ABERDEEN CITY COUNCIL

COMMITTEE	Audit, Risk and Scrutiny Committee
DATE	08 May 2025
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Internal Audit Report AC2519 – FOI and SARs
REPORT NUMBER	IA/AC2519
DIRECTOR	N/A
REPORT AUTHOR	Jamie Dale
TERMS OF REFERENCE	2.2

1. PURPOSE OF REPORT

1.1 The purpose of this report is to present the planned Internal Audit report on Freedom of Information and Subject Access Requests.

2. RECOMMENDATION

2.1 It is recommended that the Committee review, discuss and comment on the issues raised within this report and the attached appendix.

3. CURRENT SITUATION

3.1 Internal Audit has completed the attached report which relates to an audit of Freedom of Information and Subject Access Requests.

4. FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from the recommendations of this report.

5. LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from the recommendations of this report.

6. ENVIRONMENTAL IMPLICATIONS

6.1 There are no direct environmental implications arising from the recommendations of this report.

7. RISK

7.1 The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are detailed in the resultant Internal Audit reports. Recommendations, consistent with the Council's Risk Appetite Statement, are made to address the identified risks and Internal Audit follows up progress with implementing those that are agreed with management. Those not implemented by their agreed due date are detailed in the attached appendices.

8. OUTCOMES

8.1 There are no direct impacts, as a result of this report, in relation to the Council Delivery Plan, or the Local Outcome Improvement Plan Themes of Prosperous Economy, People or Place.

8.2 However, Internal Audit plays a key role in providing assurance over, and helping to improve, the Council's framework of governance, risk management and control. These arrangements, put in place by the Council, help ensure that the Council achieves its strategic objectives in a well-managed and controlled environment.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Impact Assessment	An assessment is not required because the reason for this report is for Committee to review, discuss and comment on the outcome of an internal audit. As a result, there will be no differential impact, as a result of the proposals in this report, on people with protected characteristics.
Privacy Impact Assessment	Not required

10. BACKGROUND PAPERS

10.1 There are no relevant background papers related directly to this report.

11. APPENDICES

11.1 Internal Audit report AC2519 – Freedom of Information and Subject Access Requests

12. REPORT AUTHOR CONTACT DETAILS

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Assurance Review of Freedom of Information and Subject Access Requests

Status: Final
Date: 15 April 2025
Risk Level: Corporate

Report No: AC2519
Assurance Year: 2024/25

Net Risk Rating	Description	Assurance Assessment
Moderate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	**Reasonable**

Report Tracking	Planned Date	Actual Date
Scope issued	22-Jan-2025	22-Jan-2025
Scope agreed	29-Jan-2025	28-Jan-2025
Fieldwork commenced	17-Feb-2025	17-Feb-2025
Fieldwork completed	28-Feb-2025	28-Feb-2025
Draft report issued	14-Mar-2025	04-Mar-2025
Process owner response	04-Apr-2025	19-Mar-2025
Director response	11-Apr-2025	28-Mar-2025
Final report issued	18-Apr-2025	15-Apr-2025
AR&S Committee	08-May-2025	

Distribution	
Document type	Assurance Report
Director	Andy MacDonald, Director - Corporate Services
Process Owner	Lucy McKenzie, Customer Service Manager
Stakeholder	Isla Newcombe, Chief Officer – People & Citizen Services
	Alice Goodrum, Operational Lead – Customer Feedback and Access to Information
	Grant Webster, Team Leader, Access to Information
*Final only	Jonathan Belford, Chief Officer – Finance*
	Vikki Cuthbert, Interim Chief Officer - Governance*
	External Audit*
Lead auditor	Jamie Dale, Chief Internal Auditor

1 Introduction

1.1 Area subject to review

"A person who requests information from a Scottish public authority which holds it is entitled to be given it by the authority".

<div align="right">**Freedom of Information (Scotland) Act 2002**</div>

The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005. Under FOISA, a person who requests information from a Scottish public authority which holds it is entitled to be given it by the authority subject to certain conditions and exemptions set out in the Act. The Scottish Information Commissioner is responsible for enforcing and promoting freedom of information (FOI) law in Scotland.

