

**Information Governance Management System  
Performance and Assurance Report Quarter 1 – 2021/2022**

**Compliance**

	Freedom of Information	DPA (Subject Access)	Data Breaches	Mandatory Training
<b>This quarter</b>				
<b>Prev. quarter</b>				

(For explanation of colour coding please refer to the subject specific pages)

**Key risk indicators (KRI)**

	Freedom of Information	DPA (Subject Access)	Data Breaches	Mandatory Training	IGWG	TBC	TBC
<b>KRI1</b>							
<b>KRI2</b>							
<b>KRI3</b>							

Code	KRI - Normal	KRI - Triggered

**Headlines**

This paper reports on Information Governance performance over the period – Quarter 1 2021-22.

Key Risk Indicators have been triggered for Mandatory Training. 2 Directorates have been below 85% compliance for 3 reporting periods and Corporate have been out of compliance for more than 3 consecutive quarters. In an effort to improve compliance rates, the issue of compliance within the Corporate Directorate was discussed at the Business Executive Meeting in 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.

Organisational compliance was at 86%, and of the two Directorates that were below the WG target, Operations and Finance are now at 90% whereas Corporate (allowing for maternity leave and secondments) remain below target at 70%. Public Health Services have dropped below target at 83% so the KRI2 remains red.

There was a small increase in data breaches reported in Q1 and one was reportable to the ICO, this was reported within 72 hours. The 3 key risk indicators remain green.

There was a slight reduction in Freedom of Information requests 89 received in the reporting period down from 136 in Q4 and 129 in Q3. The organisation is out of compliance with 12 not meeting the target times for response. Key risk indicator has been triggered as requests remain above 50 for three consecutive quarters. Improvement measures have been put in place by the Risk and Information Governance Team whereby all requests are now required to confirm that they have taken reasonable steps to find the information they seek themselves. This has resulted in 47 requests being actioned informally by the Information Governance managers to reduce the burden on other departments.

There were 8 Subject Access Requests received in Q1. One deadline was not met within 31 days. A key risk indicator has been triggered due to an increase in requests for three consecutive quarters.

