
Title and Description column details the objective that needs to be achieved to meet the standard of the Information Governance Framework.
Assessed Level March 2009 column details the level of attainment the Authority was at following the Self Assessment against the Framework standards.
Assessed Level March 2010 column details the level of attainment the Authority was at following the review exercise in February 2010.
Assessed Level March 2011 column details the level of attainment the Authority was at following the review exercise in March 2011.
Assessed Level March 2012 column details the level of attainment the Authority is at following the review exercise in March 2012.
Action Required column details what action the Authority will carry out in order to demonstrate improvement and attain the desired level.
Progress Against Required Actions column is used to detail the specific improvements made against each action point with evidence clearly identified.
Responsibility column identifies which Group, Department or Individual has responsibility for ensuring improvement in each area.
Delivery Date column details when the issue will be completed and in some cases this may have an ongoing commitment over the longer term. ✓ denotes achievement against delivery date.
Priority column details the priority of each of the improvement areas in accordance with the Authority's risk assessment.

Attainment levels: = the 5 levels of standards of practice that the Authority is required to assure in order to obtain scores. These are levels 0, 1, 2, 3 and 4. Levels 0 and 1 are classified as Red, Levels 2 and 3 as Amber and Level 4 as Green.

Level 0
There is nothing in place. There is a lack of knowledge and understanding within the Authority and no awareness of the need.
Attainment Level 1
There is an awareness of the need and intent expressed by the Authority. Resources have been identified and responsibility assigned.
Attainment Level 2
A strategy and an implementation plan have been prepared. The Authority has assigned resources.
Attainment Level 3
An implementation programme is in progress and is being embedded in parts of the Authority.
Attainment Level 4
Full implementation has been achieved and is embedded and integral to the Authority. Compliance and satisfaction are measured through effective monitoring and auditing procedures and the Authority is committed to maintaining and sustaining the programme.

Referencing

The referencing of each improvement issue is shown in the first column and refers to the six strands of the Authority's Information Governance Framework:

IMG refers to the Information Governance Management strand and its ten standards.
IS refers to the Information Security strand and its fifteen standards.
IC refers to the Information Compliance strand and its twelve standards.
DQA refers to the Data Quality Assurance strand and its thirteen standards.
RM refers to the Records Management strand and its twelve standards.
ISG refers to the Information Sharing strand and its fourteen standards.

Responsibility and Scope

1 The Information Governance agenda currently encompasses the following areas:

- Information Governance Management
- Information Security
- Information Compliance
- Data Quality Assurance
- Records Management
- Information Sharing

2 The Information Governance Strategy & Policy defines the responsibility of the Authority, Directors and Heads of Department, the IGG and Information Champions.
3 The Information Governance Improvement Plan sub-group will project manage the Improvement Plan on behalf of the IGG.
4 The current IG Improvement Plan is benchmarked against the current Information Governance Framework and Toolkit containing 6 strands and 76 standards.

Conclusion

1 The current assessment benchmarked against the IG Toolkit gives the Authority a position statement from which to formulate the required actions contained in this Improvement Plan.

2 It is proposed that the IG Improvement Plan for 2012/13 concentrates on the areas that rank as High Priority. Where there are seemingly good scores achieved within the six strands by the IG Toolkit benchmarking exercise, standards with attainment levels of 0 or 1 must be addressed.

3 In areas where quick gains can be achieved these actions should also be addressed to move the plan forward.

4 Finally, the implementation of the IG Improvement Plan, and the IG Strategy & Policy will ensure that information is more effectively managed across the Authority. Each year the policy will be reviewed and a revised Improvement Plan developed against the IG Toolkit, to identify key areas for continuous improvement.

Summary

Ref:	Title and Description	Assessed Level				Priority
		March 2009	March 2010	March 2011	March 2012	
Information Governance Management						
IMG 1	Information Governance Group	2	3	4	4	Low
IMG 2	Access to Expertise	3	3	4	4	Low
IMG 3	Information Governance Framework	2	3	4	4	Low
IMG4	Information Governance Statement	2	3	4	4	Low
IMG 5	Information Governance Policy	3	3	4	4	Low
IMG 6	Information Governance Responsibilities	2	3	4	4	Low
IMG 7	Improvement Plan	2	3	4	4	Low
IMG 8	Review Process	2	3	4	4	Low
IMG 9	Employee induction	2	2	4	4	Low
IMG 10	Job Descriptions/Training	1	2	3	3	Medium
Information Security						
IS 1	Information Security Policy	3	3	4	4	Low
IS 2	Roles and Responsibilities	2	2	4	4	Low
IS 3	Inventory of Information Assets	1	2	3	3	Medium
IS 4	Access Control	3	3	3	4	Low
IS 5	Risk Management Framework	3	3	3	4	Low
IS 6	System acquisition, development and maintenance procedures	2	3	4	4	Low
IS 7	Procedures are in place to avoid breaches	3	3	4	4	Low
IS 8	Procedures are in place to report information security incidents	2	3	3	4	Low
IS 9	Business continuity management process	1	3	3	3	Medium
IS 10	Procedures for the use of equipment	3	3	4	4	Low
IS 11	Changes to information processes	2	2	3	3	Medium
IS 12	Third Party agreements	2	3	4	4	Low
IS 13	Physical security controls	3	3	3	4	Low
IS 14	Networks	3	3	3	3	Medium
IS 15	Independent review	2	2	4	4	Low
Information Compliance						
IC 1	Access to Information policy	4	4	4	4	Low
IC 2	requests.	4	4	4	4	Low
IC 3	Public Interest Test - Framework	3	3	4	4	Low
IC 4	Employee awareness	2	2	3	4	Low
IC 5	Information rights	4	4	4	4	Low
IC 6	Provision of information	4	4	4	4	Low
IC 7	Appeals mechanism	3	3	4	4	Low
IC 8	Re-Use of Public Sector Information	2	2	2	2	Medium
IC 9	Data protection	3	3	4	4	Low
IC 10	Intellectual property rights	3	3	3	3	Medium
IC 11	Confidentiality	3	3	3	3	Medium
IC 12	Expertise	4	4	4	4	Low

Ref:	Title and Description	Assessed Level				Priority
		March 2009	March 2010	March 2011	March 2012	
Data Quality & Assurance						
DQA 1	Strategy and Policy	4	4	4	4	Low
DQA 2	Champion	4	4	4	4	Low
DQA 3	Roles and responsibilities	3	3	4	4	Low
DQA 4	Competencies	3	3	4	4	Low
DQA 5	Business continuity plans	3	3	3	3	Medium
DQA 6	Standards	3	2	4	4	Low
DQA 7	Capturing, recording and handling	3	3	3	3	Medium
DQA 8	Data collection	3	3	4	4	Low
DQA 9	Quality checks	3	3	3	3	Medium
DQA 10	Metrics	3	3	3	3	Medium
DQA 11	Consistency	2	2	3	3	Medium
DQA 12	Assessment and monitoring	3	3	3	3	Medium
DQA 13	Improvement technologies	3	3	3	3	Medium
Records Management						
RM 1	Records Management policy	1	1	2	2	Medium
RM 2	Business Classification Scheme	2	2	2	2	Medium
RM 3	Retention and Disposition Policy	3	3	3	3	Medium
RM 4	Metadata standards	2	2	2	3	Medium
RM 5	Version Control Policy	1	1	2	3	Medium
RM 6	Security & Access Policy	2	2	3	4	Low
RM 7	Review procedure	3	3	3	4	Low
RM 8	Documented procedures	2	2	2	3	Medium
RM 9	Appropriate systems	1	1	2	3	Medium
RM 10	Controlled Business Vocabulary	1	1	1	1	High
RM 11	Records Management function	1	1	1	3	Medium
RM 12	Records Management competencies	1	1	1	1	High
Information Sharing						
ISG 1	Information sharing protocol	2	2	2	3	Medium
ISG 2	Standardised, documented approach	1	2	2	2	Medium
ISG 3	Sharing agreements	1	2	2	2	Medium
ISG 4	Trained practitioner	2	2	2	3	Medium
ISG 5	Audit log	0	2	2	2	Medium
ISG 6	Centrally logged	2	2	2	2	Medium
ISG 7	Review	2	2	2	2	Medium
ISG 8	Reporting breaches	2	2	2	4	Low
ISG 9	Monitoring	1	2	2	2	Medium
ISG 10	Evidence	1	2	2	3	Medium
ISG 11	Addressing issues	2	3	3	4	Low
ISG 12	Practitioners	1	2	3	3	Medium
ISG 13	Training	1	2	3	3	Medium
ISG 14	Employee induction	1	1	2	2	Medium