The UK General Data Protection Regulation gives individuals (data subjects) a number of rights including the right to access personal data that an organisation holds about them. The right of access extends to all information held on an individual and includes personnel files, data-bases, interview notes and emails referring to the individual. If an individual makes a request to view their information, it is known as a "Subject Access Request" (SAR).

Freedom of Information law in Scotland also incorporates Environmental Information (Scotland) Regulations 2004 and INSPIRE (Scotland) Regulations 2009. Any requests under such legislation will be within scope but the review will primarily focus on FOI and SARs.

Within Aberdeen City Council the Access to Information Team is centrally responsible for such requests, facilitating responses from individual services as required and utilising the govService System. The Central Team also has responsibility for day to day support, quality assuring responses, providing training across the Council, and performance monitoring and reporting.

1.2 Rationale for the review

The objective of this audit is to obtain assurance that the Council's procedures for dealing with FOI and SARs are appropriate.

This area has been included in the agreed 2024/25 Internal Audit Plan due to the compliance aspects and associated risks of breaching legislation. It is essential that controls are designed appropriately and operating effectively.

Where FOI and SARs have been considered as part of wider corporate reviews, this area has not been audited as a standalone area in recent years.

1.3 How to use this report

This report has several sections and is designed for different stakeholders. The executive summary (section 2) is designed for senior staff and is cross referenced to the more detailed narrative in later sections (3 onwards) of the report should the reader require it. Section 3 contains the detailed narrative for risks and issues we identified in our work.

2 Executive Summary

2.1 Overall opinion

The full chart of net risk and assurance assessment definitions can be found in Appendix 1 – Assurance Scope and Terms. We have assessed the net risk (risk arising after controls and risk mitigation actions have been applied) as:

Net Risk Rating	Description	Assurance Assessment
Moderate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	**Reasonable**

The organisational risk level at which this risk assessment applies is:

Risk Level	Definition
Corporate	This issue / risk level impacts the Council as a whole. Mitigating actions should be taken at the Senior Leadership level.

2.2 Assurance assessment

The level of net risk is assessed as **MODERATE**, with the control framework deemed to provide **REASONABLE** assurance over the Council's approach to Freedom of Information and Subject Access Request handling.

Aberdeen City Council receives a large volume of requests[1]:

- 2023/24 – 1,725 FOI and EIRs
- 2023/24 – 395 SARs
- 2024/25[2] – 1,483 FOI and EIRs
- 2024/25 – 468 SARs

Within Aberdeen City Council the Access to Information Team is centrally responsible for such requests, facilitating responses from individual services as required and utilising the govService System. The Central Team[3] also has responsibility for day to day support, quality assuring responses, providing training across the Council, and performance monitoring and reporting.

Analysis of the Council's approach to handling requests provided reasonable assurance over operations, and with the exception of the actual govServices System, discussed below, controls were found to be designed effectively. The control framework is supported by detailed procedures, experienced Officers and clear processes on how requests should be handled. Reporting takes place within the Team, amongst Management, and to Committee on the level of requests and their handling, and this was found to be accurate and supportive in terms of facilitating a drive on the importance of services engaging with the Central Team when required. The efforts of the Central Team are also evident in working to clear backlogs, specifically around SARs[4].

However, the review identified some areas of weakness where enhancements could be made to strengthen the framework of control, specifically in its operation, including:

- **govServices System** – Analysis of the govServices System, the Council's chosen platform for handling requests, including walkthroughs with the Central Team and review of the handling of

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[1] Throughout the report, request is used as an umbrella term for FOI, EIR and SARs.
[2] 2024/25 figures are as at February 2025.
[3] Throughout the report, Central Team is utilised to describe the Access to Information Team.
[4] The Council are currently being reviewed by the Scottish Information Commissioner in relation to their handling of the backlog of Subject Access Requests. This involved regular reporting to the Commissioner, originally monthly but now quarterly, and set timeframes for clearing historic cases.

individual requests, highlighted a number of concerns, specifically around limitations of the System functionality that requires much processing and monitoring to be completed offline.

