NORTH YORKSHIRE FIRE AND RESCUE SERVICE
STRATEGIC LEADERSHIP TEAM

Report of the Director of Service Delivery

29th November 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 risk management policy has been reviewed and agreed by Strategic Leadership Team (SLT) subject to any representations received from Fire Brigade Union (FBU) colleagues.

2.2 The policy makes provision for reporting on risk registers to SLT by exception. SLT considered a refreshed corporate risk register on 17 November 2022. The risk register is now recorded and managed in the Active Risk Manager (ARM) application. A summary of the Risk Register is included at **Appendix 1**.

2.3 Tactical risk registers are now also managed in ARM. These will be subject to refresh with owners and consideration at Tactical Leadership Team (TLT) and the Risk & Assurance Group.

3.0 **HMICFRS**

3.1 The CFO received a Cause of Concern letter from the HMICFRS which identified two areas.

1. makes sure it has the right workforce skills and capabilities it needs; and
2. plans to maintain a balanced budget without relying on its reserves.

3.2 A high level strategic action plan was produced by the Director of Assurance and the Managing Director of enableNY, giving assurance to the Chief Fire Officer around the actions being proposed to address the causes of concern.

3.3 The Director of Assurance presented the strategic action plan, and outlined the governance arrangements, to HMICFRS Service Liaison Lead (SLL) and Chief of Staff on the 29th September, which satisfied the first part of the process.

3.4 Progress will be monitored against the strategic action plan through a dashboard and support for owners will be facilitated by the Inspections Team. Progress will be reported into SLT and Executive Board monthly.

3.5 A subsequent tactical/task action plan has also been produced through the PPMO. This underpins the strategic action plan, giving more detail around timescales and interdependencies. The Project Manger assigned to this will make contact with action owners fortnightly and the Head of Assurance will provide a monthly progress report to TLT.

3.6   Link to the Dashboard for tracking the recommendations actions Assurance - HMICFRS (sharepoint.com)

3.7   The service also received it's HMICFRS draft full inspection report for 2022, on the 1st November.

3.8   The report was issued on an embargoed basis to enable a phase of prepublication checks to take place.

3.9   The service was asked to check the report for factual accuracy and provide a return on the recognised template. Strict instruction was given to restrict comments to factual accuracy only, as any new evidence or information would not be considered.

3.10   The joint response between the service and the OPFCC was submitted on the 15th November and receipt was acknowledged by the Service Liaison Lead.

3.11   The HMICFRS anticipate that they will publish the report in early 2023 and the service will be provided with a copy of the final report shortly prior to publication.

4.0   Assurance Update

4.1   Mandatory Health and Safety e-learning completion continues to be managed through action plans issued to district management which is monitored at H&S sub and full Committee. RSM have recently undertaken an internal audit of this area, which is at draft report stage. A subsequent action plan is being drafted to give a greater focus in this area.

4.2   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 continues to be undertaken at H&S Sub Committee. The service is currently exploring technological solutions to aid efficiency and effectiveness in this area.

4.3   The number of operational debrief received has returned to previous levels, enabling effective monitoring, and learning to take place.

5.0   Health and Safety

5.1   The H&S Committee met on the 20th of July 2022. The performance report at **Appendix 2** 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 September H&S Committee meeting was cancelled, the next meeting is scheduled for the 23rd November

6.0   Data Protection

6.1   **Appendix 3** 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.

