

Report of the Director of Service Delivery

15th March 2022

ASSURANCE – REPORT

1.0 Purpose of Report

- 1.1 To update the Joint Independent Audit Committee on the progress, actions, and decisions made by 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 1st of February and 1st of March 2022 and at SLT on the 17th of February 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) has progressed with procurement to be completed by 31st March 2022. Implementation and training to follow thereafter.

3.0 Information Governance

- 3.1 A report was provided by the Head of Business, Design and Assurance to TLT on 1st of February and 1st of March 2022, displaying performance against a range of Information Governance Indicators. There were no major areas of concern noted.
- 3.2 In January, the IAC panel provided feedback for development of enableNY BDA reporting. The points have been presented to Head of BDA for action.

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

4.0 Operational Assurance

HMICFRS

- 4.1 The Service submitted its Self-Assessment and document pack within the deadline of 7th of February 2022. A total of 114 documents across fire and enableNY were requested and provided.
- 4.2 A submission process audit identified several areas for improvement, which will be progressed as a component of the overall HMICFRS action plan with a target completion date of 31st of August 2022.
- 4.3 We are developing additional governance arrangements for tracking HMICFRS action plan progress, with an additional layer of scrutiny and support, outside of the TLT forum. The additional scrutiny/support will remain in place until the current Inspection process is complete. The Assurance Directorate (with OPFCC representation) will lead on this, supporting transition to business as usual under the new organisational structure.

Operational Assurance

- 4.5 A new operational assurance process is being piloted throughout March. The revised audit approach will provide a greater level of independent scrutiny.
- 4.6 Findings from the audit pilot highlight some non-compliance within the application of National Operational Guidance, demonstrating further embedding and training is required to overcome technological issues. Action plans and improvements notices have been issued to district management colleagues, with monitoring at Health & Safety Sub and full Committee.
- 4.7 Incident debriefing and outcome monitoring through the TLT sub-group continues to identify a principal trend in mobilising issues, associated with delays in requesting Fire and Rescue assets to attend incidents from partner agencies. This continues to be progressed through the multi-agency meeting framework, facilitated locally and regionally. No debrief outcomes have been reported to the National Organisational Learning/Joint Organisational Learning during this period.

5.0 Health and Safety

- 5.1 The H&S Committee met on the 26th of January 2022. The performance report at **Appendix 3** shows the number of reportable issues.
- 5.2 The Collision Investigation Working Group has begun to make progress in highlighting causal factors and actions required from across the service (estates, training etc) to reduce further occurrences.
- 5.3 The Terms of Reference for the Health and Safety Committee and Sub Committee are being revised to provide clearer lines of governance, accountability and responsibility.
- 5.4 A full review of Learn Pro is underway to establish ownership, governance and accountability of the system and content.

Data Protection

- 6.1 **Appendix 4** details the first report into Fire SLT from the Civil Disclosure Unit (CDU), now within enableNY. The transition and subsequent review have highlighted areas of good practice and areas for development. Where further work is required, appropriate timescales are included. Due diligence has been undertaken in relation to information disclosure against Schedule 12 of the Local Government Act 1972.

7.0 Recommendation

- 7.1 That JIAC note the contents of the report.