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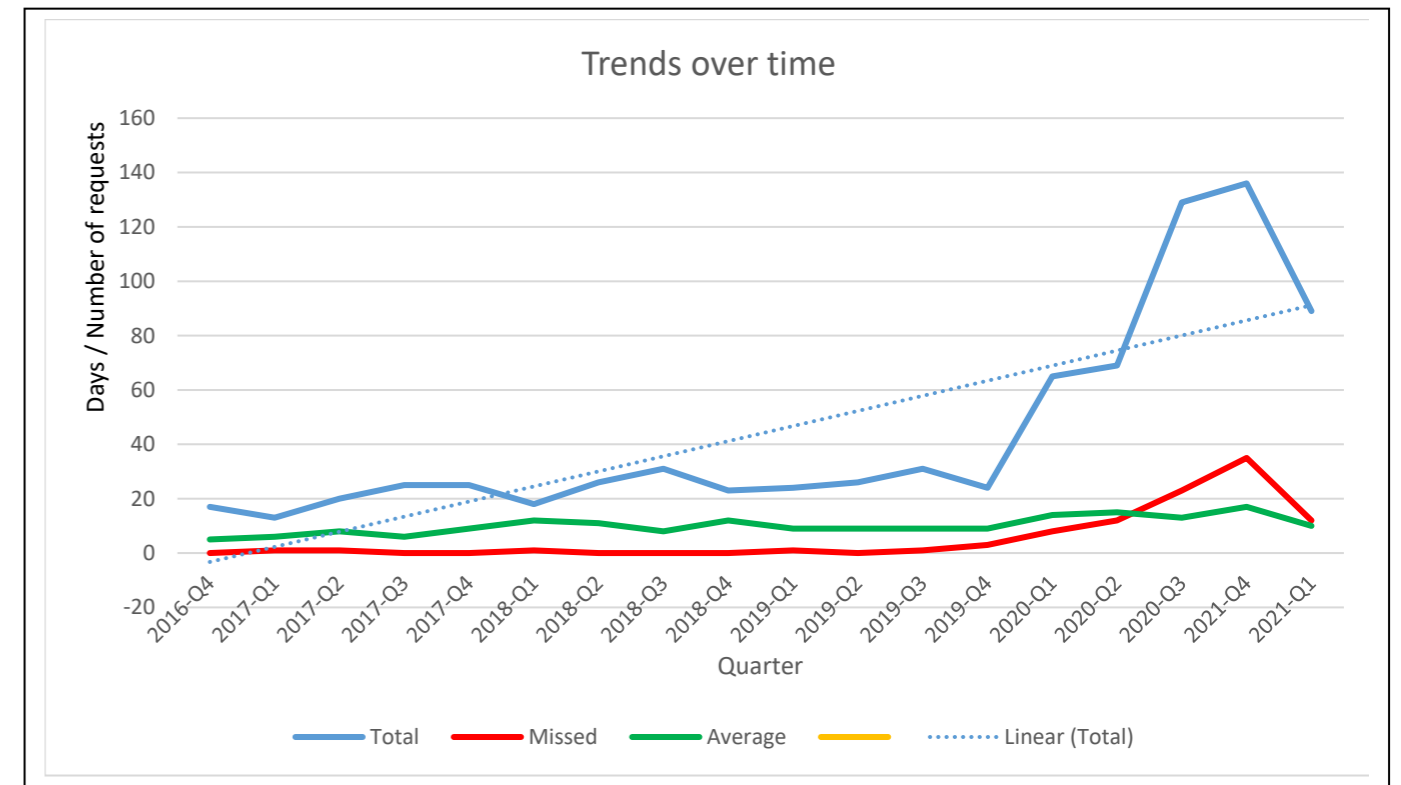
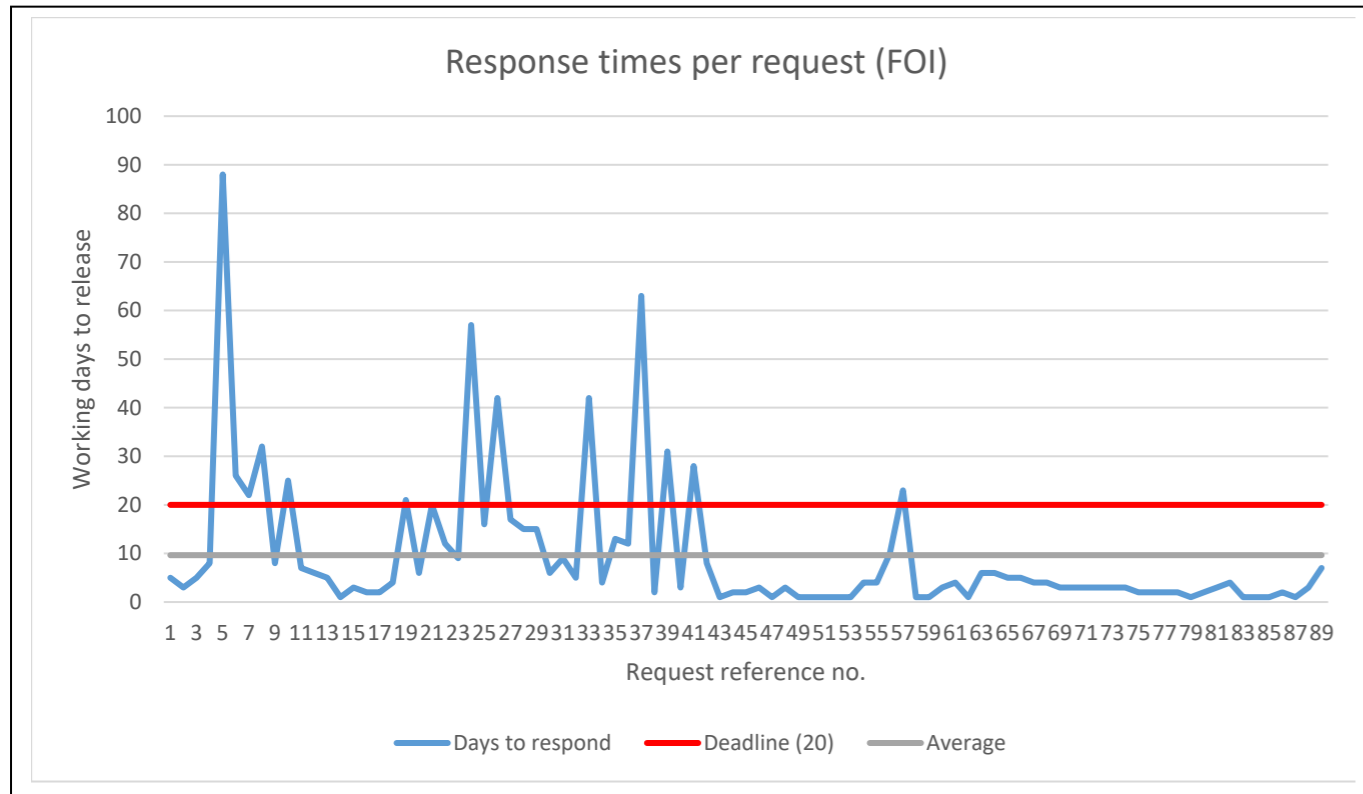
## Glossary