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7.0   Recommendation

7.1   That IAC note the contents of the report.

**Mathew Walker
Deputy Chief Fire Officer
Director of Service Delivery**

18th November 2022

Appendix 1

Number	Title	Owner	Status	Raised By	▼ Residual Risk Category	⚡	🏁	💡	🏃	S/D	Next Review Date	Start Date	Target Risk Category	Last Updated
8494	Risk - Failure to ensure effective financial control and financial planning processes.	Porter, Michael	Treat	Porter, Michael	:16		🏁	💡	🏃		30 Nov 2022	25 Aug 2022	:14	16 Nov 2022
8496	Risk - Legal Compliance - PCCFRA / NYFRS acts ultra vires resulting in litigation or regulatory action.	Dennis, Simon	Treat	Dennis, Simon	:16		🏁	💡	🏃		31 Dec 2022	28 Aug 2022	:14	15 Nov 2022
8499	Risk - NYFRS fails to meet legal requirements imposed through Environmental legislation or regulation	Hirst, Tom	Treat	Hirst, Tom	:13		🏁	💡	🏃		30 Nov 2022	28 Aug 2022	:10	16 Nov 2022
8500	Risk - Commercial - Failure to operate in line with the principals of value for money and procurement and contract legislation.	Brown, Rena	Treat	Garnett-Spence, Simon	:13		🏁	💡	🏃		31 Dec 2022	28 Aug 2022	:3	29 Sep 2022
8498	Risk - NYFRS fails develop Organisational Resilience which impacts on the ability to effectively deliver the objectives outlined in the Fire and Rescue Plan	Manning, James	Treat	Manning, James	:11		🏁	💡	🏃		31 Dec 2022	28 Aug 2022	:11	29 Sep 2022
8501	Risk - NYFRS Assets don't support desired strategic and tactical outcomes	Brown, Rena	Treat	Garnett-Spence, Simon	:11		🏁	💡	🏃		31 Dec 2022	28 Aug 2022	:9	15 Nov 2022
8502	Risk - Unable to effectively manage Cyber risk	McQueen, Gordon	Treat	McQueen, Gordon	:11		🏁	💡	🏃		31 Dec 2022	28 Aug 2022	:11	29 Sep 2022
8495	Risk - People - Ineffective workforce planning results in loss of key skills and resources at all levels of the organisation.	Consett, Leanne	Treat	Consett, Leanne	:10		🏁	💡	🏃		31 Dec 2022	28 Aug 2022	:6	13 Oct 2022
8503	Risk - Security - Failure to adhere to operate with appropriate levels of security which protect the Fire service, its staff and the public from harm.	Garnett-Spence, Simon	Treat	Garnett-Spence, Simon	:5		🏁	💡	🏃		31 Dec 2022	28 Aug 2022	:1	29 Sep 2022
8497	Risk - Health and Safety	Walker (Fire), Mat	Treat	Stone, Donald	NIL:0		▦	💡	🏃		24 Nov 2022	28 Aug 2022	NIL:0	16 Nov 2022

Appendix 2

HSC Stats July 2022.pptx

Appendix 3

NORTH YORKSHIRE
FIRE & RESCUE SERVICE

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

November 2022

Data Controller	Chief Fire Officer of North Yorkshire Fire and Rescue Service
Author	Malwina Leszczynska, Data Protection Officer
	Lucy Partridge, Compliance & Data Protection Support Officer
Date	November 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	Interim Deputy Chief Fire Officer, Mat Walker
Signature	
Date	November 2022
Any additional commentary on action plan and/or risk	

1.Action Plan for Further Work on Backlog Activity
1.1. Outstanding Audit Actions

We are monitoring the compliance against controls documented in the:
- 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	18	141	**59 (+4)**	December 2023*
ICO Information Security self-assessment	79	**31 (+5)**	48	**30 (+1)**	December 2023*
RSM internal Policies and Procedures audit report (2021/22)	1	0	1	1	December 2022*
Veritau 2021 Information Governance Year 2 Compliance Report	22	**3 (+3)**	19	**11(+5)**	December 2023*

Please note, some of these controls overlap between the sources.
*Anticipated completion dates based on last action being completed.

Progress towards completing backlog activites (closed actions)
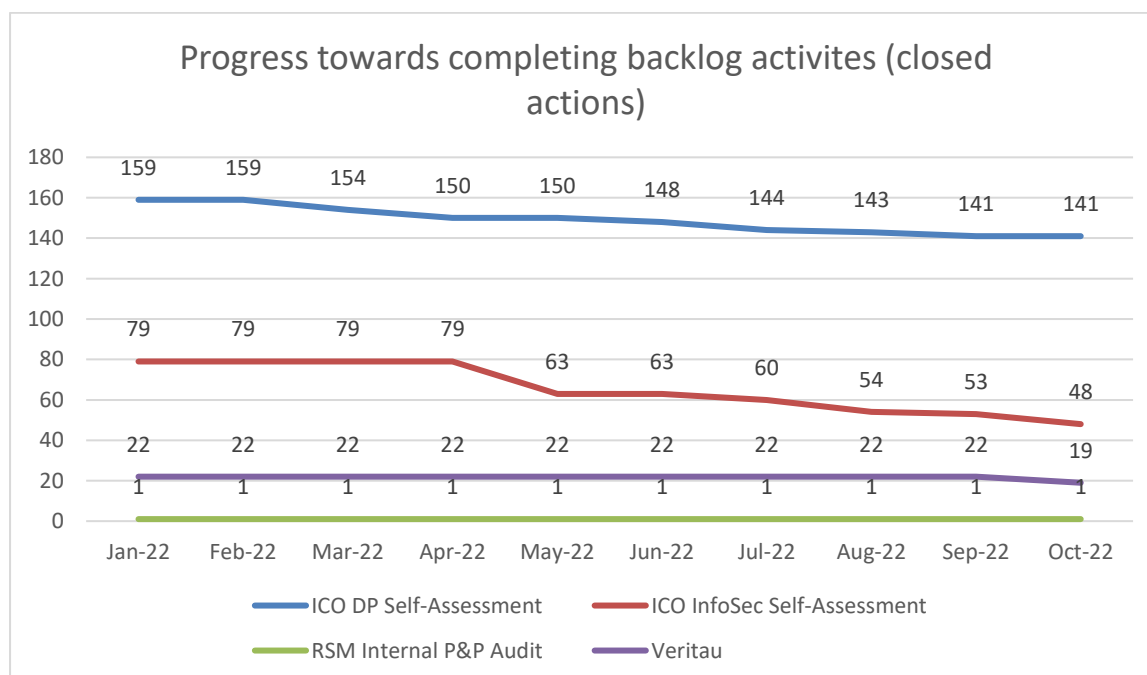
Further detail around the controls and work in progress can be found in the FRS GAP Analysis action plan embedded below:

FRS GAP
Analysis.xlsx
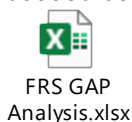
1.2 Data Protection Impact Assessments (DPIAs)

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 as applied in the UK*.
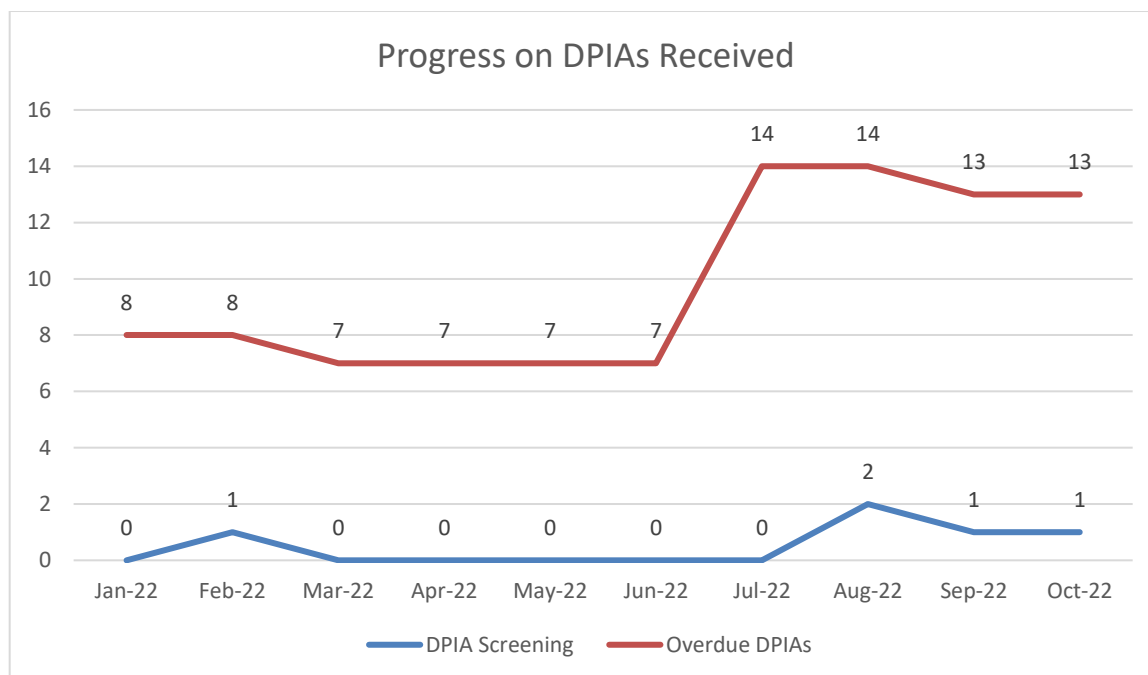
Current position:

- **3** will require reviewing once copies of these documents are sourced
- **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.
- **5** DPIAs are currently in progress.
- **The DPIA screening figures reflect screening forms received for either NYP only, or joint NYP and NYFRS initiatives.**

All finalised DPIAs are published on the Intranet - Data Protection Impact Assessments (sharepoint.com).

