

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

Report of the Director of Service Delivery

15th June 2022

ASSURANCE – REPORT

1.0 Purpose of Report

- 1.1 To update the Independent Audit Committee on NYFRS internal governance arrangements.

2.0 Risk Management

- 2.1 The corporate risk register is reviewed by the Tactical Leadership Team (TLT) and Strategic Leadership Team (SLT) on a monthly basis.
- 2.2 The extant risk register was reviewed at TLT on 5th of April and 3rd of May 2022 and at SLT on the 17th of March; 21st April and 19th May 2022. A summary page of the risk register is shown at **Appendix 1**.
- 2.4 Acquisition of the ARM Risk Management System (aligning with NY Police) due to be completed 31st March 2022, incurred a late notice delay due to a commercial acquisition of the company. This resulted in procurement being delayed until the 22/23 financial year. Implementation of the system is now underway.

3.0 Information Governance

- 3.1 A report was provided by the Head of Business, Design and Assurance to TLT on the 5th of April and 3rd of May 2022, displaying performance against a range of Information Governance Indicators. There were no major areas of concern noted. The points raised at January IAC to develop enableNY reporting were presented to Head of BDA for action and the service awaits the outcome.

A copy of the report is available at **Appendix 2**.

4.0 Operational Assurance

HMICFRS

- 4.1 The inspection commenced on the 21st March and concluded on the 27th May. The Service and PFCC received informal feedback on the 30th of May. The final report will be published around December 2022.
- 4.2 The informal feedback demonstrates the service has made progress in a number of areas, particularly against the Areas for Improvement following the 2018 inspection. However, some additional areas for improvement have been sighted by the HMI, forming an Action Plan for 2022. Full details will follow in due course.

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

Operational Assurance

- 4.5 A recent audit focused on the completion of our Incident Recording System files and Site Specific Risk Information, leading to training being designed to improve the quality and detail of reporting. Mandatory Health and Safety e-learning completion continues to be managed through action plans issued to district management, with monitoring at H&S sub and full Committee.
- 4.6 Several discrepancies were highlighted within our Initial Acquisition Report, which records the requisite skills of operational staff. Improvements have been made with district staff tasked to examine the completion and maintenance of the report. Monitoring is undertaken at H&S Sub Committee.
- 4.7 Incident debriefing and outcome monitoring, conducted via the TLT sub-group, identified an issue with handheld radio communications at cross boarder incidents with Cleveland. A collaborative resolution has been implemented with positive feedback. Monitoring will continue during the next quarter.
- 4.8 A gap in risk information relating to thatched buildings has been identified. To resolve this, Control, have introduced and will maintain a thatched buildings database, resulting in revised resource mobilisation to such incidents, alongside highlighting associated hazards to crews. This continues to be managed through the TLT Subgroup.

5.0 Health and Safety

- 5.1 The H&S Committee met on the 6th of April 2022. The performance report at **Appendix 3** shows the new reporting format which represents a huge improvement in strategic oversight of H&S reporting, trend analysis and outcome monitoring.
- 5.2 The Collision Investigation Working Group continues to progress highlighting causal factors and actions required from across the service (estates, training etc.) to reduce further occurrences. This dovetails into the H&S Sub Committee to align reporting in to the Strategic H&S Committee.
- 5.3 The review of Learn Pro is complete. Work is now ongoing to deliver the established ownership, governance and accountability of the system and content.

Data Protection

- 6.1 **Appendix 4** details the report for Fire SLT from the Civil Disclosure Unit (CDU). A member of the CDU team will attend IAC to discuss the report.

7.0 Recommendation

- 7.1 That IAC note the contents of the report.