Overall Compliance Against Framework	**57%**	**64%**	**77%**	**83%**
Information Governance Management	53%	65%	98%	98%
Information Security	58%	68%	87%	93%
Information Compliance	81%	81%	90%	92%
Data Quality & Assurance	76%	77%	87%	87%
Records Management	41%	42%	50%	67%
Information Sharing	34%	50%	54%	66%

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
IMG 1	**Information Governance Group** The Authority has a formally recognised corporate Information Governance Group with agreed Terms of Reference. The Group should sit in an appropriate place within the broader Corporate Governance arrangements	**2**	**3**	**4**	**4**					Low
IMG 1.1						1. Quarterly meetings of Information Governance Group to continue	1. These meetings are now established on a quarterly basis and are scheduled for the whole of 2010. Updated and scheduled for the whole of 2011. New meetings scheduled for 2012.	IGG	Quarterly ✓	
IMG 1.2						2. Member champion to be appointed	2. Cllr Finnigan appointed as Member Champion for Information Governance at the AGM June 2009. A new Champion is to be appointed at the Authority AGM in June 2010. Cllr Townsley appointed as Member Champion June 2010. Member Champions disbanded by Authority at AGM - June 2011.	IGG	Jun-09 ✓	
IMG 1.3						3. Annual review of Terms of Reference	3. Reviewed at IGG 4 Feb 2010. Reviewed at IGG 20 Jan 2011. Reviewed at IGG 26 Jan 2012.	IGG	Feb-12 ✓	
IMG 1.4						4. Monitor and review progress of the Group	4. Reviewed at IGG 4 Feb 2010. Reviewed at IGG 20 Jan 2011. Reviewed at IGG 26 Jan 2012.	IGG	Jan-12 ✓	
IMG 2	**Access to Expertise** The Information Governance Group has access to the necessary expertise across all six areas of the Framework	**3**	**3**	**4**	**4**					Low
IMG 2.1						1. Review strategy of succession planning of the Group	1. Records Management function is being reviewed.	IGG	Feb-10	
IMG 2.2						2. Consider additional expertise where required	2. Not required to date.	IGG	On demand	
IMG 2.3										
IMG 2.4										
IMG 3	**Information Governance Framework** The Authority has an approved Information Governance Framework	**2**	**3**	**4**	**4**					Low
IMG 3.1						1. Information Governance Group (IGG) and the Corporate Information Management Group (CIMG) to promote awareness throughout the Authority	1. Information Governance Intranet site launched Aug 2009 to help raise awareness of Information Governance and Information Security within departments.	IGG/CIMG	Continuous ✓	
IMG 3.2						2. To maintain currency of the framework	2. The framework will be constantly reviewed by both WYFRS and WYIMF. Reviewed 4 Feb 2010,20 Jan 2011 and 26 Jan 2012.	IGG/CIMG	Annually ✓	
IMG 3.3										
IMG 3.4										
IMG 4	**Information Governance Statement** The Authority has an approved Information Governance Statement	**2**	**3**	**4**	**4**					Low
IMG 4.1						1. Develop Information Governance statement	1. Version 1.0 signed by CFO 4 Feb 2010.	IGG	Dec-09 ✓	
IMG 4.2						2. Publish and communicate the Information Governance statement - Burning Issues etc.	2. Version 1.0 signed by CFO, published in Burning Issues and on IG intranet site and will be issued in the Contracts pack. The statement is displayed in reception for all to see. CFO has recorded a video message to reiterate his support of this area of work and is published on the Information Governance and Security site from Feb 2012.	IGG	Jan-10 ✓	
IMG 4.3						3. To include in induction.	3. The statement is included in the Contracts pack from Feb 2010. Supported by video message from the CFO on the Information Goverance and Security site from Jan 2012.	IGG	Mar-10 ✓	
IMG 4.4										
IMG 5	**Information Governance Policy** The Authority has an approved Information Governance Strategy/Policy	**3**	**3**	**4**	**4**					Low
IMG 5.1						1. Monitor and review developments against the Information Management Strategy	1. IG Strategy and Policy reviewed at IGG 4 Feb 2010 - no changes required. Reviewed 20/1/11 - minor change. Reviewed 26/1/12 - minor change.	IGG/IMO	Jan-12 ✓	
IMG 5.2						2. 6 monthly report to Management Team with updates.	2. IGG Chair reports progress to Management Team.	IGG/IMO	Quarterly ✓	
IMG 5.3						3. Annual update to F&R Committee.	3. Updates provided to F&R Committee 23 Apr 2010 , 1 Apr 2011 and 13 July 2012.	IGG/IMO	Annually ✓	
IMG 5.4										
IMG 6	**Information Governance Responsibilities** There are clearly defined corporate and managerial stewardship responsibilities for information governance across the Authority.	**2**	**3**	**4**	**4**					Low
IMG 6.1						1. Maintain and review membership of the IGG and CIMG	1. Membership of IGG and CIMG will be reviewed at IGG 4 Feb 2010 and necessary amendments made - reviewed 20/1/11. Reviewed 26/1/12 - no changes required.	IGG	Jan-12 ✓	
IMG 6.2						2. Assure appropriate training in place for new and existing members	2. Member Champion appointed Jun 2009 and full briefing given. Briefing given to new champion Cllr Townsley 9 Jul 2010.	IGG	Continuous ✓	
IMG 6.3						3. Assure effective communication to Management Team/Management Board level.	3. Chair communicates to Management Board. In addition from Feb 2010 an Annual update to Finance & Resources Committee will take place. Annual update presented to F&R April 2010, April 2011 and July 2012.	IGG	Oct-09 ✓	

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
IMG 6.4										
IMG 7	**Improvement Plan** The Authority has an approved corporate information governance improvement plan that is managed and monitored by the Information Governance Group	**2**	**3**	**4**	**4**					Low
IMG 7.1						1. Improvement plan to be drawn up and agreed by the IGG	1. IG Improvement Plan 2009/10 approved by IGG and published on the Intranet. Will be reviewed and republished on an annual basis.	IGG	Nov-09 ✓	
IMG 7.2						2. To continually review and update the improvement plan	2. Improvement plan updated and version 2.0 for 2010/11 approved by IGG 4 Feb 2010. Approval of Version 3 - 7 April 2011. Approval of Version 4 - 19 April 2012.	IGG	Mar-12 ✓	
IMG 7.3										
IMG 7.4										
IMG 8	**Review Process** An established review process exists to maintain the currency of the Information Governance Framework within the Authority.	**2**	**3**	**4**	**4**					Low
IMG 8.1						1. Annual review cycle is clearly documented and needs to be maintained	1. IG Framework reviewed at IGG 4 Feb 2010 - no changes required - reviewed 20/1/11 and still fit for purpose. Reviewed 26/1/12 - no changes.	IGG	Jan-10 ✓	
IMG 8.2						2. Interim reviews of the framework to be undertaken in consideration of external forces		IGG	On demand	
IMG 8.3										
IMG 8.4										
IMG 9	**Employee induction** Employee induction procedures across the Authority effectively raise the awareness of information governance and outline individual responsibilities contained therein.	**2**	**3**	**4**	**4**					Low
IMG 9.1						1. Review induction process to determine key areas of information governance and its relevance to specific roles	1. To be discussed with HR and T&D. Development taking place during May 2010. Incorporated in CSM briefing for all new staff.	IGG	Mar-10 ✓	
IMG 9.2						2. Provide aide memoires for appropriate policies.	2. Aide memoires are issued for appropriate policies once approved by IGG to aid implementation within departments.	IGG	On Approval ✓	
IMG 9.3										
IMG 9.4										
IMG 10	**Job Descriptions/Training** Core information governance competencies are built into all Job Specifications and an appropriate Learning and Development programme established to facilitate their delivery.	**1**	**2**	**3**	**3**					Medium
IMG 10.1						1. Dependent on role job descriptions to be reviewed to contain relevant factors	1. To be discussed with HR and T&D. Development taking place during May 2010.	IGG	Mar-10	
IMG 10.2						2. Learning and development programme needs to be determined and developed	2. A training and development programme has being launched that will utilise the National School of Government's e-learning tool "Protecting Information" that covers aspects of Information Governance, Information Security, Information Compliance and Information Sharing. Level 1 is to be mandatory for all staff with Level 2 being rank and role specific - SM/Grade 10 and above. Level 3 mandatory for GM/Grade 12 and above. Programme launched Aug 2010 and 99.6% completion achieved by Jan 2012.	IGG	Jan 12 ✓	
IMG 10.3										
IMG 10.4										
IS 1	**Information Security Policy** There is an Information Security Policy in place based on ISO 27001.	**3**	**3**	**4**	**4**					Low
IS 1.1						1. Development and implementation of the sub-policies and necessary controls	1. ISO27001 compliance self-assessment completed Jan 2010 - control measures will be identified and implemented on a priority basis. IS Awareness raising document templates have been developed to desseminate security messages. A Communications Plan will be introduced to help manage the process.	IGG/ IT Dept/ IMO	Mar-11 ✓	
IS 1.2						2. Review of Information Security Policy	2. Information Security Policy is reviewed annually. Last reviewed by IGG 26/1/12 - minor referencing changes made.	IGG	Annually ✓	
IS 1.3										
IS 1.4										
IS 2	**Roles and Responsibilities** Roles and responsibilities for adherence to the policy are clearly defined and an appropriate training and development programme is in place.	**2**	**2**	**4**	**4**					Low