DPA	Data Protection Act 2018	KRI	Key Risk Indicator		
DPO	Data Protection Officer	RIGM	Risk and Information Governance Manager		
FOIA	Freedom of Information Act 2000	SAR	Subject Access Request		
GDPR	General Data Protection Regulation 2016	SIRO	Senior Information Risk Officer		
ICO	Information Commissioner's Office				
IGWG	Information Governance Working Group				
KPI	Key Performance Indicator				

# Freedom of Information Requests

## Compliance Status

	2 or more legislative non-compliances	<b>X</b>
	Single legislative non-compliance	
	Fully compliant	



## Narrative

Since the end of March 2020 the number of requests received has fallen although the overall trend remains high. A total of 104 requests were received, but following clarification from the requestors only 89 requests needed to be dealt with under FOIA. These are mainly connected with requests for Covid-19 information and have continued to rise over the last year.

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.

One exemption was engaged under section 22 – information held with a view for future publication. This exemption required a public interest test to be carried out on each request and whilst there is clearly a significant amount of public interest in the information requested, there is also significant public interest in delivering an effective Public Health service at the present time. Developing the information to make it suitable for publication at this time would incur diverting resources from the critical day to day work of managing the pandemic thereby degrading the other services that Public Health Wales is required to deliver as part of the response to the emergency.

Two refusals were made under section 14[1] Vexatious request. An assessment was made of the request and the work involved in preparing the information for release to ensure that no personal data would be released would have a disproportionate and unjustified level of disruption to the organisation.