**Jonathan Dyson
Deputy Chief Fire Officer
Director of Service Delivery**

31st May

NORTH YORKSHIRE FIRE AND RESCUE SERVICE STRATEGIC LEADERSHIP TEAM

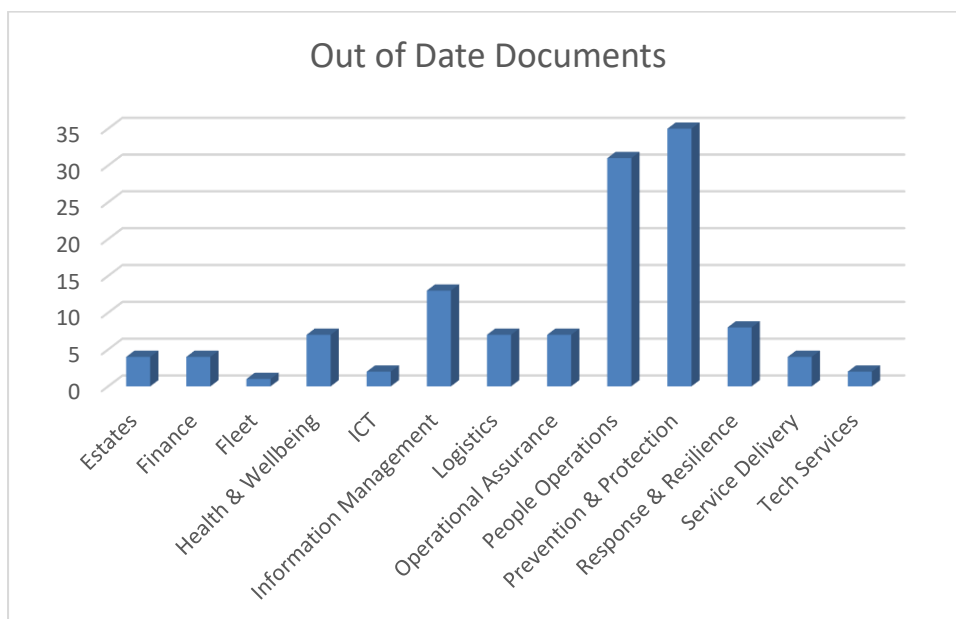
Risk no. (hyper-linked to action plan)	Risk Owner (Function)	Headline Risk	Risk Assessment pre control				Risk Score	Action Plan Reviewed Date	Risk Assessment post action plan				Post Action Plan Risk Score	Risk Description
			Likelihood	Impact on objective	Independently Pre control	Impact on objective			Likelihood	Impact on objective	Independently Pre control	Impact on objective		
L1	Director of Service Delivery	Absence of operational staff	5	3	3	30	01/04/2022	5	2	3	25	Insufficient staff available to crew appliances due to Industrial Action		
L2	Director of Service Delivery	Control	5	4	2	30	01/04/2022	3	4	2	18	Failure or loss of Control Room function including Staff and IT provision		
L3	Head of Assets	Operational assets	4	4	2	24	07/06/2022	3	4	2	18	Loss of operational transport, equipment or premises assets		
L4	Director of Capabilities	Operational guidance	5	3	2	25	06/06/2022	4	3	2	20	Challenge, legal action or an inability to deliver best possible service arising from a failure to adopt national operational guidance and best practice		
L5	Director of Service Delivery	Appliance Availability	4	4	3	28	01/04/2022	3	3	3	18	Unavailability of appliances (short term i.e. daily)		
L6	GM Head of Training	Operational competence	5	3	1	20	06/06/2022	4	3	1	16	The loss or lack of capability of staff in respect of the skills necessary to meet the capabilities set out in the RRM and/or to operate safely		
G1	Enable Head of Finance	Key Financial Controls / Financial Governance	4	0	2	16	28/02/2022	3	2	2	12	The Authority operates key financial systems and processes to ensure that a strong financial control environment is maintained and regulatory requirements are adhered to. Effective internal control reduces the risk of asset loss, and ensures that MTFP information is robust, financial statements are reliable and operations are conducted in accordance with the provision of applicable laws and regulations.		
G2	Head of Business Design and Assurance	Consultation	4	3	4	28	12/02/2022	3	3	4	21	Litigation and subsequent capacity impacts, arising from failure to adequately consult on organisational changes.		
G3	Head of People	Employment legislation (incl. E&D)	5	3	1	20	02.02.22	2	3	1	8	Successful legal action resulting from failure to meet the legislation		
G4	Head of People	H&S legislation	2	4	4	16	02.02.22	1	4	4	8	Successful legal action resulting from failure to ensure that suppliers of critical and key equipment and services are secured to enable continuity of services		
G5	Head of Assets	Key supplier dependencies	4	4	4	32	07/06/2022	3	4	4	20	Inability to provide accurate and timely data to inform the development of the revised Risk and Resource Model (RRM).		
G6	Head of Business Design and Assurance	Provision of Accurate and Timely Data	5	3	4	35	02.05.22	1	2	4	6	Non compliance of information assets leading to a breach of regulations and/or legislation		
G7	Head of Business Design and Assurance	Information Management	4	3	4	28	02.05.22	3	2	4	18	There is a risk that ICT services could fail to perform caused by failures in the ICT infrastructure, inadequate staffing levels or funding within the department with the consequence that North Yorkshire Fire and Rescue Service is unable to deliver its critical services to the public.		
G8	Head of ICT	ICT	5	4	4	40	05/04/2022	3	4	4	24	Failure to ensure a proportionate and compliant approach to security of the whole organisation and ensure compliance with minimum standards in relation to the areas of physical, personnel, information and counter terrorism security in line with the Security Policy Framework and relevant legislation.		
G11	Head of Assets	Failure to ensure a proportionate and compliant approach to security of the whole organisation and ensure compliance with minimum standards in relation to the areas of physical, personnel, information and counter terrorism security in line with the Security Policy Framework and relevant legislation.	3	3	4	21	07/07/2022	2	3	4	14	BFS staff having specialist knowledge and experience sufficient to meet the RRM requirements		
F1	Director of Capabilities	BFS sector competence	3	4	2	18	03/06/2022	1	2	2	4	The impact of highly complex or large numbers of cases requiring legal action or investigation		
F2	Director of Capabilities	BFS Demand	2	3	1	8	03/06/2022	2	3	1	8	Failure to identify and implement prevention interventions to safeguard the vulnerabilities of those identified as high risk within the community		
P1	Director of Capabilities	Prevention	3	4	3	21	03/06/2022	3	3	3	18	Ability to fulfil the Service's statutory responsibilities in its response to essential projects, outcomes of national events and incidents in an environment of reducing (or at best not increasing) financial resources, changing demand, and limited resources in an efficient and effective way		
S1	CFO	Strategic - Capacity and Capability	4	5	4	36	01/06/2022	3	5	4	27	Ability to recruit and retain talent across all levels of the organisation. Ability to create resilience through an experienced, skilled and competent workforce		
S2	CFO	Strategic - Inability to Recruit and Retain Staff	4	4	4	32	01/06/2022	2	4	4	16	Failure to manage the combined impact of continuing constraints in funding, combined with other national changes around Pensions and Pay Awards, leads to a potential shortage of funds to deliver key services; resulting in reactive and poor decisions to balance the budget and/or overspend which could put the stability of the organisation at risk.		
S3	CFO	Strategic - Dilution or Loss of Operational and Organisational Experience	4	4	4	32	01/06/2022	2	4	4	16	The link going into London is not working correctly. Keeping the link up presents these FRS locations with issues. Disconnecting the London link from the FRS removes the slowness issues. In order to enable staff at these locations to have effective ICT equipment, ITSS have instructed NYnet to disconnect the failed link. NYnet are engaged with Equinix to repair the link on behalf of the FRS. The disconnection of the London link only affects the resilience for sites in the south of the county. All other FRS connected sites have full resilient connectivity with Azure.		
S4	Section 151	Strategic Financial Governance	5	2	4	30	03/02/2022	4	2	4	24	The airbus crash system data is due an upgrade. The October release was found not to be stable and so it was not implemented. Data is now over 6 months old and changes to vehicles may not be reflected in the current system meaning fire officers may have incomplete information.		
S5	ICT	ICT data links between the FRS network and the Microsoft Azure cloud environment	4	3	3	24	03/05/2022	1	1	1	2	It is likely that vision freezes will re-occur if services are failed over to Cornwall		
S6	ICT	Crash system data is out of c	4	3	3	24	03/05/2022	0	0	0	0			
G12	ICT	Control room systems will su	3	3	3	27	20/05/2022	1	2	4	6			