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
IS 2.1						1. Training and development programme to be reviewed and developed	1. Roles and responsibilities are clearly defined in each policy or procedure.	IGG	Mar-10 ✓	
IS 2.2										
IS 2.3										
IS 2.4										
IS 3	**Inventory of Information Assets** There is an inventory of information assets, as defined in ISO 27001, supported by a Protective Marking Scheme.	**1**	**2**	**3**	**3**					Medium
IS 3.1						1. Information audits to be conducted	1 Information Asset Register/ Audit System constructed in WYFirespace March 2011 and converted to WebAccess in May 2011 ready for launch in June 2011.	IT Dept/ IMO	Mar-11 ✓	
IS 3.2						2. Information asset list to be formulated following the audits	2. Training for Departments on the completion of the Information Asset Register commenced 1/6/11. The IAOs (Heads of Department) have been tasked with completing the register by 31/12/11. 95% completion achieved Jan 2012.	IT Dept/ IMO	Jun-12 ✓	
IS 3.3						3. Protective marking scheme to be developed	3. Protective Marking Policy and Guide is awaiting approval by IGG on 6 May 2010. Policy and Guide approved and issued May 2010. GPMS is incorporated into the Information Asset Register.	IT Dept/ IMO	Dec-10 ✓	
IS 3.4						4. Look at the technical aspects of protective marking implementation	4. Protective Markings being built into Sharepoint and document templates - will be applied to Outlook. May 2010 - The use of a bolt on product from Titus Labs is being considered both locally and regionally to aid the technical aspects of implementation. Titus Labs product ruled out as cost-prohibitive.	IT Dept/ IMO/PSSG	Dec-12	
IS 4	**Access Control** Access control is in line with the security policy and the need for information dissemination and authorisation.	**3**	**3**	**3**	**4**					Low
IS 4.1						1. Access Control Policy to be developed and implemented	1. Account and Password Management Policy covers the requirements in the standard.	IT Dept/ IMO	Mar-10 ✓	
IS 4.2						2. Approval and implementation of Account and Password Management Policy.	2. Policy approved and implemented June 2009.	IT Dept/ IMO	May-09✓	
IS 4.3										
IS 4.4										
IS 5	**Risk Management Framework** There is a Risk Management Framework in place and information security risks are incorporated.	**3**	**3**	**3**	**4**					Low
IS 5.1						1. Review information security risks	1. Vs Risk Software purchased Oct 09 and to be implemented. IAO's to undertake Information Risk Assessments. Information/Protective Security risks are incorporated in the Corporate Risk Management Matrix.	IT Dept/ Risk Management Officer	Jun-10	
IS 5.2						2. Develop and implement control measures	2. Control measures will be prioritised following identification in Risk Assessments.	IT Dept/ Risk Management Officer	Mar-11	
IS 5.3										
IS 5.4										
IS 6	**System acquisition, development and maintenance procedures** Security requirements are included in formal system acquisition, development and maintenance procedures	**2**	**3**	**4**	**4**					Low
IS 6.1						1. Ensure procedures in place to review access levels and that they are current and relevant	1. Integrated at design/specification stage with access and authentication measures defined.	IT Dept	Annually ✓	
IS 6.2										
IS 6.3										
IS 6.4										
IS 7	**Procedures are in place to avoid breaches** Formal procedures are in place to avoid breaches of the law, statutory, regulatory or contractual obligations, and of any security requirements.	**3**	**3**	**4**	**4**					Low
IS 7.1						1. Ensure copyright included where required	1. Copyright licences in place for appropriate third party material e.g Generic Risk Assessments.	IT Dept/ IMO	Continuous ✓	
IS 7.2						2. Keep aware of changes to the regulatory environment and apply any necessary changes	2. Awareness of changes to regulatory environment is aided through subscription to newsletters and membership of appropriate forums.	IT Dept/ IMO	On Demand ✓	
IS 7.3						3. Sharing best practice with external forums/Information Commissioners Office etc.	3. Best practice sharing with external forums such as CFOA Protective Security Working Group, WYIMF, CIO Group, FIMFS and ICO is highly beneficial.	IT Dept/ IMO	Monthly ✓	
IS 7.4										

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
IS 8	**Procedures are in place to report information security incidents** There are procedures to report information security incidents and weaknesses and to escalate action on dealing with these. Employees are made fully aware of the procedures.	**2**	**3**	**3**	**4**					Low
IS 8.1						1. Develop and implement formal incident reporting policy and procedure	1. Information Security Incident Management Policy and Procedure approved by IGG November 2009. Policy and procedures are fully established and further work to be undertaken to make reporting even easier possibly through Information Governance and Security site.	IGG/ IT Dept/ IMO	Nov-09 ✓	
IS 8.2						2. Ensure effective communication of policy and procedures	2. Procedures agreed by IT Jan 2010 and will be communicated once technical reporting system is fully in place. Reporting system implemented by IT in May 2010. Communication of Policy will now take place - Procedure implemented October 2010. Now a standing agenda item for IGG from Jan 2011 to learn from incidents.	IGG/ IT Dept/ IMO	Dec-09 ✓	
IS 8.3										
IS 8.4										
IS 9	**Business continuity management process** There is a business continuity management process designed to limit the impact of, and recover from the loss of information assets.	**1**	**3**	**3**	**3**					Medium
IS 9.1						1. Develop IT business continuity plans	1. IT BCP developed with an SOP and full working instructions and will now be incorporated into the full BCP. Risk Planning Officer to liaise with HICT. Full part of BCP.	IT Dept/ Risk Management Officer	Oct-09 ✓	
IS 9.2						2. Implement the plans	2. Plans have been implemented within IT Dept and appropriate staff with BCP responsibilities have been updated. Risk Planning Officer to liaise with HICT - implemented and staff informed.	IT Dept/ Risk Management Officer	Oct-09 ✓	
IS 9.3						3. Test the plans	3. Plans will be tested once all BC Plans finalised. Risk Planning Officer to liaise with HICT. BC Exercise conducted 31 Jan 2011 - IT plans tested. IT Plans are being tested during 2012 in line with the Authority's BC testing plan.	IT Dept/ Risk Planning Officer	May-10 ✓	
IS 9.4										
IS 10	**Procedures for the use of equipment** Operation procedures for the use of equipment are available to all users who need them. The procedures are documented and maintained.	**3**	**3**	**4**	**4**					Low
IS 10.1						1. Annual review of procedures	1. Procedures reviewed and still fit for purpose.	IT Dept/ Comms	Nov-09 ✓	
IS 10.2						2. Ensure appropriate personnel are aware of the procedures	2. Procedures are current and up to date and appropriate personnel are made aware.	IT Dept/ Comms	Dec-09 ✓	
IS 10.3										
IS 10.4										
IS 11	**Changes to information processes** All changes to information processes are planned and implementation is effectively managed.	**2**	**2**	**3**	**3**					Medium
IS 11.1						1. Develop and implement formal change control procedures	1 IT manage through WYFiReSpace calendar	IT Dept/ IMO	Dec-10 ✓	
IS 11.2						2. Ensure ownership of change control	2. Information Asset Owners are responsible for controlling changes to the systems they own/manage.	IT Dept/ IMO	Dec-10 ✓	
IS 11.3						3. Establish appropriate working groups where necessary	3 Interaction between Data Team, IT and any other relevant department	IT Dept/ IMO	On Demand ✓	
IS 11.4										
IS 12	**Third Party agreements** There are controls in place for managing Third Party agreements	**2**	**3**	**4**	**4**					Low
IS 12.1						1. Develop and establish third party connection policy and agreements	1. Policy approved and implemented August 2009. Agreements finalised November 2009.	IT Dept	Aug-09 ✓	
IS 12.2						2. Ensure third parties sign up to the procedures	2. Third Party Access Policy, Third Party Connection Agreement and Mutual Non-Disclosure Agreement implemented from Dec 2009 and process has begun to ensure sign-up by Third Parties. Policy and Agreement to be merged into one document March 2011. New combined version approved by IGG 7/4/11.	IT Dept	Dec-09 ✓	
IS 12.3										
IS 12.4										
IS 13	**Physical security controls** There are appropriate physical security controls in place to protect information assets	**3**	**3**	**3**	**4**					Low

