

Glasgow City Council Internal Audit Section

Committee Summary

Corporate Review: Freedom of Information Requests

Item 5(b)

21st October 2026

1 Introduction

- 1.1 As part of the agreed Internal Audit plan, we have carried out a review of the arrangements in place for managing Freedom of Information Requests (FOIs).
 - 1.2 The Freedom of Information (FOI) (Scotland) Act 2002 was introduced to increase openness and accountability by ensuring public access to information held by Scottish public bodies. The Council hold a variety of data and seeks to comply with the requirement to provide this upon request within 20 working days. The FOI process for the Council is managed by the Information Data Protection Team (IDPT) within Legal Services and for Social Work Services (SWS) by the Complaints, FOI and Investigations Team (CFIT). At the time of the fieldwork, Financial Services managed its own FOI requests although this responsibility has since transferred to the IDPT.
 - 1.3 The purpose of the audit was to gain assurance that there are adequate controls in place for the management and reporting of FOI requests across all Services. The audit included a review of the key controls in the following areas:
 - Policies and procedures
 - Public guidance and awareness
 - Roles and responsibilities
 - The tracking and managing of requests received, including timescales and approval of responses
- A record of requests received, including responses is maintained
 - For a sample of FOIs, these have been dealt with in accordance with the documented policy, procedures and statutory timescales
 - Review requests (where appropriate)
 - Reporting arrangements

2 Audit Opinion

- 2.1 Based on the audit work carried out a reasonable level of assurance can be placed on the control environment. The audit has identified some scope for improvement in the existing arrangements and two recommendations which management should address.

3 Main Findings

- 3.1 We are pleased to report that the key controls are in place and generally operating effectively. The public are made aware of their right to request information via the Council website; this includes the email and postal address that requests can be sent to. In addition, The Corporate Identity Guidelines require officers to include the FOI email address in their out of office email response.
- 3.2 We confirmed that there are policies and procedures in place which detail internal processes on how to deal with FOI requests including the roles and responsibilities at each stage, and these are available to staff via the intranet. We were advised that, upon receipt of an FOI request, the IDPT record and manage requests within the Remedy system, which is used to log, track and monitor FOI cases through to completion. This is used alongside various Excel spreadsheets and EDRMS.
- 3.3 We confirmed through review of reports that FOI information is presented to the Information Advisory Board which is attended by representatives from each Service.
- 3.4 The team maintains a tracking document to record ownership and monitor the progress of FOI Requests. The FOI officer has monitoring triggers in place to follow up on outstanding responses and, where no response has been received by day 18, escalates the matter to service management through a potential breach notification copied to the relevant Directors and Heads of Service.
- 3.5 However, our testing identified some areas of non-compliance. Through review we identified that there are two training courses available to staff on GOLD relating to FOI requests, this includes an Introduction to FOI and Environmental Information Request (EIR) and an Advanced FOI and EIR course. However, these are not mandatory and key staff who should complete the advanced course have not been identified.
- 3.6 We selected a sample of 20 FOI requests made between January 2025 and November 2025 to ensure that the requests had been adequately recorded, managed and the responses had been approved and issued within the statutory 20 working day timescale. All of the requests reviewed were recorded timeously on the system, the relevant documentation had been retained, and every applicant was made aware of their right to request a review of their

response. However, we found one instance where the timescale had been breached.

3.7 Once evidence has been collected, a draft response is issued to service management who will either approve or request changes to be made prior to being issued to the applicant. For three of the 20 cases sampled there was no evidence that approval of the draft response had taken place. We were advised that approval would most likely have been granted verbally.

3.8 If a requestor is not happy with the FOI response received, or if they do not receive a response within the statutory timescale, they are able to request a review. The review is carried out by an officer not involved in the original response. We reviewed 25 FOI review requests received between January 2023 and November 2025 and found that all requests were submitted within the 40-day statutory period, with an appropriate independent officer reviewing the request. Of these, 22 were completed within the 20-day timescale, the remaining three were issued late, two due to delays in receiving information from services and one due to an internal recording error.