- **Request Handling** – As part of the audit 30 requests across 2023-25 were selected for detailed review. The population included Freedom of Information Requests, Environmental Information Requests, and Subject Access Requests. Targeted sampling ensured to select a mix of requests that had been reported as on time, late, outstanding and subject to subsequent review. The sample also included requests which were disclosed in full, refused, and some subject to redaction. Testing worked through the individual processes for the different types of requests and identified: 19 (63%) were found to follow the correct process with no issues noted. However for 11 (37%) of the sample, issues were found with the handling of the request, the level of issue varying but including instances such as requests not being completed, requests being completed offline, and discrepancies between the information held on the System and tracking spreadsheet.

- **Verification of SARs** – Where it is evident that the Central Team take efforts to confirm the legitimacy of requests, complying with legislation, including reviewed instances where the Central Team did not process requests until a signed mandate was received, it is not a requirement of the council's process for identification to be provided when the request is received from a solicitor. There is therefore a risk that information could be released to an individual or party who do not have the authority to receive it. The Central Team advised there had been no instances where complaints had been made to this effect, however, there remains a reputational and compliance risk if such an instance were to occur.

- **Reviews** – The Council utilises a Panel system for reviewing cases that are contested by requestors. There is no set Panel Membership or rota and instead a mailing list is maintained by Committee Services. When a review is required, Committee Services will reach out to those registered members and look for volunteers. Discussions with officers and review of panels identified issues with generating a mix of members and instances where panels were required to go ahead with only two members instead of the desired three.

Recommendations have been made to address the above risks. Whilst we recognise this as an area with many stakeholders across the Council, specifically in the provision of information to facilitate requests, the Central Team provide oversight and second line control. As such, recommendations have been targeted towards the Access to Information Team, whilst recognising they will need to engage across the business to implement enhancements.

2.3   Severe or major issues / risks

Issues and risks identified are categorised according to their impact on the Council. No such issues or risks were identified as part of this review.

2.4   Management response

Management welcomes the audit, which notes the significant number of requests processed and the opportunities for enhancing the handling of requests.

The implementation of a digital platform for managing Freedom of Information (FOI) requests and Environmental Information Regulations (EIR) requests introduced self-serve capabilities, automated emails, and reminders, which increased efficiency in handling time. While service standards have been met each year, it is recognised that there is potential to further streamline and automate processes for continued improvement.

In respect of Subject Access Requests (SARs), the Council has experienced a substantial increase in the number of requests, with a rise of nearly 54% between 2021 and 2024. The Scottish Child Abuse Inquiry (SCAI) has contributed to the increased demand for SARs from adults who were previously looked after. The Council has not received additional funding to manage this increase in requests, which require specialist knowledge and are often time-consuming to complete. There has been a focus in this area and notable progress in addressing these requests.

Since the audit, the team has adjusted their ways of working to keep all FOI requests open where further clarification is required. Work is in progress to ensure that the remaining actions identified are implemented in line with the deadlines set out.