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
IS 13.1						1. Complete roll out of swipe card access to all Authority buildings	1. Long term major programme for access control to all stations currently underway - due for completion Mar 2014.	IT Dept/ Property/ HR	Mar-14	
IS 13.2						2. Access controls to be implemented on all appropriate buildings	2. A programme of work to ensure all appropraite HQ buildings have necessary access controls will run from Jan 2010 to Mar 2010. The programme of works completed May 2010. A full physical security audit of all Authority premises commenced Aug 2011. IAR/ SAPMA audit to be completed by Jun 2012.	IT Dept/ Property/ HR	Dec-09 ✓	
IS 13.3						3. Perimeter security fencing to be installed around HQ site	3. HQ perimeter fencing completed March 2010.	IT Dept/ Property/ HR	Dec-09 ✓	
IS 13.4						4. END point security arrangements to be implemented	4. As at Dec 2009 still 2 Districts and half of stations requiring END point security installation. Due for completion Apr 2010. Greater than 95% complete at April 2010. Currently Issues with Blackberries. Endpoint went live March 2012 for encryption of memory sticks and blocking of unauthorised devices plugged into USB ports. CD/DVD drives set to read only except where authorised for business use. Laptop encryption underway.	IT Dept/ Property/ HR	Dec-09 ✓	
IS 14	**Networks are adequately managed and controlled to protect them from threats.** Security is provided for the systems and applications using the network	**3**	**3**	**3**	**3**					Medium
IS 14.1						1. Review of network security	1. Network Manager oversees this process. Monitoring equipment installed 2010	IT Dept	Dec-09 ✓	
IS 14.2						2. Implement joining of domains to resolve conflict issues	2. Process has begun for joining domains and is being rolled out alongside the END point security arrangements (for progress see IS13.4). All Microsoft from Jan 2011, Draft June 2011. Only in-use ports are active. Wireless connections secured.	IT Dept	Dec-11 ✓	
IS 14.3						3. Implement Network Management Procedure	3. Procedure in draft Feb 2011. Procedure approved and issued Oct 2011.	IT Dept	Dec-11 ✓	
IS 14.4										
IS 15	**Independent review** Information Security Management procedures are independently reviewed	**2**	**2**	**4**	**4**					Low
IS 15.1						1. Undertake independent peer reviews from members of the West Yorkshire Information Management forum	1. Process is currently under discussion at WYIMF.	IMO	Dec-10	
IS 15.2						2. Audit Commission independent review	2. Audit Commission review took place August 2009 - scored 3 (Performs Well) for Corporate Governance arrangements that included Information Governance. Internal Audit review Aug 2010 - Substantial rating awarded. CSE Compliance+ awarded.	IT Dept/ IMO	Aug-09 ✓	
IS 15.3						3. SAP security review (Dec 2008)	3. SAP review took place Dec 2008 and will be reviewed again Dec 2010.	IT Dept/ IMO	Dec-10 ✓	
IS 15.4										
IC 1	**Access to Information policy** The Authority has an approved Access to Information policy which sets out corporate procedures, roles and responsibilities. This is monitored to ensure it is effective.	**4**	**4**	**4**	**4**					Low
IC 1.1						1. Maintain review cycle of policy	1. Reviewed Jul 2009. Next due for review Jul 2012.	Corporate Services	Jul-12	
IC 1.2						2. Ensure Publication Scheme is up to date	2.Publication Scheme requirements built into website tender specification. New website launched Feb 2011.	Corporate Services	Continuous ✓	
IC 1.3						3. Monitoring by Information Commissioner Office.	3 ICO is yet to monitor FRS sector (Jul 10)	Corporate Services	On Demand ✓	
IC 1.4										
IC 2	**Responsibility for managing and processing Information requests.** Service Groups have appointed dedicated officers who are responsible for managing and processing Access to Information requests. All such officers will have access to regular training on information rights legislation.	**4**	**4**	**4**	**4**					Low
IC 2.1						1. Ensure currency of training of officers (Information Champions)	1 Information Champions are updated with developments at CIMG quarterly meetings.	IGG/ CIMG	Quarterly ✓	
IC 2.2						2. Where appropriate ensure succession planning measures are in place	2 On-the-job training provided for Information Team.	IGG/ CIMG	Annually ✓	
IC 2.3										
IC 2.4										
IC 3	**Public Interest Test - Framework** The Authority has a corporate framework for evaluating the public interest test for disclosing information through Access to Information requests in a consistent and transparent manner.	**3**	**3**	**4**	**4**					Low