Jonathan Dyson
Deputy Chief Fire Officer
Director of Service Delivery

8th March 2022

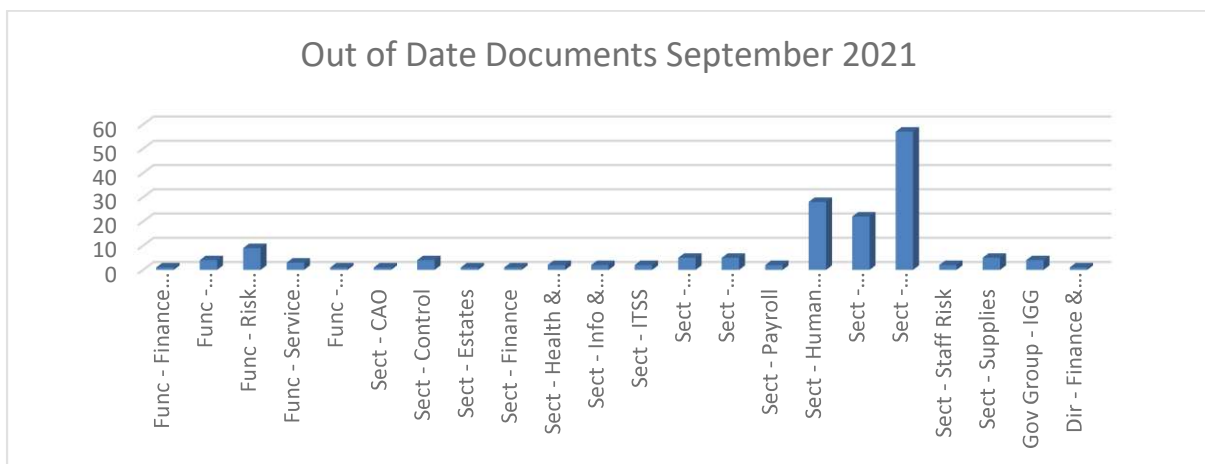
Appendix 1

Risk no. (hyper-linked to action plan)	Risk Owner (Function)	Headline Risk	Risk Assessment pre control				Risk Assessment post action plan					Risk Description
			Likelihood	Impact on objective	Interdependence	Risk Score	Action Plan Reviewed Date	Likelihood	Impact on objective	Interdependence	Post Action Plan Risk Score	
I1	Director of Service Delivery	Absence of operational staff	5	3	3	30	09.06.21	5	2	3	25	Insufficient staff available to crew appliances due to Industrial Action
I2	Director of Service Delivery	Control	5	4	2	30	09.06.21	3	4	2	18	Failure or loss of Control Room function including Staff and IT provision
I3	Head of Assets	Operational assets	4	4	2	24	07/09/21	3	4	2	18	Loss of operational transport, equipment or premises assets
I4	Director of Capabilities	Operational guidance	5	3	2	25	26.8.2021	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
I5	Director of Service Delivery	Appliance Availability	5	4	3	35	09.06.21	5	3	3	30	Unavailability of appliances (short term i.e. daily)
I6	GM Head of Training	Operational competence	5	3	1	20	02/08/21	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	Head of Finance	Key Financial Controls / Financial Governance	4	2	2	16	14/05/21	3	2	2	12	Failure to ensure effective financial control and financial planning processes leads to poor decisions and wasting public money resulting in reduced services (poor value for money) and adverse commentary and scrutiny from external bodies.
G2	Head of Business Design and Assurance	Consultation	4	3	4	28	02/08/21	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	09.06.21	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	09.06.21	1	4	4	8	Successful legal action resulting from failure to meet the legislation
G5	Head of Assets	Key supplier dependencies	3	4	4	24	07/09/21	2	4	4	16	Failure to ensure that suppliers of critical and key equipment and services are secured to enable continuity of services
G6	Head of Business Design and Assurance	Provision of Accurate and Timely Data	5	3	4	35	02/08/21	3	3	4	21	Inability to provide accurate and timely data to inform the development of the revised Risk and Resource Model (IRMP)
G7	Head of Business Design and Assurance	Information Management	5	2	3	25	02.08.21	3	3	4	21	Non compliance of information assets leading to a breach of regulations and/or legislation
G8	Head of ICT	ICT	5	4	4	40	02/08/21	3	4	4	24	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.
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	07/09/21	2	3	4	14	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.
F1	Director of Capabilities	BFS sector competence	3	4	2	18	05/07/21	1	2	2	4	BFS staff having specialist knowledge and experience sufficient to meet the RRM requirements
F2	Director of Capabilities	BFS Demand	3	4	1	15	05/07/21	2	4	1	10	The impact of highly complex or large numbers of cases requiring legal action or investigation
P1	Director of Capabilities	Prevention	3	4	3	21	05/07/21	3	3	3	18	Failure to identify and implement prevention interventions to safeguard the vulnerabilities of those identified as high risk within the community
S1	CFO	Strategic - Capacity and Capability	5	5	4	45	12/09/21	4	5	4	36	Ability to fulfil the Service's statutory responsibilities in it's 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
S2	CFO	Strategic - Inability to Recruit and Retain Staff	5	5	4	45	12/09/21	4	5	4	36	Ability to recruit and retain talent across all levels of the organisation.
S3	CFO	Strategic - Dilution or Loss of Operational and Organisational Experience	5	4	4	40	12/09/21	4	4	4	32	Ability to create resilience through an experienced, skilled and competent workforce
S4	Section 151	Strategic Financial Governance	5	2	4	30	15/01/21	3	2	4	18	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.

Appendix 2

Performance Indicator Summary September 2021 – TLT

Out of date documents



SECTION	Out of Date
Func - Finance & Administration	1
Func - Professional Standards	4
Func - Risk Management	9
Func - Service Delivery	3
Func - Technical Services	1
Sect - CAO	1
Sect - Control	4
Sect - Estates	1
Sect - Finance	1
Sect - Health & Safety	2
Sect - Info & Intel	2

Sect - ITSS	2
Sect - Occupational Health	5
Sect - Operational Assurance	5
Sect - Payroll	2
Sect - Human Resources	28
Sect - Prevention & Protection	22
Sect - Response & Resilience	57
Sect - Staff Risk	2
Sect - Supplies	5
Gov Group - IGG	4
Dir - Finance & Information	1
Total	162

This data represents the out of date documents under their old 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. This work will be completed shortly.

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. **In June 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 September 2021

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 CMB 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.
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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.

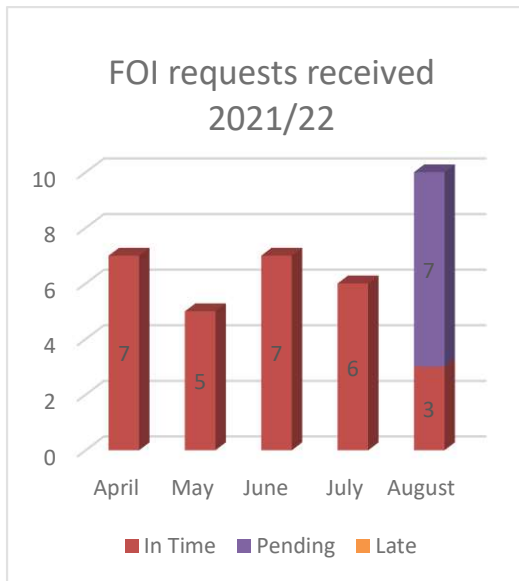
Compliance with The Local Government Transparency Code 2015

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	PARTIAL – we are partially compliant as we do not have a rolling .csv file of tenders past and present. 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 Technical Services has been tasked with looking at a process for keeping this info up to date. 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.
Asset lists and information asset register	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.