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

Appendix 2

Performance Indicator Summary May 2022 – TLT

Out of date documents



SUMMARY OF DOCUMENTS	
SECTION	Out of Date
Estates	4
Finance	4
Fleet	1
Health & Wellbeing	7
ICT	2
Information Management	13
Logistics	7
Operational Assurance	7
People Operations	31
Prevention & Protection	35
Response & Resilience	8
Service Delivery	4
Tech Services	2

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

TOTALS	125
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This data represents the out of date documents under their new ownership. The Service Documents are currently undergoing an update whereby the departments that they belong to are being brought into line with the new organisational structure.

Response and Resilience out of date documents

There is currently an ongoing review of all Risk Assessments and SOPs, and these are in the process of being replaced with a suite of new documents as part of the National Operational Guidance project. The remainder will be archived.

The new documents will be taken through the Health and Safety subgroup as part of the agreed consultation process.

Referrals to Information Commissioner's Office

Nil return.

Breaches of Data Protection, Freedom of Information or Information Security

Nil return.

Referral to Local Government Ombudsman

Nil return.

Compliance with Model Publication Scheme as at 1st May 2022

Number of elements monitored	41
Type of Compliance	
Non-compliant	0
Partial compliance	2
Compliant	39

Area of non-compliance	Notes
Facts and analyses of facts used for decision making.	PARTIAL Do not publish reports that go to SLT and other senior meetings. Previously discussed at IGG and agreed to leave as partially non-compliant.
Asset lists and information asset register Asset lists and information asset register	PARTIAL The Asset list does not include technical information (such as the UPRN number, eastings and northings) for some sites. We do not publish an Information Asset Register, but this has previously been discussed at IGG and agreed to leave as partially non-compliant.

Compliance with the Publication of Payment Performance Statistics

From March 2016 the Account and Audit Regulations 2015 requires local authorities to publish data demonstrating compliance with the obligation to pay invoices within 30 days. This data should be published at the end of each financial year.

We are currently compliant with this requirement.

Compliance with The Local Government Transparency Code 2015

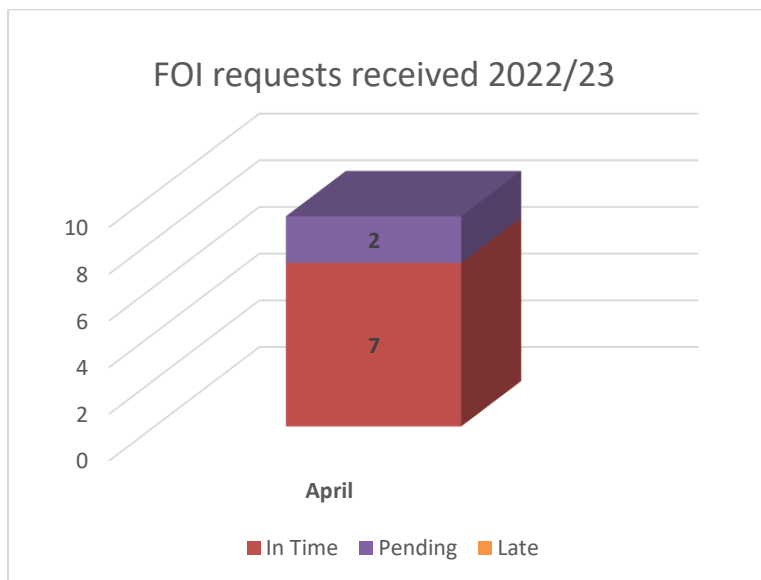
**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

Part 2 of the Transparency Code is now required. Please see below table for compliance.

Number of elements monitored	14
Type of Compliance	
Non-compliant	0
Partially compliant	2
Compliant	12

Area of non-compliance	Notes
Procurement Information - Tenders	<p>PARTIAL – we are partially compliant as we do not have a rolling .csv file of tenders past and present.</p> <p>The data warehouse was previously published and open for tender, now it has closed and should have gone into a .csv of past tenders. Head of Assets has been tasked with looking at a process for keeping this info up to date.</p> <p>The Authority are also partially compliant as not all tenders are being published on the NYFRS website. Work is in progress with North Yorkshire Police regarding collaboration with the tendering and procurement system.</p>
Asset lists and information asset register	<p>PARTIAL The Asset list does not include technical information (such as the UPRN number, eastings and northings) for the Thirsk Transport and Logistics site. We do not publish an Information Asset Register, but this has previously been discussed at IGG and agreed to leave as partially non-compliant.</p>

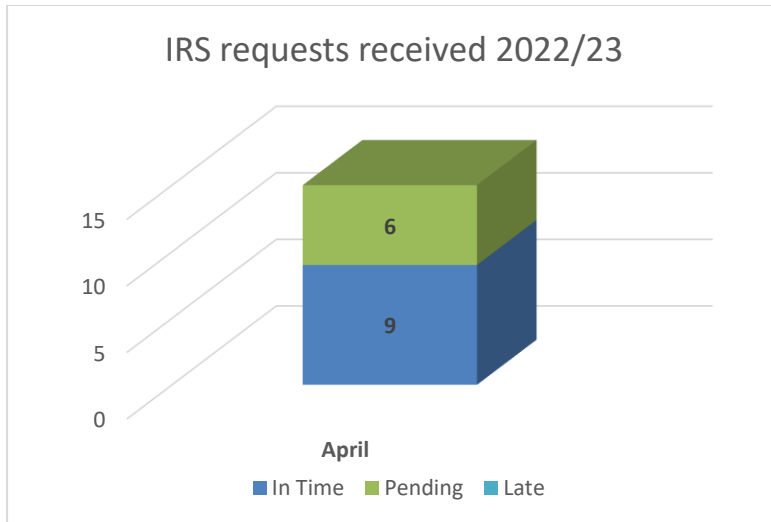
Freedom of Information Requests



We received 9 FOI requests in April; 7 completed in time, and 2 pending. There have not been any late FOI requests so far, this financial year.