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, as applied in the UK*).

All 11 IAOs identified, have been spoken with and their assets have been documented. The RoPA (Service Information - InformationAssetRegister - Grouped by Information Asset (sharepoint.com)) will now be populated. Progress will be made in the coming weeks, and the ROPA is expected to be populated by the end of the year. So far, 2 out of 11 IAO's Assets have been populated.

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, as applied in the UK,*** outlines the specific of these requirements and provides minimum content which must be included for the contracts to be compliant.

Current position:

- 27 DPCs were noted as completed at the time of the CAO transition but we do not yet know which 27 Processors are covered by these.
- 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 finalised. ***The anticipated completion date has been amended to November 2022 as more detail needed from Procurement.***

|	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	***November 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.

Civil Disclosure Unit (CDU) have taken on the responsibility for ISAs as part of the enableNY collaboration. ***In October, no new ISA requests were received by CDU.*** CDU's plan is to close all outstanding ISAs as they have not had an update in several years. The CDU Team Leader will need to authorise this after reviewing them herself to ensure that ISAs are not closed off when they are in fact needed.

Progress on ISAs is noted below:
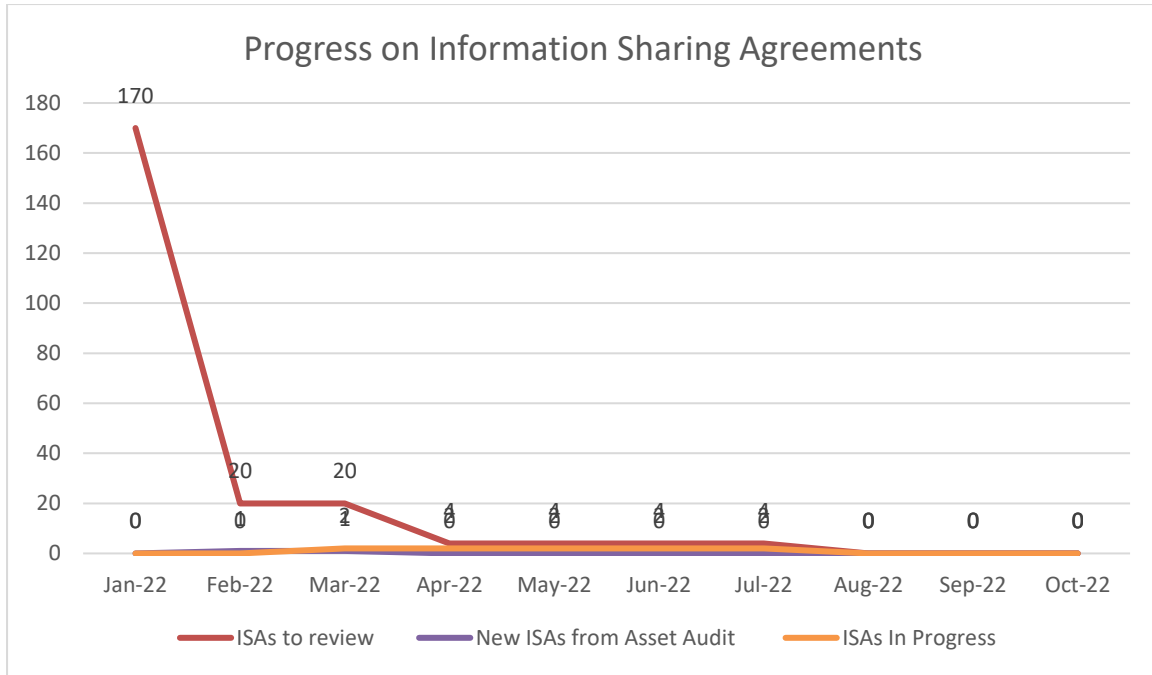
2.5 Data Breaches and Complaints