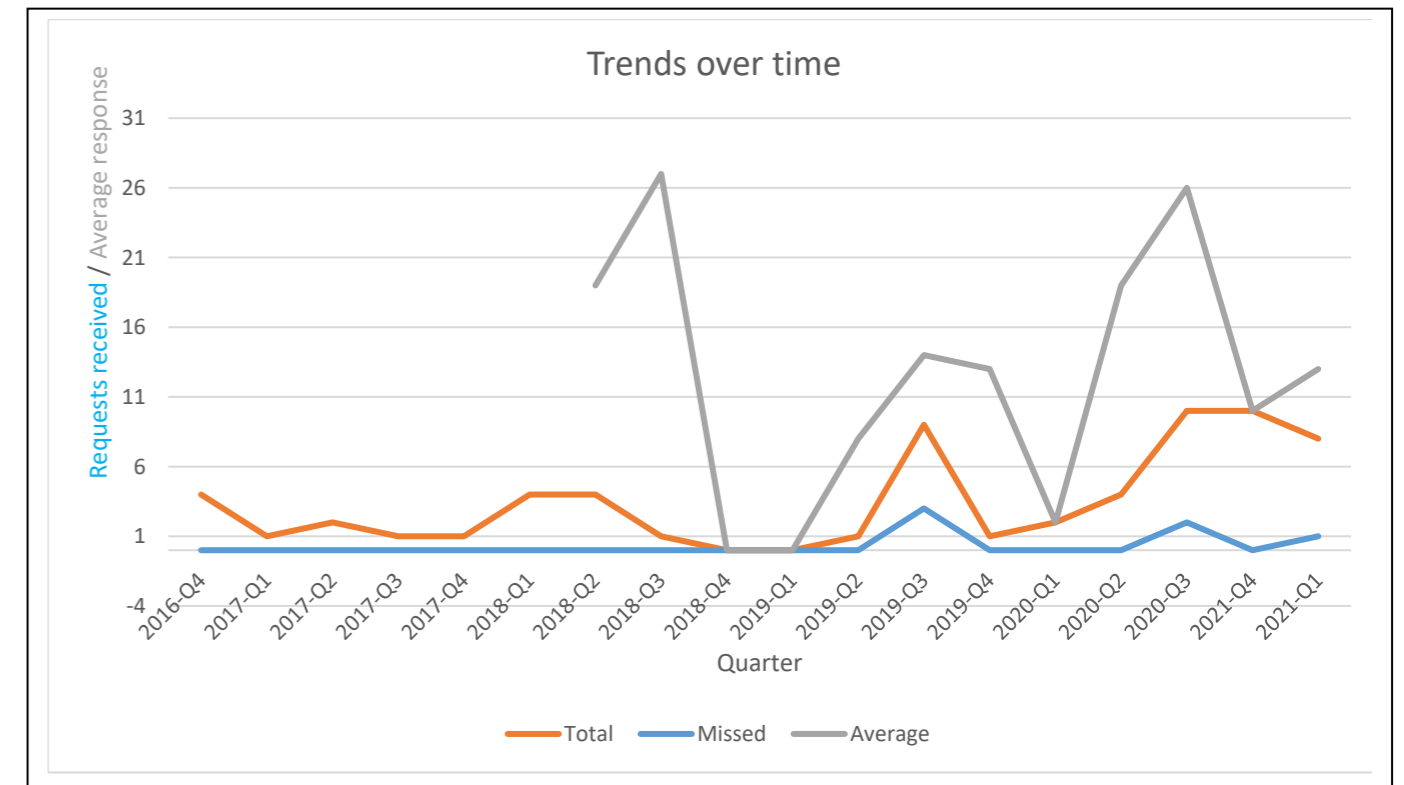
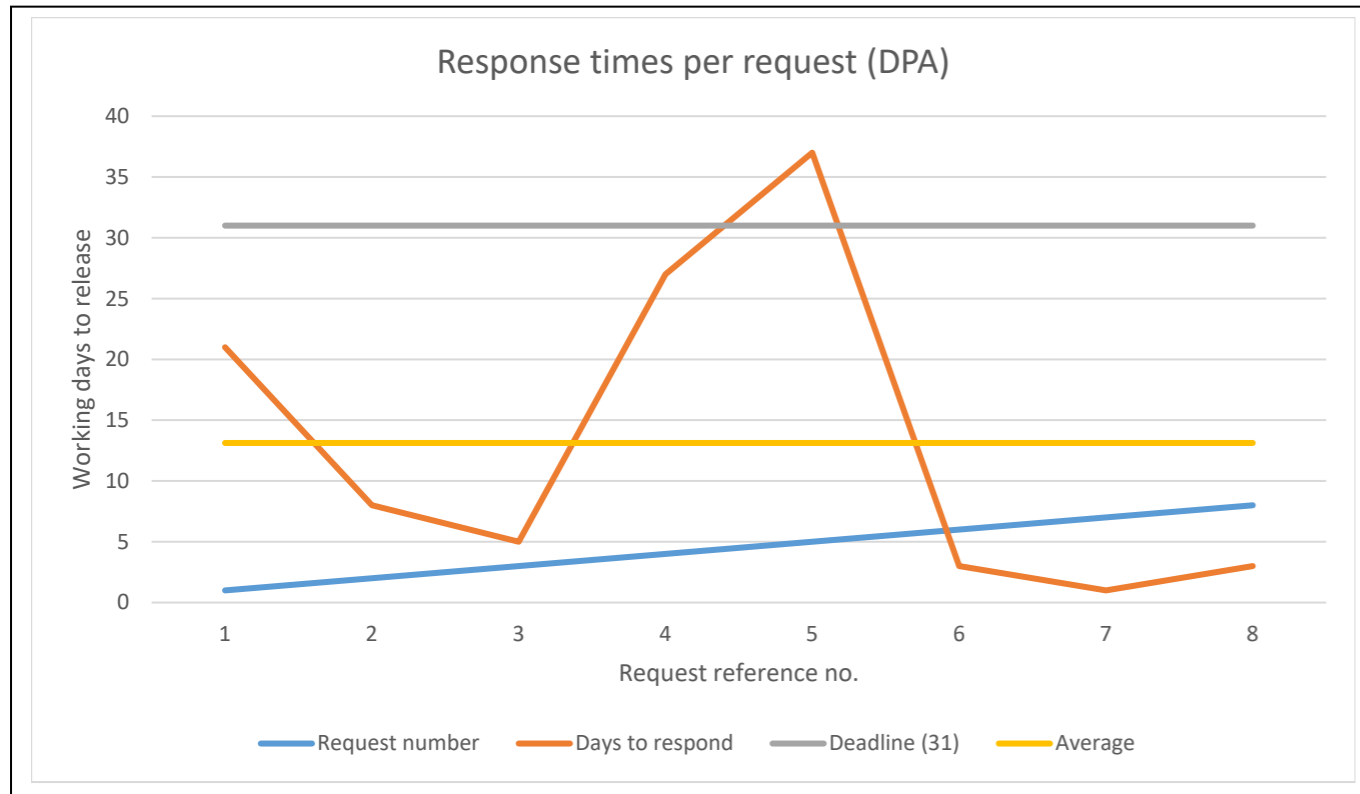
Performance Indicator		No	Target	Remarks
Total Requests Received		89	N/A	
Full Release		18	N/A	
Partial release with exemptions		1	N/A	1 Data not provided due to NHS patient confidentiality
Release declined – Exemptions engaged		3	N/A	2 Vexatious, 2 section 22 future publication
Release declined – Information not held		67	N/A	
Deadline not met*		12	0%	
Key Risk Indicators				Status
KRI1	Average time to release information >15 days for three consecutive quarters			
KRI2	Increase in requests for three consecutive quarters			
KRI3	Requests remain above 50 for three consecutive quarters			