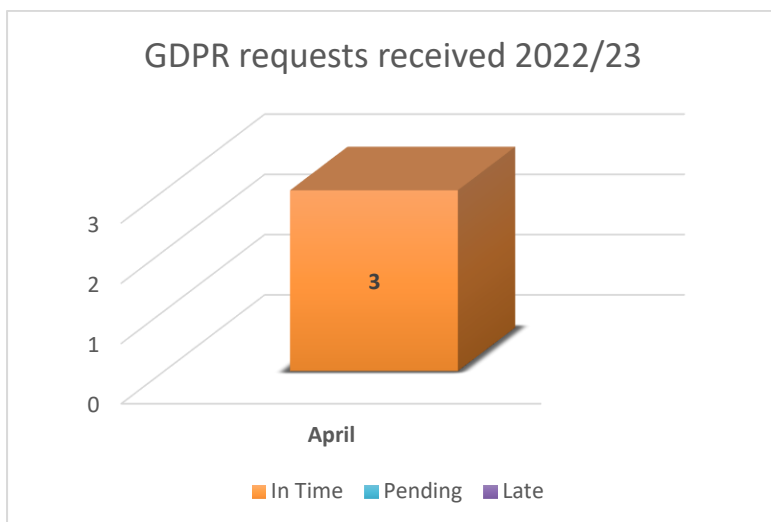
**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

Incident Report Summary/Fire Investigation Report Request Reponses



We received **15** IRS requests in April with **9** completed in time and **6** pending. We have not missed any IRS request deadlines so far, this financial year.

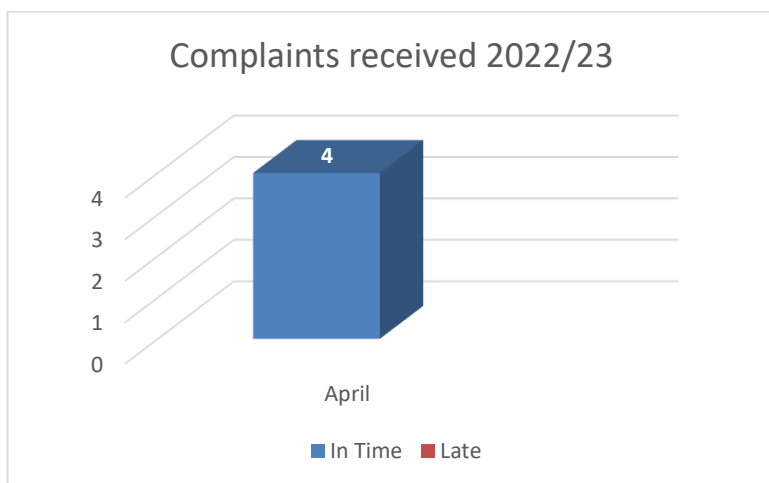
GDPR Requests



We received **3** GDPR requests in April, all completed in time. We have had not had any late GDPR requests so far, this financial year.

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

Complaints



NYFRS received **4** complaints in April (1 individual complained about two separate issues). All were completed in time.

A summary of the type of complaint since 1st April 2022 is provided in the table below. Please note, the cumulative frequency of the type of complaint may exceed the number of complaints received, due to some complaints covering multiple issues.

Type of Complaint	Cumulative Frequency	In Month (Apr 2022)
Driving Complaint	1	1
Employee Conduct	1	1
Response to Incident		
Social Media Comments		
Damage to Land or Property (not driving related)	2	2
Unhappy about the service		
Fire Safety Complaint		
Other – Recruitment process		
TOTAL	4	4

A copy of the Complaints Log is available from the OPFCC.

Compliments

NORTH YORKSHIRE FIRE AND RESCUE SERVICE STRATEGIC LEADERSHIP TEAM

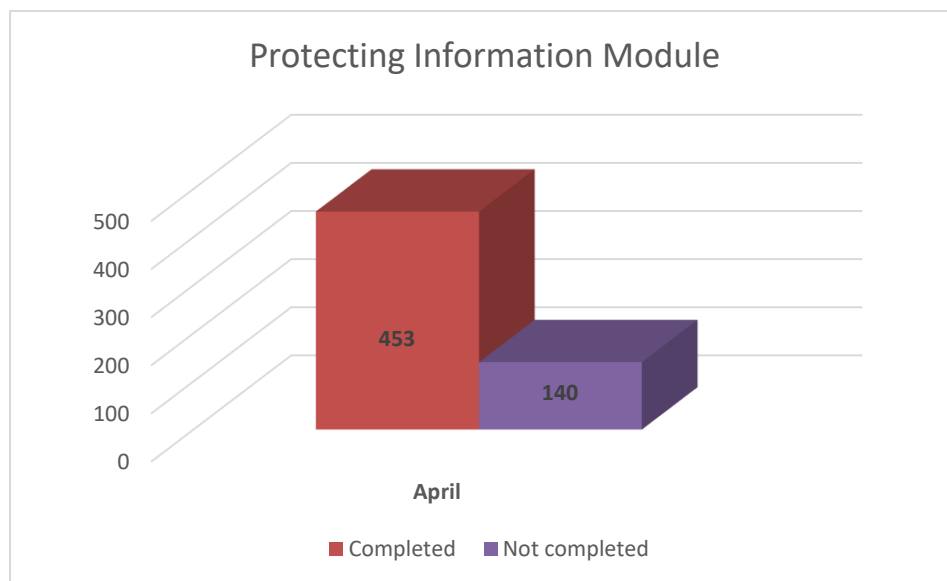
We received **2** compliments in March 2022.

From the 1st April 2021, the Service has received **36** compliments.