Freedom of Information Requests



We received **10** FOI requests in August; **3** completed in time and **7** currently pending. There have not been any late FOI requests so far, this financial year.

Incident Report Summary/Fire Investigation Report Request Responses



We received **9** IRS requests in August; **8** completed in time and **1** currently pending. We have not missed any IRS request deadlines so far, this financial year.

Data Protection Requests



We received **5** GDPR requests in August; with **4** completed in time and **1** currently pending. We have had not had any late GDPR requests so far, this financial year.

Complaints



We have received a total of **10** complaints between April and July, all completed in time. Following the Enable Review, the OPFCC have now taken over the administration of North Yorkshire Fire and Rescue's complaints.

A summary of the type of complaint since 1st April 2020 is as follows. Please note the number may exceed the number of complaints received in the table above, due to some complaints including multiple issues:

Type of Complaint	Cumulative Frequency	In Month
Driving Complaint	2	0
Employee Conduct	0	0

Response to Incident	3	0
Social Media Comments	1	0
Estates Complaint	0	0
Damage to Land or Property (not driving related)	1	0
Unhappy about the service	2	0
Fire Safety Complaint	1	0
Complaint Appeal	0	0
Sunken Fire Hydrant	0	0
TOTAL	10	0

A link to the Complaints Log can be found [here](#)

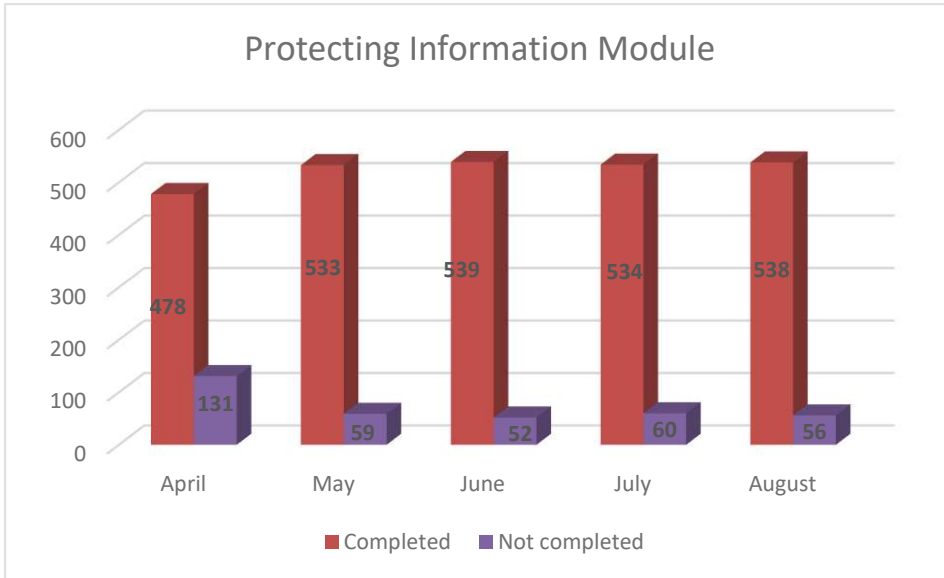
Compliments

From the 1st April 2021, the Service have received **26** compliments.

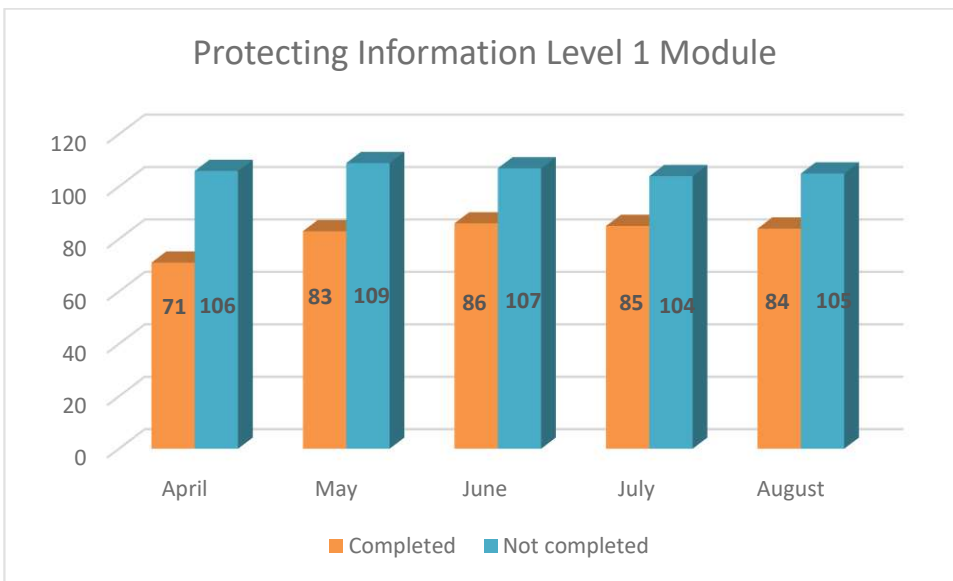
Type of Compliment	Cumulative Frequency
Public thanking crews for attendance at incident	10
Public thanking NYFRS in general	4
Random act of kindness	1
School/Club Visit	2
Commending the actions of a staff member	6
Fitting Smoke alarms	1
CSO Visit	2
Total	26