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
IC 3.1						1. Monitor effectiveness of the current public interest test process	1. Public Interest Test has been applied appropriately in all relevant cases.	Corporate Services	Monthly ✓	
IC 3.2						2. Formalise procedure	2. Public Interest Test needs to be formalised. This is now scheduled to be completed by end of May 2010. The formal process was finalised and put in place May 2010.	Corporate Services	Mar-10 ✓	
IC 3.3										
IC 3.4										
IC 4	**Employee awareness** All Authority employees are aware and trained in the various rights of access to information and how these can be exercised inclusively.	**2**	**2**	**3**	**4**					Low
IC 4.1						1. Training and development programme to be developed and implemented	1. A training and development programme has been implemented that will utilise the National School of Government's e-learning tool "Protecting Information" that covers aspects of Information Governance, Information Security, Information Compliance and Information Sharing. Level 1 is to be mandatory for all staff with Level 2 being rank and role specific. This tool is now to be implemented regionally across the 4 brigades through the PSSG from May 2010. Further e-learning resources such as Open Elms are aslo being considered - rolled-out Aug 2010 - 99.3% completion rate for both levels by Dec 2010. Level 3 module released for appropriate senior staff 22/6/11 - 100% completion by 57 staff by Jan 2012.	IGG/ CIMG	Mar-10 ✓	
IC 4.2						2. Awareness raising across the Authority including the use of Information Champions	2. Information Champions in place and are raising awareness across the Authority.	IGG/ CIMG	Dec-09 ✓	
IC 4.3						3. Consideration of e-learning packages	3. Several e-learning packages reviewed August 2009. "Protecting Information" package from National School of Government selected as preferred tool.	IGG/ CIMG	Aug-09 ✓	
IC 4.4										
IC 5	**Information rights** The public are made aware of their information rights and how to exercise them.	**4**	**4**	**4**	**4**					Low
IC 5.1						1. Monitor effectiveness of the website as the vehicle for publicising users rights	1. Website still most effective tool in line with Publication Scheme which will be redeveloped through 2010 - New website launched Feb 2011.	Corporate Services	Jan-10 ✓	
IC 5.2						2. Frequently Asked Questions - keep current and accurate.	2. FAQs are updated as and when appropriate - Expanded in new website.	Corporate Services	Monthly ✓	
IC 5.3										
IC 5.4										
IC 6	**Provision of information** Employees ensure that information is provided in the most appropriately accessible format within statutory timescales.	**4**	**4**	**4**	**4**					Low
IC 6.1						1. Monitor and review the FOI processes	1. FOI processes have been fully reviewed. FOI and SAR processes now built in WYFirespace and ensure effective and efficient administration of requests.	Corporate Services	Oct-09 ✓	
IC 6.2						2. Ensure staff abide by stipulated timeframes	2. Current procedures remain fit for purpose to ensure all timeframes are met.	Corporate Services	Continuous ✓	
IC 6.3						3. Review of Publication Scheme on constant basis	3. Publication Scheme requirements are built into new website specification. Contract awarded to Red Bullet. Website launched Feb 2011.	Corporate Services	Continuous ✓	
IC 6.4						4. Implement customer comments/questions into accessible information	4. This is being built into the new website design. Website launched Feb 2011.	Corporate Services	On Demand ✓	
IC 7	**Appeals mechanism** The Authority has an effective mechanism in place to consider appeals to withhold information under both FOI and EIR requests.	**3**	**3**	**4**	**4**					Low
IC 7.1						1. Monitor effectiveness of compliments and complaints procedures as a vehicle for this	1. Compliments and Complaints Procedure remains fit for purpose for this area. Supported by comments from Information Commissioner on appeal case FS50308040 issued Mar 2011.	Corporate Services	Jun-10 ✓	
IC 7.2										
IC 7.3										
IC 7.4										
IC 8	**Re-Use of Public Sector Information** The Authority has a standard licence agreement to issue to external parties requesting information for further use under the Re-Use of Public Sector Information Regulations. A register of information assets is maintained and compliance audited.	**2**	**2**	**2**	**2**					Medium
IC 8.1						1. Develop the re-use of the Public Sector Information Policy	1	Corporate Services/ IT Dept	Dec-11	
IC 8.2						2. Develop and maintain Information Asset register	2. This will be formulated through work on IS5. Information Asset Register tool built in WYFirespace Mar 2011 and will be populated by IAOs.	Corporate Services/ IT Dept	Mar-11 ✓	
IC 8.3										

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
IC 8.4										
IC 9	**Data protection** Personal information is processed in a manner compliant with the Data Protection Act.	**3**	**3**	**4**	**4**					Low
IC 9.1						1. Review and maintain policies and procedures	1. DP policies and procedures have been fully reviewed and are constantly maintained.	Corporate Services/ CIMG	Oct-09 ✓	
IC 9.2						2. Ensure maintenance of staff awareness	2. Induction process is to be updated to cover all DP requirements (Jul 2010)	Corporate Services/ CIMG	Induction ✓	
IC 9.3						3. Raise awareness with Information Champions	3. Issues covered when appropriate in CIMG. Awareness raising section included in Information Governance and Security intranet site.	Corporate Services/ CIMG	Quarterly ✓	
IC 9.4										
IC 10	**Intellectual property rights** Intellectual property rights (e.g. copyright) are observed.	**3**	**3**	**3**	**3**					Medium
IC 10.1						1. Ensure information owners are aware of copyright requirements	1. Need to raise with IGG and CIMG to inform staff. IAOs identified as part of Information Asset Register project and training to be arranged.	IGG/ CIMG/ IT Dept	Nov-11 ✓	
IC 10.2						2. Consider awareness raising around this issue	2. Need to raise with IGG and CIMG to inform staff.	IGG/ CIMG/ IT Dept	Nov-09 ✓	
IC 10.3										
IC 10.4										
IC 11	**Confidentiality** All employees are made aware of and abide by their obligations under the Common Law Duty of Confidentiality.	**3**	**3**	**3**	**3**					Medium
IC 11.1						1. Ensure staff awareness responsibilities and obligations	1. Induction process to be updated to include Duty of Confidentiality.	IGG/ CIMG/ Corporate Services	Induction	
IC 11.2						2. Training and awareness	2. Covered in Protecting Information e-learning modules.	IGG/ CIMG/ Corporate Services	Induction	
IC 11.3						3. Contracts	3 NDAs being rolled out to all suppliers and partners.	IGG/ CIMG/ Corporate Services	Induction	
IC 11.4										
IC 12	**Expertise** Expertise is readily available within the Authority.	**4**	**4**	**4**	**4**					Low
IC 12.1						1. Ensure succession planning	1. WYFRS has employed relevant expertise.	Corporate Services	Notice Period ✓	
IC 12.2										
IC 12.3										
IC 12.4										
DQA 1	**Strategy and Policy** The Authority has an agreed Data Quality Strategy and Policy.	**4**	**4**	**4**	**4**					Low
DQA 1.1						1. Ensure policy is reviewed annually	1. Policy has been moved to a 3 year review cycle.	Corporate Services/ Data Team	Sep-12 ✓	
DQA 1.2										
DQA 1.3										
DQA 1.4										
DQA 2	**Champion** The Authority has a designated Data Quality Champion at executive level	**4**	**4**	**4**	**4**					Low
DQA 2.1						1. Succession planning required to accommodate any change to authority members	1. Any changes to Authority Members and their role as Champion is covered at the Authority AGM in June of each year. Relevant changes made at AGM June 2010. Member Champions disbanded by Authority at AGM June 2011.	Authority	Jun-11 ✓	
DQA 2.2										
DQA 2.3										
DQA 2.4										
DQA 3	**Roles and responsibilities** There are designated Data Stewardship roles with specific responsibility for data quality across the Authority.	**3**	**3**	**4**	**4**					Low
DQA 3.1						1. Succession planning	1. There is an appropriate support structure in place with continuity considered for relevant posts.	IGG	Apr-10 ✓	
DQA 3.2						2. Training	2. Training is supplied to appropriate staff through both internal and external courses (e.g. Optevia) and on-the-job training.	IGG	On Demand ✓	

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
DQA 3.3						3. Ongoing communication	3. Through liaison between internal departments and external agencies/ other FRS. Also via regular reporting and publishing of stats and audits carried out.	IGG	Quarterly ✓	
DQA 3.4										
DQA 4	**Competencies** Data quality competencies are built into all job descriptions. Where colleagues have specific responsibilities around data, suitable training and development programmes are developed.	**3**	**3**	**4**	**4**					Low
DQA 4.1						1. Buy-in from Human Resources required for generic statement for all job descriptions	1. There is now a generic statement included on all job descriptions.	IGG/ HR	Nov-09 ✓	
DQA 4.2						2. Training needs - what is relevant for each role/department/individual	2. Training and Development Framework incorporates relevant training requirements for relevant grades. On-the-job training.	IGG/ HR	Apr-10 ✓	
DQA 4.3										
DQA 4.4										
DQA 5	**Business continuity plans** There are business continuity plans in place for all systems.	**3**	**3**	**3**	**3**					Medium
DQA 5.1						1. IT and Data Team to complete plans	1. IT Plans are now in place and standard Operating Procedure introduced. Risk Management Officer has been involved in the process and will now incorporate into the full BCP. IT BC Plan and IT Systems Recovery plan were updated following the BC Annual Exercise in Jan 2011.	IT Dept/ Data Team/ Risk Management Officer	Oct-09 ✓	
DQA 5.2						2. Liaise with specific departments where necessary	2. Risk Management Officer co-ordinates the BC Planning process to ensure consistency and a standard way of reporting and preparing for unplanned events.	IT Dept/ Data Team/ Risk Management Officer	Oct-09 ✓	
DQA 5.3										
DQA 5.4										
DQA 6	**Standards** Minimum standards are set for the quality of data being shared with external organisations and there are standards for data quality applied to data being provided to the Authority.	**3**	**3**	**4**	**4**					Low
DQA 6.1						1. Payroll from SAP - exception reporting. Overtime needs to be authorised	1. Appropriate systems and procedures are in place to govern this activity.	Data Team/ Fire Safety/ Finance/ IT Dept	May-10 ✓	
DQA 6.2						2. Integrated Risk System - Department for Communities and Local Government verification	2. IRS is installed and fully working with CLG verification.	Data Team/ Fire Safety/ Finance/ IT Dept	Induction ✓	
DQA 6.3						3. Electronic sharing - need procedures to agree levels of data quality appropriate to data and organisations and reasons for sharing	3. Joint development by WYIMF on this area. Data quality and standards are considered within Information Sharing Agreements or Concordats when entered into and these are logged with the Partnership Officer.	Data Team/ Fire Safety/ Finance/ IT Dept	Dec-11 ✓	
DQA 6.4						4. Ensure finance have standards in place for payroll	4. Audit checks are carried out to ensure that items have been approved and the data is correct. Online data transfer report from the SAP file to Kirklees is checked and approved for payment. Reasonableness checks carried out and anomalies addressed. Verification made against all payroll payments above £2500. Reconcilliation between payroll and ledger system performed. A check between numbers on SAP and those paid is carried out every 4 weeks.	Finance	Feb-11 ✓	
DQA 7	**Capturing, recording and handling** There are documented procedures and processes in place governing the capturing, recording and handling of data.	**3**	**3**	**3**	**3**					Medium
DQA 7.1						1. Ensure procedures kept up to date	1. The Data Quality Toolkit for Local Authorities is to begin implementation from June 2010. Work began June 2010 on the implementation of the toolkit and the gathering of evidence and performance standards relating to the items listed.	Data Team/ Corporate Services	Jun-10 ✓	
DQA 7.2										
DQA 7.3										
DQA 7.4										
DQA 8	**Data collection** There are documented procedures for data collection activities and these procedures are monitored.	**3**	**3**	**4**	**4**					Low
DQA 8.1						1. Review procedures to ensure accuracy of data being captured	1. Linked to progress at DQA 7.1. All WYFRS systems are supported by appropriate written procedures that are kep up to date.	Data Team/ Fire Safety/ CFS/ Corporate Services	May-10 ✓	

