		Name of Meeting
		Audit and Corporate Governance Committee
		Date of Meeting
		15 September 2021
		Agenda item:
		3.9

Public Health Wales Information Governance Performance Report Q1 2021/2022

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Approval/Scrutiny route:	Business Executive Team (6 September 2021)

Purpose
Receive the Information Governance Performance Report

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

The Audit and Corporate Governance Committee is asked to:
- **Receive assurance** that the Information Governance Management System is working effectively.

Link to Public Health Wales [Strategic Plan](...)	
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
Strategic Priority/Well-being Objective	Choose an item.
Strategic Priority/Well-being Objective	Choose an item.

Summary impact analysis	
Equality and Health Impact Assessment	No Equality and Health Impact Assessment is required.
Risk and Assurance	This report will provide assurance that the Information Governance Management System is operating effectively. The performance report includes the latest version of the Information Governance Risk Register.
Health and Care Standards	This report supports and/or takes into account the [Health and Care Standards for NHS Wales](...) Quality Themes Governance, Leadership and Accountability Choose an item. Choose an item.
Financial implications	No financial implications
People implications	No people implications

1. Purpose / situation

The purpose of this paper is to introduce the Information Governance Performance Report.

2. Background

In order to discharge its responsibilities with regards to ensuring the security and appropriate use of personal information, together with being able to demonstrate compliance with data protection legislation, Public Health Wales maintains an Information Governance Management System. As well as being able to report that the organisation is compliant or otherwise, it is essential to be able to report on whether the system is achieving its intended purpose or not. The Information Governance Performance Report fulfils this requirement.

Information Governance is also supported by an operational level organisation wide risk register which is available on request.

3. Description/Assessment

The areas currently reported on are as follows:

- Freedom of Information Act compliance

This section indicates compliance or otherwise with the requirements for releasing information under the Freedom of Information Act 2000. Chart 1 shows the length of time taken to respond to each request, together with the average time and the legislative requirement. Chart 2 shows the number of requests over time including the average time to respond and the number of non-compliances with the legislative requirement.

- Data Protection Act compliance

This section reports compliance or otherwise with the requirements of the General Data Protection Regulation 2016 (GDPR), in relation to the right of access of data subjects to the information which we hold about them. This may be service users or staff. The charts provide the same information as for Freedom of Information compliance.

- Personal Data Breaches

This is a requirement under the GDPR in which we are required to risk assess all personal data breaches and under certain circumstances to report them to the Information Commissioner's Office and the data subjects involved. The chart shows the number of breaches over time, along with those requiring reporting.

- Mandatory Information Governance Training

This section reports compliance or otherwise with targets for mandatory Information Governance Training. The chart shows compliance with both the NHS Wales target of 85% compliance, and the higher Public Health Wales target of 95% compliance. Figures are shown for the previous 12 months where available to indicate overall trends in compliance.

- The Information Governance Working Group (IGWG)

This section reports on key points and any outstanding actions from the meetings.

- Assurance

Finally, the report provides an overview of any assurance reports received over the reporting period.

4. Analysis

Freedom of Information.

The increase since the end of March 2020 in requests received continues. A total of 104 requests were received, but after clarification was sought from the requestors only 89 requests for information under FOIA in the reporting period needed to be dealt with. These were mainly connected with requests for Covid-19 information.

Whilst the general trend is continuing to rise, there was a noticeable drop in requests from the previous reporting period. This is partly down to measures put in place by the Information Governance Managers to try and reduce the overall number of requests that have to be dealt with across the organisation.

The average time to respond to requests was 12 days, just under the KRI threshold of 15 days. 12 responses during Q1 went over the 20 day period and so were outside legislative compliance, almost exclusively due to capacity issues across the Directorates in being able

to respond to the requests for information. One exemption was engaged under Section 22 – (Information held with a view for future publication), with the public interest test favouring non-disclosure.

Two refusals were made under section 14 (Vexatious) as following the assessment of the request and the work involved in preparing the information for release to ensure that no personal data would be released, it was determined that responding would have a disproportionate and unjustified level of disruption to the organisation. (See para 5. Below).

Subject Access (Data Protection Act) Requests.

Requests have fallen slightly with eight requests being received during the reporting period, and in all but one complex case, target times for response were met.

Mandatory Information Governance Training.

While improvements have been made over Quarter 1, this continues to give cause for concern. Eight business areas are now showing green against the compliance target of 85%. As a result, only two Directorates are now below the NHS Wales target. Public Health Services (Now Health Protection and Screening Services) are at 84% and Corporate (which includes the Board, Board Business Unit and the Executive Team) still remains below target at 70% compliance. Corporate has been non-compliant since Q3 2018/2019 (December 2018). (See para 5. below).

Personal data breaches.

Breaches continue to occur. There were 42 data breaches reported during the reporting period which is the third highest total since reporting began in 2018. One data breach was considered to present risks to the rights and freedoms of the data subjects involved and so was reported to the Information Commissioner although as it was not high risk it was not reported to the data subjects themselves.

The majority of data breaches do not represent risks to the individuals concerned, however, each one should be viewed as a near miss and an opportunity to learn.

Individually the number of breaches causes concern, with the number within the reporting period equating to 1 breach for every 50 members of staff. (See para 5. Below)

Information Governance Working Group.

The Information Governance Working Group met in May 2021 and this Group in turn reports to the Business Executive Team. The Chief Risk Officer highlighted the issues of capacity and workload in the Information Governance Team and also the question of poor mandatory training compliance. Further meetings have been scheduled for 2021.

5. Improvement measures

The triggering of key risk indicators in the previous report has resulted in measures being taken to mitigate the risks.

Freedom of Information Requests

Since the previous reporting period, improvement measures have been put in place by the Information Governance managers in an effort to improve performance by reducing the workload on Directorates. This resulted in 15 requests requiring no formal response and 46 out of the remaining 89 requests being dealt with informally without referring to specialists for further information. Capacity issues within Information Governance however continue to be a factor in delays meaning that Directorates are not able to be supported as well as they might be in producing information, therefore Information Governance is recruiting additional temporary resource to help continue to improve performance.
Funding has also been secured for the purchase of a dedicated software platform for managing Freedom of Information Requests. This should significantly reduce the administrative burden involved and make previous responses more accessible to requestors by having a new web based disclosure log.

Another factor is the lack of a records management system meaning that for most requests the information has to be sourced from individuals, as it is impossible for the Information Governance Managers to conduct centralised searches. A report commissioned by the organisation into the future of Records Management is expected at Business Executive Team in early September.

Mandatory Training

In an effort to improve compliance rates, the issue of compliance within the Corporate Directorate was discussed at the Business Executive Meeting of 17th May and the decision was made that the organisational target of 95% should be suspended during the current

period and the 85% target set by Welsh Government should be adopted across the organisation instead.

Personal data breaches

Personal data breaches need to be considered in a current organisational context of low compliance with mandatory Information Governance training. However, although training compliance is important it is not the only control that needs to be in place. A piece of work is ongoing to analyse the reported data breaches over the past year to identify where particular practices, systems and trends are appearing. This will be subject to a separate paper due to be presented to Business Executive in September.

6. Recommendation

The Audit and Corporate Governance Committee is asked to:

- **Receive assurance** that the Information Governance Management System is working effectively to identify key issues.