A link to the Compliments Log can be found here: [please click](#)

Protecting Information Modules



Currently **538** members of staff have completed the Protecting Information module leaving **56** still to complete it.



Currently **84** members of staff have completed the Protecting Information Level 1 module leaving **105** still to complete it.

All figures correct at the time of reporting, 1st September 2021.

Appendix 3

HSU Accident Analysis Report

26th January 2022

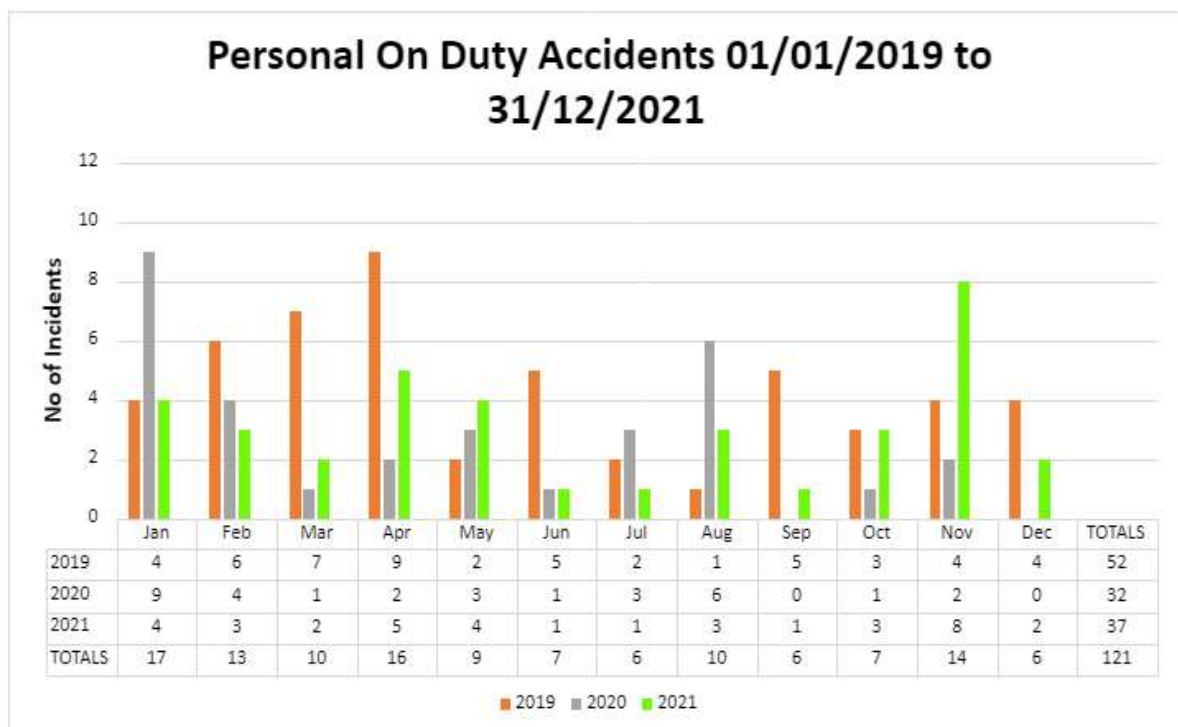
An analysis of on-duty personal accidents showing accidents per month and comparison over the last 36 months.

There were 10 on duty personal accidents reported in the period 1st November – 31st December 2021, up from 2 in the same period last year and up from 8 in 2019.

Of the 10 injuries, 5 were from manual handling, 1 was impact with a stationary object, 2 were impacts with moving objects, one was a trip and the last one was injured playing football.

There has been an increase in manual handling incidents this reporting period 2 at TC and 3 in different districts.

HSU reminds all staff that all accidents should be reported however minor.