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
DQA 8.2						2. Ensure relevant staff receive appropriate training	2. Standard induction item.	Data Team/ Fire Safety/ CFS/ Corporate Services	Induction ✓	
DQA 8.3										
DQA 8.4										
DQA 9	**Quality checks** Data quality checks are incorporated into processes and procedures around the handling of data.	**3**	**3**	**3**	**3**					Medium
DQA 9.1						1. Validation Questions and Answers process needs to be put in place for all systems	1 Any conflicts in statistics are cross-matched and drilled-down to find reasons and corrections made. All main systems have data validation and QA processes in place.	Data Team/ IT Dept/ Fire Safety	Dec-10 ✓	
DQA 9.2										
DQA 9.3										
DQA 9.4										
DQA 10	**Metrics** The Authority has a set of metrics which can be used to assess the quality of data in key systems.	**3**	**3**	**3**	**3**					Medium
DQA 10.1						1. Regular review of training requirements	1 Clear guidance on freetext fields	IT Dept/ Data Team	Design Stage	
DQA 10.2						2. Look for technical solutions for recurring data quality issues or training where this cannot be achieved.	2 Selectable fields Omission and error reporting - users (IRS, SAP, PRD, Prevention Database)	IT Dept/ Data Team		
DQA 10.3						3. Ensure verification built into systems at design stage	3 Data field validation Approval and authorisation for changes (SAP) exception reports Verification reports (IRS) - cross match Omission and error reporting - users (IRS, SAP, PRD, Prevention Database)	IT Dept/ Data Team		
DQA 10.4						4. Avoid free text unless essential	4 Clear guidance on freetext fields	IT Dept/ Data Team		
DQA 11	**Consistency** There are documented standards for the Authority's data items to provide consistency across the systems and in reporting. Where national standards around data are not available local standards will be agreed.	**2**	**2**	**3**	**3**					Medium
DQA 11.1						1. Centralise reporting requirements where not already done	1. All formal reporting is performed centrally.	Data Team/ Fire Safety/ Corporate Services	Dec-10 ✓	
DQA 11.2						2. Maintain and adopt awareness of national standards where applicable or implement own standards	2. Data Quality Management Framework for Local Authorities is currently being considered for adoption by Corporate Services and Data Team. The implementation of this toolkit is due to commence June 2010. Evidence gathering in support of the toolkit commenced June 2010.	Data Team/ Fire Safety/ Corporate Services	Ongoing ✓	
DQA 11.3						3. Look at ways to remove need for adhoc reporting as much as possible	3. Standard reporting is made available through a variety of media and to a range of audiences both internal and external. New PMI and WYFiremap provide standard performance management reporting and progress against targets.	Data Team/ Fire Safety/ Corporate Services	Dec-10 ✓	
DQA 11.4						4. Ensure standards applied to all new reporting requirements	4 IRS tested and verified prior to launch	Data Team/ Fire Safety/ Corporate Services	Ongoing ✓	
DQA 12	**Assessment and monitoring** The Authority has a framework to enable the continuous assessment and regular monitoring of data quality	**3**	**3**	**3**	**3**					Medium
DQA 12.1						1. Audit functionality built into all user systems	1. Dependent on system. Need to establish where current audits are not sufficient. Full logging of internet acess for 999 days.	Data Team/ Corporate Services	Design Stage	
DQA 12.2						2. IGG to provide direction and standards for the monitoring of data quality	2. Corporate Services currently looking at Data Quality Management Framework for Local Authorities - Performance Officer prepared report for IGG to consider on 4 Feb 2010. Further work required with Corporate Services and Data Team regarding how to utilise the tool. The implementation of the framework commenced June 2010.	Data Team/ Corporate Services	Mar-10	
DQA 12.3						3. To continue to use external audits and assessments	3. SAP system indpendently audited annually. System audit undertaken by Kirklees on an adhoc basis. Data Quality Audit will be included as part of the Internal Audit Plan 2012/13.	Data Team/Corporate Services	Annually	
DQA 12.4										
DQA 13	**Improvement technologies** The Authority uses the appropriate technologies to support its data quality improvement activities	**3**	**3**	**3**	**3**					Medium
DQA 13.1						1. Input validation used where possible	1 Data field validation Verification reports (IRS) - cross-match Prevention database	IGG/ IT Dept/ Data Team	Ongoing ✓	