Under *Article 32 of the GDPR 2016, as applied in the UK*, 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, as applied in the UK*).
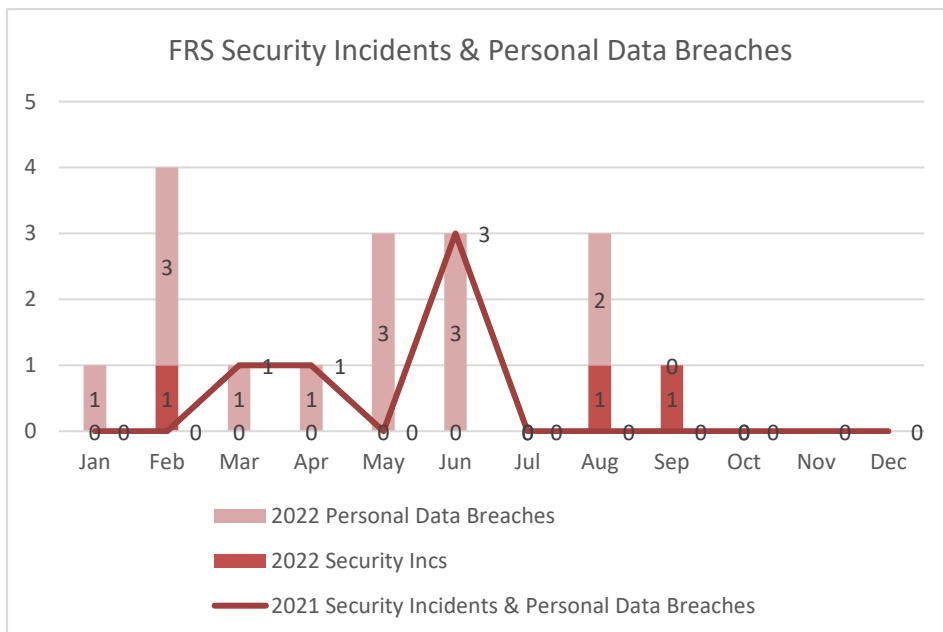
Please note, although all data breaches are also security incidents, for the purposes of this illustration, the two have been separated out.

There were no security incidents reported to us in October.

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There have been no independent reviews or complaints received in the last reporting period.