3 Issues / Risks, Recommendations, and Management Response

3.1 Issues / Risks, recommendations, and management response

Ref	Description	Risk Rating	Moderate
1.1	**govServices System** – Since September 2020, the Council has utilised the Granicus govServices System for handling requests. Bodies are free to choose their own system and develop their own processes for handling requests, and where the name of the System references the 'government', govServices is provided by a private supplier. Analysis of the System, including walkthroughs with the Central Team and review of the handling of individual requests highlighted a number of concerns, specifically: • The System does not allow for handling of requests from start to finish, and requires off-system email escalations, off-system processing, and off-system storing of files. • If a request is identified as requiring clarity from the applicant after it has been assigned to a service, the System does not allow for this to happen. Instead the request must be closed and a new request logged when the clarification is received. This means that the number of requests recorded is artificially inflated as some will be clarity on previous asks. • The System does not allow escalation of cases to senior officers, either for approval or where responses have not been provided. • The System does not allow for a 'workable' download to be extracted of cases, nor does the System's Dashboard functionality allow for the Team to review tasks and their status, and as such a manual tracker spreadsheet is required to be maintained. This creates a twin track System and testing identified discrepancies, e.g. status of requests, between the System and spreadsheet. • The Council's approach to handling SARs cannot be fulfilled by the System. Where such requests are opened and closed on the System, all other handling happens offline. • The System does not facilitate active chasing by the Central Team for updates to request from services, and as such this takes place via email. Instances were identified as part of testing where emails were not stored for future review and also instances of emails being missed and cases remaining open when these could have been processed and finalised. There is a risk that the current system's limitations are creating additional workload, specifically the twin track approach discussed above, which creates additional pressures and contributes to the backlog of cases. Management advised an awareness of the System limitations and already have plans in place to replace the System. Management were able to share their plans, which included analysis of the current system limitations, review of users stories, and criteria sets that they desire from the new System. On a net basis, the current System is considered to drive a Major Risk but this is mitigated to a Moderate level by the current plans in place to replace the current govServices process.		
	IA Recommended Mitigating Actions		
	Management should ensure that the new System addresses the issues noted in this report, along with other known issues from the Central Team and other users across the Council. Plans should be finalised a robust timeframe put in place for the roll out of the new System.		
	Management Actions to Address Issues/Risks		

Ref	Description	Risk Rating	Moderate
	1) The Service, in association with Digital and Technology colleagues, are committed to address the current system limitations through a process redesign. The requirements have been documented and will form part of the Citizen Transformation programme currently being scoped. The overall plan will be provided in September 2025 and subject to available funding. *2) Analysis indicates that in 2024/25, there were 15 instances where a request was closed and subsequently reopened due to requested clarification. Since the audit, the team have adjusted their way of working and requests requiring clarification are no longer closed and then reopened as a new request. Since the spreadsheet is the data master, cases stay open and statistics remain accurate.*		

Risk Agreed	Person(s)	Due Date
1) Yes	Customer Services Manager	September 2025
2) Yes	Customer Services Manager	Complete

Ref	Description	Risk Rating	Moderate
1.2	**Request Handling** – Aberdeen City Council receives a large volume of requests:		

- 2023/24 – 1,725 FOI and EIRs
- 2023/24 – 395 SARs
- 2024/25 – 1,483 FOI and EIRs
- 2024/25 – 468 SARs

However, the System limitations discussed at 1.1 above reduce overall confidence in the reported figures:

- Without a workable extract of all cases, it was not possible to verify that all cases in the System are logged on the separate spreadsheet. To facilitate the audit, the spreadsheet has been utilised and the figures/status/other such information reported going forward comes from this.
- The number of requests received will be artificially inflated as some will have been duplicated where clarity has been requested on previous asks.

As part of the audit 30 requests across 2023-25 were selected for detailed review. The population included Freedom of Information Requests, Environmental Information Requests, and Subject Access Requests. Targeted sampling ensured to select a mix of requests that had been reported as on time, late, outstanding and subject to subsequent review. The sample also included requests which were disclosed in full, refused, and some subject to redaction.

Testing worked through the individual processes for the different types of requests and identified: 19 (63%) were found to follow the correct process with no issues noted.

However for 11 (37%) of the sample, issues were found with the handling of the request, the level of issue varying but specifically:

- One instance where email correspondence relating to the request, held outwith the System, had not been filed.
- Two instances where the request was answered late. Analysis showed that limited efforts had been made to request the required information from services to allow for completion of the request. Management advised the System issues frequent automated reminders to the responding officers. In addition, the Access to Information Team will make contact with officers by email or Teams out with the

Ref	Description	Risk Rating	Moderate

system where capacity allows. The team do not have capacity to solely rely on manual reminders..