3.9 An action plan is provided at section four outlining our observations, risks and recommendations. We have made two recommendations for improvement. The priority of each recommendation is:

Priority	Definition	Total
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	0
Medium	Less critically important controls absent, not being operated as designed or could be improved.	2
Low	Lower level controls absent, not being operated as designed or could be improved.	0
Service Improvement	Opportunities for business improvement and/or efficiencies have been identified.	0

3.10 The audit has been undertaken in accordance with the Global Internal Audit Standards

3.11 We would like to thank officers involved in this audit for their cooperation and assistance.

3.12 It is recommended that the Head of Audit and Inspection submits a further report to Committee on the implementation of the actions contained in the attached Action Plan.

4 Action Plan

No.	Observation and Risk	Recommendation	Priority	Management Response
Key Control: Adequate FOI guidance and training has been provided to all staff.				
1	Although we were advised that staff are made aware of their role in the FOI process via the FOI procedures and process notes, currently the "Introduction to FOI and EIR" and "Advanced FOI and EIR" training courses available to all staff on GOLD is not mandatory for all staff and from review of training records for the IDPT, not all staff have completed the training: 4 of 16 members of the IDPT had completed the "Introduction to FOI and EIR" GOLD Course. 14 of the 16 members of the IDPT had completed the "Advanced FOI and EIR" GOLD Course. It was confirmed by the CFIT management that neither course has been completed by members of the team. There is therefore an increased risk that staff are not fully aware of the correct process for dealing with FOIs which could result in statutory requirements being breached.	The Head of Information and DPO should develop a proposal to mandate the "Introduction to FOI and EIR" GOLD course for all staff and submit this for consideration and service management approval. This should also include a proposal for the mandating of the "Advanced FOI and EIR" Gold course for all FOI service contacts. For the IDPT and CFIT staff, the "Advanced FOI and EIR" Gold Course should also be made mandatory. Completion rates should be monitored on a regular basis and action taken to improve completion where required	Medium	Response: CED: Accepted. Proposals to mandate the courses for key staff will be developed. IDPT staff will complete the advanced GOLD course. SWS: Accepted. Relevant CFIT staff will complete the advanced GOLD course. Officer Responsible for Implementation: CED: Head of Information and DPO SWS: Business Development Manager Timescales for Implementation: CED: 30 November 2026 SWS: 30 November 2026

No.	Observation and Risk	Recommendation	Priority	Management Response
Key Control: Adequate arrangements are in place and are being adhered to for the tracking and managing of requests received, including meeting timescales and approval of responses.				
2	We were provided with a report of all FOI requests received between January and November 2025 and selected a sample of 20 requests for review. Through review of evidence, we found the following issues: - For one FOI request, the 20 working day statutory timescale for issuing a response was exceeded by one day. This was due to delays agreeing the response with the service. - For three FOI requests, evidence that management had approved the response prior to it being issued could not be provided. We were advised that it is likely approval was given verbally. We were then provided with a further report that showed requests for FOI reviews over the period January 2023 and November 2025. We selected a sample of 25 requests for review and found that for three review requests, the 20 working day statutory timescale for issuing a response was exceeded. We were advised that this was due to the following: - For two of the cases, the information required to respond to the applicant was received late from the service, which resulted in the review response	The Head of Information and DPO should liaise with FOI service contacts to reiterate the importance of complying with agreed processes and timescales. IDPT Staff should also be advised to retain all correspondence for future reference, including approvals.	Medium	Response: Accepted Officer Responsible for Implementation: Head of Information and DPO Timescales for Implementation: 31 October 2026.

No.	Observation and Risk	Recommendation	Priority	Management Response
	being approved and issued after the deadline. (four days and one day overdue). • The other case was due to an internal error where the date a response was required by was recorded incorrectly (one day overdue). This increases the risk that responses may not be appropriate and that requestors may be dissatisfied.			