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 (as applied in the UK)* on behalf of NYFRS.
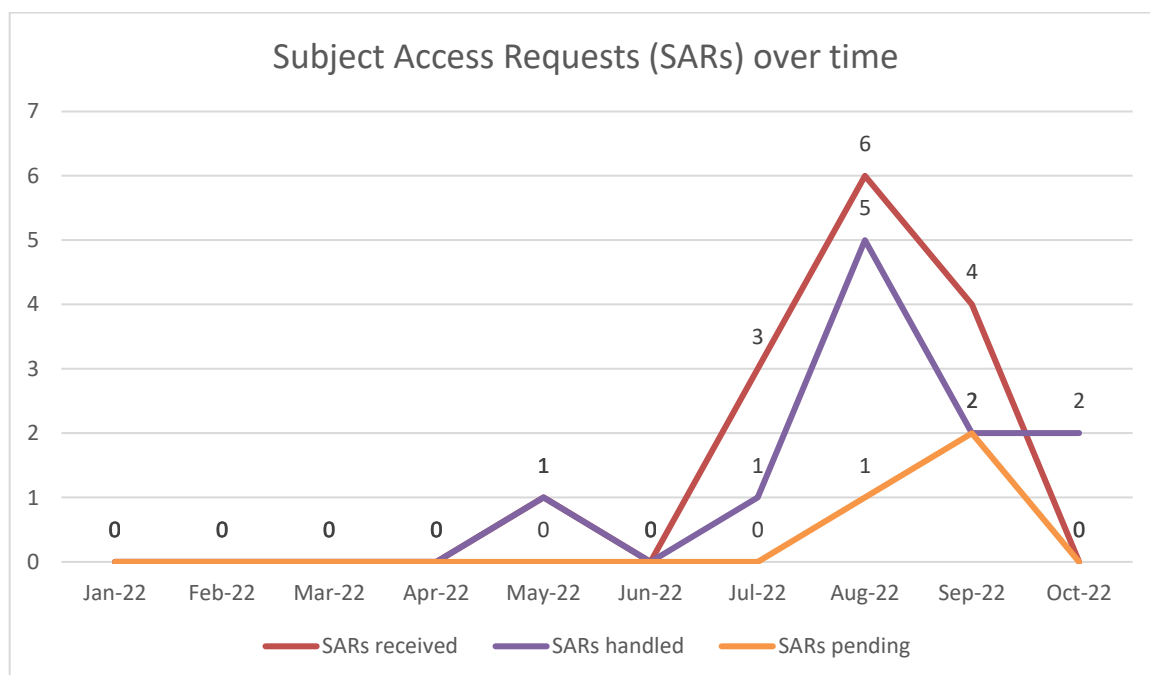
However, it is a legislative requirement to undertake compliance checks of the disclosures provided. For this reason, the DPO and CDU will work together to put a dip sampling process in place and ensure that the quality and compliance of the SARs released is monitored and audited.
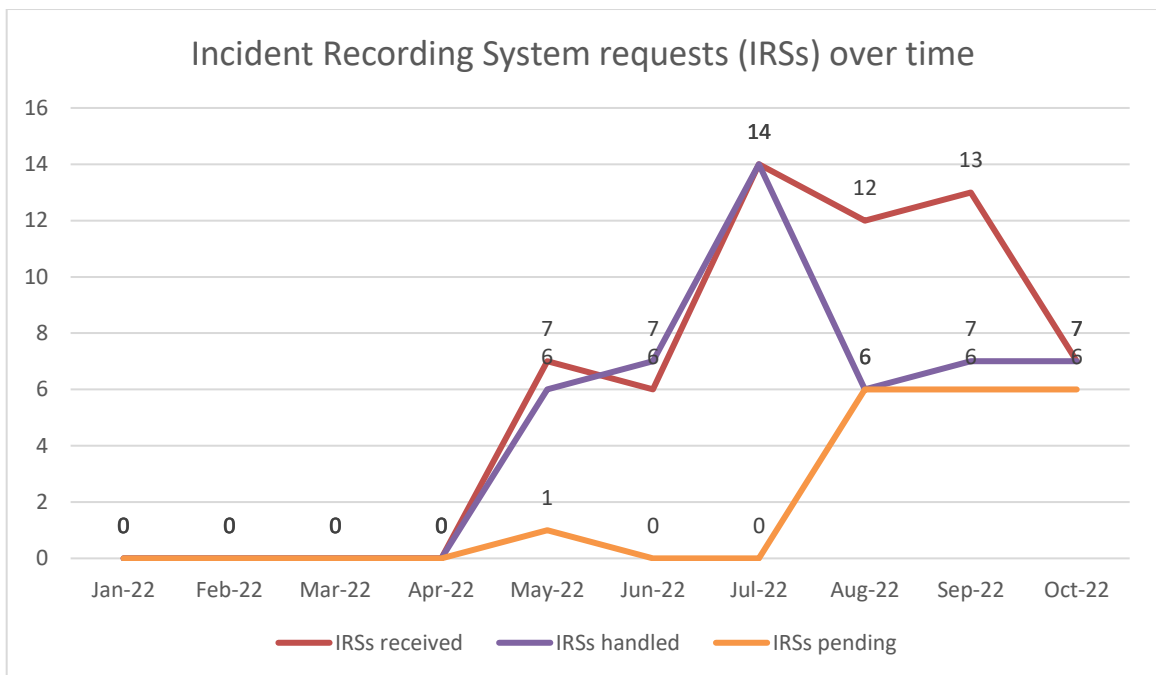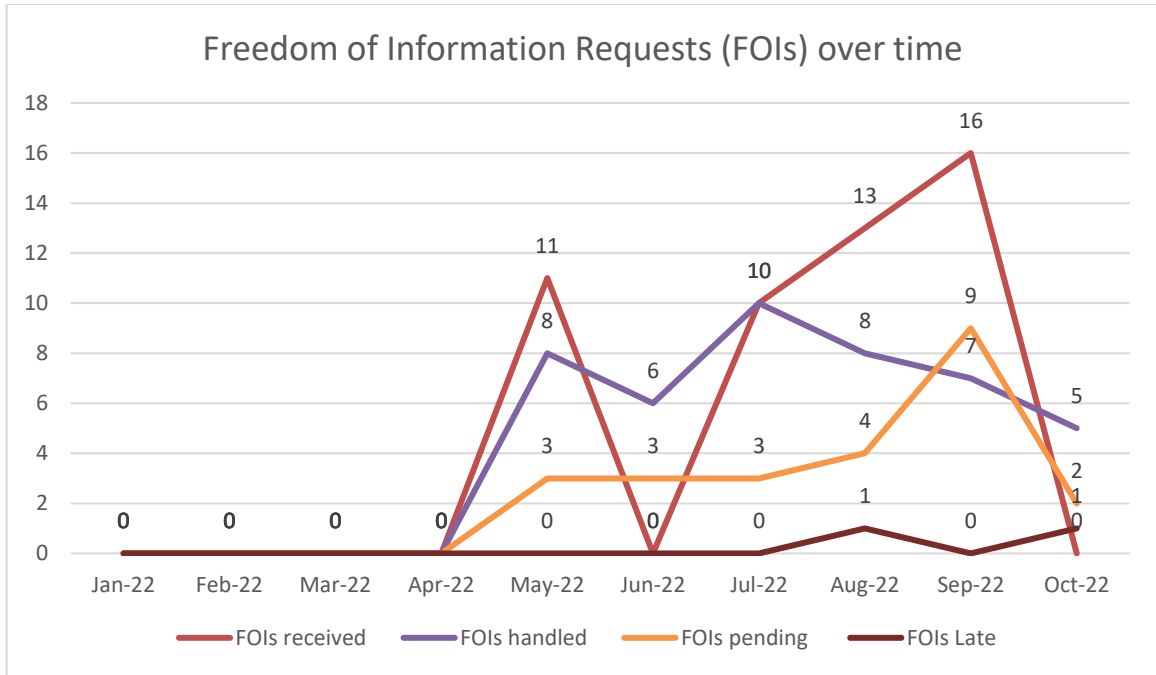
In October, CDU received:

- **7 IRS requests – all 7 have been dealt with in time.**
- **7 FOI requests – 5 have been dealt with in time and 2 are pending. Please note that 1 FOI is still pending from September due to not getting results back from the business area in time.**
- **3 GDPR/SAR requests – 2 GDPR requests have been dealt with in time and 1 is pending. 0 SAR requests received in October.**

All previous SARs are up to date.

The FRS Legal Officer has reviewed the FOI and SAR policies, as has the Team Leader (CDU). These have now been finalised. In July 2022, the CDU were notified that one further procedure sits with them, and this is still being reviewed.

Subject Access Requests (SARs) over time

Freedom of Information Requests (FOIs) over time

Incident Recording System requests (IRSs) over time

2.7 Training

As of 1st November 2022, there are 704 LearnPro users. The following completion rates were recorded for the mandatory e-learning training modules:

GDPR = 114 (+5 since last report) users have not yet completed this training. Completion rate: 83.8%.

Protecting Information (all Watch/on-call based staff) = 175 (+10 since last report) users have not yet completed this training. Completion rate: 75.1%.

Protecting Information Level 1 (Non-Rider, Control and Non-Uniformed Staff) = 345 (-2 since last report) users have not completed this training. Completion rate: 50.9%.

Please note, these completion rates are not completely accurate, as not everyone in the Service iwll need to complete all 3 modules, but at the moment we have no way of tracking who should be completing which modules.

The e-learning packages how now been reviewed and amends are pending. A training needs analysis matrix is also being prepared to illustrate which roles require which training:

- *Protecting Information – everyone*
- *Protecting Information Level 1 – Information Asset Owners/Heads of Functions*
- *GDPR – IAOs, Heads of Functions, Specialist roles (Control, Safeguarding, Administrators dealing with the public, Civil disclosure, Compliance)*

Once this has been finalised, a message will go out to the entire workforce to ensure that appropriate training is completed by the relevant roles, and tracking of the completion rates will be easier. The SIRO has agreed on 24th October 2022, that this course of action is supported.

2.8 - Data Quality and Retention

Under **Article 5(1)(d) and Article 5(1)(e) 38 of the GDPR 2016 (as applied in the UK)**, 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.

Throughout October, a total of 79 entries were sent out for review. All 79 of those entries have been reviewed and amended as needed.

Since the previous report, 92 entries have been reviewed in total. ICT have reviewed their entries (13 entries) and Training Delivery has been contacted to see whether the new GM for Training has started their role and for a SPOC to be nominated.

We are still awaiting feedback from two business areas (HR and Assets) whose entries were sent to them in August. A meeting with Head of Assets has taken place since the previous report and he has allocated team members to review the assets.

All business areas have been contacted (waiting for confirmation that Response and Resilience has been reviewed) and we are now just waiting for feedback.

To date, a total of 361 entries have been reviewed (58.79%, increase of 14.99% since last report).

Due to a delay in response from several business areas, we are aiming to complete this work by the end of November 2022.