CATEGORY	Jan-Feb 20	Mar-Apr 20	May-Jun 20	Jul – Aug 20	Sep – Oct 20	Nov – Dec 20	Jan-Feb 21	Mar-Apr 21	May-Jun 21	Jul-Aug 21	Sept-Oct 21	Nov-Dec 21
Slip, trip or fall	2	0	1	3	0	0	3	0	1	1	1	1
Handling, lifting or carrying	2	0	1	0	0	2	1	3	2	1	1	5
Struck by moving object	1	1	0	2	0	0	0	1	0	0	0	2
Fall from height	0	0	0	0	0	0	0	0	0	1	0	0
Struck against a fixed or stationary object	0	0	0	1	0	0	0	0	0	1	0	1
Struck by moving vehicle	0	0	0	0	0	0	0	0	0	0	0	0
Contact by moving machinery	0	0	0	0	0	0	0	0	0	0	0	0
Red skin	4	0	0	0	0	0	2	2	1	0	0	0
Acts of violence	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	2	2	3	1	0	1	1	1	0	2	1
TOTALS	13	3	4	9	1	2	7	7	5	4	4	10

An analysis of appliance accidents showing accidents per month and comparison over the last 36 months

During the period 1st November – 31st December 2021, HSU, Transport and Driver Training received 10 **vehicle** related accident reports, 8 of which involved appliances with 3 being on blue lights.

4 x appliance accidents were impact with stationary objects, 2 impacted stationary vehicles, 2 impacted moving vehicles.

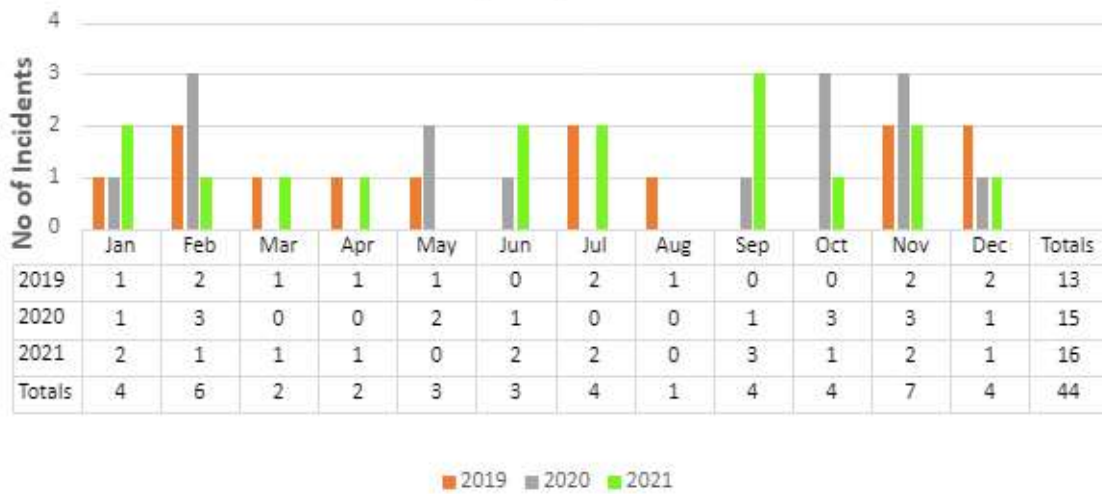
6 of these were whilst slowly manoeuvring the appliances and all were discussed at the newly formed Trans26 Collision Investigation Working Group, the first meeting was on the 18th January. Reporting of this meeting will be a standing item on the HSSC agenda.

Appliance accidents involving 3rd parties and/or on blue lights are CLG reportable.

No on-duty vehicle accidents resulted in injury.

NYFRS Driver Training receive all vehicle accident reports for input into further action if required.

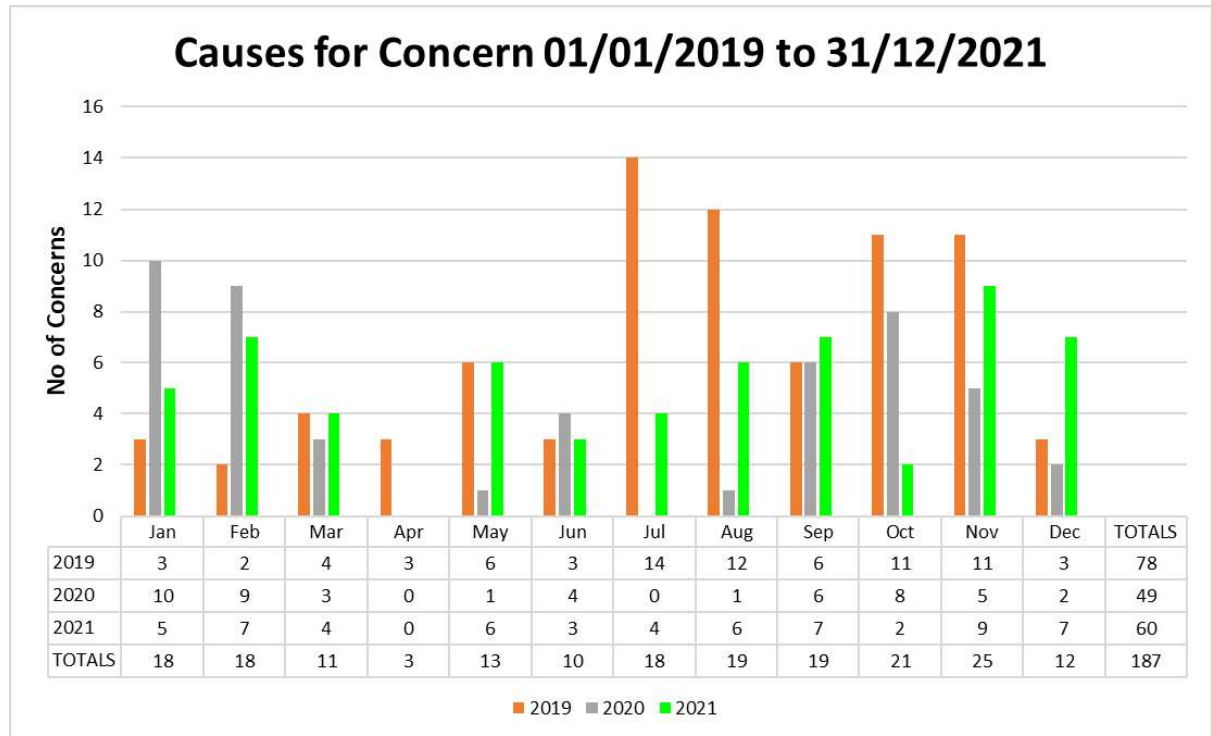
Appliances On Blue Lights 01/01/2019 to 31/12/2021