Type of Compliment	Cumulative Frequency
Public thanking crews for attendance at incident	17
Public thanking crews for assistance	6
Attending an event	0
School/Club Visit	3
Thanks for attendance at an ex-colleague's funeral	2
Commending the actions of a staff member	2
Fitting Smoke alarms	1
CSO Visit	3
TBC (type of compliment received in August to be sent to OPFCC)	1
Thank you for a donation	1
Total	36

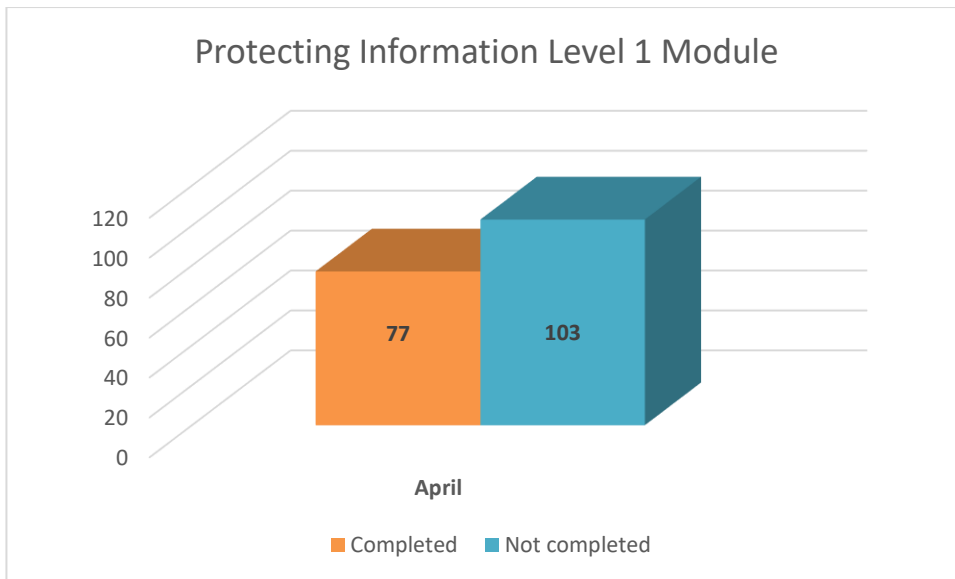
A copy of the log is available from the OPFCC.

Protecting Information Modules



Currently **453 (76.39%)** members of staff have completed the Protecting Information module leaving **140 (23.61%)** still to complete it.

NORTH YORKSHIRE FIRE AND RESCUE SERVICE STRATEGIC LEADERSHIP TEAM



Currently **77 (42.8%)** members of staff have completed the Protecting Information Level 1 module leaving **103 (57.2%)** still to complete it.

All figures correct at the time of reporting, 28th April 2022.

Appendix 3



HSC Stats.pptx

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

Appendix 4



**NORTH YORKSHIRE
FIRE & RESCUE SERVICE**

**Monthly Report to SIRO on Work in Progress to Comply with
Data Protection Legislation and the Identification of Risks**

May 2022

Data Controller	Chief Fire Officer of North Yorkshire Fire and Rescue Service
Author	Malwina Leszczynska, Data Protection Officer
Date	May 2022

Summary of Work in Progress and Identified Risks - Monthly Update

The purpose of this report is to provide an update to the SIRO on work in progress to comply with the Data Protection Act 2018, incorporating the GDPR (Part 2) and Law Enforcement Processing (Part 3). The report also identifies subject matter risks and appropriate mitigation.

SIRO Sign Off and Any Additional Commentary

The Senior Information Risk Owner (SIRO) for North Yorkshire Fire and Rescue Service is responsible for accepting any residual risks associated with the compliance with the data protection legislation.

As this report is a submission to the SIRO for consideration, the section below allows the SIRO to confirm acceptance of the content of the report and allows any additional commentary.

SIRO Name	Deputy Chief Fire Officer, Jonathan Dyson
Signature	
Date	May 2022

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

Any additional commentary on action plan and/or risk	
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1. Action Plan for Further Work on Backlog Activity

1.1. Outstanding Audit Actions

We are monitoring the compliance against controls documented in the

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- Information Commissioner's Office (ICO) Data Protection Self-Assessment
- Information Commissioner's Office (ICO) Information Security Self-Assessment
- Veritau – 2021 - Information Governance Compliance Review - Compliance Programme - Year Two Report
- RSM internal Policies and Procedures Audit Report – 2021/22

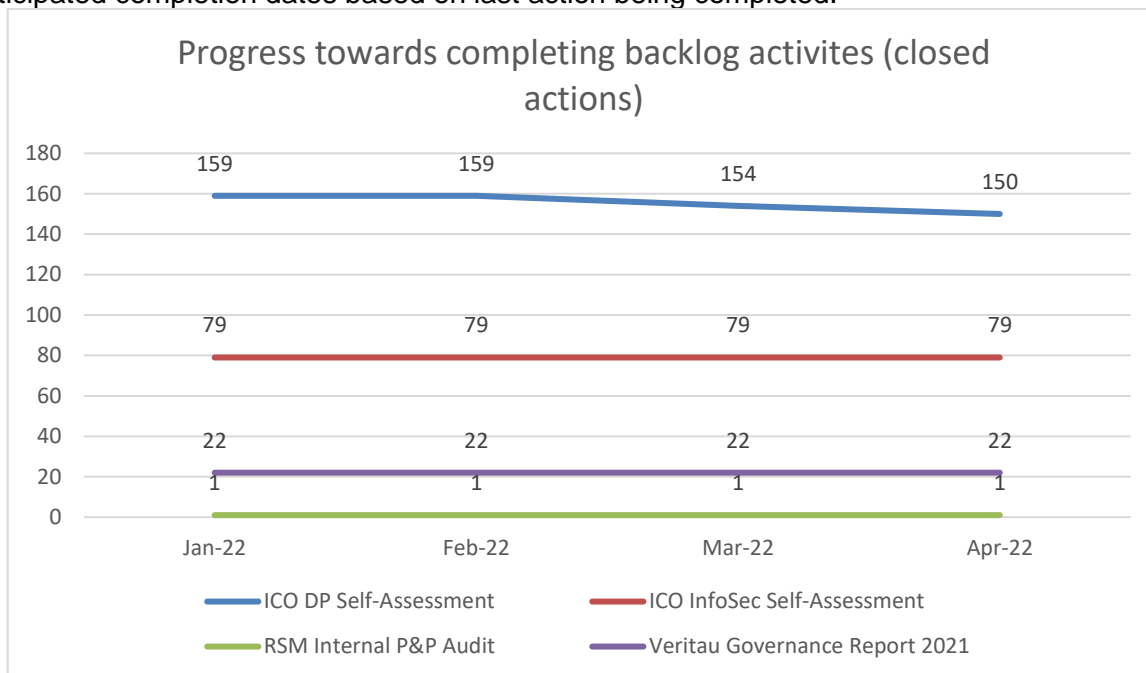
The Compliance and Data Protection Support Officer is working to tie in as many of the backlog activities into their Business as Usual (BAU) activity as possible. The progress of these activities is reported below.