- One instance where the Service provided all the required information but the Team did not pick up the response or complete the request until the following month.
- One instance that was handled completely off system and then input and backdated. Further analysis identified that the responsible Service that received the request had initially not treated this as an FOI request and instead planned to respond directly. This highlights a lack of awareness across the Council of the need for all requests to be notified to the Central Team.
- Two instance where the request was classified as still outstanding but had been completed. This was not reflected on the tracker spreadsheet or the System.
- One instance classified as still outstanding from March 2024. Analysis found that all information had been provided by the requested services but not picked up for review and finalisation by the Central Team. A further instance was identified from April 2024 where all information had been provided after chasing but had yet to be reviewed and finalised.
- One instance where sensitivity of the requested data had been queried internally. This had been resolved but the request not finalised.
- One instance where the spreadsheet noted a request as subject to a Panel Review but was actually a Service review. These are different processes and follow different resolution routes. Management however advised that Panel Reviews and Service Reviews are terms used internally and are not part of the statutory FOI process. For statistical purposes both types of reviews are classed as Reviews in the 2nd stage of the FOI process and as such an error of this sort on the spreadsheet regarding whether it was a 'Panel' or 'Service' Review would have no impact.

These delays, and variations in recording, along with limited capacity within the Central Team to consistently review and address all overdue requests promptly, present risks to the Council's compliance with the legal requirements.

Analysis of the Spreadsheet Tracker identified that requests are regularly being responded to late (2023/24 FOIs/EIRs: 9.9%, SARs: 23.8%). The Council is also still processing historic requests and working through a backlog (57 cases (3.3%) which remain open from 2023/24).

It is evident that the Central Team are dealing with a high volume of requests, which vary in terms of complexity. It is also evident that the Central Team are heavily reliant on services across the Council providing information to allow for the handling of requests. This impacts the Central Team's ability to manage workload. However the audit has identified issues in the current operations of the controls that Management should look to address to support the handling of requests.

IA Recommended Mitigating Actions

Management should ensure that requests are processed appropriately, complying with legislation and internal council policies. Efforts should be made to address the issues noted above and also increase awareness across the Council of the need to respond to requests for information.

Management Actions to Address Issues/Risks

1) *There are existing mechanisms in place to monitor performance around FOI/EIR and it is ECMT's and Service Managers' responsibility to monitor outstanding requests within their own areas through the PowerBI report available on the Manager's dashboard. The Performance Board is also utilised to escalate poor performance and ensure that this is addressed. As recognised above, improvements to the existing process to streamline and automate escalations will increase capacity within the team to intervene where automated reminders and escalations fail. The removal*

Ref	Description	Risk Rating	Moderate
	of spreadsheets and manual processes will also reduce risk of human error when recording information. 2) *Process to be implemented to address existing historic cases. Resource has been identified to assist.* 3) *Blog to be published on the intranet and through the Leadership Forum to promote timely handling of requests and emphasise statutory obligations.*		

Risk Agreed	Person(s)	Due Date	
Yes	Customer Services Manager	1) September 2025 2) May 2025 3) May 2025	

Ref	Description	Risk Rating	Moderate
1.3	**Verification of SARs** – Legislation allows for SARs to be made by individuals or a third party; this will often be parents on behalf of children, or solicitors on behalf of clients. Legislation does not stipulate how a body should specifically handle a request, other than satisfying itself that the requestor has the right to do so. At present the Central Team will assess requests on a case by case basis and as follows: • Where it is an individual or family member (e.g. parent of a child aged under 12), the Central Team will review Council records (e.g. D365) to confirm identity or the relation and authority to request the information. • Where it is a solicitor making the request, the Central Team will look for a signed mandate to be provided. This does not need to come directly from the individual and can come from the requesting party. Where it is evident that the Central Team take efforts to confirm the legitimacy of requests, complying with legislation, including reviewed instances where the Central Team did not process requests until a signed mandate was received, it is not a requirement of the Council's process for identification to be provided. There is therefore a risk that information could be released to an individual or party who does not have the authority to receive it. This would be a breach of the UK General Data Protection Act (UK GDPR). The Central Team advised there had been no instances where complaints had been made to this effect, however, there remains a reputational and compliance risk if such an instance were to occur, and current controls would not prevent it.		