\*indicates legislative non-compliance

# Data Protection (Subject Access) Requests

## Compliance Status

	2 or more legislative non-compliances	
	Single legislative non-compliance	<b>X</b>
	Fully compliant	



## Narrative

8 Subject Access Requests were received during the reporting period. The requests for screening records, personal data and a police request. One request went over the timescale of one calendar month due to work pressures on the directorate concerned.

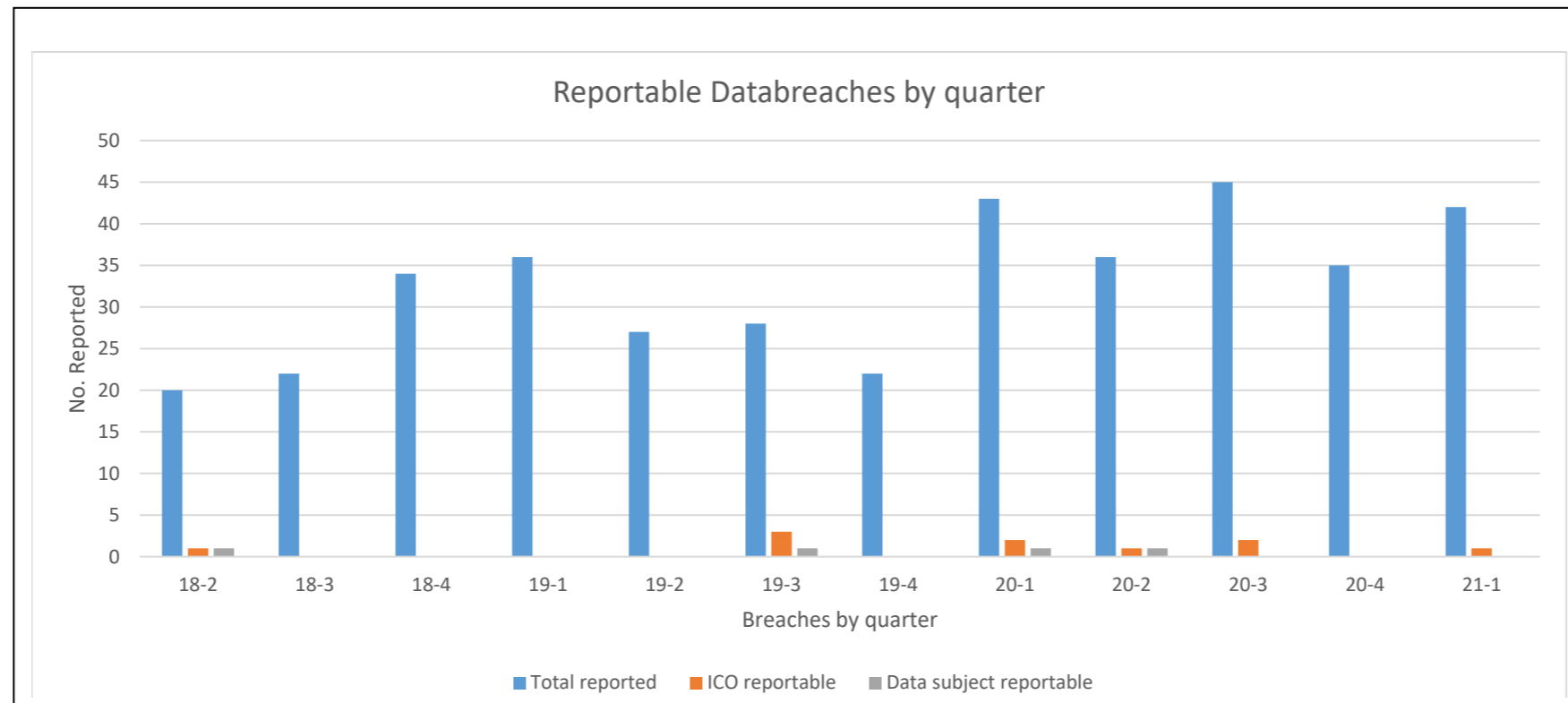
Performance Indicator		No	Target	Remarks
Total Requests Received		8	N/A	
Full Release		8	N/A	
Release declined – Exemptions engaged		0	N/A	
Deadline not met*		1	0%	
Key Risk Indicators				Status
KRI1	Average time to release information >25 days for three consecutive quarters			
KRI2	Increase in requests for three consecutive quarters			
KRI3	Requests remain above 10 for three consecutive quarters			

\*indicates legislative non-compliance

# Reported Data Breaches

## Compliance Status

	2 or more legislative non-compliances	
	Single legislative non-compliance	
	Fully compliant	<b>X</b>



## Narrative

One data breach required reporting to the ICO during the reporting period. An excel spreadsheet with no password protection was published internal and on the external website. The ICO decision was that no further action is necessary on this occasion. This was on the basis that the investigation into the causes continues to prevent reoccurrence.