Source of Controls	Total no. of controls	No. completed	No. outstanding	No. In Progress	Anticipated completion date
ICO DP self-assessment	159	<u>9</u> <i>(increase of 4 since last report)</i>	<u>150</u>	<u>37</u> <i>(increase of 5 since last report)</i>	December 2023*
ICO Information Security self-assessment	79	0	79	4	December 2023*
RSM internal Policies and Procedures audit report (2021/22)	1	0	1	1	August 2022*
Veritau 2021 Information Governance Year 2 Compliance Report	22	0	22	<u>5</u> <i>(increase of 5 since last report)</i>	December 2023*

Please note, some of these controls overlap between the sources.

NORTH YORKSHIRE FIRE AND RESCUE SERVICE STRATEGIC LEADERSHIP TEAM

*Anticipated completion dates based on last action being completed.



Further detail around the controls and work in progress can be found in the [FRS GAP Analysis](#) action plan embedded below:



1.2 Data Protection Impact Assessments (DPIAs)

Identifying high-risk processing at the beginning of any project, initiative, or procurement process and mitigating such risks in sufficient time prior to the processing commencing is required under **Article 35 of the GDPR 2016**.

NYFRS now have a DPIA screening process in place to ensure that all high-risk processing is handled at the outset of any project.

Currently, **5** DPIAs are outstanding. These are DPIAs which we know are needed, as identified by the Information Asset Audit to date but have not been started yet.

A further **3** exist but will require reviewing; we are still trying to source copies of these documents. **The issue we are facing is that there is no central library for completed DPIAs and the business areas do not appear to have a central copy of a DPIA saved, therefore the completion date for these to be reviewed, which was initially estimated as June 2022, is not achievable and therefore has been extended to September 2022. To prevent such an issue in the future, a central DPIA library will be created to ensure that all completed DPIAs are retained by the Compliance Team in one place.**

One DPIA for the Cappfinity People Services system which is to be shared between NYP and FRS is currently with the business lead for drafting. Due to resourcing and demand, the business area has not been able to provide a draft in March as initially agreed. This has therefore been extended to May 2022, which appears more feasible. Further DPIAs are expected to be identified as we work with business areas to understand the processing

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

	Total no.	Anticipated completion
DPIAs to review (once copies obtained)	3	<u>September 2022</u>
DPIAs identified by Information Asset Audit (to cross reference)	5	December 2022
DPIAs in Progress	1	First Draft expected May 2022

2. Current position

2.1 Information Asset Owners (IAOs)

An information asset audit is currently under way. This is an exercise which will unpick all the processes and data flows which are happening across the organisation, with a view to create an up-to-date Information Asset Register and Record of Processing Activity (RoPA) as required by the legislation (**Article 30 of the GDPR 2016**).

Out of the 11 IAOs identified, 10 have met with us to discuss their assets. One meeting is still to be agreed to discuss and document the processes of that business area.

The DPO has advised all IAOs of the Information Asset Audit and has asked that any remaining meetings are booked in soonest and in any case in good time to complete documenting the findings of the audit and begin populating the Record of Processing Activity at the end of June 2022. **The RoPA library has now been created on the FRS intranet and we will begin populating this in due course.**

Once all Assets have been audited and the RoPA created and populated with all the relevant details, an Annual SIRO Assurance Process will be implemented to obtain continued assurance over the compliance of information being handled.

2.2 Data Processing Contracts (DPCs)

Data Processing Contracts are required for any processing activity outsourced to a supplier to be conducted on behalf of the Data Controller. **Article 28 and 29 of the GDPR 2016** outlines the specifics of these requirements and provides minimum content which must be included for the contracts to be compliant.

At the time of the transition of the CAO function into the Compliance Team, 27 DPCs were noted as completed but we do not know which 27 Processors are covered by these.

To date, we have identified 5 Processors needing a DPC via the Information Asset Audit. We are unsure of whether these 5 have already been accounted for in the 27 DPCs already in place. Work is under way to confirm this.

One DPC, between NYFRS (controller) and NYP (processor) is currently being drafted – this was not finalised by Veritau and instead was passed back to the Compliance Team in January 2022, with substantial gaps which need addressing before the signing of the document. The team are nearing finalisation of this DPC, but have identified that the Compliance Team Processing, the Risk and Assurance processing, Civil Disclosure processing and Procurement processing were not initially considered in the DPCs and therefore we are awaiting for business areas to come back to us with relevant information before we can progress the DPC further. For this reason, the anticipated completion date has been amended to May 2022.

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

	Total no.	Anticipated completion
DPCs to review (once copies obtained)	27	December 2022
DPCs identified by Information Asset Audit (to cross reference)	5	June 2022
DPCs in Progress	1	May 2022

2.3 Information Sharing Agreements (ISAs)

ISAs are not mandatory, but they are best practice. Further to this, if compliance with the Data Sharing Code of Practice issued by the ICO under **s121 of the DPA 2018** which recommends ISAs to be put in place for any routine sharing is not achieved, we would need to document our accountability for the sharing in some other way. No guidance is currently available on what other ways of documenting our accountability would be accepted by the ICO.