IA Recommended Mitigating Actions

Where the Council is compliant with legislation, it is recommended that the current approach is assessed, with consideration given to requiring identification for all SARs where ID is available.

Management Actions to Address Issues/Risks

The ICO have comprehensive guidance around whether to request identification and what is considered reasonable, especially when there is an ongoing relationship with the applicant.

https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/individual-rights/right-of-access/what-should-we-consider-when-responding-to-a-request/#ID

The guidance states that you should not request formal identification documents unless necessary. First you should think about other reasonable and proportionate ways you can verify an individual's identity.

Ref	Description	Risk Rating	Moderate
	It is also important to recognise that not everyone has a form of ID and we would not want to disadvantage against anyone in these circumstances where we are satisfied that they are who they say they are through other means. *Given the ICO guidance, the continued approach will be to consider each request and identification verification on a case by case basis.*		

Risk Agreed	Person(s)	Due Date
No	N/A	N/A

Ref	Description	Risk Rating	Minor
1.4	**Reviews** – As part of the appeals process, applicants can request a review of how their case has been handled. This will often be in situations where information has been refused or redacted. Analysis of the data held by the Central Team found that limited cases reach this stage. There is no set Panel Membership or rota and instead a mailing list is maintained by Committee Services. When a review is required, Committee Services will reach out to those registered members and look for volunteers. Discussions with officers and review of panels identified issues with generating a mix of members[5] and instances where panels were required to go ahead with only two members instead of the desired three.		

IA Recommended Mitigating Actions
Management should promote Panel Membership and look to increase the numbers available. Efforts should be made to ensure that panels include a mix of individuals from across the Council.

Management Actions to Address Issues/Risks
Exercise to be undertaken through the Leadership Forum to increase membership.

Risk Agreed	Person(s)	Due Date
Yes	Customer Services Manager	June 2025

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[5] Members refers to Panel Membership of officers across the Council, and not Elected Members.

4 Appendix 1 – Assurance Terms and Rating Scales

4.1 Overall report level and net risk rating definitions

The following levels and ratings will be used to assess the risk in this report:

Risk Level	Definition
Corporate	This issue / risk level impacts the Council as a whole. Mitigating actions should be taken at the Senior Leadership level.
Function	This issue / risk level has implications at the functional level and the potential to impact across a range of services. They could be mitigated through the redeployment of resources or a change of policy within a given function.
Cluster	This issue / risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.
Programme and Project	This issue / risk level impacts the programme or project that has been reviewed. Mitigating actions should be taken at the level of the programme or project concerned.

Net Risk Rating	Description	Assurance Assessment
Minor	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Substantial
Moderate	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	Reasonable
Major	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the System of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Limited
Severe	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The System of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Minimal

Individual Issue / Risk Rating	Definitions
Minor	Although the element of internal control is satisfactory there is scope for improvement. Addressing this issue is considered desirable and should result in enhanced control or better value for money. Action should be taken within a 12 month period.
Moderate	An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on the audited area's adequacy and effectiveness. Action should be taken within a six month period.
Major	The absence of, or failure to comply with, an appropriate internal control, which could result in, for example, a material financial loss. Action should be taken within three months.
Severe	This is an issue / risk that could significantly affect the achievement of one or many of the Council's objectives or could impact the effectiveness or efficiency of the Council's activities or processes. Action is considered imperative to ensure that the Council is not exposed to severe risks and should be taken immediately.

5 Appendix 2 – Assurance Scope and Terms of Reference

5.1 Area subject to review

"A person who requests information from a Scottish public authority which holds it is entitled to be given it by the authority".

Freedom of Information (Scotland) Act 2002

The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005. Under FOISA, a person who requests information from a Scottish public authority which holds it is entitled to be given it by the authority subject to certain conditions and exemptions set out in the Act. The Scottish Information Commissioner is responsible for enforcing and promoting freedom of information (FOI) law in Scotland.