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
DQA 13.2						2. Constantly look at validation process and make improvements where necessary	2 IRS validation process Increased use of SAP	IGG/ IT Dept/ Data Team	Monthly ✓	
DQA 13.3						3. Avoid duplication of data where possible, eg. Data cleansing for Sharepoint	3 Use of active directory WYFiReSpace development	IGG/ IT Dept/ Data Team	Dec-11 ✓	
DQA 13.4						4. Reduce paper based systems where possible	4 Increased use of SAP, Microsoft integration, WYFiReSpace development, Print review project. New Control project to include middleware for improved system integration and remove requirement for data duplication.	IGG/ IT Dept/ Data Team	Dec-10 ✓	
RM 1	**Records Management policy** The Authority has an agreed ISO 15489 compliant Records Management policy.	**1**	**1**	**2**	**2**					Medium
RM 1.1						1. Develop and implement and ISO15489 compliant records management policy and procedures	1. Record Management Policy in draft Mar 2011 together with Records Management Strategy.	IGG	Nov -11	
RM 1.2						2. Retention Schedule	2. New Retention Schedule to be implemented once agreed. Approved and implemented Aug 2010.	IGG	Oct-10 ✓	
RM 1.3						3. Review process	3. To be upated following completion of the Information Asset Register Jun 12.	IGG	Jun-12	
RM 1.4										
RM 2	**Business Classification Scheme** The Authority has agreed and implemented a Business Classification Scheme which incorporates security (access and permission) rules.	**2**	**2**	**2**	**2**					Medium
RM 2.1						1. Develop and implement a business classification scheme	1. Work is underway to develop a Classification Scheme based on the Local Government Classification Scheme.	IGG		
RM 2.2										
RM 2.3										
RM 2.4										
RM 3	**Retention and Disposition Policy** The Authority has agreed and implemented a Record Retention and Disposition Policy	**3**	**3**	**3**	**3**					Medium
RM 3.1						1. Review and implement revised record retention and disposition policy	1. Record Retention Schedule approved and implemented Aug 2010. To be fully updated on completion of the Information Asset Register.	IGG	Mar-10 ✓	
RM 3.2						2. Ensure regulatory changes and good practice guidances implemented	2. A regular update service is provided by Batchelor Associates.	IGG	Mar-10 ✓	
RM 3.3						3. Look at alternative arrangements via third party	3. Specimen Retention Schedule purchased from Batchelor Associates July 2009. Approved and implemented Aug 2010.	IGG	Jul-09 ✓	
RM 3.4						4. Electronic Personal Record Files need retention periods scheduling	4. Electronic PRFs are managed through WYFirespace and appropriate systems are being put in place regarding retention and disposal. Retention periods have been assigned as part of the Information Asset Register completion process.	Human Resources	Dec-11 ✓	
RM 4	**Metadata standards** The Authority has agreed and embedded corporate records management metadata standards which meet national standards as a minimum.	**2**	**2**	**2**	**3**					Medium
RM 4.1						1. Develop and implement new corporate Internet and Intranet with in-built metadata standards	1. This is written into the specification document for website design tender. Red Bullet have commenced the project and will build standards into the system. Website launched Feb 2011. The new document templates designed by Black Marble will have the appropriate metadata applied at source.	Internet & Intranet Project Team	Jul-10 ✓	
RM 4.2						2. Implement content management system	2. This is written into the specification document for website design tender. Red Bullet have commenced the project and will build standards into the system. CMS compliant with metadata standards.	Internet & Intranet Project Team	Jul-10 ✓	
RM 4.3						3. Implementation of Sharepoint to include metadata standards	3. Metadata standards are being built into WYFirespace.	Internet & Intranet Project Team	Jul-10 ✓	
RM 4.4										
RM 5	**Version Control Policy** The Authority has agreed and implemented a Version Control Policy	**1**	**1**	**2**	**3**					Medium
RM 5.1						1. Develop and implement Version Control Policy	1. Version Control Policy currently in draft - process is being incorporated into Sharepoint document templates. Standard feature of Sharepoint document libraries.	IGG	Jul-10 ✓	
RM 5.2						2. Publicise and raise awareness	2. This will be rolled out with the introduction of SharePoint.	IGG	Aug-10 ✓	
RM 5.3						3. Information Champions to be trained once implemented so they can raise awareness within departments	3. All Information Champions have attended Sharepoint training.	IGG	Aug-10 ✓	
RM 5.4						4. To be developed through Sharepoint	4. Version Control Policy currently in draft - process is being incorporated into Sharepoint document templates and is embedded in Document Libraries.	IGG	Jul-10 ✓	
RM 6	**Security & Access Policy** The Authority has agreed and implemented a Security & Access Policy	**2**	**2**	**3**	**4**					Low

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
RM 6.1						1. Develop and implement a Security & Access Policy	1. Account and Password Management Policy approved and implemented. This policy covers the requirement and supported by the ISMS and Protective Security control measures.	IT Dept/ IMO	Jun-11 ✓	
RM 6.2										
RM 6.3										
RM 6.4										
RM 7	**Review procedure** An established review procedure exists to protect the currency of the Records Management Policy within the Authority	**3**	**3**	**3**	**4**					Low
RM 7.1						1. Once developed, ensure policy is included within existing policy review procedures	1. Policy - once approved will be reviewed following standard procedure. The review procedure is established and fit for purpose and will be applied appropriately.	IGG		
RM 7.2										
RM 7.3										
RM 7.4										
RM 8	**Documented procedures** The Authority has documented procedures to ensure delivery of the Records Management policy. As a minimum, these will cover: • Storage and Handling • Preservation and Future-proofing • Audit and Tracking • Business Continuity • Legal Admissibility • Access and Retrieval	**2**	**2**	**2**	**3**					Medium
RM 8.1						1. Develop formal records management procedures	1. Procedures are in place to cover these areas: Protective Marking Policy and Guide, File Naming Convention Policy, Records Retention Schedule, Visual Imaging Policy.	IGG		
RM 8.2										
RM 8.3										
RM 8.4										
RM 9	**Appropriate systems** The Authority has deployed appropriate systems to manage the organisation's records in line with the corporate Records Management policy.	**1**	**1**	**2**	**3**					Medium
RM 9.1						1. Develop and implement appropriate systems following the implementation of the Records Management Policy	1. Sharepoint has been implemented asa document reository and collaboration tool and to act as an interface to other appropriate systems.	IGG		
RM 9.2						2. Review effectiveness	2	IGG		
RM 9.3										
RM 9.4										
RM 10	**Controlled Business Vocabulary** A Controlled Business Vocabulary (or taxonomy) is developed and embedded within electronic document and records management to maintain the link between business usability and the Business Classification Scheme	**1**	**1**	**1**	**1**					High
RM 10.1						1. Develop and implement business vocabulary in line with implementation of Sharepoint	1	IGG		
RM 10.2										
RM 10.3										
RM 10.4										
RM 11	**Records Management function** The Authority has a Records Management function that has the required capacity to develop, implement and embed the Records Management policy across the organisation	**1**	**1**	**1**	**3**					Medium
RM 11.1						1. Records management function needs to be established	1. There is no central records management function but responsibility is assigned to IAOs and Information Champions in each department and overseen by the IGG.	WYFRA/ IGG		
RM 11.2										
RM 11.3										

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
RM 11.4										
RM 12	**Records Management competencies** Core Records Management competencies are built into appropriate Job Specifications and a suitable Learning and Development programme established to facilitate their delivery.	**1**	**1**	**1**	**1**					High
RM 12.1						1. To be reviewed as part of RM11	1	IGG		
RM 12.2										
RM 12.3										
RM 12.4										
ISG 1	**Information sharing protocol** There is an agreed information sharing protocol in place setting out principles, operational procedures and key legislative considerations together with practical user guidance on the following: Obtaining consent to share (including establishing fitness to consent); Sharing without consent; Access and security purposes; Use of additional purposes; Determining the "need to know"; Completion of template information sharing agreements; and Application of key legislative considerations.	**2**	**2**	**2**	**3**					Medium
ISG 1.1						1. Gain approval for information sharing toolkit	1. Revised Protocol currently in draft. There are appropriate protocols and agreements in place e.g. Partnership Agreements, Project Beacon Information Sharing Agreement, Inter-Agency Information Sharing Protocol etc. together with the information sharing guidance on the Information Governance and Security site.	IGG	Jun-10 ✓	
ISG 1.2						2. Review and further develop toolkit	2	IGG	Jun-11	
ISG 1.3						3. Raise awareness of information sharing toolkit	3. A training and development programme is being planned that will utilise the National School of Government's e-learning tool "Protecting Information" that covers aspects of Information Governance, Information Security, Information Compliance and Information Sharing. Level 1 is to be mandatory for all staff with Level 2 being rank and role specific. This tool is now to be implemented regionally across the 4 brigades through the PSSG from May 2010. Further e-learning resources such as Open Elms are aslo being considered. E-learning rolled-out Aug 2010. Level 3 module released 22/6/11 for appropriate senior staff. Level 3 complete Jan 2012.	IGG	Jul-10 ✓	
ISG 1.4										
ISG 2	**Standardised, documented approach** The Authority has a standardised, documented approach to information sharing in place and full use is being made of template guidance.	**1**	**2**	**2**	**2**					Medium
ISG 2.1						1. Embed information sharing toolkit across Authority once approved	1. WYFRA Information Sharing Protocol, Agreement and Operating Procedures are currently in development.	IGG/ CIMG	Jul-10	
ISG 2.2										
ISG 2.3										
ISG 2.4										
ISG 3	**Sharing agreements** All information sharing agreements are completed in full detail setting out in particular the legal justification for each sharing exercise.	**1**	**2**	**2**	**2**					Medium
ISG 3.1						1. Ensure full completion once toolkit in place	1. Plan in place to ensure compliance once Protocol is agreed.	Practitioners	On Demand ✓	
ISG 3.2						2. Staff training required for appropriate staff	2. Training given to Fire Prevention, High Risk Team, Assistant District Managers.	Practitioners	Jul-11 ✓	
ISG 3.3										
ISG 3.4										
ISG 4	**Trained practitioner** Each Directorate has a nominated trained practitioner available to give guidance on key legal issues in relation to justification for information sharing	**2**	**2**	**2**	**3**					Medium