At the point of transition of the CAO function to the Compliance Team, we were made aware of **6** ISAs which need maintaining.

The FRS SharePoint Site indicates that **7** Template ISAs are in place however, and **13** multi-Agency ISAs have been completed.

From the Information Asset Audit, we now know that a further **2 may be needed if not already in place.**

We are still working to identify which ISAs are current and correctly in place, however, the log for information sharing on the FRS SharePoint site currently contains a list of 170 Partner agencies so work is needed to understand how many of these are active partnerships with active sharing being undertaken and a decommissioning process is required to ensure any data which should have been returned to the FRS (where applicable), has been.

Civil Disclosure Unit (CDU) have taken on the responsibility for ISAs as part of the enableNY collaboration. **The Team Leader for Civil Disclosure and the FRS Legal Officer have reviewed the list of FRS ISAs. Many that are on the log are simply emails dating back to 2016, with no further correspondence or requests for the ISA. There are a few draft templates, which will be looked into. A review will be undertaken of the 4 ISAs that have been approved and signed. A meeting has been held with the old FRS Officer/s to try and understand where the ISA work is at, but unfortunately there has been little work done over the last few years.**

CDU have advised that the ISA template will be reviewed to ensure it is up-to-date and a flowchart will be drafted to assist Officers. This will be based on the one used for NYP. The template and flowchart will then be made available on the FRS intranet.

The ISA SharePoint site will also be updated to make it easier to review the status of each request and a new register will be created to hold the information of the signed ISAs. This register will be made available on the FRS intranet so Officers can review any signed agreements.

The Compliance Team will continue to identify and log any new ISAs which are required, and we will flag these to CDU as needed, however, our involvement in

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

preparing the ISAs will be limited to reviewing any proposed drafts and ensuring the lawful bases or sharing are correct and that secure transfers have been documented.

Progress on ISAs will be noted below as and when information is provided by CDU.

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	Anticipated completion
ISAs to review		20	20	4	TBC
New ISAs identified via Information Asset Audit (to cross-reference)		1 (Life courses)	1 (safeguarding)	0	TBC
ISAs in Progress		0	2	2	TBC

2.5 Data Breaches and Complaints

Under **Article 32 of the GDPR 2016**, we have a duty to ensure the security of processing of personal data, and report and investigate security incidents where they arise. We must assess the risk of these incidents and where personal data is impacted, the consequences of which causing high-risk of harm and detriment to the data subject(s) rights and freedoms, this must be report to the ICO as the regulator, within 72 hours of becoming aware of the incident (**Article 33 of GDPR 2016**).

During April 2022, we received reports of and dealt with 1 (no change) incident, which is an incident of unlawful access to personal data by a third party (NHS accessing data sets via SharePoint) therefore falls within the personal data breach category. We have not reported any new incidents to the ICO.

25

	January 2022	February 2022	March 2022	April 2022
Personal Data Breaches	1	4	1	1
Security Incidents	1	5	1	1
Third Party incidents involving NYFRS data	0	0	0	0
Complaints Received from Data Subjects	0	2	0	0
Complaints received from ICO	0	0	0	0
Complaints received from OPFCC	0	0	0	0
Independent SAR Reviews conducted	0	0	0	0
Independent Rectification and Erasure request review conducted	0	0	0	0

Please note, some of these numbers may overlap e.g., complaints and security incidents handled, and any personal data breach would also be a security incident.

We are still working to understand the alleged personal data breach which was reported to Veritau in November 2021. This was handed over to the Compliance team in January 2022 and we are trying to understand the circumstances around the NYCC arrangements with regards debt recovery contracts to determine whether NYFRS are liable for this incident.

NORTH YORKSHIRE FIRE AND RESCUE SERVICE STRATEGIC LEADERSHIP TEAM

2.6 Subject Access Requests Compliance

The Civil Disclosure Unit (CDU) within North Yorkshire Police (NYP) have overall responsibility for handling Subject Access Requests under **Article 15 of the GDPR 2016** on behalf of NYFRS.

However, it is a legislative requirement to undertake compliance checks of the disclosures provided. For this reason, the DPO and CDU will work together to put a dip sampling process in place and ensure that the quality and compliance of the SARs released is monitored and audited.

CDU have not yet provided any specific figures on the SARs they have handled in the past few months, **but have advised that all SARs are up-to-date, and compliance is still 100%**.

Once they start reporting back on this, figures on how many were received, how many were responded to, and the compliance rates will be documented herein.

The FRS Legal Officer has reviewed the FOI and SAR policies, and these are now sat with the Team Leader (CDU) for review to see whether any further changes are required.

2.7 Training

At the time of writing, a report indicating completion of the e-learning package has not yet been obtained. It is our intention to set up a process whereby the Compliance Team will receive a copy of the report monthly, which will allow us to report back on the completion rates across the FRS. The IAOs of areas with lowest completion rates will be contacted with an extract and a reminder to push for the training to be completed.

We are also querying whether the FRS completion data will be reflected in the NYP reports going forward. We understand there is currently an issue with access to the training platform, and therefore no progress will be made on this until such a time when FRS staff have been granted access to NYP's MLE, and NYP Staff to FRS's LearnPro.

2.8 International transfers of personal data

Under **Articles 44-47 of the GDPR 2016**, appropriate safeguards are required when we choose to transfer data internationally. The European Commission (EC) adopted final versions of standard contractual clauses for transfers of personal data to third countries (SCCs) that aim to bring the SCCs into line with the GDPR and the judgment of the CJEU (Court of Justice of the European Union) in the Schrems II case. Until the UK SCCs are finalised, UK organisations must continue to rely on the previous EU SCCs and will not have clarity on how the EU SCCs and future UK SCCs might work together.