Appliances Off Blue Lights 01/01/2019 to 31/12/2021



Causes for Concern



In the period 1st November – 31st December 2021 there were 16 x CfCs in comparison with 7 last year and 14 in 2019.

The table below shows the categories for the CfC's over the last 2 years but doesn't show any discernible trends and all CfCs and Near Misses are discussed in detail at the HSSC.

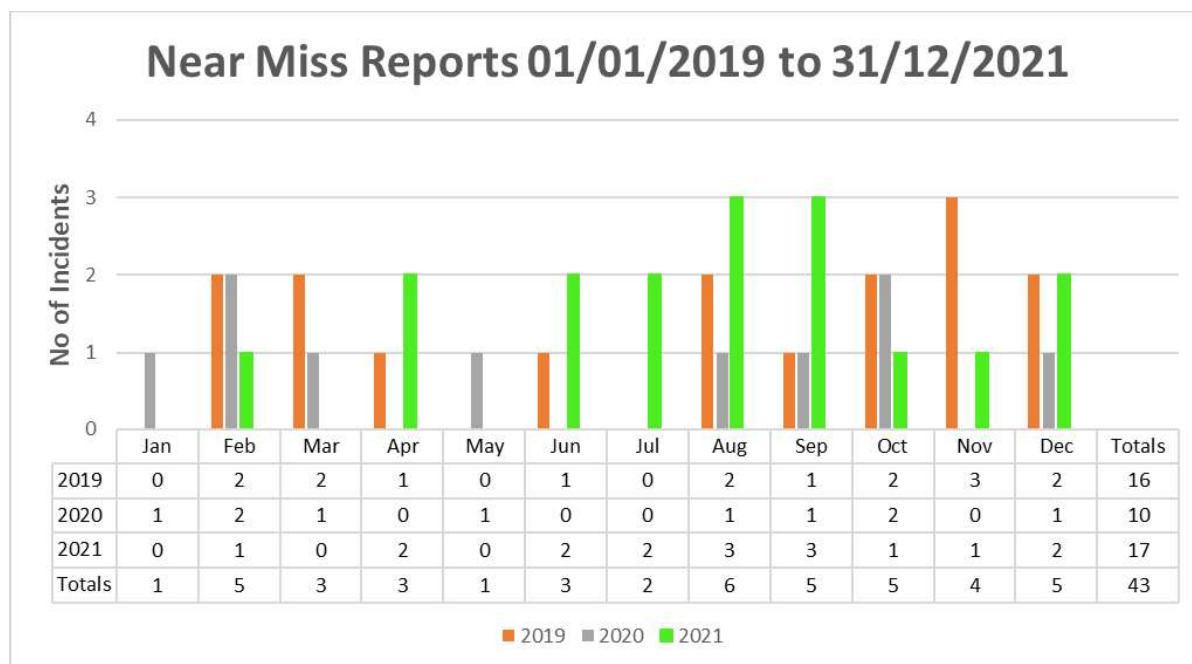
All staff are actively encouraged to report any Health and Safety concerns that they may have.

Categories of Causes for Concern 1 Jan 2020 – 31 Dec 21

Category	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	
BA	0	2	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	1	0	0	0	1	0	
Transport	0	0	0	0	0	0	0	0	2	2	1	0	0	1	1	0	0	0	0	0	0	0	0	0	1
Premises	5	1	0	0	1	2	0	0	0	1	1	0	0	1	1	0	1	0	0	5	1	0	3	2	
TRV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Equipment	3	2	1	0	0	2	0	1	3	2	2	1	1	1	0	0	3	1	1	0	1	1	2	2	
Other	0	1	1	0	0	0	0	0	0	2	0	1	0	2	0	0	0	0	1	1	0	1	1	1	
PPE	1	3	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	1	
MDT	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mobilising	0	0	0	0	0	0	0	0	1	1	0	0	2	1	1	0	1	1	1	0	3	0	2	0	
Abusive Behaviour	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	
TOTAL	10	9	3	0	1	4	0	1	6	8	5	2	5	7	4	0	6	3	4	6	7	2	9	7	

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

Near Misses



There was 3 near misses reported in the period 1st November to 31st December, up from 1 last year and down from 5 in 2019.