The UK General Data Protection Regulation gives individuals (data subjects) a number of rights including the right to access personal data that an organisation holds about them. The right of access extends to all information held on an individual and includes personnel files, data-bases, interview notes and emails referring to the individual. If an individual makes a request to view their information, it is known as a "Subject Access Request" (SAR).

Freedom of Information law in Scotland also incorporates Environmental Information (Scotland) Regulations 2004 and INSPIRE (Scotland) Regulations 2009. Any requests under such legislation will be within scope but the review will primarily focus on FOI and SARs.

Within Aberdeen City Council the Access to Information Team is centrally responsible for such requests, facilitating responses from individual services as required and utilising the govService System. The Central Team also has responsibility for day to day support, quality assuring responses, providing training across the Council, and performance monitoring and reporting.

5.2 Rationale for review

The objective of this audit is to obtain assurance that the Council's procedures for dealing with FOI and SARs are appropriate.

This area has been included in the agreed 2024/25 Internal Audit Plan due to the compliance aspects and associated risks of breaching legislation. It is essential that controls are designed appropriately and operating effectively.

Where FOI and SARs have been considered as part of wider corporate reviews, this area has not been audited as a standalone area in recent years.

5.3 Scope and risk level of review

This review will offer the following judgements:

- An overall **net risk** rating at the **Corporate** level.
- Individual **net risk** ratings for findings.

5.3.1 Detailed scope areas

As a risk-based review this scope is not limited by the specific areas of activity listed below. Where related and other issues / risks are identified in the undertaking of this review these will be reported, as considered appropriate by IA, within the resulting report.

The specific areas to be covered by this review are:

- **Policy and Procedures** – Ensuring that policies and procedures are available, up to date, and in line with relevant legislation

- **Publication Scheme** – Ensuring the Council maintains and delivers a Publication Scheme as required by legislation, including any proactive publication to reduce the number or need for requests.

- **Request Handling** – Reviewing a sample of requests to assess their logging, tracking and response. This will include reviewing how requests and responses are documented. This will also include any charges applied.

- **Exemptions and Redactions** – Reviewing the application of any exemptions or redactions to information, including justification.

- **Complaints and Appeals –** Reviewing the process for handling complaints and appeals related to requests.

- **Performance Monitoring –** Ensuring the Council monitors and reports on its handling of requests and compliance overall.

Whilst it understood individual services are responsible for their own information and facilitating requests, this review is focused on the central controls and the second line assurance arrangements. As such, whilst we recognise many different stakeholders are involved in the process, any recommendations made will be directed centrally.

5.4   Methodology

This review will be undertaken through interviews with key staff involved in the process(es) under review and analysis and review of supporting data, documentation, and paperwork. To support our work, we will review relevant legislation, codes of practice, policies, procedures, guidance.

Due to hybrid working practices, this review will primarily be undertaken remotely via electronic meetings and direct access to systems and data, with face to face contact and site visits to premises to obtain and review further records as appropriate.

5.5   IA outputs

The IA outputs from this review will be:

- A risk-based report with the results of the review, to be shared with the following:
  - Council Key Contacts (see 1.7 below)
  - Audit Committee (final only)
  - External Audit (final only)

5.6   IA staff

The IA staff assigned to this review are:

- Jamie Dale, Chief Internal Auditor **(audit lead)**

5.7   Council key contacts

The key contacts for this review across the Council are:

- Andy MacDonald, Executive Director – Corporate Services
- Lucy McKenzie – Customer Service Manager **(process owner)**
- Alice Goodrum – Operational Lead – Customer Feedback and Access to Information
- Isla Newcombe, Chief Officer – People & Citizen Services

5.8   Delivery plan and milestones

The key delivery plan and milestones are:

Milestone	Planned date
Scope issued	22-Jan-25
Scope agreed	29-Jan-25
Fieldwork commences	17-Feb-25
Fieldwork completed	28-Feb-25
Draft report issued	14-Mar-25
Process owner response	04-Apr-25
Director response	11-Apr-25
Final report issued	18-Apr-25