On 2 February 2022, the Secretary of State laid before Parliament the international data transfer agreement (IDTA), the international data transfer addendum to the European Commission's standard contractual clauses for international data transfers (Addendum) and a document setting out transitional provisions. This last step follows the consultation the ICO ran in 2021. The documents are issued under **Section 119A of the Data Protection Act 2018**.

The IDTA and Addendum replace the current standard contractual clauses for international transfers. They consider the binding judgement of the European Court of Justice, in the case commonly referred to as "Schrems II". These documents are immediately of use to organisations transferring personal data outside of the UK.

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

2.8 UK's exit from EU

The EU Commission announced that adequacy decisions for the UK have been approved, and that both adequacy decisions include strong safeguards in case of future divergence such as a 'sunset clause', which limits the duration of adequacy to four years.

A consultation on options to reform our current domestic data protection legislation was launched in September 2021. The Data Reform Bill is due to be introduced in the third Parliamentary session – this will be in Spring 2022.

2.9 - Data Quality and Retention

Under **Article 5(1)(d) and Article 5(1)(e) 38 of the GDPR 2016**, there is a requirement to ensure data is accurate and where necessary kept up to date, but also that it is kept for no longer than necessary. To ensure the FRS complies with these requirements, the Compliance team have commenced a review of the NYFRS Retention Schedule to ensure that appropriate limits are set for retention of documents.

NYFRS retention schedule is split into 16 areas with over 600 separate entries and there is no evidence of updates to the schedule since 2017. The Schedule does not contain any justification for any entry explaining retention period rationale e.g., Legislation, local policy etc. Initial enquiries to other services have been made to see what other schedules look like, but engagement with all areas will be needed when reviewing schedule. To note, this process is not to assess compliance against the schedule (that will be a separate piece of work following the review of the schedule).

Work has now begun on the NYFRS retention schedule. No reduction in numbers can be recorded yet as the initial work involves checking relevant legislation matches published retention periods – this can only be achieved by engaging with the owners of the processes to understand whether they are still accurate and what guidance they follow. So far, the retention schedule review has been concentrating only been on the first tab (CAO). The tab has now been renamed “Information Management”, but most entries belong to either Enable or Evolve. The entries belonging to OPFCC will need moving to another tab once we understand where these sit exactly.

Out of the 41 entries on this tab, we have assigned owners to 28 of them; 6 of the owners have confirmed that the entries do in fact belong to their business area, the remainder still need to be verified.

For the ones that don't belong in Information Management, we are trying to locate where they should sit. For example, postage records and hospitality register.

	Jan 2022	Feb 2022	Mar 2022	Apr 22	Anticipated completion
Retention Schedule entries reviewed		0	0	0	August 2022
Entries still to review	26	614	614	614	
% Completion	27	0%	0%	0%	

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

3. Action Plan for Meeting New Requirements

3.1 System Integration with NYP

As part of the enableNY collaboration, the Compliance Team and ICT are working together to progress the NYP and FRS System integration that in the long terms, should produce cost savings and efficiencies as we become more collaborative and begin using the same technology to deliver joint services. To ensure benefits are realised, however, we must ensure that Data Protection requirements with regards the processing arrangements but also security and records management requirements are adhered to and built into the collaboration.

The proposed system integration is as follows:

1. Stage 1 – Business to Business (B2B) portal with Federation where any open shares will be closed by access group. The shared Intranets are now live and accessible. Federation however has not been progressed yet as it would expose teams chats and address books. A DPIA (Data Protection Impact Assessment) for the Federation has been completed by NYP and it is going to be reviewed and amended by the FRS. A few outstanding actions remain, but no high risks have been identified. The DPCs between FRS and NYP are currently being updated to account for the added processing associated with Federation proposals.
2. Stage 2 - enableNY roles to have access to share generic systems. These business areas include People Services (HR), Finance, and other back-office functionality. This will relate mostly to mostly web apps and access will be managed via specific routes and groups within domains to restrict access. It is envisaged that this phase will be implemented in the last quarter of 2022.
3. Stage 3 - New Forest design set up with Police and Fire Active Directories set up as trees in the forest. The Police and Fire Officers would be in their own respective AD groups ensuring that Police cannot access Fire resources and vice versa. Fire users on Police laptops would have access to reduced functions only, based on device build/ user profiles and would logically separate the networks retaining separate intellectual property. This stage cannot be implemented until NYP obtain approval from the Home Office to proceed, due to the certification NYP need to maintain to stay connected to policing systems. The Home Office have advised this is achievable but have requested additional information. It is hoped that this will be progressed later in the year and implemented in 2023. The details of this are still being considered and therefore Data Protection's involvement in this is stage is yet unknown.

The implementation of all these stages has been delayed due to NYP Telephony project. ICT will produce a new timeline and action plan in due course. Microsoft Teams telephony should start being rolled out Mid-May and will take around 2-3 months to complete. The FRS and NYP integration will therefore likely not commence until August-September 2022. ICT aim for the Federation aspect and limited firewall connectivity to be complete by calendar year end. Approximately 9 months after that, provided that Home Office approval has been obtained, ICT aim to move towards a single network.

3.2 Central Admin Office transition to Information Management

The FRS Central Admin Office workload transitioned to the NYP Compliance Team on 4th January 2022. On 4th April 2022, the ICO confirmed they have updated their records and have issued a new registration certificate in the new DPO's name.

**NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM**

The Compliance and Data Protection Support Officer (FRS resource), under the direction of the DPO, Information Security Officer (ISO), and Records Compliance Manager (RCM) has made a start on the FRS' priorities as highlighted by the FRS during the enableNY consultation:

- Information Asset Register and SIRO Assurance Statement Process
- Data Quality and Retention
- Training and Awareness (requirement under **Article 39 of GDPR 2016** and **s71 of the DPA 2018**)

Once the training content of the FRS Protecting Information e-learning module has been reviewed, a joint FRS and NYP SIRO decision will be required on how to proceed with regards the mandatory training for enableNY staff i.e., which module should be completed and whether the organisations will accept each other's' training.