A CFBT BA mask scorched visor NM Occurrence was reported as RIDDOR and investigated as it was during use in a contaminated atmosphere in CFBT. TC are reviewing the risk assessments for CFBT/TACFF and re-evaluating their cleaning regime, liaising with Dräger & R&R to ensure the most appropriate servicing requirement for the amount of exposure to heat and combustible atmospheres that the sets at TC undergo, and ensuring that all masks have been thoroughly cleaned and are checked prior to re-use in a combustible environment.

This is the first time in 2 years there has been any BA near misses so will need to see if this continues over the coming months or whether this returns back to the usual.

CATEGORY	Jan-Feb 20	Mar-Apr 20	May-Jun 20	Jul-Aug 20	Sep-Oct 20	Nov-Dec 20	Jan-Feb 21	Mar-Apr 21	May-Jun 21	Jul-Aug 21	Sept-Oct 21	Nov-Dec 21
BA	0	0	0	0	0	0	0	0	0	0	0	2
VEHICLE/TRANSPORT	0	0	0	1	1	0	0	1	1	0	0	0
PREMISES	0	1	0	0	0	1	0	0	1	3	1	1
EQUIPMENT	2	0	1	0	1	0	0	1	0	2	1	0
OTHER	1	0	0	0	1	0	1	0	0	0	2	0
TOTALS	3	1	1	1	3	1	1	2	2	5	4	3

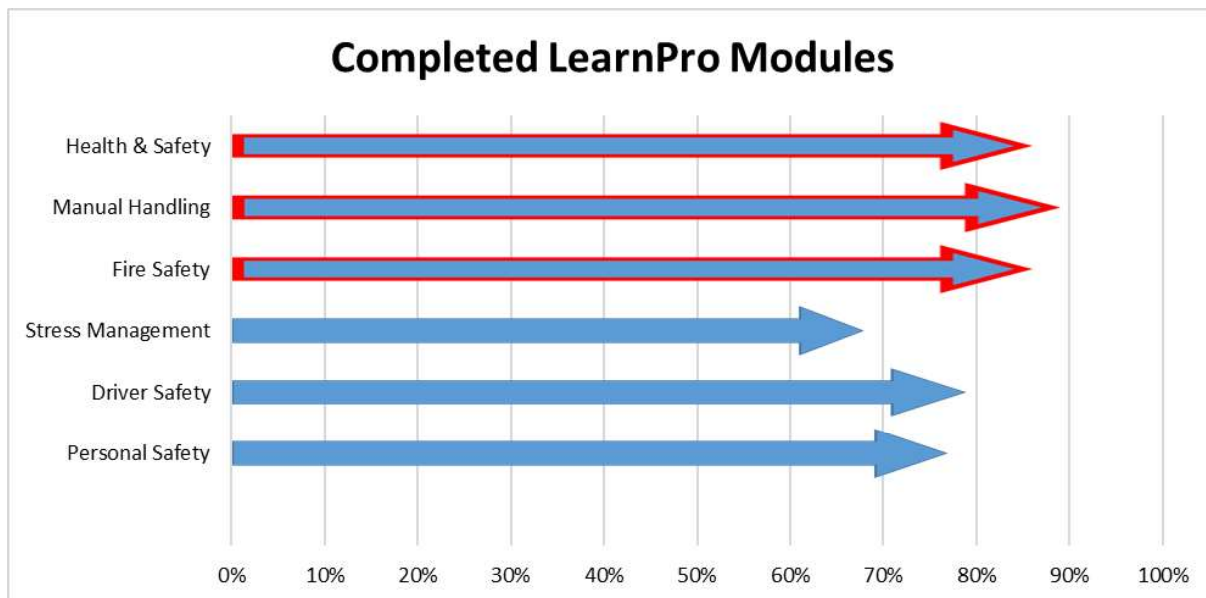
LearnPro Update

As of the 31st December there were 801 registered users on LearnPro, and below are the numbers of staff that have **not** completed the H&S modules.

General H,S & E Awareness 104
Fire Safety 104
Manual Handling 78

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

Driver Safety Awareness	157
Personal Safety	138
Stress Management	238



DSE risk assessments, as of the 1st January 2022 there are 24 DSE RAs outstanding, 9 Operational staff and 15 from Enable.

Accident Investigation Update

The Adverse Event investigation for the RIDDOR reportable injury that occurred to an observer at the recent high rise building training exercise has been completed. Further learning to address managing the H&S of multi agency exercise attendees is ongoing.

There are 2 ongoing adverse event investigations.

The investigation into uncontrolled lowering of several sets of 13.5m ladders is complete but requires comments from FBU H&S Rep.

The investigation of one appliance reversing into another after an incident on Strensall Common is currently on hold as the driver of the appliance is on long term sick.

Chris Bruce
Health and Safety Manager
EnableNY

**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**

March 2022

Data Controller	Chief Fire Officer of North Yorkshire Fire and Rescue Service
Author	Malwina Leszczynska, Data Protection Officer
Date	March 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	Chief Fire Officer of North Yorkshire Fire and Rescue Service
Signature	
Date	March 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:

- 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 FRS resource based out of NYP Compliance Team, under the enableNY umbrella, 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. Changes in progress will be noted in brackets in future reports.