Retention schedule review progress
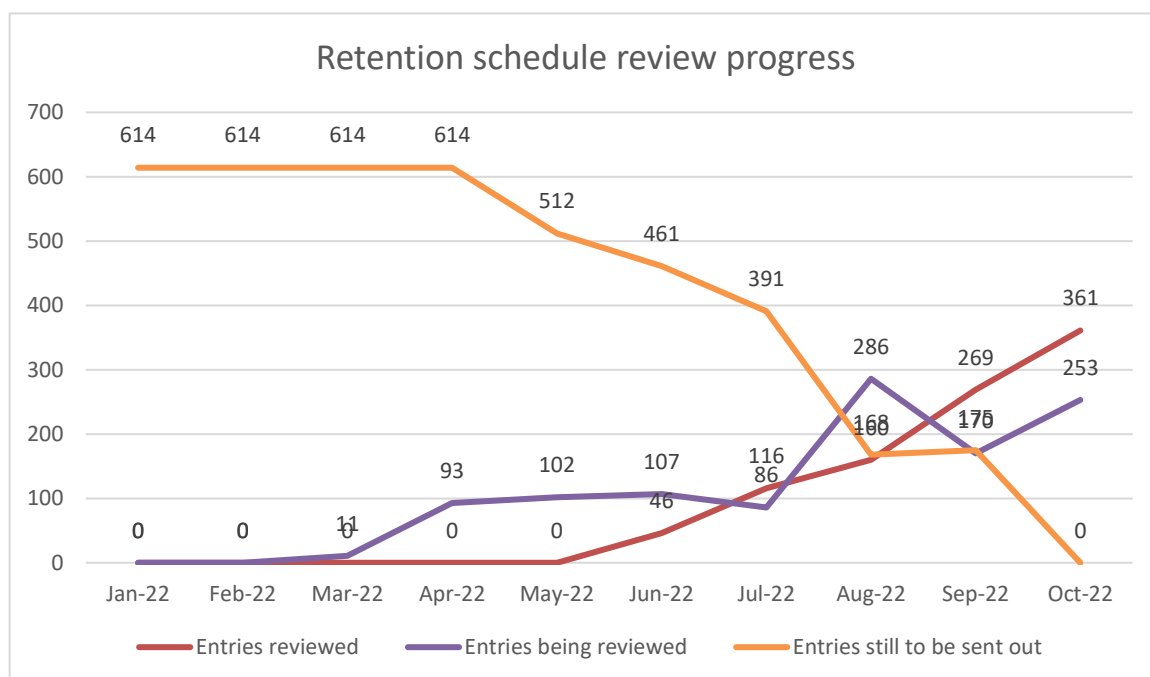
1

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 – in place.

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. ***Work is ongoing within ICT to implement this before the end 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. ***This stage is being reconsidered by ICT due to the pending changes with the FRS reporting to the Mayoral Office from April 2023. Consideration is being given whether collapsing the networks is the best way forward, and what alternatives could be suitable. The details of this are still being considered and therefore Compliance Team's involvement in this is stage is yet unknown.***

3.2 Central Admin Office transition to Information Management

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 progress on the FRS' priorities as highlighted by the FRS during the enableNY consultation:

- Information Asset Register and SIRO Assurance Statement Process
  - ○ ***Information Asset Audit completed in October 2022.***
- Data Quality and Retention
  - ○ ***Retention Schedule review is ongoing.***
- Training and Awareness (requirement under ***Article 39 of GDPR 2016*** and ***s71 of the DPA 2018***)
  - ○ ***E-learning has been reviewed and amends are pending.***
  - ○ ***Roadshows across FRS sites have been planned in for November. The Compliance Team will deliver bitesize training, drop in sessions and online masterclasses on Security Incidents, DPIAs, Information Rights and Information Sharing.***

In February 2022, a resourcing paper was submitted for consideration by Head of BDA, and Director of EnableNY, highlighting areas of work currently not progresses and posing a compliance risk. This paper will be included as part of the costed service plan request for additional resources in the next planning period.

3.3 Project Delivery to support NYFRS Transformation

The Compliance Team is engaging with the Programme Office to ensure we support the delivery of transformational projects, aligned with the current organisational priorities.

We are actively engaged with the CFRMIS Project. We have fed in the requirements for the system from an information governance perspective, and the Project Manager has since drafted the Data Processing Contract and Data Protection Impact Assessment considering suggestions and advice given. These documents are currently being reviewed by the Compliance Team.

A full review of CFRMIS records has taken place and new retention periods have been proposed. CFRMIS will be referred to as Fire Risk Management System Data on the updated retention schedule, as recommended by the Project team.

The next step of data migration will commence in due course.

In addition, the NFCC – Data Management Framework Project is now underway.

The 6 separate strands of the project have been scoped out and meetings are taking place to agree the remit of each of the chapters within the guidance framework. The Records Compliance Manager, Data Protection Officer and Information Security Officer are feeding into these as required. It is envisaged the national project will take 18 months to implement fully.