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
ISG 4.1						1. Training for Information Champions to be undertaken in relation to information sharing	1. Training has been undertaken with High Risk Team Jul 2009. All Community Safety team received Information Sharing briefing Jun and Jul 2010. Sessions have been held with the Assistant District Managers and the Information Champions are fully briefed.	IGG/ CIMG/ IMO	Jul-10 ✓	
ISG 4.2						2. CIMG quarterly meetings	2. Information and advice rolled out to Information Champions on a quarterly basis.	IGG/ CIMG/ IMO	Quarterly ✓	
ISG 4.3						3. IGG quarterly meetings	3. Information sharing is a standing agenda item for IGG.	IGG/ CIMG/ IMO	Quarterly ✓	
ISG 4.4										
ISG 5	**Audit log** Each Directorate has an audit log of its information sharing agreements, recording sufficient detail of each exchange with particular regard to purpose, justification, nominated contacts and review period.	**0**	**2**	**2**	**2**					Medium
ISG 5.1						1. Develop departmental logs for information sharing	1. High Risk Team are currently using a log. This is to be considered for roll-out across the Authority possibly deploying a central electronic system.	IGG	Jul-10 ✓	
ISG 5.2						2. Develop procedures for the control and administration of the logs	2. Procedures will be developed based on findings of High Risk Team. Information-sharing & 3rd Party Agreements logged centrally by Partnership Officer and included in Partnership Register.	IGG	Jul-10 ✓	
ISG 5.3						3. Consider central electronic system	3. Feasibility of a central electronic system, possibly utilising SharePoint, needs to be considered. Partnership Register now openly available on Sharepoint Feb 2011.	IGG	Dec-10 ✓	
ISG 5.4										
ISG 6	**Centrally logged** All information sharing agreements are centrally logged.	**2**	**2**	**2**	**2**					Medium
ISG 6.1						1. Raise awareness and ensure compliance with central logging of agreements with the Partnership Co-Ordinator	1 Awareness raised through IGG and CIMG quarterly meetings. All Partnership Agreements and other Information Sharing Agreements and protocols are logged with the Partnership Officer.	Partnership Co-ordinator/ IMO	Jul-10 ✓	
ISG 6.2										
ISG 6.3										
ISG 6.4										
ISG 7	**Review** All information sharing agreements are reviewed in the month prior to expiration to ensure continued validity.	**2**	**2**	**2**	**2**					Medium
ISG 7.1						1. Ensure review cycle adhered to	1. Connected to ISG 6.1 - Partnership Officer monitors	IGG/ CIMG/ Practitioners	Annually ✓	
ISG 7.2						2. Ensure agreements still valid and signed by appropriate parties	2. Connected to ISG 6.1. departments must monitor and review within agreed timeframes.	IGG/ CIMG/ Practitioners	Annually ✓	
ISG 7.3										
ISG 7.4										
ISG 8	**Reporting breaches** A mechanism for reporting breaches of the protocol and/or specific agreements is documented, agreed and in place. Arrangements for dealing with breaches by external parties to any agreement will be established and will include reporting to the Information Commissioner where appropriate.	**2**	**2**	**2**	**4**					Low
ISG 8.1						1. To develop the incident reporting policy and procedure as at IS8	1. Incident reporting policy and procedure approved by IGG November 2009 and will be implemented once IT Help Desk logging system developed. Implemented by IT May 2010. Reporting of security incidents is a standing agenda item for IGG from Jan 2011. Process is now fully established.	IGG/ IT Dept/ IMO	Nov-09 ✓	
ISG 8.2										
ISG 8.3										
ISG 8.4										
ISG 9	**Monitoring** A mechanism for monitoring the operation and effectiveness of the protocol is documented, agreed and in place. An initial review will be undertaken six months from commencement and annually thereafter.	**1**	**2**	**2**	**2**					Medium
ISG 9.1						1. Develop and implement monitoring procedures as detailed in the draft protocol	1. Procedures are currently in draft.	Practitioners/ Partnership Co-ordinator/ IMO	Dec-10	

Ref:	Title and Description	Assessed Level March 2009	March 2010	March 2011	March 2012	Action Required	Progress Against Required Actions	Responsibility	Delivery Date	Priority
ISG 9.2						2. Ensure agreements still valid and signed by appropriate parties	2. Connected to ISG 6.1	Practitioners/ Partnership Co-ordinator/ IMO	Annually ✓	
ISG 9.3										
ISG 9.4										
ISG 10	**Evidence** Directorates will, on request, provide evidence to demonstrate that agreed procedures and practice are being followed.	**1**	**2**	**2**	**3**					Medium
ISG 10.1						1. To be Implemented as part of ISG5	1. The Audit Log referred to at ISG5 will provide evidence when required. Partnership Register - storing and review of agreements. Use of CJSM for secure data sharing. Prevention Database with controlled access.	Heads of Dept	Quarterly ✓	
ISG 10.2										
ISG 10.3										
ISG 10.4										
ISG 11	**Addressing issues** Operation of the Information Sharing Protocol is included as a standing item on the agenda of the Information Governance Working Group in order to address on a regular basis any issues that may arise.	**2**	**3**	**3**	**4**					Low
ISG 11.1						1. Ensure standing agenda item	1. This is a standing agenda item for the IGG.	IGG	Quarterly ✓	
ISG 11.2										
ISG 11.3										
ISG 11.4										
ISG 12	**Practitioners** All nominated practitioners are properly trained and equipped in order to provide effective advice and guidance.	**1**	**2**	**3**	**3**					Medium
ISG 12.1						1. Develop and implement a training package for appropriate staff	1. Information Sharing is an element of 'Protecting Information' e-learning that is to be introduced across the Authority. Rolled-out Aug 2010. Training sessions held with High Risk Team, Prevention Staff and ADMs.	IGG	Dec-10 ✓	
ISG 12.2										
ISG 12.3										
ISG 12.4										
ISG 13	**Training** A training package is developed and in place for all employees involved in day to day information sharing.	**1**	**2**	**3**	**3**					Medium
ISG 13.1						1. Develop and implement a training package for appropriate staff	1. Information Sharing is an element of 'Protecting Information' e-learning that is to be introduced across the Authority. Rolled-out Aug 2010. IAOs are responsible for ensuring that the information they own is only shared when appropriate.	IGG	Jul-10 ✓	
ISG 13.2										
ISG 13.3										
ISG 13.4										
ISG 14	**Employee induction** An outline of the protocol and operational procedures is included in the employee induction process.	**1**	**1**	**2**	**2**					Medium
ISG 14.1						1. Induction process to be reviewed for appropriate roles	1	IGG/ HR	Jul-10	
ISG 14.2						2. Aide memoire regarding policies to be issued to appropriate staff	2. Process in place for aide memoire to be issued for each appropriate new policy.	IGG/ HR	Jul-10 ✓	
ISG 14.3										
ISG 14.4										

WYFRA Position as at March 2012

Actual Scores	39.0	56.0	44.0	45.0	32.0	37.0	253.0
Target less Actual	1.0	4.0	4.0	7.0	16.0	19.0	51.0
Target scores	40	60	48	52	48	56	304
% Compliance	98%	93%	92%	87%	67%	66%	83%
	10	15	12	13	12	14	

	Information Governance Management	Information Security	Compliance	Data Quality Assurance	Records Management	Information Sharing
1	4.0	4.0	4.0	4.0	2.0	3.0
2	4.0	4.0	4.0	4.0	2.0	2.0
3	4.0	3.0	4.0	4.0	3.0	2.0
4	4.0	4.0	4.0	4.0	3.0	3.0
5	4.0	4.0	4.0	3.0	3.0	2.0
6	4.0	4.0	4.0	4.0	4.0	2.0
7	4.0	4.0	4.0	3.0	4.0	2.0
8	4.0	4.0	2.0	4.0	3.0	4.0
9	4.0	3.0	4.0	3.0	3.0	2.0
10	3.0	4.0	3.0	3.0	1.0	3.0
11		3.0	3.0	3.0	3.0	4.0
12		4.0	4.0	3.0	1.0	3.0
13		4.0		3.0		3.0
14		3.0				2.0
15		4.0