Source of Controls	Total no. of controls	No. completed	No. outstanding	Anticipated completion date
ICO DP self-assessment	159	5	154	December 2023*
ICO Information Security self-assessment gap analysis	79	0	79	December 2023*
RSM internal Policies and Procedures audit report (2021/22)	1	0	1	August 2022*
Veritau 2021 Information Governance Year 2 Compliance Report	22	0	22	TBC once actions are reviewed in detail.

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

*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:



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STRATEGIC LEADERSHIP TEAM**

1.2 Data Protection Impact Assessments (DPIAs)

The NYFRS, does not currently screen for high-risk processing at the beginning of any project, initiative, or procurement process. Therefore, there is a risk that we may not identify risks in sufficient time to mitigate these prior to the processing commencing as required by law (**Article 35 of the GDPR 2016**).

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. **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. Further DPIAs are expected to be identified as we work with business areas to understand the processing.

To mitigate the risk going forward, we are introducing a Screening Process to ensure that all high-risk processing is handled at the outset of any project. This will take the form of an e-form submitted by business areas to the DP team. Business Insights will not progress any activity without this form being submitted and a response issued by the DP team. The team will respond to screening forms within 10 working days as to not hold up any activity, and where needed, these will be prioritised based on operational and business needs. It is envisioned that this process will be implemented with Procurement also, once the Procurement for FRS transition into the enableNY structure. This is expected to take place in April 2022.

	Total no.	Anticipated completion
DPIAs to review (once copies obtained)	3	June 2022
DPIAs identified by Information Asset Audit (to cross reference)	5	December 2022
DPIAs in Progress	1	First Draft expected March 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 **10** IAOs identified, **5** have met with us to discuss their assets. **Four** are still to meet with us to document their information handling processes, and the documentation for **1** of the IAOs is yet to be completed by the nominated point of contact.

The DPO will email all IAOs to inform them of the Information Asset Audit and ask that any remaining meetings are booked in by end of March 2022, with a view to complete documenting the findings of the audit and begin populating the Record of Processing Activity at the end of June 2022.

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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 specific 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 (Data Processing Contracts) 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.

	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	March 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 **1 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.

In recent weeks, it has transpired that Civil Disclosure Unit (CDU) have taken on the responsibility for initiating ISAs as part of the enableNY collaboration. The link to the existing ISA document library has been sent to CDU so that reviews can be initiated. The Compliance Team will continue to identify and log any new ISAs which are required, and we

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will flag these to CDU as needed, however, our involvement in 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.

	December 2021	January 2022	February 2022	Anticipated completion
ISAs to review			20	TBC
ISAs identified via Information Asset Audit (to cross-reference)			1	TBC
ISAs in Progress			0	

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 the month of February 2022, we received reports of and dealt with **5** (increase of 4 on last month) incidents of which, **4** were confirmed personal data breaches. We have not reported any new incidents to the ICO.

Summaries of the incidents received in February are listed below:

One incident reported to say a staff member accessed another staff members personal records on FireWatch without a lawful basis (**unauthorised access to personal data**).

One incident involving a staff member who had misspelled a colleague's name and therefore sent an email containing a small amount of personal data to the wrong recipient (**unauthorised disclosure**).

One incident involving multiple application forms having been sent to a Station Manager, and other employees, containing special category personal data that should have been redacted first (**unauthorised disclosure**).

One incident whereby a Firefighter reported an incident to say they had come across confidential documents on SharePoint which they felt they should not have had access to (**unauthorised access to personal data**).

One incident relating to two instances of on call firefighter recruitment process errors resulting in information being suspected missing. This incident report was received from the data subjects directly and have therefore also been logged as complaints (**Near Miss – investigation has revealed that documents have not gone missing, and have in fact been scanned and stored, but due to the delays in the recruitment process, these have been presumed missing by the complainant**).

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	December 2021	January 2022	February 2022
Personal Data Breaches	1	1	4
Security Incidents	0	0	1
Third Party incidents involving NYFRS data	0	0	0
Complaints Received from Data Subjects	0	0	2
Complaints received from ICO	0	0	0
Complaints received from OPFCC	0	0	0
Independent SAR Reviews conducted	0	0	0
Independent Rectification and Erasure request review conducted	0	0	0

Please note, some of these numbers may overlap e.g., complaints and security incidents handled.

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.

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 figures on the SARs they have handled in the past few months, but 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.

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.

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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**.

If no objections are raised, they come into force on 21 March 2022. Exporters will be able to use the IDTA or the Addendum as a transfer tool to comply with Article 46 of the UK GDPR when making restricted transfers.

The IDTA and Addendum replace the current standard contractual clauses for international transfers. They take into account 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, subject to the caveat that they come into force on 21 March 2022 and are awaiting Parliamentary approval.

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.

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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).

	December 2021	January 2022	February 2022	Anticipated completion
Retention Schedule entries reviewed			0	August 2022
Entries still to review			614	
% Completion			0%	

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 by October 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

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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 stage is yet unknown.

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. The ICO have been notified that the NYP DPO has taken on the FRS DPO function also.

The dedicated 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.