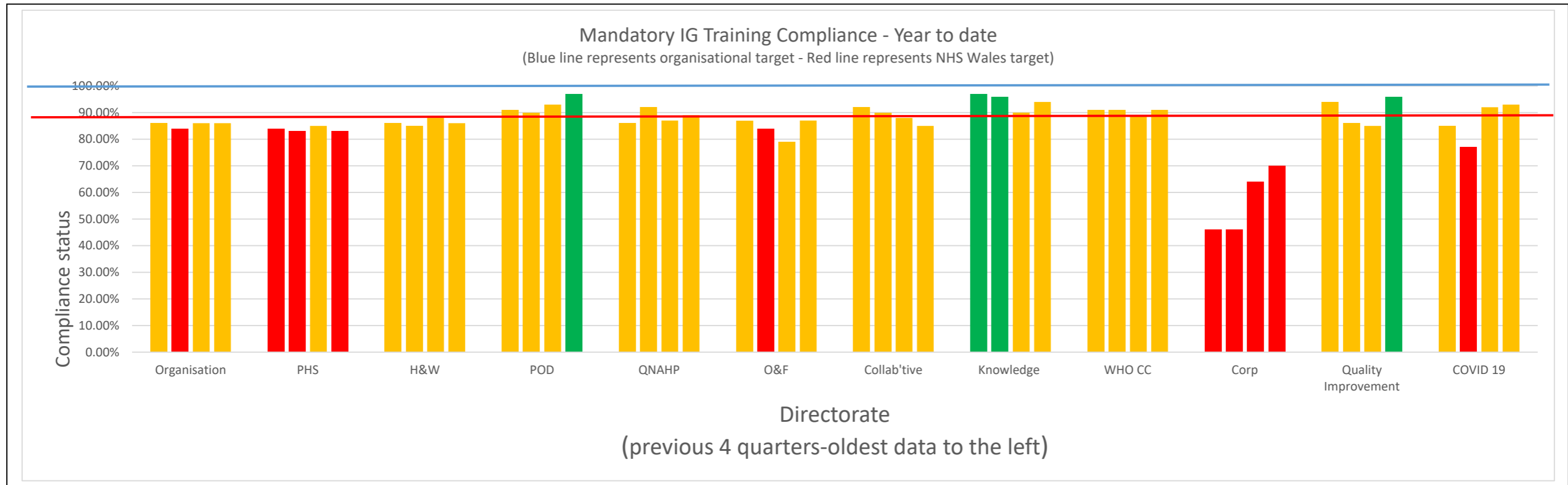
Performance Indicator		No	Target	Remarks
Total no. of databreaches reported*		42		
Databreaches reported internally after > 48hours*		0		
Databreaches reported to ICO <72hours		1		
Databreaches reported to ICO >72hours*		0		
Databreaches reported to Data Subject		0		
Key Risk Indicators				Status
KRI1	Increase in reported data breaches for three consecutive quarters			
KRI2	Increase in data breaches reported >48hrs for three consecutive quarters			
KRI3	Data breaches reported to the ICO for three consecutive quarters			

\*indicates legislative non-compliance



# Mandatory Training Compliance

	2 or more Directorates non-compliance with NHS Wales target	X
	Single Directorate non-compliance with NHS Wales target	
	Fully compliant	



## Narrative

Organisation-wide the trend remains the same for Q1. Corporate which includes the Board, Board Business Unit and the Executive Team still remains below the NHS Wales target of 85% compliance. Corporate has been non-compliant since Q3 2018/2019. Public Health Services have dropped below the NHS target.

In an effort to improve compliance rates, the issue of compliance within the Corporate Directorate was discussed at the Business Executive Meeting in 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.

As of the 9<sup>th</sup> July organisational compliance was at 86%, and of the two Directorates that were below the WG target, Operations and Finance are now at 90% whereas Corporate (allowing for maternity leave and secondments) remain below target at 75%.

<b>Performance Indicator</b>		<b>No</b>	<b>Remarks</b>
Directorates compliant with Public Health Wales target		2	
Directorates compliant with NHS Wales target		9	
Directorates below 85% compliance		2	Public Health Services 83, Corporate 70%
<b>Key Risk Indicators</b>			<b>Status</b>
KRI1	3 or more Directorates below 85% compliance for 1 reporting period		
KRI2	2 or more Directorates below 85% compliance for 2 reporting periods		
KRI3	1 or more Directorates below 85% compliance for 3 reporting periods		

# Information Governance Working Group

**Date of last meeting – 14<sup>th</sup> May 2021**

## **Key points**

- IGWG and Caldicott Guardian meeting amalgamated this was the second meeting.
- Due to Covid some of the action due dates have been revised.
- The IG risk register was shared. IT risks have been updated and changed. A new risk may need to be considered with a number of key risk indicators being triggered on IG performance across the organisation.
- All Wales Internet Use, Information Governance and Information Security Policies were approved.
- Small numbers guidance was approved.

## **Assurance report**

### **Internal audit reports**

None received during the reporting period

### **External audit reports**

None received during the reporting period

### **Self-inspection reports**

None received during the reporting period